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Quick Self FixesTM

This course teaches 32 self treatments that prevent and resolve connective tissue tightness and/or joint fixations. These self treatments make chronically weak muscles instantly strong and keep them strong!

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QUICK SELF FIXES

This Quick Self Fixes book and companion video teach 32 self treatments that prevent and resolve connective tissue tightness and/or joint fixations. These self fixes usually make chronically weak muscles instantly strong and keep them strong when the Quick Self Fixes are performed regularly. Strong muscles promote better function and comfort.

The focus of Quick Self Fixes is on creating and maintaining excellent health. This is an educational program only. Quick Self Fixes do not diagnose or treat disease, injuries, or ailments. This course does not provide anyone with a certificate or license to practice or teach any healing art.

For safety reasons, prior to performing Quick Self Fixes, show this book to your Medical Doctor to be sure that the Quick Self Fixes are safe for you. Promptly stop doing any Quick Self Fix if there is pain.

Quick Self Fixes are activities which are best learned in person or alternatively from video. Static photos do not completely represent movement; however, they do serve as useful, portable reminders. Therefore, this book is designed to remind you of techniques you have studied on the Quick Self Fixes video and/or in class.

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QUICK SELF FIXES

MOST PEOPLE NEED QUICK SELF FIXES

- Do you have unresolved musculoskeletal pain? For example, do you sit at the computer all day with constant dull and nagging backaches?
- Do you have a job that requires physical labor?
- Are you a professional athlete or are you athletic for fitness and fun?
- Do you feel low in energy, stiff, and/or weak?
- Do you want to slow the formation of arthritis in your joints?
- Do you want to increase your metabolism and hence burn more fat?

THE VALUE OF QUICK SELF FIXES ARE COMPREHENSIVE

- Improve overall strength and flexibility
- Help prevent and relieve pain
- Improve endurance
- Improve coordination
- Increase comfort
- Prevent and speed the healing of injuries
- Increase vitality
- Slow the formation of arthritis
- Enhance athletic performance
- Increase metabolism and decrease fat

INTRODUCTION TO QUICK SELF FIXES AND TARGETED MUSCLE TESTING

Targeted Muscle Testing is a muscle strength evaluation system developed by Dr. Cassius Camden Clay. Targeted Muscle Testing challenges a person's muscle strength against a tester's pressure as a means of quickly determining repeatable levels of muscle weaknesses and/or strengths. Most people, including Olympic athletes, professional sports athletes and body builders have a significant number of muscles that test chronically weak. The odds are extremely high that a significant percentage of your muscles would also test weak. These muscles are not weak because you need more exercise. These muscles are most often weak because of connective tissue tightness and/or joint fixations that are disrupting nerve conduction, blood flow, lymphatic drainage, and/or cerebral spinal fluid flow that are essential for sustained muscle strength. These muscles have gone dormant like a bear hibernating in the winter to conserve its resources.

A NEW PARADIGM

The standard belief that exercise is the only way to make weak muscles strong is false! We now know that we can make a significant number of weak muscles instantly strong and keep them strong using specific connective tissue stretches and joint motions which we do to ourselves—the Quick Self Fixes.

A daily routine of the Quick Self Fixes contained in this course will activate dormant muscles and keep you strong. The connective tissues that we stretch include ligaments, tendons, and fascia. They are a complex network of intertwined layers of strong, spiderweb-like tissues, interweaving themselves in a matrix that connects and holds everything in the body together. Blood vessels, lymphatic channels, cerebral spinal fluid spaces, and nerves are supported by and travel through this massive connective tissue system.

Quick Self Fixes were initially organized to teach martial artists how to resolve pain and improve functional movement by making weak muscles instantly strong. In due time, a complete Quick Self Fixes Routine was developed to maintain overall muscle strength.

By doing the complete Quick Self Fixes Routine prior to his Aikido martial arts practice, Dr. Clay realized that he was more energized and relaxed during class. His martial arts injuries became less frequent because his previously chronically weak muscles were now all strong, allowing for more coordinated and efficient responses while doing martial arts. In addition, doing the Quick Self Fixes Routine in the morning helps the body wake up, feel alert, energized, flexible, and ready for rigorous exercise. For Dr. Clay and others, it is a healthy substitute for caffeine.

