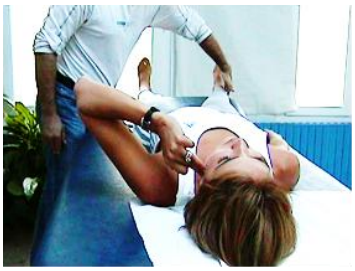
Category III

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 involvers 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 disc / imbrication involvement.

Screening: Using the right Gluteus Medius as an indicator muscle, patient therapy localizes the left jaw (Masseter muscle). The screening will show a need for correction in both eyes open and closed, consistent with prior gait corrections of eyes open and closed.

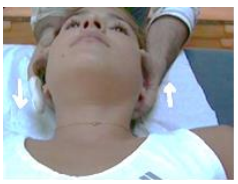


Category II *Section One* Cranial Pelvis correction:

Correction involves the cranial pelvis and completed in both eyes open and closed. Correct eye mode must be maintained throughout correction. 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 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.
  ~ eye mode must be maintained throughout correction ~

- Repeat above procedure in opposite eye mode.

- If Scoliosis and or Pelvic Injury (PIC) was present and treated then relax psoas muscle by rubbing NL & NV reflexes.

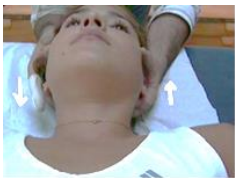
Category II *Section Two* Body Pelvis correction:

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: There will always be at least one pelvic blocking correction needed; eyes open on the left. One needs to ascertain if a second pelvic lesion is present on the right (eyes open). The second pelvic lesion (right) will be the indicator of 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: _____

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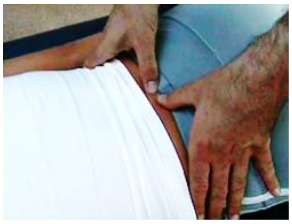
III. Category III Lumbar Disc correction:

Category III may or may not be present. Category III represents significant lumbar imbrication and or lumbar disc involvement with indicators as described previously (bilateral pelvic lesion …blocking of pelvis).

Screening: Supine: during Category II screening if a bilateral body pelvis is present (bilateral first rib head lesion) then Category III is indicated.
Prone: Two point therapy positive localization from top of sacral base each spinous process of lumbar vertebrae. Additional knife-edge therapy localization will assist in identifying disc level if present.

Correction (Lumbar Imbrication):

- Prone blocks are placed under pelvis.
  ~ block under right trochanter and left ilium angling toward each other. If one places the blocks in the wrong direction, a global weakness will be elicited via hamstrings.



- With thumb contact on spinous process of lumbar spine, starting from L-5 continue up to L-1 with a cephalad pumping action on inspiration for 4-6 respirations. Repeat process on cervical spine (Lovett vertebrae).

Correction (Disc Involvement):

- Use knife-edge therapy localization to identify lumbar disc lesions starting from L-4, traction cephalad above lesion with inspiration while maintaing a solid hold on lower vertebrae /sacral base. L-4 is the most common level of involvement, then proceed to L-5, L-3, L-2, L-1 if found. Repeat process on cervical spine (Lovett vertebrae).

- Have patient place thumb on hard palate and press firmly (2-3 lbs. pressure) on inspiration and release pressure on expiration while practitioner lifts affected vertebrae as performed above. Repeat 3-4 times as need per vertebral level. One can repeat procedure with right and left head rotation and repeat again in weight bearing mode (with patient standing and leaning against the wall with one hand).

- Rub Lumbar and Cervical righting reflexes.

Comments: _____

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Completes Neurological Unit Four