

Category III

II. Category II: Represents the structural jaw complex (left jaw) also known as the weight bearing fault of the cranial and body pelvis.

Note: Category II is composed of *two sections*; the cranial pelvis and body pelvis. The cranial pelvis involves only the left jaw and will need to be completed in both eyes open and closed modes.

The body pelvis, requiring blocking, will be always present on the left in eyes open. If pelvic blocking is also found on the right (with eyes open), this finding is confirmation of a need to complete Category III indicating a lumbar facet imbrication involvement and or lumbar disc.

Screening: Using the right Gluteus Medius as an indicator muscle, patient therapy localizes the left jaw (masseter muscle) with their left hand. The screening will show a conditionally inhibited muscle test in both eye modes, i.e. the need for correction of the cranial pelvis in both eyes open and closed, (consistent with prior gait correction findings of eyes open and closed).



Category II Section One Cranial Pelvis correction:

Correction involves the cranial pelvis completed in both eyes open and closed. Please note correct eye mode must be maintained throughout procedure. If the patient changes eye mode, anything more than just blinking, one must repeat the procedure. Note yawning will also neutralize correction and one will need to start the procedure over again.

Correction:

- Spindling down (defacilitation) →← left masseter muscle.
- Spindling down →←left temporalis muscle.
- Reciprocal rocking motion of moving left mastoid up toward chin on inspiration and pull right mastoid down towards floor on expiration. Repeat for 4-6 respirations.
- Stimulate neuro-lymphatics (NL) of neck flexors under left clavicle and C-2 and neuro-vascular (NV) at angle of left jaw.
- Spindle down →← splenius capitus on left.
- Spheno-basilar lift: gently traction occiput and frontal bones with 4-6 respirations.
- Rub lateral pterygoids (bilateral).
 - ~ eye mode must be maintained throughout correction ~
- Repeat above procedure in opposite eye mode.
- If Scoliosis and or Pelvic Injury (PIC) were present and treated then relax psoas muscle by stimulating psoas NL & NV reflexes.



Category II Section Two Body Pelvis correction:

Body Pelvis correction involves pelvic blocking to correct leg length discrepancy. Correct eye mode must be maintained throughout correction. If the patient changes eye mode of more than just blinking, one must repeat the procedure. Note yawning will also neutralize correction and one will need to start over.

Screening: Commonly using the straight arm indicator muscle, therapy localize the left and right first rib heads. Alternate method using the inguinal SOT challenge. There will always be at least one positive finding commonly eyes open on the left. If one ascertains a second pelvic lesion on the right (eyes open). This second pelvic *lesion* will be the indicator of a lumbar disc / imbrication lesion and a need to incorporate Category III.

Correction:

- Utilize pelvic blocks to correct leg length discrepancy.
 - ~ block under right trochanter and left ilium.
- If pelvic injury was corrected prior, unlock pubic bone with scissors action and reciprocal movement on chin.
- Spindling down (defacilitation) →←left masseter muscle.
- Spindling down →←left temporalis muscle.
- Reciprocal rocking motion of moving left mastoid toward chin on inspiration and pull right mastoid down towards floor on expiration. Repeat for 4-6 respirations.
- Stimulate neuro-lymphatics (NL) of neck flexors under left clavicle and C-2 and neuro-vascular (NV) at angle of left jaw.
- Spindle down splenius capitus on left.
- Spheno-basilar lift: gently traction occiput and frontal bones with 4-6 respirations.
- Rub lateral pterygoids.
 - ~ eyes open mode must be maintained throughout correction. If a persistent leg length discrepancy is seen, Category III will neutralize it. ~



Comments: _____
