

Pelvic Complex

The **Fourth Neurological Unit** begins with the Pelvic Injury (PIC) and finishes with the pelvic Categories which completes the Flight/Fight survival mechanism. The PIC essentially is the TMJ of the body pelvis representing the defensive /fight posture of the lumbar spine-sacrum-pelvis complex.

Note: The PIC may or may not be present. The indicators are if bilateral cloacal reflexes are seen in the pelvis centering. If the PIC is present, the Front-Back Protocol should have already been completed in Section VI neurological Unit Two and is shown again below.

Screening: Using gluteus medius (left), the patient using left hand therapy localizes the right jaw (masseter). A positive therapy localization indicates the presence PIC.



If a PIC is present, this implies a significant low back /disc problem may exist and one should become suspicious of a disc problem later to be confirmed in the next section. If there were no bilateral cloacal reflexes, then pelvic injury is absent implying no significant low back /disc problem with this patient. There is no harm in doing this step if unsure or PIC is absent.

I. Pelvic Injury Complex correction: Patient must maintain contact on right jaw using left hand throughout correction. Head should be in neutral position, eye mode is not important.

- Spindle Up (tonify) $\leftarrow \rightarrow$ all muscles; left gluteus medius ~ quadratus lumborum ~ across to opposite (right) adductor ~ gluteus medius ~ quadratus lumborum ~ across to left adductor (finish same side where one started).
- Repeat the same procedure starting from the right gluteus medius muscle.
- Reset anterior and posterior cloacal reflexes simultaneously using eye modes open closed while patient now using both hands crisscrossing over jaw.
- Finish with stimulation of the lumbar righting reflexes located adjacent to lumbar vertebrae 3-4-5.



Front-Back Combination: Represents correction of gait reflexes involving anterior cloacals and labyrinthine and posterior cloacals and ocular reflexes.

Note: This step is referenced here if one did not already address this in Neurological Unit Two Cranial Injury section VI (it is easier to perform weight bearing than reclining).

- Anterior cloacals and labyrinthine reflexes, rub with eyes open and closed with respiration.
- Posterior cloacals and ocular reflexes rub with eyes open and closed with respiration.