Anytime people complain of muscle tension, it is almost always associated with muscle weakness. Weak muscle fibers do not commonly feel tight, yet the adjacent strong muscle fibers do. They overcompensate for associated muscle weakness by working too hard resulting in muscle tension.

When the muscles that support joints are chronically weak, the joints move abnormally causing repetitive stress on the associated bones. This contributes to degenerative joint disease, also known as bony arthritis. This degeneration is obvious on x-rays. If an untrained person examines the x-rays of a person at age 20 and age 80, they could immediately distinguish between their ages because bones degenerate as we grow older. Chronically weak muscles that are not appropriately stabilizing joints increase the formation of bone degeneration. Strong muscles slow this arthritic process by keeping the skeletal joints stable. Doing Quick Self Fixes regularly enhances joint stability by restoring and maintaining strength to previously chronically weak muscles. This better supports joints, thereby reducing stress on the associated bones and thus slows the formation of arthritis.

Quick Self Fixes increase metabolism and help lose fat weight. Weak, hibernating muscles do not burn as much fat as strong, high-functioning muscles burn when the body is actually in a fat burning metabolic phase. Significant fat burning commonly starts after 30 minutes of rigorous exercise. If your goal is weight loss through exercise, be sure to do the Quick Self Fixes Routine prior to exercise.

Dormant muscle tissue does not develop muscle mass during exercise.

Dr. Clay's Targeted Muscle Testing video and companion book teach how to perform 31 easy-to-learn muscle tests. These muscle tests target muscles that are commonly found chronically weak in adults on one or both sides of the body. Dr. Clay has personally developed 24 of these 31 muscle tests.

Targeted Muscle Testing and Quick Self Fixes go together because these repeatable muscle tests prove that Quick Self Fixes usually make the previously found chronically weak muscles instantly strong! People who perform the 32 Quick Self Fixes regularly, join "Our Strong Club". Members of "Our Strong Club" test strong when all of the Targeted Muscle Tests are evaluated at the beginning of a visit with a Quick Self Fixes/Targeted Muscle Testing practitioner. This is truly a unique and cutting edge healing system.

When all of the Targeted Muscle Tests are strong, most other muscles which could possibly be evaluated with a muscle test, test strong as well through the "domino effect". When our muscular system is high functioning, our immune systems functions better. In theory, Quick Self Fixes do more than just improve skeletal muscle strength!

You may choose to only learn the Quick Self Fixes for your personal benefit, or you may choose to learn both Quick Self Fixes and Targeted Muscle Testing to educate and help others.

If you work in a related healthcare field, you may choose to integrate Quick Self Fixes and Targeted Muscle Testing into your professional practice. These skills will give you a highly competitive advantage within your field. If you are not in a related healthcare field, you may choose to get a Personal Trainer certification which may help you to work for pay doing Quick Self Fixes and Targeted Muscle Testing. Please check the laws in your state or country governing the scope of Personal Trainers.

THIS IS A NEW PROFESSION

When you find your results using Quick Self Fixes and Targeted Muscle Testing to be AMAZING, you are welcome to apply to join our team and become a certified workshop leader and help take Quick Self Fixes and Targeted Muscle Testing worldwide!

Sometimes, even though a previously weak muscle now tests strong, areas may continue to be sore or even painful. It may be that the body simply needs more time to clear inflammation and heal (see “Dr. Clay’s Anti-inflammatory Protocols” on pages. 52-53). Dr. Clay much prefers a patient to leave his office saying, “Hey Doc, it still hurts”, rather than, “Hey Doc, it’s still weak”. When a person’s muscles are made strong and maintain strength using Quick Self Fixes, the odds are high that he or she will get well!

Occasionally there are unknown underlying health issues. Show this book to your Medical Doctor to be sure that Quick Self Fixes are safe for you.

Note: Be aware that a poor diet may interfere with the effectiveness of Quick Self Fixes.

