

AN INTRODUCTION TO THE "REASET APPROACH"

Taking yourself and your skills to the next level.



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INTRODUCTION

When the future presents itself, will you be ready for it?

There is no denying it, we are living in a fast-changing and ever more challenging world. A world that is trying to cope with what seems like never-ending waves of changes and challenges that are unleashing themselves over us in ever shorter intervals.

Challenges like the devastating effects of COVID-19, followed by the war in Ukraine and an energy crisis. Then there is also the cost-of-living crisis, tightening financial conditions and a world economy that is headed for “stormy waters.” What will be next that will upset our status quo and further fuel our feeling of uncertainty, insecurity and anxiety as there doesn’t seem to come an end to the bad news show.

We are also living in an era where new emerging technologies, digitisation, automation, robotisation and datafication are fundamentally altering – with alarming speed and complexity – every aspect of the way we live and work.

You would have expected that COVID-19 – where our lives came to an abrupt halt – would have slowed down the pace of change and technological progress, but on the contrary, it has sped up and expedited an era of change where what many thought unthinkable – like teleworking and video conferencing – became the norm and sped up the evolution that whatever can be automated will be automated.

The impact of automation and technological advances can be felt in every aspect of our lives, and we ain’t seen anything yet.

1 billion jobs are expected to be transformed by 2030. That means 1 billion people that need to be reskilled or upskilled over the next few years to meet the requirements of the jobs of the future.

And let’s not forget that while we are trying to cope with our daily challenges and technological advances, we need to find solutions to the depleting earth’s resources and climate change. It is but another layer fuelling our feeling of uncertainty, insecurity and anxiety with consequences for our health, wellbeing and world peace.

You may wonder by now why I’m mentioning this in a syllabus about a novel healing approach and what it has got to do with you as a physical therapist. Everything! Not only will all these have an impact on your personal life but also the life of your patients and the medical conditions for which they will come to seek your help. The question is, will you wait and see, or be ready to offer your patients the care they need when they present themselves. What you do, your decisions, choices and actions today matter.

Change is normal, but when the pace of change outweighs your /our (y'our) resources, in other words - outpaces y'our capacity to adapt - within a given period of time as it is doing now, then it becomes a problem.

As an osteopath and body-centred stress coach, I know that when the pace of change outweighs y'our resources, stress sets in. When stress is left unmanaged, it can lead to stress-related dysautonomia (SRD), a condition in which the autonomic nervous system (ANS) does not work properly. An ANS that doesn't work properly harms your health and wellbeing, changes your behaviour and makes you less resilient. It also changes how you experience time, making you even more prone to stress and anxiety.

So, when I read that futurists estimate that over the next 10 years, we can expect more changes than in the previous 100 years, I wonder how I/you/we will cope with the added stress these changes will bring about? And this while stress is already such a big problem today? A problem that directly or indirectly is already causing some of the most important health problems worldwide – including neck, shoulder and back pain, cardiovascular disease, migraines, insomnia, cancer, long COVID, burnout and many mental health problems, including depression.

How will I/you/we and that includes y'our patients, cope with the increasing stress levels that these emerging trends, challenges and opportunities will bring about without it turning to stress-related dysautonomia and its detrimental effects on body, mind and spirit?

In a fast-changing world, the demands on us will further increase; thus, there is no doubt that stress levels will continue to increase too. This leaves me with one conclusion that we can also expect to be faced with more of the health problems I mentioned above and others that are related to or made worse by unmanaged stress, i.e. stress-related dysautonomia.

Then there are also the new working conditions and new types of jobs that without a doubt will bring along new challenges to the health and wellbeing of employees and management alike. These employees or manager are already your patients or will become it over time.

I hope laying all this out before you, that I have your attention because I believe that your role as a physical therapist is going to be essential to avoid a health disaster from happening.

From a personal point of view, I can imagine that you strive to be healthy and want it to be in the future. As you have chosen this profession, I can also imagine that you want your patients to be healthy today and in the future.

However, I'm sure that just like me, you experience how difficult it is to be and stay healthy in this fast-changing world. I'm also sure that you see it in your patients. The amount of patients, including children, suffering from not only physical and mental health problems, cognitive impairment, brain-fog, shortness of breath, fatigue, insomnia,

tinnitus, vertigo and many debilitating diseases is truly alarming. Maybe you also see people suffering on a spiritual level, having lost hope, meaning and purpose and others that are completely consumed by their negative emotions.

Often, many of the symptoms mentioned above are experienced simultaneously, classified as medically unexplained and treated individually (disease-by-disease or symptom-by-symptom) rather than approached collectively.

But I hope you are starting to see that many of these seemingly separate issues are related and that the culprit is "change."

Change is what has changed in our lives or, better, the amount of change experienced in a certain amount of time has increased exponentially. Although change is a regular occurrence in life, and no cause for alarm when there is enough time to adapt. But change i.e. exponential change, without enough time to adapt on the other hand is a cause for alarm and in my opinion, it has become the most important cause in deterioration of y'our health and wellbeing globally. Our body just hasn't had the time to update itself to the new challenges it faces. You could say that there is a conflict between biology and culture and the result is that our stress response has become a stressor itself.

Our outdated stress response, which is designed to deal with immediate problems, is very good at dealing with acute physical threats, but it hasn't evolved to deal with the new, more psychosocial and technological challenges of today, nor with future ones, and we can be sure that it isn't going to catch up and evolve fast enough for the demands of tomorrow.

So when I think about what awaits us it makes me very concerned as I can foresee a recipe for disaster. I would even go as far as to say that the future of our collective health and wellbeing is in mortal danger.

The cause of this deterioration of health and wellbeing is exponential change, but that itself will not change. Our stress response itself will not miraculously update itself either. So, now what? What can we do? Or better: What can you do? A proverb expresses rather well what needs to be done to make a difference: "We can't change the direction of the wind, but we can adjust the sails."

Humanity will need to adjust its sails to be able to cope i.e. adapt, with the magnitude of changes coming our way. Society, that includes you and me, we as physical therapists and the medical profession at large, need to adjust our sails to respond to the changing conditions and changing needs of our patients. This can be done on many levels.

We physical therapists, that is in other words you, can learn to adjust your sails to respond better to the new needs of your existing and new potential patients. This is what this course is all about. Why you!? Because you as a physical therapist have a unique gift and are ideally placed within the health system to start off the change needed in society. Not only you, yourself can become a leading example, a forerunner so to speak in your community. But also through upskilling the gift that is "your hands" to the new needs of

your patients and by extending another role you are already practicing. That role is of an educator. You educate your patients by teaching them exercises to improve their posture and prevent pain. You also counsel your patients in improving their life-style habits.

