

# The Occiput/Atlas Fixation

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## Abstract

There exists a fixation pattern between the occiput and atlas which displays in the body via manual muscle testing (MMT) as a unilateral supine hamstring weakness.

## Introduction

Spinal fixations are generally considered to be a locking together of two or more vertebrae displaying in the body as a bilateral muscle weakness via MMT. These muscle weakness patterns will not therapy localize (TL) in the clear to weaken a strong indicator muscle (IM) but must include motion with TL. However they will TL to strengthen the bilateral muscle weakness pattern associated with it.

The sacroiliac and lumbosacral fixation patterns are exceptions to this rule as they display as unilateral neck extensor and teres major weaknesses respectively. There exists another type of this fixation pattern; the occiput/atlas fixation. This is a locking together of the occiput and atlas which displays as a unilateral hamstring weakness in the supine position only.

## Discussion

Fixation patterns were first described by Martindale and later adapted, modified, and muscle correlated by Goodheart. These MMT correlations have been utilized in Applied Kinesiology (AK) for many decades. This locking together of multiple vertebrae displays via MMT as specific bilateral muscle weakness patterns. These bilateral muscle weakness patterns correlate to certain areas of the spine. When these fixation patterns are adjusted properly, the bilateral muscle weakness self corrects.

According to Leaf fixations are the body's attempt to stop dural torque. Dual torque may be caused from structural, chemical, emotional, and/or electromagnetic influences. The clinician needs to unlock the fixation and identify the cause of the dural torque in order to prevent its recurrence.

The lumbosacral and sacroiliac fixations are unusual in that they both display as unilateral muscle weaknesses. This author has discovered another spinal fixation/unilateral muscle weakness association; the occiput/atlas fixation. This fixation displays as a unilateral hamstring weakness only when tested in the supine position. This supine hamstring weakness (when tested as a group) is usually on the posterior atlas side. The muscle dysfunction does not display in the prone position. This hamstring weakness is negated by having the patient TL the occiput/atlas area with both hands. One may also challenge the occiput/atlas to determine the method of correction. Although this area may be adjusted with a single bilateral thrust; in this author's experience it is better to adjust the atlas first and then the opposite occiput. The occiput should be motion palpated and

challenged to determine the correct vector of thrust for the adjustment. Upon successful correction, the supine hamstring group will test strong and the occiput/atlas will no longer challenge.

Proper identification and correction of the occiput/atlas fixation has a profound positive effect on body function. Many neurological disorganization patterns; temporomandibular (TMJ) joint dysfunctions; pitch, roll, yaw, and tilt (PRYT); dural torque patterns; right/left brain imbalances, digestive disturbances, emotional issues, and other fixation patterns are resolved.

## **Conclusion**

There exists an occiput/atlas fixation which displays via MMT as an ipsilateral supine hamstring weakness. This is in addition to the unilateral neck extensor-S/I joint and unilateral teres major-lumbosacral fixations. Correction of the occiput/atlas fixation complex has a very positive effect on overall body function.

Note: The homeopathic correlation to this fixation is Ruta Graveolens.

## Resources

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