One of the biggest questions Dr. Clay has had was, “Why do most adults during the initial muscle testing evaluation test significantly weak in mostly the same muscle sections?” It just did not make sense. Why would nature design the human body to be flawed with substantial muscle weaknesses as its normal status? Members of “Our Strong Club” do the Quick Self Fixes regularly, and all of our 62 Targeted Muscle Tests are strong (31 muscle tests on each side of the body).

In the summer of 2011, Dr. Clay evaluated and treated a troop of five female circus trapeze artists. A 23 year old trapeze artist had 60 out of 62 muscles test strong. Dr. Clay found this discovery intriguing. Previously, only members of “Our Strong Club” had tested overall strong. Next, he sought out another trapeze artist, who was 30 years old and teaching Circus Trapeze Arts. Of the muscles tested on her, over 96% tested strong. Dr. Clay contemplated these two anomalies and theorized that these two trapeze artists were strong because they were moving their bodies like tree dwelling primates do. The key was that these trapeze artists were constantly stretching the body’s connective tissues and joints in a similar manner. Doing yoga on the floor once a day does not compare to the connective tissue stretching and joint motions that are accomplished by climbing and swinging all day like a tree dwelling primate.

Next, Dr. Clay muscle tested a 30 year old woman who taught Swing Yoga, which is performed while suspended in the air on a hammock with handles. Once again, 96% of her muscles tested strong. The Swing Yoga instructor graciously referred Dr. Clay to an Anti-gravity Yoga studio, where yoga is performed while suspended in a nine-foot-wide sheet that hangs from a high ceiling. He muscle tested the 46 year old Anti-gravity Yoga instructor and guess what? She was nearly 100% strong as well!

From these experiences, Dr. Clay hypothesized that the Quick Self Fixes Routine emulates the effects of a primate's tree dwelling lifestyle by using connective tissue stretching and joint motions to make and keep previously chronically weak muscles strong.

For this course, Dr. Clay has chosen his best 32 Quick Self Fix techniques which have been developed over a period of 38 years of doing body work with a research mindset. When Dr. Clay arrived at Life Chiropractic College in 1979, he learned first hand that weak muscles instantly became strong when the correct chiropractic adjustment was applied. Thus, proving to Dr. Clay that chiropractic treatments work.

For 29 years, Dr. Clay has intensively studied and practiced Assisted Stretching Postures from Thai Massage. Assisted Yoga has been fondly referred to as "Lazy Person's Yoga". Traditionally, the client lies on a floor mat, while the practitioner molds the client's body into a series of sustained assisted stretching postures. The client gets flexible while the practitioner gets strong.

Dr. Clay has taught 284 Assisted Stretching Postures from Thai Massage workshops for the massage profession and has authored a book for body workers on his most effective Assisted Stretching Postures taught on the massage table. In 1996, he discovered that any weak muscle that could be made strong with a chiropractic adjustment could also be made strong with Assisted Stretching Postures. Numerous times, Dr. Clay witnessed that abnormal spinal curves called scoliosis significantly improve or resolve completely as a result of connective tissue stretching along the spine with Assisted Stretching Postures and without chiropractic adjustments, which was his previous standard treatment for scoliosis.

See "Scoliosis Resolution" video and book at www.QuickSelfFixes.com. One accepted theory is that the chiropractic adjustment moves a hard bone off a soft nerve, thereby, improving nerve conduction which allows the bodies Innate Intelligence to better control the bodies functions through a nervous system free of nerve interference.

Dr. Clay theorizes that the chiropractic adjustment is actually a connective tissue stretching technique that uses bones as levers to move and hence stretch attached connective tissues, thereby making necessary space not only for better nerve conduction, but also for increased fluid flows such as blood, lymph, and cerebral spinal fluid, all of which aide the body in functioning optimally.

Quick Self Fixes emulate the muscle strengthening effects of Chiropractic and Assisted Yoga by manipulating the body's structures, thereby improving the body's functions.

Quick Self Fixes are based upon the concept that making space within the body's tissues at precisely the correct places strengthens muscles by allowing better movement of the body's energies and fluids.

Life is Innate Intelligence, organic matter, and constant motion. (Concept from Dr. Andrew Still, Founder of Osteopathy)

It's all about making space!