The "Reset Approach" is a novel body-mind and educational healing approach. Just what people in a fast-changing world need, and because your role is already working with the body and offering guidance you are the ideal person. That you are in this course is a testimony that you are ready to take yourself and your skills to the next level and learn what is needed to help your community, your country and the world:

- To understand how to manage change (educate)
- To cope better with change (prevent)
- To offer a helping hand to flourish and thrive (heal)

This requires you to adopt a new modus operandi, a new way of thinking and acting if you want to stay relevant in this fast-changing world. In other words it is up to you to adopt a mindset that helps you to navigate this fast-changing world and that of your patients. The future - is not some destination at which you/we arrive but a reality you /we create through y'our decisions, choices and actions. The future belongs to those who prepare for it today?

Participating in this course you have chosen to be part of a revolution in the evolution of manual therapy and that you as a therapist are willing to make a difference. By choosing this course you are elevating yourself and your healing skills to your patient's needs today, and tomorrow. In other words, you are futurizing yourself to stay ahead in your field and for that I salute you.

BACKGROUND

The “Reset Approach”: A Revolution in the Evolution of Manual Therapy.

The future is already here. As mentioned in the introduction unmanaged stress i.e. stress-related dysautonomia leads to musculoskeletal pain in neck, shoulder and back, cardiovascular disease, migraines, insomnia, cancer, long-covid, burnout and many mental health problems, including depression.

In this fast-changing world stress-related dysautonomia, an invisible illness that for some is one of the most misdiagnosed medical conditions of all time ([The Dysautonomia Project, 2022](#)), has become the most important contributor to physical and mental health problems. Health problems with symptoms that a treating physician or other healthcare providers don't find a medical cause for, or whose cause remains contested. These symptoms are then classified as medically unexplained ([Wikipedia](#)). When a patient presents itself with medically unexplained symptoms (MUS), think dysautonomia.

But how do you treat stress-related dysautonomia and its symptoms? There is no medication known to man that can improve the balance between the sympathetic and parasympathetic nervous system and its symptoms. Nor can it be done efficaciously and comprehensively with therapies like vagal or transcranial magnetic stimulation or any other tool – as it can be done with your hands.

The how, is with your hands and the right mindset that you will learn during the course. This is the best and only course you will learn this. Your hands have the capacity to make a difference if you learn how. That is my firm believe which stems from personal experience and working as an osteopath for more than 15 years with stress-related health problems.

You have to know that I wasn't always a therapist. I was trained as a chef de cuisine at a young age and considered to be good for nothing someone that was never going to make it in life. The full story you can find in my book “Futurize Yourself – Design your life on purpose.” (www.futurizeyourself.com)

It is my firm believe that you as a physical therapist (physiotherapists, osteopaths, holistic manual medicine practitioners,...) have a vital role to play in the future and especially in the treatment, management and prevention of dysautonomia. Because with the “Reset Approach” as a hands-on tool and the mindset to go with it you as a physical therapist can make the difference that is needed today and tomorrow.

Learning the “Reset Approach” is learning a whole system approach where the first objective is to calm the stress response by increasing autonomic balance (ANS functioning) – or in other words the primary regulatory mechanism within the body.

First means that it is not only the first to be instigated through a cranial approach but must also be maintained as an the primary objective during the whole treatment that includes resetting possible deviations in the function–structure relationship (articulations, fascia, visceral and musculoskeletal system...) and treatment of the actual symptom or symptoms that the comes to seek help for.

Another aspect of the “Reset Approach” is that it can be used as basis on which you as a therapist can integrate all your existing treatment techniques or you can integrate it into your existing method of working. No matter how you’ll use it you will not only achieve better outcomes but also improve the speed of recovery and healing of a wide range of health problems including some persistent physical or even mental health complaints that don't appear to be symptoms of a medical condition. It will also give you a new way of looking at health and wellbeing and help you to think out-of-the-box for more challenging cases.

However, for all of that to present itself, a profound change is needed on how you see health and approach healing. As a physical therapists you will need to unlearn, relearn and let go of some old belief systems to be able to adjust your way of thinking and working because the health problems of today and the future cannot be solved with the same level of thinking that created them.

This change cannot come from words on paper or screen but needs to be lived, experienced and practiced.

THE "RESET APPROACH"

- A stand-alone body-mind and educational approach
- A targeted therapeutic approach in combination with other treatment modalities
- As part of a health maintenance / preventive health care approach

The "Reset (ri:'sæt) Approach" is a hands-on body-mind and educational approach developed by Tom Meyers. It is based on a single principle that governs / integrates the four osteopathic tenets and the craniosacral PRM features.

The Reset Approach

EOD

Osteopathic Tenets	Craniosacral PRM Features
<ul style="list-style-type: none">- The body is a single unit that includes the body, mind, and spirit;- The body is capable of self-regulation, self-healing, and health maintenance;- Structure and function are interrelated;- Rational treatment is based on the understanding and application of the aforementioned principles.	<ul style="list-style-type: none">- The fluctuation of the cerebrospinal fluid (CSF);- Potency of its tide- The function of the reciprocal tension membrane;- The mobility of the neural tube;- The mobility of the cranial bone;- The involuntary mobility of the sacrum (tailbone) between the ilia (hip bones).

The "Reset Approach" initiates physical (structural), physiological (functional) and psychological changes through the Engagement – Stillpoint – Disengagement (EOD). The EOD process is a natural process that lies at the basis of creation and life itself and forms the sole principle of the "Reset Approach" to promote healing.

The "Reset EOD" process is achieved through a facilitator's gentle, passive and supportive social but therapeutic initiating touch rather than a manipulative touch, because a trusting (as in caring) touch can, through its interaction with musculoskeletal, immune, neurologic and endocrine systems, reverse the nociceptive response.

Predominantly, parts of the cranium are touched and this can be further expanded by including limbs and body, thus restoring / unwinding adaptive or maladaptive processes and eliciting a spontaneous return to ease of muscular tone, fascia and neuro-hormonal systems.

The term "Reset" is an amalgam of the words "reset" and "ease". Reset is used in the sense of bringing a system to its normal condition. Ease refers to freedom from pain or trouble, comfort of body or mind and being comfortable and free from stress.

“Approach” is used as meaning “a way of dealing with” and chosen instead of “technique” to express the underlying notion that it is based on a dynamic principle and not a fixed modality.

Practically, the “Reset Approach” is the manual application of a single self-organising toroidal shaped principle: E⊙D. The E⊙D principle, just like the breath cycle, has 3 phases: an engagement (E), stillpoint (⊙) and disengagement phase (D).

The facilitator’s role is to initiate spontaneous dynamic unwinding processes to manifest themselves without interfering in them. For this, the facilitator has to remove himself during the phases and keep his attention as an observer on the dynamic processes that occur, and not the result. The facilitator does this by being a receiver, tuning his awareness to the evolving felt sense.

