Basic Spine Maintenance

This course teaches no-force hands-on techniques for maintaining spine integrity. Use this technique whenever your spine doesn't feel aligned. Slide Presentation Link.

Benefits:

- Naturally Maintain Natural Alignment
- Minimize Future Injury Potential
- Minimize long-term degeneration
- Maximize Physical Performance
- At home as needed

Required items are in Italic bold. Optional tools normal font.

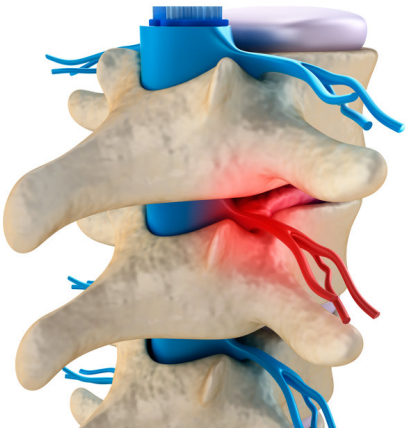
Sequence	Necessary	Optional	Time	Typical Pain Reduction
Step-1Pelvic Gravity Correction	***Firm SurfacePelvic Wedges***	Assistant Erector Release	5-15 min	About 1/2
Step-2Piriformis Muscle Release	***Firm Surface***	Tennis ball orAssistant	15-30 min	Over 1/2
Step-3Psoas/Rotator Muscle Activation	***Firm Flat Surface***	AssistantPEMF	30+ min	Over 3/4

Scan for Full Web Version

Spine Pain Physiology

The primary source of spine pain occurs when the nerves exiting in the spine are pinched by either the disc or other tissue.

The image at the right uses red to indicate an irritated nerve. The image shows the nerve as red, or irritated, because disc inside the spine is distorting the nerve exiting the spine. Any swelling or pinch of the nerve interferes with signal transmission and the body protects the nerves at all costs.

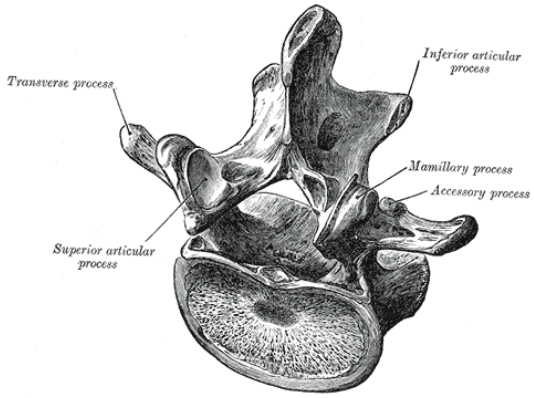


Spinal cord under pressure of bulging disc

Muscles connect the wings on the vertebrae, called processes. Muscular contractions tug the wings causing the spine bend forward, backward and sideways.

When the nerve channel on one side senses constriction the muscles on the opposite side contract.

Contraction uses the disc between the vertebrae as a fulcrum to open the nerve passage on the opposite side like an accordion.



Spine Degeneration Process

Healthy disks separate vertebrae enough to enable the spine to bend by contracting the muscles on either side. The disks are a fulcrum that enables the spine to bend sideways, forward and backward.

When the disks become thin, formerly normal motions of side-bending or twisting motions pinch nerves channels. When this occurs muscles opposite the pinch defensively contract to open nerve passages to reflexively protect from injury.

When nerves on both sides become involved, opposing muscles simultaneously contract creating a vise-like splint that locks the spine. ***This is the vise reflex.***

The vise reflex squeezes the separating discs like a sponge in a vise. Prolonged squeezing compresses the disc toward perpetual worsening and eventual failure.