Quick Self Fixes enhance life's motions by creating space where it is needed most, thereby improving Innate Intelligence's control of the body's functions.

Fifteen of these 32 Quick Self Fixes evolved directly from chiropractic adjusting techniques, including fixes on pages 3-7, 18, 24-28, 31, 44, 49 and 50. Three of the 32 Quick Self Fixes evolved directly from "Assisted Stretching Postures from Thai Massage" including "Connective Tissue Strap Procedures A, B, and C" on pages 33-43.

Anatomy is interconnected. For instance, foot pain on the outside of the foot is often related to an unstable ankle, which may be caused by a weak peroneus tertius muscle in the lower leg that has a tendon crossing the outside of the ankle attaching to the foot. The peroneus tertius muscle weakness is commonly caused by knee fixations, which in turn is often caused by a weak thigh muscle, such as rectus femoris which is a muscle whose tendons cross both the knee and hip joints. Weakness in this muscle creates knee instability. Since this thigh muscle has its origin in the hip, perhaps a hip fixation is the real source of the foot pain. You can see the interconnectedness, which is why doing all the Quick Self Fixes together is important for maximum overall strength. The following book is organized in the order of a full Quick Self Fixes Routine. It starts with the lower legs and feet and works its way up the body.

If your profession includes treating musculoskeletal issues, Dr. Clay recommends that you treat the person globally, then locally. Make and keep all of the Targeted Muscle Tests strong first with Quick Self Fixes. This improves posture, balance, and gait so that your local treatment has a better chance of initial and long term success.

People often think that using greater force than is recommended results in better outcomes. It is quite the opposite. Performing the Quick Self Fixes with more than a gentle force may cause harm.

This book teaches you to be strong and maintain that strength. We focus on your health rather than your symptoms. Regardless of your focus, symptoms are sometimes resolved quickly and sometimes slowly over time as a result of regularly doing Quick Self Fixes. Making weak muscles strong improves posture, balance, and gait, and hence improves physical performance and overall health. To become proficient at the Quick Self Fixes Routine, you must study the following information until you are competent. After you have learned the Quick Self Fixes Routine, you will no longer need the video or book. Once learned, the routine takes about 20 minutes. We recommend that you begin your Quick Self Fixes Routine in bed when you first wake up.

Since muscle weakness patterns tend to recur, clients may need to repeat certain Quick Self Fixes several times per day to maintain their muscle strength. Consider the health care financial benefits of being more self-sufficient using Quick Self Fixes!

Learning Quick Self Fixes from a video and book is like learning yoga from a video and book. It does not replace a live teacher. We invite you to attend a Quick Self Fixes workshop for better competency. Come to us or bring us to you.



Created by
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How to Introduce Quick Self Fixes and Targeted Muscle Testing to Friends and Colleagues

**Start learning how to muscle test, find weak muscles,
and make them instantly strong using
Quick Self Fixes!**

Five Targeted Muscle Tests and Five Quick Self Fixes for the Shoulder Joint

**This free course includes a
30 minute video and 16 page companion book.**

This course focuses on five major muscles that move and stabilize the shoulder joint. These muscles are commonly found chronically weak in adults on one or both sides of the body. Learn five easy muscle tests to quickly assess these muscles and five corresponding Quick Self Fixes that make the weak muscles found instantly strong.

This is “AMAZING MUSCLE TESTING FUN!”

Go to

www.QuickSelfFixes.com

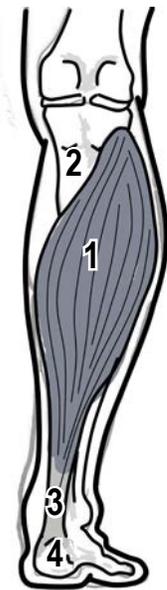


QUICK SELF FIX: Soleus Massage Fix

KNOW YOUR BODY

This fix helps prevent achilles tendonitis and/or plantar fasciitis.