References

Meyers, T. (2019). The effect of the Reset Approach on the autonomic nervous system, neck-shoulder pain state-trait anxiety and perceived stress in office workers: A randomised controlled trial. [\[LINK\]](#)

THE THERAPEUTIC FACILITATOR

Touch is the sense by which you just like with vision, hearing, smell and taste perceive the outside world. Touch is also a survival mechanism, a communication tool (ex. compassion by putting a gentle hand on someones arm) and has an impact on development, bonding, healing and is known for reducing anxiety and tension.

In the "Reset Approach", touch is used to connect, listen and perceive information from the patient without interfering. Without losing touch with what is perceived you follow the healer within (of the patient) as it takes you through the EOD continuum if you let it.

Your touch should start off as soft, gentle and protectively to allow for a trust relationship evolve, but also for you to receive the subtle movements that will take place.

When your touch is too strong not only will you loose your gift of feeling subtle motions it will also be perceived by the patient as a stressor.

However, it can be that during the EOD process the intensity of your touch can change from extremely subtle not even touching the physical body but the immediately surroundings of the patients body, to a more sturdy grip. It is the healer within that decides and for you to follow.

When you touch your primary objective is to listen. You listen for health. This is where the "Reset Approach" differs compared to most other treatment modalities. When you listen for health i.e. ease, you will perceive dis-ease.

EOD PRINCIPLE

EOD is ...

The "One" principle that governs all.

It is the principle of the light, the Universe, the fields that binds us all.

Engagement - Stillpoint - Disengagement is the "one-and-only" principle on which the "Reset Approach" is based. In short I refer to this principle with the descriptive abbreviation EOD.

The EOD principle is a continuum of three phases that represents health (ease) one that at the same time can be used as a means to return to ease. Ease is the dynamic adaptive state between stress and relaxation that represents health.

Engagement (E):

The word "engagement" means: "To enter a precise therapeutic relationship with a patient. It is the active, conscious moment-to-moment involvement of the operator with whatever is unfolding during an osteopathic treatment, without disturbing the inherent activity of the individual or the therapeutic process. Engagement occurs when the fulcrum (pivot) of attention matches the fulcrum of the lesion/dysfunction or matches a non-material force within or outside of the body. The operator can engage a fixed, non-rhythmic lesion in the structure and/or function of the patient either mechanically or non-mechanically. The operator can also engage a rhythmic force inside or outside the body that may not be related to a lesion."

Stillpoint (O):

In-between engagement and disengagement lies the "stillpoint". The stillpoint is a pivotal point that in osteopathy is referred to as the fulcrum and where one oscillation phase ends and another starts.

Unlike its name may suggest, the stillpoint is far from still. It is as still as the eye of the storm or the skin of your body seen with the naked eye. However, just like the skin, when you look through a microscope you will see that what appears to be still on a macrocosmic perspective level is far from still on a microcosmic level.

The stillpoint is the place where the local return to ease, i.e. the "reset" happens.

Disengagement (D):

Disengagement is the other end of the spectrum and in its osteopathic context it means: "To separate or set free from dysfunctional attachment, abnormal position, abnormal function, or compression. The therapeutic act of disengagement allows for increased material and non-material motion."

The EOD process is a three-in-one treatment modality that results in first treating the imbalances in the autonomic nervous system before fascial, organ-related or biomechanical compensations are addressed before before the symptom is looked at and treated.

In practice the “Reset Approach” is to scan for and initiate health. Health is perceived as a dynamic ebb and flow (freedom of restrictions) like movement, a lemniscate (∞) with a potency that can be felt in the tissues. Each part of the body has this movement but the direction and amplitude differ. Let’s call this natural lemniscate-like motion the “ease-flow” or in short e-flow.

When listening for health represented by e-flow, you will encounter places where there is an absence or a deviation from the natural e-flow. These are the places of compensation (secondary dysfunction) or the actual place of dis-ease (primary dysfunction).

When you observe an absence or deviation of the e-flow, you keep listening and pay attention to what the body’s inner physician wants you to do. This is in the case of absence of movement just to be there until a softening and/or change in dynamics happens, or when the flow is deviated to follow the flow to its endpoint (stillpoint) where the reset happens and the disengagement is initiated.

The EOD process is repeated on the different parts of the neuro and viscerocranium and then continued on the body (see below) until a more local and more generalised and aligned ebb and flow can be sensed throughout the body.

How long does one have to wait or follow?

It depends on the body’s needs to come into ease and your experience. However, when it seems too long (let’s say longer than 3 minutes), move on and return to the area after the full cranial and body pre-treatment reset.

EOD PHASES

Phase 1: Engagement

The engagement has three distinct steps: Listen, Observe and Facilitate.

As a facilitator, you place your hands in a gentle, respectful, but purposeful manner on or under a body part. You allow your hands to find a good grip with medium pressure. When on a body part, make sure your and the patient's body posture isn't strained in any way. When in place, you relax your hands slightly without losing contact and continue to listen (felt-sense receiver mode).

A double connection occurs one manual, perceiving biomechanical (material) movements and another within the scope of the facilitator's awareness that perceives biodynamic (non-material) changes. In this attuned state, you, as the facilitator, observe the "moment-to-moment" therapeutic process without interfering, induction of movement, or disturbing the inherent activity of the individual.

Depending on your sensitivity and experience, various sensations can thus be observed, such as variations in density, contractility, tension, and relaxation. The body part can also start to move spontaneously or be without any form of movement or expression at all.

You observe the processes, allow them to be or take place and when movement occurs, passively assist the body parts where they want to go without consciously interfering. The patient must at all times feel secure and in good hands to allow processes to manifest and unfold.

Engagement basics

When you place your hands do it with assured calmness. It's important that from the first touch the patient feels safe. After that first touch you must find that zone of sensing where the patient's tissues can guide you and embodied listening can happen from your side.

Embodied listening is listening with the whole body and not only your ears. It is a kind of deep listening in which you are fully present for your patient and create a therapeutic relationship with them (felt-sense receiver mode).

The second step is listening with your hands. Through touch you listen to what the body / inner physician has to say and **observe** this by becoming aware of the moment-to-moment expressions or changes that can be perceived. In other words it is the phase where one makes contact with the person. This is a neutral non-physical and physical affair. Non-physical as in a conscious connection with an open mind and heart to create a

trusting (caring) bond with the person/patient. The physical is through actual touch by placing your hands.

In the third step you become the **facilitator** and follow with your attention and hands where the body wants to take you. In this phase you assist the body, its tissues, the energy, the flow however you describe what you feel to where the innate physician wants to go until the in-between “stillpoint” is reached. The body is the guide and takes you towards a still point in an indirect way. Indirect is that the body chooses a path of least resistance, toward its position of ease. (This compared to direct here the therapeutic facilitator acts rather than follows and use some force to overcome restrictions of movement is needed.)