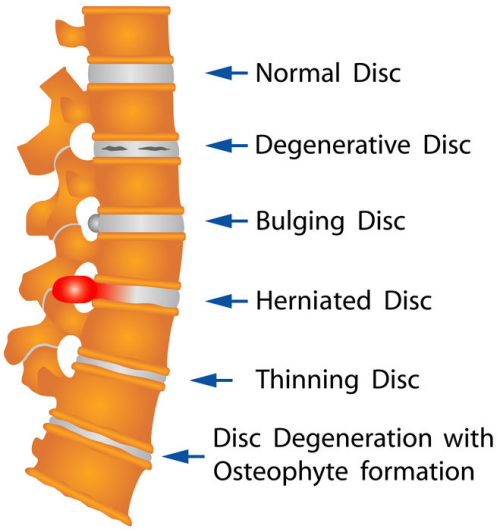
Eventual disc failure has different modes but it is aways caused by the vise effect. Disc failure is diagnosed as rupture, bulge, herniation, and thinning.

Avoidance of the vise reflex preserves spine health. Prolonged avoidance of the vise

compression permits the disks to recover or re-expand to restore durable spine health.

Protocol Elements

This protocol uses mild gravitational force, trigger-point release, gravitational traction, and muscle activation to switch-off muscular splints and switch-on the muscles that enable normal healthy motion. When the splints disengage the spine returns to normal.

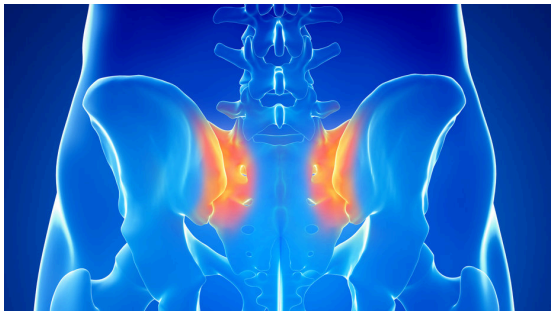


Spine conditions Degenerative Disc Bulging Disc Herniated Disc Thinning Disc Disc Degeneration with Osteophyte formation

Pelvic Rotation Correction

This technique utilizes wedges or chocks to position the pelvis so that gravity gently pulls the spine to reset the Sacroiliac Joint, or SI joint.

The Sacroiliac Joint is the foundation of the spine. The spine sits on top of the pelvis like a stack of bricks.



Sacroiliac Joint

A tilted pelvic foundation stacks the entire spine crooked. A crooked spine causes unnatural stress on disks and causes unnatural strain and and increases injury vulnerability.

Eventually crooked stacking causes unnatural muscle tension that compresses discs between vertebrae. Eventually discs compress enough to pinch spine nerve exit channels causing pain and eventually loss of joint mobility.

Correction of the sacroiliac joint enables the spine to re-stack itself correctly.

This correction is the first step in the sequence because it triggers neurological permission to turn off the muscular splints that lock down the spine.



Back Pain

Step-1: Wedge Gravity Correction

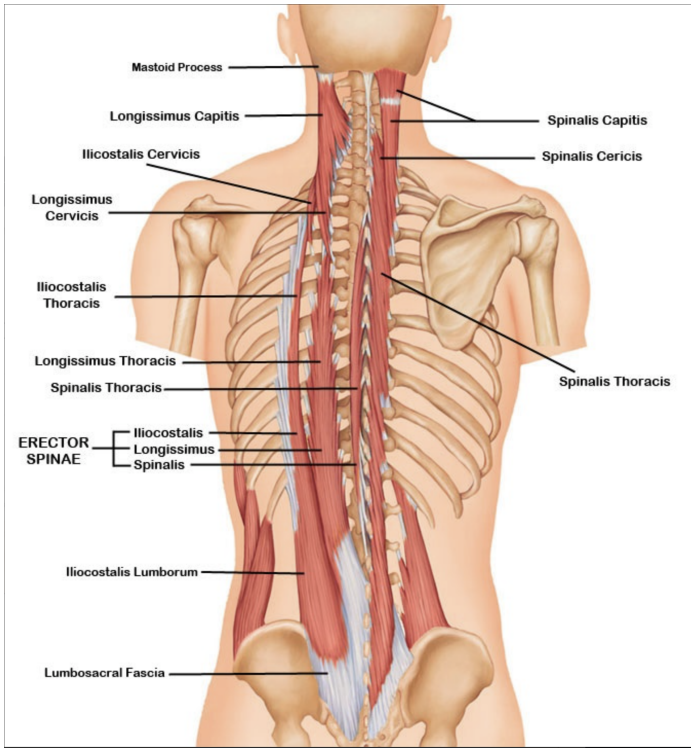
This process gently separates the surfaces the sacroiliac joint by lifting different parts of the pelvis. This step gives neurological permission for the vertebral vise-reflex to unlock.