The soleus muscle (1) and several other smaller muscles which are effected by this fix are located between the tibia bone (2) in front and the overlaying gastrocnemius muscle in back (not pictured in illustration). The soleus and gastrocnemius muscles join to form the achilles tendon (3). The upper part of the soleus usually feels soft, but commonly as we age the bottom one-half to one-third of the soleus muscle feels very tight and/or sore to the touch, probably because we spend our lives walking on flat hard services. Touch your soleus muscle (as shown in photo A) and see if this is true for you. When the soleus is tight, it pulls the achilles tendon too tight, contributing to achilles tendonitis. The achilles tendon pulls on the heel bone (calcaneus) (4), which in turn pulls the plantar fasciae on the bottom of the foot, contributing to plantar fasciitis. The plantar fasciae is a wide, thick, tough ligament that connects the heel bone to the front of the bottom of the foot. It is acceptable if the soleus massage is reasonably uncomfortable to perform. The most helpful points to massage will be very tight and/or sore to the touch. Stay within your acceptable pain threshold and do not bruise the area.



Calf view from back

The soleus muscle is so strong that even when it is weak, it is difficult to evaluate with a muscle test. We do not muscle test the soleus muscle.

THE SET UP

1. **(Photo A)** Sit and position your leg against a sturdy surface and allow the ankle to move freely. Position one thumb over the other thumb to double the pressure. Contact the soleus muscle on the inside of your calf just behind the tibia bone (2).

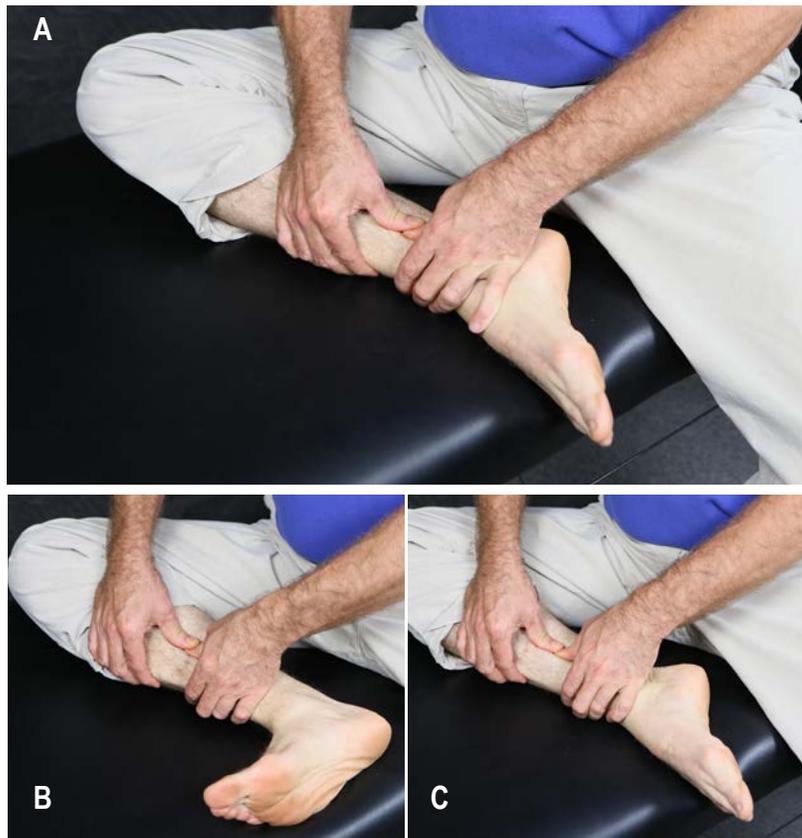
2. **(Photo A)** Do a warm-up massage by applying pressure in small segments up and down the bottom one-third of the soleus muscle while searching for tight and/or sore spots.

3. **(Photo A)** Hold deep thumb-on-thumb pressure on each of these tight and/or sore points that you find.

Note: Move slowly.

THE FIX

4. **(Photos B and C)** Next, repeatedly flex the foot up and down to move the muscle underneath your thumb pressure. This stretches the soleus against your deep stationary thumb pressure.



Note: If your soleus muscle is very tight and/or significantly sore to massage, spend extra time daily massaging where it is tight and/or sore, perhaps while watching television.