In “engagement” steps two and three, you are present without disturbing or willing to interfere with the inherent spontaneous processes, but are part of the healing process.

For many therapeutic facilitators the challenge is to let the body do the work to reach the point of greatest ease - the stillpoint - where the needed reaset can happen. The true power of the “Reset Approach” lies in your ability to surrender while at the same time being completely present in what you do but not interfering in what is happening.

Phase 2: Stillpoint

Without loosing touch the engagements phase will lead you towards a stillpoint. The point is far from still it is alive with rebalancing processes so subtle they are for most not perceptible.

Just as in the breath cycle, there is a point where a change occurs from inspiration to expiration, so in the EOD, there comes a moment – stillpoint – where the engagement changes into the disengagement phase. This phase is not always clearly perceptible.

Stillpoint basics

The “stillpoint” – is the point of greatest ease and lies at the end of the engagement phase and can be perceived as a cessation of all motion. It is just like a void in the moment-to-moment observation and can last from milliseconds to a couple of minutes. It rarely is an abrupt stop but confluences that become smaller and smaller.

Sometimes the stillpoint is referred to as a singularity, the zero-point, the point of equal resistance or the point of balanced tension. From experience, it often feels like a moment where time stands still, where everything feels separate and connected simultaneously. But also, from experience, it is often not felt at all, but that is ok. What matters is that the body experiences it.

Phase 3: Disengagement

Never letting go of the connection the third phase will follow like a continuum, an expanding motion that feels full of life.

As the facilitator, you observe and facilitate the processes observed during the engagement and stillpoint phases until a feeling of unwinding occurs. The body part eases into the anatomical position normal for that person, and a regular loose and appealing tissue sensation and local e-Flow is perceived.

Disengagement basics

Disengagement is the natural continuation after the stillpoint. This phase can be perceived as a relaxing, a release and/or expansion. It is the moment after the tension that has built up is discharged, and tissues or biofield are returned to ease. In other words, it is the moment after the "reset" has occurred.

As it is crucial, I repeat that your role in all this is to "listen." You are there to allow the inner physician of your patient to take you on its healing journey without you subjecting it to your will. For this, you must remove yourself during the phases and keep your attention as an observer and attentive receiver, tuning your awareness to the evolving dynamic processes that occur and not focusing on the result itself. This way, you become an instrument of the person's self-healing mechanism and help distorted patterns into health, balance and ease.

Once you understand the EOD principle, you will be able to use it for a wide range of medical conditions and create your own techniques based on it.

THE REASET PROTOCOL

Making your patient feel at ease

Have you ever considered that the environment you work in and how you welcome and talk to your patient play a role in the healing / reaset process?

Here are 10 tips

1. Consider the environment you welcome and treat your patients. Does it appease the patient? Is it a safe environment?
2. Greet the patient with eye contact and try not to have your back to them.
3. Observe your patient's body language and adjust accordingly. This means for some that, you don't invade their private space.
4. Listen, be attentive, and treat them as if they are your only patient.
5. Explain what you will do, the different steps and when you'll look at or treat the actual symptom if you follow the complete "Reaset Approach" protocol at the very end.
6. During the session, and something unexpected happens, reassure the patient with your words and touch.
7. Make sure your patients understand what you are telling them and what you will do or have done.
8. Be considerate of the state your patient is in at that moment. The patient has a story, a past, and a future. Do not judge.
9. Be service minded and do something that makes you noticeable, remarkable, or distinct (in comparison to others). For example – and this may be a small gesture but a significant one I do each time – when the patient comes in, ask for their jacket or coat and hang it up carefully. When they leave, please help them to put it on again.
10. Look after yourself... patients feel more than you think.

Anamnesis

Gather information about a patient's other medical problems (if any) and don't forget to **look for red flags** (clinical indicators of possible serious underlying condition) and do exclusion tests where necessary.

During the **patient history taking**, gain as much information you can about the specific complaint (SOCRATES):

Site: Where exactly is the pain?

Onset: When did it start, was it constant/intermittent, gradual/ sudden?

Character: What is the pain like e.g. sharp, burning, tight?

Radiation: Does it radiate/move anywhere?

Associations: Is there anything else associated with the pain, e.g. sweating, vomiting.

Time course: Does it follow any time pattern, how long did it last?

Exacerbating / relieving factors: Does anything make it better or worse?

Severity: How severe is the pain, consider using the 1-10 scale?

With non-trauma related health problems including musculoskeletal pain ask if there were any changes in their life over the past 3-6 months.

Patient positioning

It is an essential part of the “Reset Approach” that the patient feels at ease during every stage of the treatment. That’s why you must ensure a patient is as comfortable as possible before a treatment begins.

The patient lies flat on their back.

Depending on the patients morphology a pillow or knee roll and a blanket can be used to create comfort.

A comfortable patient is a patient whose relaxation response and parasympathetic nervous system can be activated. That’s why you must work hard to ensure a patient is as comfortable as possible before a test begins.

Therapist positioning

When you and your patient are at ease only then can you start the treatment phase.

As imperative it is that your patient is comfortable, so is it it for you too who facilitates to be able to sit, stand and work in your comfort zone. So please when possible, check if your chair and table are at the right height for working. For example when sitting at the head of the table make sure that you can sit straight and your forearms can rest comfortable on the table (elbow in $\pm 80^\circ$ angle).

Your notes

PRACTICAL GUIDE TO THE "RESET APPROACH"

The lightest touch can make the biggest difference when done properly.

THE "RESET APPROACH" TREATMENT BASICS

- 👉 Place your hands gently on or under the part of the body you want to focus on;
- 👉 Relax your hands and make them into a receiver of information and movement;
- 👉 With your eyes open or closed, move your attention into your hands and listen;
- 👉 Energy flows, where attention goes;
- 👉 Observe what happens (non-judgement);
- 👉 Then with a minimal of interfering follow the movement, become one with it or when no movement present itself touch even more gently and stay present (find resonance);
- 👉 At all times, your touch should be light, supportive, enjoyable, emit trust and be an invitation for the ANS to return to ease.



Occiput



Viscerocranium



Mandible



Shoulder - Arm



Sphenoid



Acromioclavicular region



Frontal + Occiput



Ribs & Sacroiliac



D2-1 & C7-2 + Occiput



Sacrum - Thoracolumbar

OCCIPUT



Place your hands under the occiput with fingertips placed behind the ridge of the skull caudal of inion (external occipital protuberance). Thumbs (index) are held loosely away from the skull.

Focus

- State craniosacral system;
- Sub-occipital muscles - tension on dura mater;
- Fourth ventricle and nucleus ambiguus (n. IX, X and XI);
- Autonomic regulation and vascularisation to and from the brain;
- ...

