The Lovett Brother Relationship Revisited

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Abstract

There exists in the spine a correlation between vertebrae known as The Lovett Brother Relationship. This relationship can be utilized to find hidden subluxations using therapy localization with two hands.

Introduction

The Lovett Reaction Vertebral Relationship has been described by Dr. Goodheart since 1972 in applied kinesiology. The relationship exists between the upper and lower half of the vertebral column. For example, C1 and L5 are related, C2 - L4 C3 - L3, etc. Basically if one finds a subluxation at a particular level, say L5, then Cl should also be checked for a subluxation.

This paper approaches the Lovett Brother relationship utilizing a two handed therapy localization procedure whereby the upper vertebrae and lower Lovett vertebrae are simultaneously contacted. There are also special muscle dyspoiesis pattern noted for each level.

Discussion

Summum Bonnum - "The highest good is to remove the cause" according to Hippocrates. He also said "Get knowledge of the spine, for this is the requisite of many diseases". The first great drugless healer, known as Herodicus, cured disease by adjusting the spine with his hands. He is also known as the father of Therapeutic Kinesiology. The father of applied kinesiology, Dr. George Goodheart, states "Applied kinesiology is based on the fact that body language never lies." However, in order to understand language one must sometimes be able to read between the lines.

Deciphering the spinal codes sometimes requires creative enthusiasm. As Dr. Clarence Gonstead would say, "find it, fix it, leave it alone." Trying to find it can occasionally be a real sojourn. Therapy localization is a tool first described in 1974 by Dr. Goodheart. If a vertebrae therapy localizes, that is, causes a strong indicator muscle to weaken upon touching it using manual muscle testing, then a subluxation is suspected to exist at that level. However, often times in this author's experience, a vertebrae would not therapy localize in the clear, and yet it would palpate to have a lack of normal movement.

There may be many reasons for this. For example, a fixation pattern will not therapy localize in the clear until motion is induced in the area, or perhaps a different postural position is utilized, and/or interrupted therapy localization is utilized to bypass cerebellum centers. This can be a very time consuming effort. Therefore, various protocols have been introduced into applied kinesiology to find the primary subluxations such as PLUS, piriformus gait inhibition, iliolumbar ligament, P.R.Y.T., and the Lovett Brother relationship.

This procedure requires a two handed therapy localization. Negative therapy localization to the upper vertebrae, negative therapy localization to the lower vertebrae, but positive therapy localization when the two vertebrae are simultaneously therapy localized. To correct this dysfunction, adjust the lower vertebrae and then tap, or percuss, the upper vertebrae. If the tapping is performed manually, then a cadence of one to three cycles per second is utilized. Upon completion, this will negate the two handed therapy localization as well as correct the attendant muscular response patterns.

The following patterns have been noted:

Spinal Levels	Muscular Response Patterns
Coccyx/Sphenoid	Gluteus Max-Coccyx, Adductors Transverse
Sacrum/Occiput	Piriformis, Gluteus Max-Sacral Iliacus, Inferior Gemelus, Obturator Ext., Quadratus Femoris, TFL
Iliac/Temporal	Flexor Hallucus, Toe Flexors Posterior Tibialis, Peroneus Brevis, Peroneus Tertius, Plantaris, Gastrocnemius, Soleus, Popliteus, Gracilis, Gluteus Medius/Minimi, TFL, Piriformis, Obturator Ext., Superior/Inferior Gemelus, Internal Oblique, Transverse Abdominalis, Quadratus Lumborum, Coccygeus, Pubococcygeus, Coracobrachialis, Pectoralis Minor, Triceps, Latissimus Dorsi, Middle/Upper Trapezius, Subscapularis, TMJ/Hyoid Musculature
L5/C1	Hamstrings, Piriformis
L4/C2	Gluteus Max-Iliac
L3/C3	Peroneus Brevis/Longus, Coccygeus-Spinal/Coccyx, Obturator Ext.,Pubococcygeus, Adductor Brevis, Adductor Magnus-Transverse, Rectus Femoris, Vastus Intermedialis, Posterior Tibiallis, Plantaris, Flexor Hallicus Longus, Gluteus Medius, Gluteus Minimus
L2/C4	Gracilis, Soleus, Post. Tibialis, Peroneus Longus, Peroneus Tertius, Anterior Tibialis, Popliteus
Ll/C5	Hamstrings, Gastrocnemius, Popliteus, TFL, Gluteus Medius, Gluteus Minimus
T12/C6	TFL, Psoas, Iliacus, Quadratus Femoris, Obturator Ext., Pectineus, Adductor Longus, Rectus Femoris, Vastus Lateralis, Vastus Intermedius
T11/C7	TFL, Gluteus Maximus, Iliac, Iliacus, Sartorius, Gracilis, Vastus Lateralis, Inf. Gemelus, Quadratus Femoris
T10/T1	TFL, Hamstrings, Quadratus Lumborum, Rectus Femoris, Vastus Medialis, Pectineus, Gluteus Medius, Gluteus Minimus, Gluteus Maximus, Iliacus, Pyramidalis, External Oblique, Internal Oblique, Transverse Abdominalis, Psoas Minor, Latissimus Dorsi
T9/T2	Adductor Longus, Adductor Magnus, Gluteus Minimus, Gracilis, Piriformis, Gluteus Maximus, Latissimus Dorsi, Quadrais Femoris, Coccygeus, Ileo-coccyeus, Pubococcygeus, Internal Oblique, Transverse Abdominalis, Pyramidalis, Rectus Abdominus, Quadratus Lumborum
T8/T3	Sartorius, Vastus Lateralii, TFL, Gluteus Maximus, Iliacus, Psoas, Psoas Minor, Inf. Gemelus, Obturator Ext., Transverse Abdominalis, Internal Oblique, Quadratis Lumborum, Teres Major, Latissimus Dorsi, Coracobrachialis
T7/T4	Rectus Abdominus-4th, External Oblique, Transverse Abdominalis, Quadratus Lumborum, Psoas Minor, Teres Minor, Subscapularis, Serratus Anterior, Coracobrachialis, Middle/Posterior Deltoid, Middle Trapezius, Upper Trapezius, Subclavius, PMC, Ant. Pectoralis Minor, Biceps, Triceps, Pronatus Teres, Brachioradialii, Brachialis, Wrist Flexors, Pronator, Opponens Pollicus, Opponens Digiti Minimi, SCM, Scalenes, Splenius, Semispinalis, TMJ Musculature, Hyoid Musculature, Latissimus Dorsi

Spinal Levels	Muscular Response Patterns
T6/T5	Rectus Abdominus, Transverse Abdominus, Quadratus Lumborum, Psoas Minor, Teres Minor, Subscapularis, Coracobrachialis, Serratus Anterior-Lower Division Upper/Middle/Lower Trapezius, Triceps, PMS, Pectoralis Minor, Supinators, Pronator Teres, Brachio-Radialis, Wrist Extensors, Pronator Quadratus, Opponens Pollicus, Flexor Digitii Minimi Brevis, SCM, Scalenes, Hyoid Musculature

The muscle response patterns used above may not all display and may not appear bilaterally. They are meant to demonstrate a correlation only to each Lovett Brother pair.

Conclusion

These two point therapy localization Lovett Brother relationships exist and are useful clinically when examining a patient for the structural spinal cause of their health problems. Challenge and adjust the lower vertebrae, then tap the top vertebrae (or percuss) at 1 to 3 cycles per second. The attendant muscle response patterns will then improve along with overall bodily function on many levels.

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