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BRASS INSTRUMENT SPECIALIST

FOR:

ON:

TYPE:

Pivot Classification Two

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This particular PIVOT is intended for the TYPE IIIB downstream and the TYPES IV and IVA upstream performers. Sometimes it is prescribed for less common types; however, they may be considered minority groups. Remember, the PIVOT prescribed is to be utilized only for intervals of a perfect fourth or longer; the shorter intervals may be performed by necessary alterations in the tongue-arch, the corners of the mouth, etc. All prescribed manipulations for the jaw and embouchure areas **must be exaggerated** at the outset; however, as soon as Mother Nature makes these playing mannerisms "take hold" all movement becomes minimal. Remember, the primary purpose of the PIVOT is to free you of physical playing impediments so that you may express yourself musically with repose and abandon.

Lubrication

Before mouthpiece placement has been enacted, the entire embouchure area under the rim of the mouthpiece and even including the corners of the mouth must be completely saturated with saliva. Sometimes it is vital that the entire embouchure area is saturated with saliva several times before attempting the initial mouthpiece placement. This may be vital to some performers because there are times when the saliva to the lips acts like ink to a blotter; this is especially true in the colder climates.

There are many players who in addition to the prescribed method of embouchure lubrication, find it essential to augment the "saliva saturated embouchure" with a liberal coating of "White's Vitamin A & D Ointment"; however, if both the saliva and the ointment are used before the initial mouthpiece placement, make certain that the saliva is always used **BEFORE** the ointment has been applied. After this initial lubrication of both saliva and ointment, repeated lubrications with saliva whenever required during the playing may be utilized.

At the outset of your PIVOT studies, it is far better to over-lubricate than under-lubricate. While it is a fact that many fine performers have mastered the PIVOT SYSTEM while using a so-called "dry embouchure" (dry under the rim of the mouthpiece but not at the vibrating points), I do my best to discourage its usage at the outset; because, in most cases, the evils of "twisting" and "winding-up" the embouchure formation during the mouthpiece placement become quite common. When embouchure development permits, the exact formula of personalized lubrication will definitely be prescribed and adopted; however, if possible, for the time being, I strongly advise the wet embouchure approach.

Mouthpiece Placement

Detailed personalized instruction for correct mouthpiece placement will be presented during your initial **ORIENTATION AND ANALYSIS PERIOD**. Tremendous differences in facial structure demand that this treatment is of a highly personal nature. It will be presented in detail both with personalized instruction and essential diagrams. The instructions presented on your **PIVOT DEVIATION SHEET** must be carried out on a consistent daily basis with your initial **PIVOT STABILIZER SHEET**. Make a point of always studying the thirty-five basic points of the PIVOT SYSTEM, on pages 229 to 237 inclusive, in my tenth book, **THE AUGMENTED VERSION OF THE ENCYCLOPEDIA OF THE PIVOT SYSTEM**, before commencing any of your daily playing chores.

The Ascending Pivot (for TYPES IIIB, IV and IVA)

1. Feel that the rim of the mouthpiece in conjunction with the flesh of the embouchure formation, immediately under the rim of the mouthpiece, are being pushed slightly downward as one solidified unit on the inner embouchure toward the chin. In short, both embouchure and mouthpiece as one unit are being pushed downward to a slightly lower spot on the teeth. Under no condition is the mouthpiece to be permitted to slide downward to a lower spot on the embouchure formation while so doing. This must be executed to provide a line-up between the lips and teeth, so that the lip-vibrations are not impeded or obliterated in any particular part of the range. **THE CORE OR CENTER OF THE SOUND MUST DICTATE AS TO HOW MUCH "UPWARD PUSH" TO EMPLOY TO PREVENT A PARTIAL OR COMPLETE CHOKE.**

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