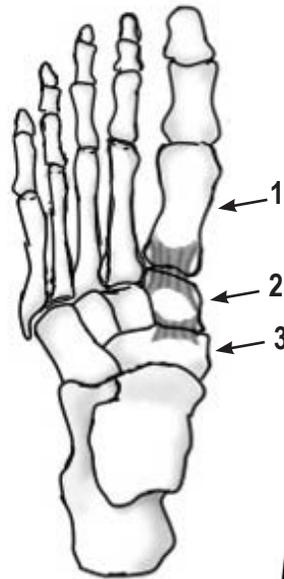
QUICK SELF FIX: Foot Fix

KNOW YOUR BODY

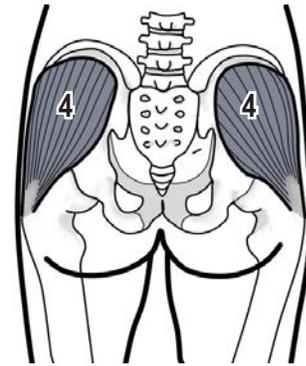
This fix helps prevent a dysfunctional gait when walking or running. It also helps prevent buttocks pain.

When the arch of the foot is fixated, it is very stiff and your stride shortens. This creates weakness in the gluteus medius muscle (4) in your buttocks. This fix releases fixations in the arch of the foot between the first metatarsal (1) and first cuneiform bones (2) and between the first cuneiform (2) and the navicular bones (3).

The Foot Fix makes the gluteus medius muscle (4) instantly strong!



Foot view from top



Pelvic view from back

THE SET UP

1. **(Photo A)** While sitting, move your leg into a comfortable, supported position across your opposite knee or hanging off the edge of a bed. Your foot should hang freely and your opposite hand should comfortably reach the arch of the foot.

THE FIX

Note: **(Photo A)** To get the correct angle on contact, use the hand on the opposite side of your foot.

2. Using the palm side of your fingers, slap hard one time on the inside arch of your foot at the first metatarsal-cuneiform joint (5).

3. Slap once again at the cuneiform-navicular joint (6).

Note: You want to create a distinct slapping sound as your hand strikes your foot. It should be hard enough to cause a discomfort during the slap.

Note: This fix may also be done while lying on your back.



QUICK SELF FIX: Ankle Fix

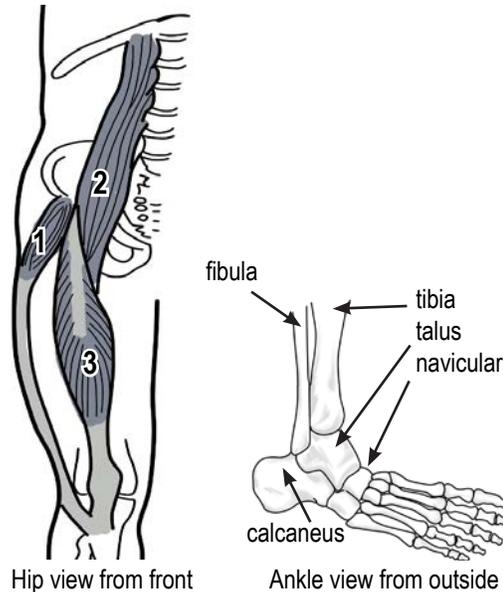
KNOW YOUR BODY

This fix helps prevent ankle, knee, and hip joint instability and pain. (Review first paragraph on page V.)

The talus is the ankle bone upon which your skeleton balances. It often needs a little help in finding its optimal position. Only ligaments hold the talus bone in place. The talus articulates with the tibia on top, the fibula to the side, the navicular to the front, and the calcaneus (heel) on the bottom (see illustration on right).

When the hip is already in place, the Ankle Fix makes the tensor fasciae latae (1), psoas (2), and rectus femoris (3) muscles instantly strong!

Note: The Hip Fix and the Ankle Fix together are sometimes necessary to activate and keep the above three muscles strong. These muscles go weak to force the body to bear less weight on the hip and/or ankle joints when they are out of place. The person commonly stands with the involved leg bent at the knee.