This triggers a soft neurological signal to allow the body to reset, or switch off, the erector spinae vise-reflex locks.

This enables the spine to re-stack by restoring normal degrees of freedom or motion.

Steps:

1. Lie face down on firm surface preferably looking down
2. Self alignment test – rub big toes together to determine long versus short logs.
3. Place one wedge under crest of hip of long leg.
4. Place other wedge under very top of the thigh on the short leg.
5. Insert both wedges until leg lengths appear equal
6. Lie in position about 10 minutes



Pressure Point Release (assisted)

Absent pelvic correction pressure point release on the knots only provides temporary relief because the spine will re-stack crooked on top of a tilted pelvis upon neurological-strain trigger.

This process can occur simultaneous with pelvic correction with the wedges in place.

Apply firm – near painful pressure on the dominant knot, usually in the small of the back. Press in from the side to stimulate release on the muscles that squeeze the outside wings of the vertebrae together.

Concentrate on the biggest hardest knot first. Once this one releases, then move to the other side.

Knot release relieves the vise pressure thus reducing tension that pinches nerve channels and contributes to disc compression.

Under sufficient pressure over time the knot will start to twitch and eventually release. After releases the formerly knotted muscle will be sore from exhaustion and lactic acid.

After the knots release remove blocks and test functional leg length again. Normally this will significantly reduce discomfort.


Physiotherapist working with patient in clinic

Test Sacroiliac Joint Correction

This test determines if the SI joint and spine have completed the neurological reset. On success the pelvis and legs will be aligned both legs will hold the same length with the wedges removed.

- The left wedge goes under the crest of the left hip bone.
- The right wedge goes under the top of the femur.
- The legs will have equal length when the wedges are in the correct position.

The goal of the test is to nominally load the spine. If the neurological reset is complete the pelvis will remain aligned after a nominal weight or impulse challenge. After you complete the test you will retest leg length.

Remove pelvic wedges.

If Alone: Stand up for 30 seconds and then lay back down.

If assisted: Have your assistant firmly bump the bottom of your feet hard enough to nominally move your head.

Retest leg length. If the legs are still different length go restart.

If legs length test passes continue to next step. When the sacroiliac joint is reset, knots in the spine not re-trigger.



Badly Misaligned



Slightly Misaligned

Power Assisted Knot-cracker on spine muscles

If you have a PEMF machine, place the 6 inch loop over the target knot.

Increase the pulse intensity until the assistant can feel mild twitching in the body of the knot. Maintain constant pressure on the knot until it releases usually ~2-4

minutes.

Repeat for opposite side.

Step-2: Piriformis Release

The Piriformis muscle connects the outer femur to the pelvis and often locks on, when the psoas & rotator muscles switch off (below), compensatory tension from the piriformis muscle strains to the recently reset sacroiliac joint. This compensation usually causes one or both sides of the piriformis to knot.

Self Release

If alone this step is optional because the piriformis knot will self-release in an hour our so after you re-activate the psoas/rotator muscles (later step).

Lay on a tennis ball positioned on the knot in the center of your butt cheek or skip this step.

Assisted Piriformis Release

Have your assistant press in the middle of the butt cheek to press on the knot belly of the piriformis muscle. Both sides will usually have knots. Start with the biggest knot first.

Release both sides.

Power Assisted Piriformis Release

If you have a PEMF machine, place the 6 inch loop over the Piriformis knot.