Your notes

Additional info:

- [Occipital Bone: Location, Anatomy, Function...](#)
- [Osteopathic Manipulative Treatment: Suboccipital Release](#)

MASTOID



Keep your hands under the occiput with fingertips placed behind the ridge of the skull caudal of inion. Move your index finger upwards and place it behind the ear on the mastoid process of the temporal bone. The tip of your index finger is hooked over the point of the mastoid process.

Focus

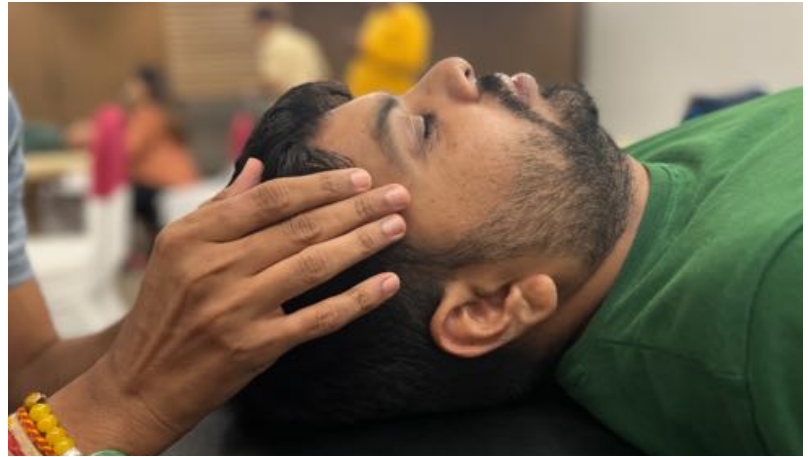
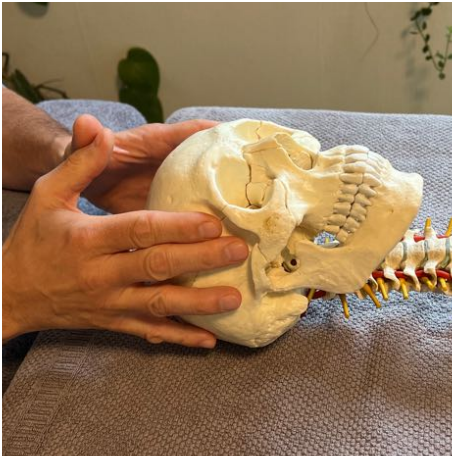
- Basis cranii - jugular foramen;
- Glossopharyngeal (IX), vagus (X) and accessory nerve (XI);
- Sternocleidomastoid muscle;
- Middle ear (tinnitus);
- ...

Your notes

Additional info:

- [Mastoid Process: Location, Anatomy, Function...](#)

SPHENOID



With your arms creating a fulcrum on the table, place your index or ring finger on the temples (greater wing of sphenoid bone) - this is the small concave part cranial of the zygomatic arch. Your touch must be without exerting any pressure.

Focus

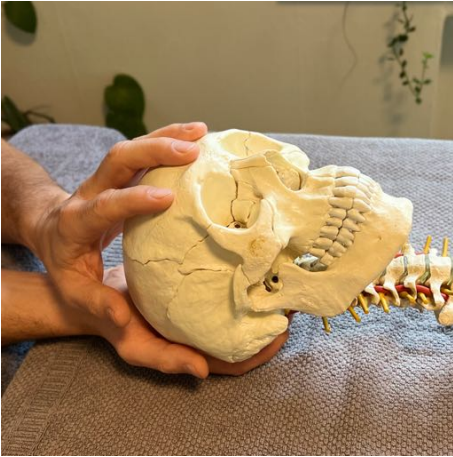
- Influence on amygdala and pituitary gland;
- Influence on various cranial nerves including optical (II), oculomotor (III), trochlear (IV), trigeminal (V), abducens (VI), facial (VII), and carotid artery;
- ...

Your notes

Additional info:

- [Sphenoid Bone: Location, Anatomy, Function...](#)
- [The Mystery of Sphenoid Bone: Can Bodyworkers Influence the Cranial Keystone?](#)

OCCIPUT ☉ FRONTAL



Place one hand centrally under the occiput with fingertips placed behind the ridge of the skull caudal of inion. Your other hand, place it on the forehead (middle finger in the axis of the nose) so it is symmetrical with your first hand.

Focus

- Cranial (falx cerebri) decompression;
- Activating emotional stress release;
- Influence on all structures within the skull;
- ...

Your notes

Additional info:

- [Cranial Osteopathy: Obscurantism and Enlightenment](#)

UPPER BACK - NECK ⊙ OCCIPUT



Place your fingers under the upper back left and right of the spinous process of D2. The head of the patient rests on the palm of your hand, wrist or inside of the forearm. Reaset per segment going from D2 to C2.

Focus

- Relieving neck tension;
- Influence on fourth ventricle and nucleus ambiguus (n. IX, X and XI), CV4 - EV4;
- Influence on stellate ganglion;
- ...

Your notes

Additional info:

- [Compression of the Fourth Ventricle Using a Craniosacral Osteopathic Technique: A Systematic Review of the Clinical Evidence](#)

SACRUM



Place one hand under the sacrum with your middle finger in the axis of the spine. With your other hands' fingers touch left and right of the spinous process (D12 - L5).

Focus

- State of craniosacral system, tension on sacrum,...;
- Sacroiliac joints;
- Lumbar region (m. psoas, kidneys,...)
- ...

Your notes

Additional info:

- Kiapour, A., Joukar, A., Elgafy, H., Erbulut, D. U., Agarwal, A. K., & Goel, V. K. (2020). Biomechanics of the Sacroiliac Joint: Anatomy, Function, Biomechanics, Sexual Dimorphism, and Causes of Pain. *International journal of spine surgery*, 14(Suppl 1), 3–13. <https://doi.org/10.14444/6077>

THORACIC ADJUSTMENT



Patient position:

- ① Supine, arms crossed in a "V".
- ② Supine, patient weaves their fingers of one hand together with the fingers of the other hand and places them behind the back of the head.

Therapist position (ex. right side): At the height of the left thorax.

Positioning & Adjustment

① The left hand lifts the patient's left shoulder. The right hand is then placed under the segment that is going to be manipulated. Let the patient rest on your right hand. Then place the left hand on the elbow on top of the right elbow. Place your own sternum on top of your left hand. The adjustment is set in motion by (a low velocity - low amplitude) pressure (slight drop) of your chest on your left hand in the direction of the segment that is focused on (EOD rebound).

② Put your left forearm over the forearms of the patient and hold tight. Lift and curve the neck and back from the table. Place your right hand under the segment that is going to be released. Roll the patient over your hand with a slight pressure from your chest unto your left upper arm..