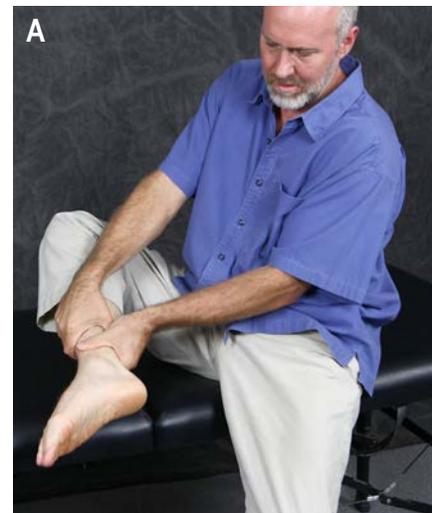


Note: Do not cause pain.

Note: Do not do this fix with an acute, swollen ankle sprain.

THE SET UP

1. (Photo A) While sitting, grip both hands above the ankle.



THE FIX

2. (Photos B, C, D and E) Shake this foot firmly and rapidly side to side. The foot should swing loosely and wildly at the ankle for two to three seconds. Your foot, ankle, and lower leg remain passive. You are not using your foot or leg muscles to create movement. You are using your hands to shake the foot from side to side.

Note: This fix may also be done while lying on your back.



QUICK SELF FIX: Knee Fix

KNOW YOUR BODY

This fix helps prevent knee and ankle instability and pain.

The Knee Fix supports proper alignment between the thigh bone (femur) (1) and shin bone (tibia) (2) and makes the popliteus (3) and peroneus tertius (4) muscles instantly strong! Because the popliteus muscle crosses behind the knee, it contributes to knee instability when weak. The peroneus tertius muscle comes off the bottom one-third of the fibula (5) and has a tendon which crosses the outside of the ankle, inserting on top of the foot. When the peroneus tertius is weak, it causes ankle instability and increases the potential for ankle sprains.

Together, the Knee Fix and/or the Meniscus Fix, on the following page, make the popliteus (3) and the peroneus tertius (4) muscles instantly strong!

Note: Do not do this fix within one year following any kind of knee surgery. If you have had knee surgery, ask your surgeon if the Knee Fix is safe for you.

THE SET UP

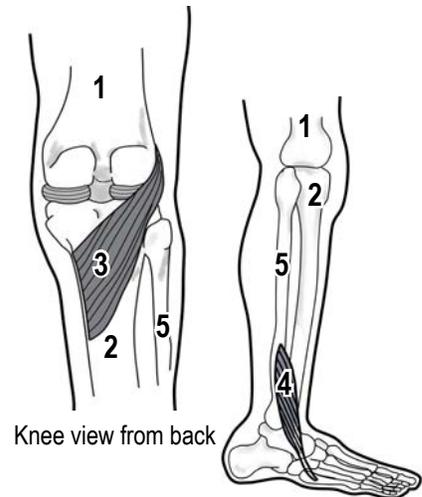
1. Sit near the edge of a chair or bed.
2. **(Photos A and B)** Place your forearm, thumb facing up, under your knee joint (use the arm on the same side of the knee you are treating). Hold the forearm firmly close in behind the knee. Your wrist should not be in contact with your knee joint. With your other hand, hold your lower leg close to your ankle.
3. Do two light gentle bounces of your lower leg to loosen the knee joint and ensure the fit of your forearm directly behind your knee joint.

Note: Do not cause pain. Move slowly. Be gentle.

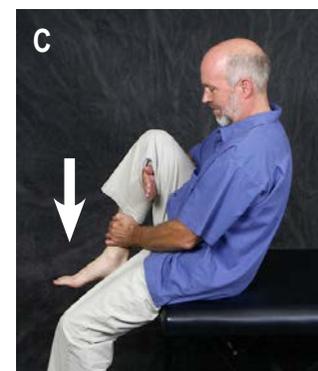
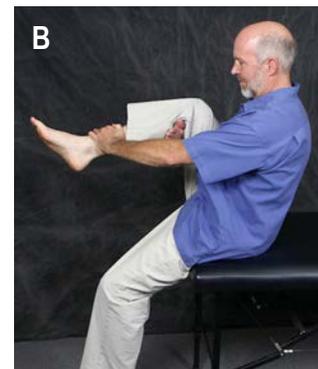
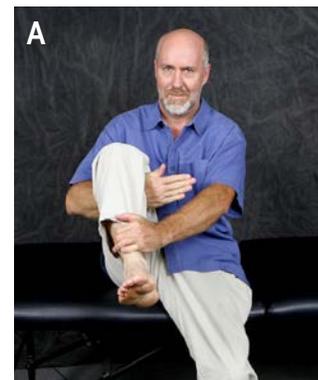
THE FIX

4. **(Photo C)** Make one final, slightly firmer pull to bring the heel closer to the back of your thigh.

