

Additional Fixation Patterns

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Abstract

Fixation patterns within the spine have been part of applied kinesiology for a long time. These patterns are specific bilateral muscle testing responses due to a locking together of two or more vertebrae. This paper discusses fixation patterns, which are the observations of this author.

Introduction

Spinal fixations cause a predictable, observable bilateral muscle response in the body. "Fixations are the body's attempt to stop dural torque." (Leaf). These are two or more vertebral segments that are locked together. This paper presents fixation patterns hitherto never before discussed.

Discussion

The following spinal fixation patterns have been discovered over the past several years in this author's experience.

Bilateral Muscle Weakness	Spinal Area
1. Upper Trapezius	Occiput
2. Finger Flexors	Occiput
3. Triceps	Upper Cervicals
4. Subclavius	Upper Cervicals/Cervico Thoracic/Upper Thoracic
5. Sartorius	Upper Cervical/Lumbar/Iliac
6. Inferior Gemelus	Upper Cervical/Lower Thoracic/Sacral
7. Popliteus	Upper Cervicals
8. Biceps	Mid-Cervicals
9. Opponens Pollicis	Mid-Cervicals
10. Brachioradialii	Lower-Cervicals
11. Wrist Flexors	Lower-Cervicals
12. Quadratus Femoris	Lower Cervicals/Sacrum
13. Teres Minor	Lower Cervical
14. Subscapularis	Upper Thoracic
15. Coracobrachialis	Upper Thoracic
16. Pectoralis Major Sternal	Mid-Thoracic
17. Pyramidalis	Lower Thoracic
18. Obturator Extensors	Lower Thoracic/Lumbar Sacral/Iliac
19. Peroneus Tertius	Lower Thoracic/Sacral Iliac

20. Internal Obliques	Lumbar
21. Quadratus Lumborum	Lumbar
22. Peroneus Longus/Brevis	Lumbar/Sacral/Iliac/Sacral
23. Piriformis	Sacral
24. Anterior Tibialis	Sacral/Iliac
25. Toe Extensors	Sacral/Iliac
26. Adductors	Iliac

These fixation patterns are corrected in the previously detailed procedure outlined by Dr. Goodheart.

Additional nutritional correlations have also been discovered. In descending order of frequency, these are zinc, potassium, boron, and molybdenum.

Conclusion

These new fixation patterns are intended as an addendum to the original fixation patterns discussed by Dr. Goodheart. This author has found them to be of value clinically.

References

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