[[Link Video](#)]

Focus

- Spinal release and alignment;
- (Dura Mater)
- ...

Additional info:

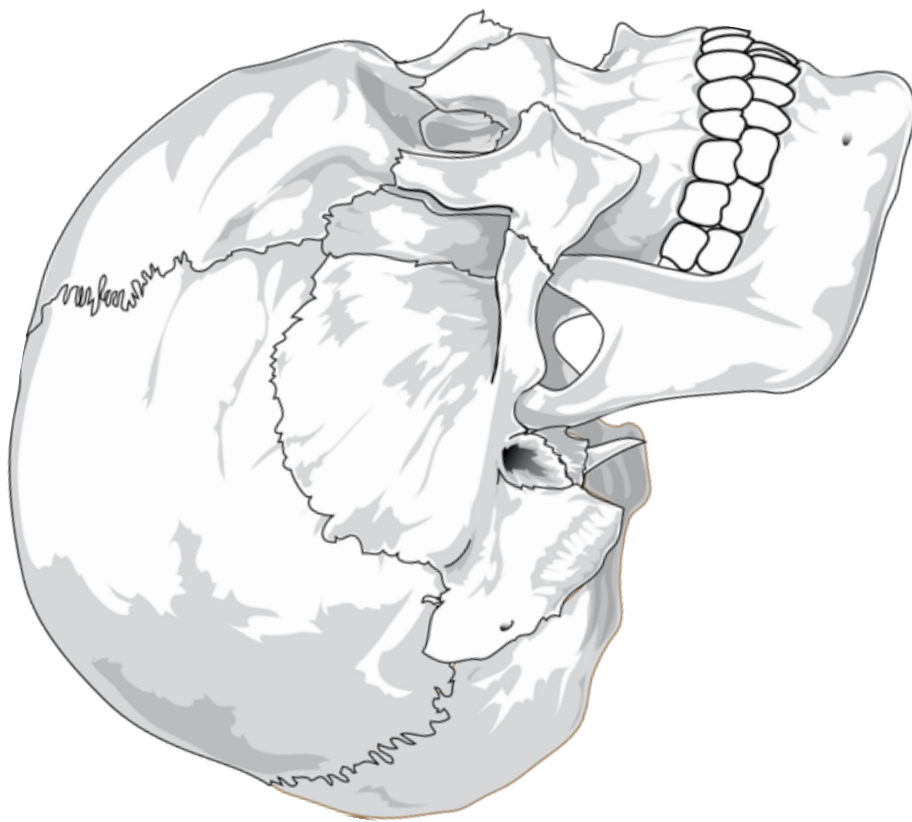
- Florida Institute of Orthopaedic Manual Physical Therapy: Manipulation Technique Manual [[LINK](#)]
- Biomechanics of the Spine: <https://www.anatomystandard.com>