Increase the pulse intensity until the assistant can feel mild twitching in the body of the knot. Maintain constant pressure on the knot until it releases usually ~2-4 minutes.



Female Piriformis Muscle

Step-3: Psoas/Rotator Activation

The psoas & rotator muscles rotate the leg inward. The psoas connects the lower spine to the femur on the inside of the pelvis. The psoas muscle is fragile or tender. In food animals it is called the tenderloin.

The psoas is in close physical contact with the intestines. Gut leakage often neurologically disables the psoas muscle. This is why certain foods, particularly those high in glyphosate, trigger back problems.

A disabled psoas causes the body to compensate using unnatural muscles to manage leg rotation for each step. This compensation eventually dislocates the sacroiliac joint in the pelvis, which causes the spine to stack crooked.

Reactivation of the psoas muscle restores normal neuromuscular leg rotation control. This enables persistent spine correction.

Failure to reactivate the psoas enables the neuromuscular dysfunction pattern to recur.

Compensatory stress unnaturally stresses the sacroiliac joint resulting in SI dislocation and pelvic tilt. Pelvic tilt misaligns the entire spine resulting in predominantly low-back issues which may affect the entire spine including the neck.

Alone Psoas Activation

Lie on back.

Rotate leg from outward to inward using muscle from inside the groin. Repeat until the you can rotate your leg with normal strength. Repeat until the you can rotate your leg naturally.

Doing this before you get out of bed each morning will normally prevent most back problems. Time 1-2 minutes.

Assisted Psoas/Rotator Activation

Lie on back. Have assistant grasp your leg just above the knee. Assistant should provide increasing friction to resist rotation above the knee.

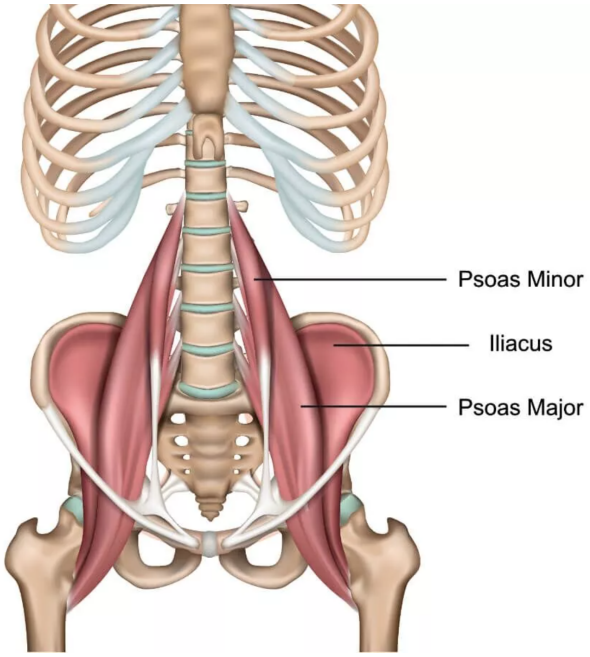
Rotate leg from outward to inward using muscle from inside the groin. Repeat until the you can rotate your leg with normal strength.

Power Assisted Psoas Activation

Lie face down on firm surface.

Place the 6 inch loop under groin area. Turn machine to minimum setting. Start cycle and ***slowly*** increase pulse intensity.

Increase intensity until you feel a sharp-but-bearable activation of the psoas muscle. Maintain pulse exposure for 3 minutes.



Psoas/Rotator Muscle Activation Test

1. Lie on back
2. Relax legs and allow to sag outward
3. Observe if either leg rotates unnaturally outward
4. If yes return to Psoas/Rotator muscle activation

Alternative Technique

Tools

Required:

- Pelvic wedges will bring (15 sets for take-home) (Shoes or rolled towel can be substituted)
- Will distribute as Personal Equipment during the course.

Helpful:

1. Massage Table (will bring)
2. Inversion Table (will bring)

Advanced:

1. PEMF Device (will bring)
2. Essential for resolution of more severe spine issues

Video Tutorial of pelvic rotation correction using PEMF Machine