

A description of the BFL® Bones for Life® Wrap with appreciation to:
Carol A. Montgomery; Cynthia M. Allen; Shereen D. Farber, PhD; Mark O.
Farber (2018...)

Quoting below from Appendix F of the article which was obtained from [movementintelligence.org](https://integrativelearningcenter.org/wp-content/uploads/2018/06/25-Article-Text-41-2-10-20180526-1.pdf) link to the entire article <https://integrativelearningcenter.org/wp-content/uploads/2018/06/25-Article-Text-41-2-10-20180526-1.pdf>

Alternative Movement Program in Geriatric Rehabilitation/ Carol A. Montgomery; Cynthia M. Allen; Shereen D. Farber, PhD; Mark O. Farber

Appendix F.

In this Bones for Life class, a length of fabric, slightly less than 6 meters in length and 114 cm wide, was used. The traditional wrap in most classes is 7 1/2 meters. A shorter length was used to reduce fall hazard and to help make the management of the fabric easier.

Holding the ends of the fabric, the hands slide up the fabric to locate the midpoint of the cloth. The subject places the midline of the fabric around posterior side of the buttocks, as if getting ready to make a sling for the buttocks/pelvis. Time is taken to confirm that the width of the fabric extends from the top of the boney pelvis to most inferior aspect of the hip joints/greater trochanters.

The two ends of the fabric are then brought to the front of the pelvis where they are pulled tight, crossed and then twisted. They are instructed to repeat this process a few times to get the feeling that the hip joints and pelvis are firmly held together. While holding onto the knot, one end is slung over one shoulder,

the other end of the fabric over the other shoulder. Grasping the ends of the fabric that are near the hip joints/greater trochanters, the ends are pulled downward on each side providing a slight tension that encourages upright posture.

Various standing and walking exercises (homo and contralateral walking, tall posture and ground reaction force exercises), are explored during this wrap configuration to clarify the relationship of each side of the pelvis to the shoulder while experiencing a sustained sense of a hip and sacral joints compression.

The wrap is slowly removed with the same care in which it is applied to allow the sensation of tallness and a well-aligned pelvis to remain during the first moments of standing and walking.