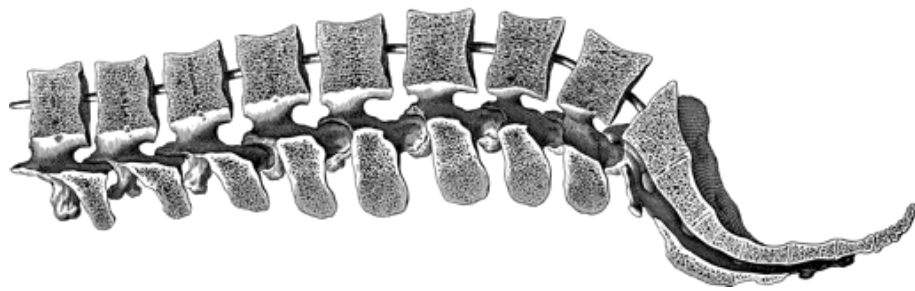
Your notes

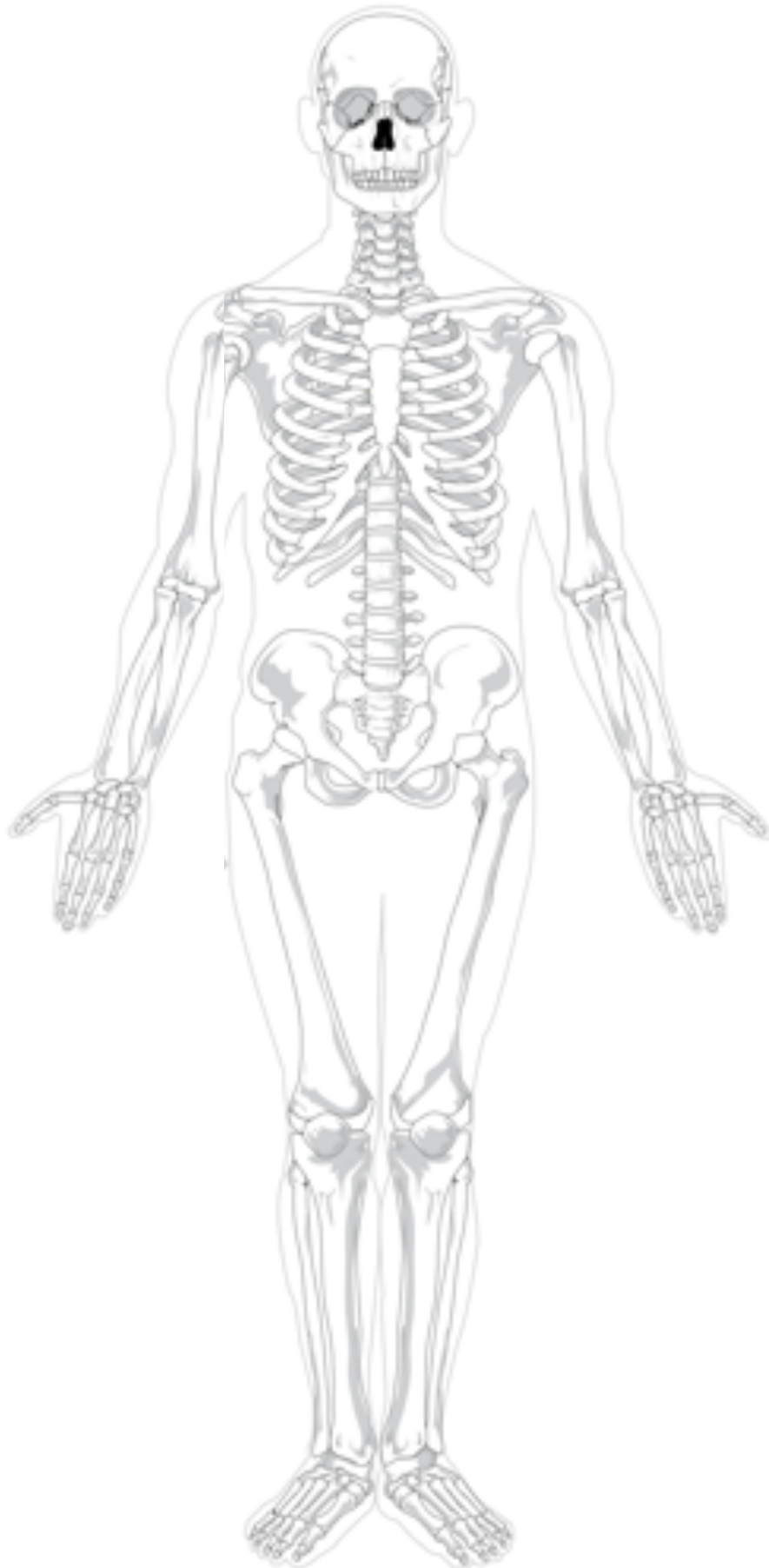
THE BODY'S BIOMOTIONS

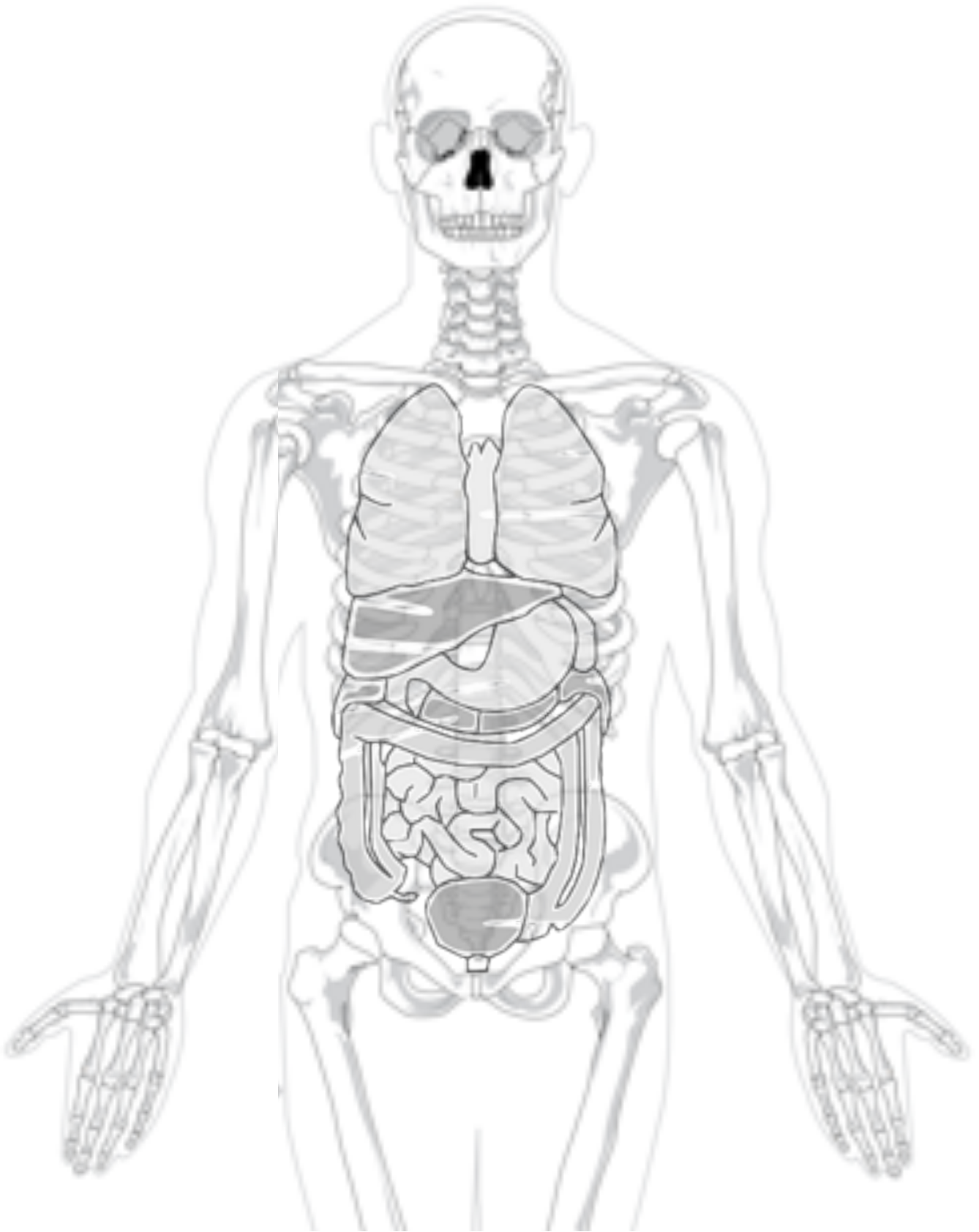
Life in Motion

Lemniscate









HEART RATE VARIABILITY

HRV measures the beat-to-beat interval between heartbeats and is mainly determined by the ANS. Relative sympathetic increases will shorten the beat-to-beat interval and thus reduce HRV (Low HRV), while relative parasympathetic increases will lengthen them or increase HRV (High HRV) (Thayer, et al. 2012).



Additional info:

- Hallman, D., Olsson, E., von Schéele, B., Melin, L., Lyskov, E. (2011). Effects of heart rate variability biofeedback in subjects with stress-related chronic neck pain: A pilot study. *Applied Psychophysiology and Biofeedback* 36, 71-80. DOI: [10.1007/s10484-011-9147-0](https://doi.org/10.1007/s10484-011-9147-0)
- Hallman, D., Ekman, A., Lyskov, E. (2014). Changes in physical activity and heart rate variability in chronic neck-shoulder pain: monitoring during work and leisure time. *International Archives of Occupational and Environmental health*. 87, 735-744. DOI: [10.1007/s00420-013-0917-2](https://doi.org/10.1007/s00420-013-0917-2)
- Meyers, T. (2014). The effect of the Reaset Approach on the autonomic nervous system, state-trait anxiety and musculoskeletal pain in patients with work-related stress: A pilot study. [[LINK](#)]
- Meyers, T. (2019). The effect of the Reaset Approach on the autonomic nervous system, neck-shoulder pain state-trait anxiety and perceived stress in office workers:s: A randomised controlled trial. [[LINK](#)]

Your notes

POLYVAGAL THEORY

According to the Polyvagal Theory, the autonomic nervous system has two other functions in addition to those of the ventral branch of the vagus nerve: the activity of the dorsal branch of the vagus nerve and sympathetic activity from the spinal chain. This multiple (poly-) nature of the vagus nerve gives the theory its name. The differences between the functions of the ventral and dorsal branches of the vagus nerve have profound implications for physical and behavioural health and healing (Rosenberg & Shield, 2017).

The 5 states of the ANS

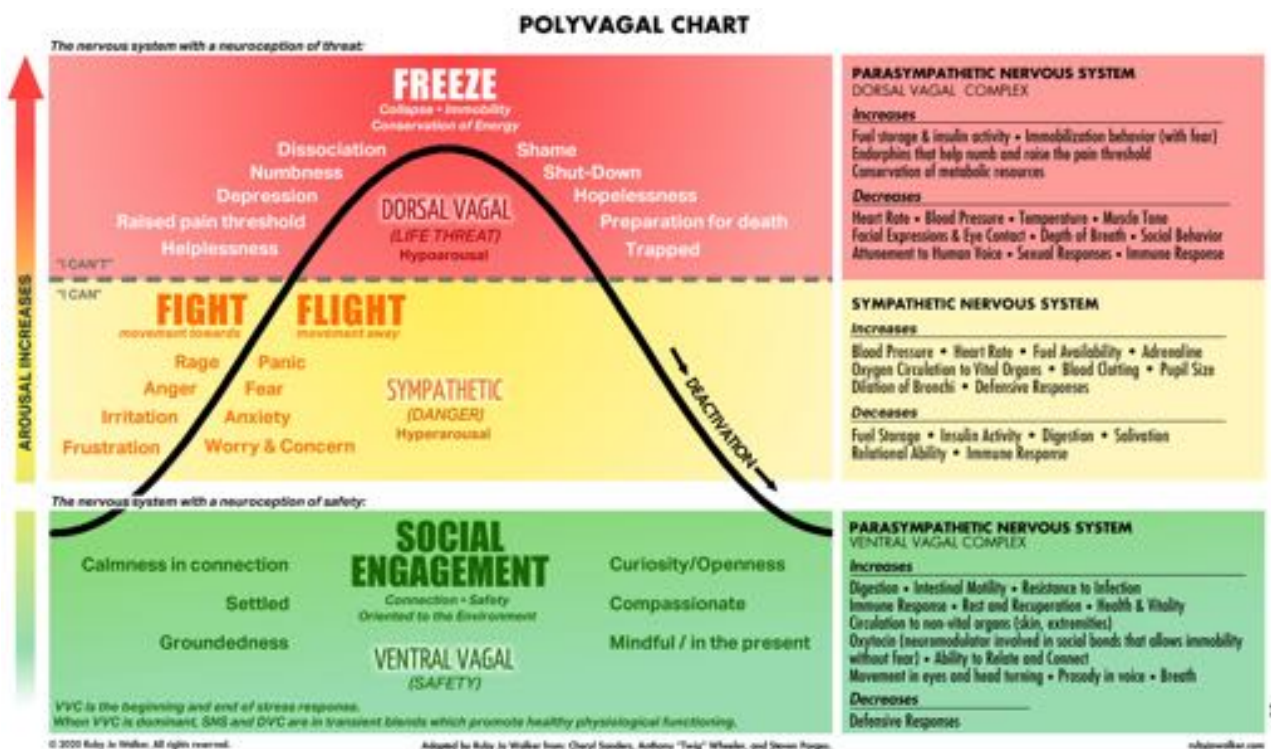
Dorsal vagal state: This is our “freeze” state; the nervous system shuts down in response to stress.

Sympathetic state: This is our “fight or flight” state; the nervous system responds to what is perceived as dangerous or threatening.

Ventral vagal state: This is our “true self” state, where we feel safe, well-adjusted, and have a sense of social ease.

Sympathetic + ventral state: This state, which is called “mobilisation without fear,” is characterised by the activation of the spinal sympathetic chain that allows us to mobilise ourselves to achieve our best performance and the activation of the social engagement circuit keeps things friendly

Sympathetic + dorsal state: This state, which is called “immobilisation without fear,” is characterised by calm, trusting feelings, allowing us, for example, to lie still and cuddle with a loved one.



Your notes

Additional info:

- Porges S. W. (2009). The polyvagal theory: new insights into adaptive reactions of the autonomic nervous system. *Cleveland Clinic journal of medicine*, 76 Suppl 2(Suppl 2), S86–S90. <https://doi.org/10.3949/ccjm.76.s2.17>
- Rosenberg, S., Shield, B. (2017). *Accessing the Healing Power of the Vagus Nerve*. North Atlantic Books. 978-1623170240 [[LINK](#)]

DYSAUTONOMIA

Dysautonomia is an abnormality in the function of the autonomic nervous system.

Stress-related dysautonomia

Stress-related dysautonomia (chronic stress) is a dysfunction of the autonomic nervous system, particularly in that the parasympathetic response is diminished and the sympathetic response works on overdrive.

Essentially, all the functions that are needed for long-term health are suppressed, so the body isn't able to digest food properly, maintain a regular heart rate or healthy blood pressure, repair itself during sleep, and more.

It is also associated with muscular tension, the draining of a person's psychological resources and it interferes with productivity, relationships and wellbeing.

Symptoms related to dysautonomia

- Muscle /joint weakness, aches and or pains
- Shortness of breath (at rest or during effort) i.e; Dyspnea
- Anxiety
- Depression
- Impaired concentration
- pins and needles
- Dizziness
- Heart palpitations
- Chest pain / tightness
- Memory / concentration problems
- Unfocused or cloudy thinking (brain fog)
- Shortness of breath (at rest or during effort)
- Abnormal tiredness
- Gastrointestinal problems
- Nausea
- Tinnitus
- Insomnia or sleepiness
- Low energy
- A change in social behaviour
- Change in emotional responses to others
- Emotional withdrawal
- depression and anxiety

Your notes

Additional info:

- Dysautonomia International: <http://www.dysautonomiainternational.org>
- Carmona-Torre F, et al. (2022). Dysautonomia in COVID-19 Patients: A Narrative Review on Clinical Course, Diagnostic and Therapeutic Strategies. *Frontiers in Neurology* 27;13:886609 <https://doi.org/10.3389/fneur.2022.886609>

ABOUT TOM



Tom Meyers (1970) was born in Antwerp, Belgium. After training to become a chef, he travelled the world and worked as a waiter and sommelier in hotels and Cunard's flagship, the 'Queen Elisabeth 2'. At 29, he started his own business, a gourmet deli - which failed and led him into an existential crisis, wanting to give up on life. Three questions saved his life, gave him a sense of purpose and helped him futurize himself and become the person he was born to be.

Today, Tom also known as "TomTom the Health Navigator", is an osteopath (2007) D.O., M.Sc. Ost. (2019) and body-centred stress coach with a private practice in Brussels, a wellbeing futurist, speaker, author and the founder and international instructor of the 'Reset Approach,' a novel body-mind and educational healing approach.

Tom's mission is to help people flourish in the flow of evolution and thrive in this fast-changing, uncertain, and challenging world by empowering them to futurize on purpose in body, mind and spirit.

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