Note: This fix may also be done while lying on your back.



Ankle view from outside



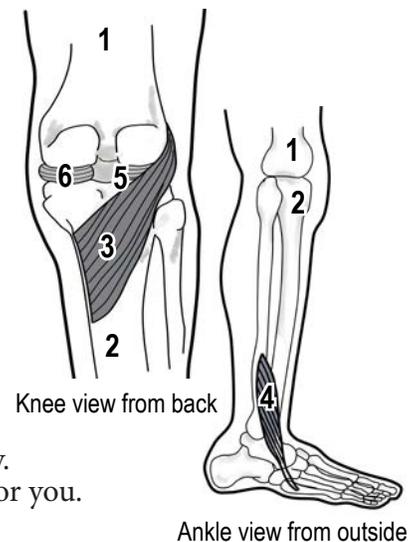
QUICK SELF FIX: Meniscus Fix

KNOW YOUR BODY

This fix helps prevent knee and ankle instability and pain.

The two menisci (plural for meniscus) are two C-shaped cartilage discs that cushion your knee joint between the thigh bone (femur) (1) and the shin bone (tibia) (2). There is one meniscus on the outside (lateral meniscus) (5) and one on the inside (medial meniscus) (6) of your knee. They often get fixated. Also, the popliteus muscle (3) behind your knee partially attaches directly onto the lateral meniscus.

The Meniscus Fix and/or the Knee Fix, on the previous page, make the popliteus (3) and peroneus tertius (4) muscles instantly strong!



Note: Do not do this fix within one year following any kind of knee surgery. If you have had knee surgery, ask your surgeon if the Meniscus Fix is safe for you.

THE SET UP

1. Sit near the edge of a chair or bed.
2. **(Photos A and B)** Place the meaty thumb side of each palm on both sides of the bent knee joint at its hinge where the menisci are located. The hinge is the pivot point for the knee joint.
3. **(Photo B)** Push in and hold very firmly toward the middle of the knee using strong and equal pressure on both sides of the knee joint with your hands.
4. **(Photos A and C)** Gently swing your lower leg partially forward and backward twice from the knee to ensure the proper hand placement and a firm hold at the hinge of the knee joint.

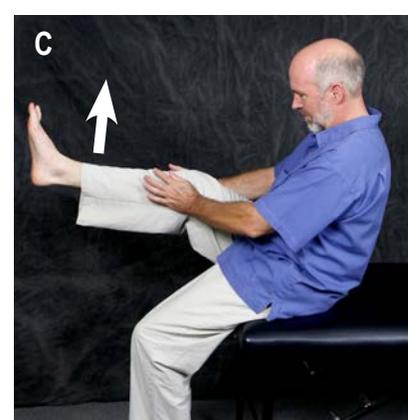
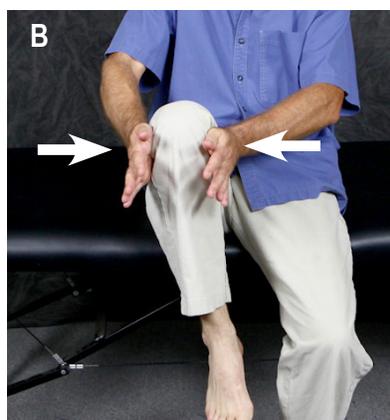
Note: Do not cause pain. Be gentle.

THE FIX

5. **(Photo C)** Keep this firm hold and at the same time, straighten your leg at a slow to medium speed.

Note: Be sure to keep firm hand pressure on both sides of your knee during the motion. Do not allow your hands to slip off.

Note: This fix may also be done while lying on your back.

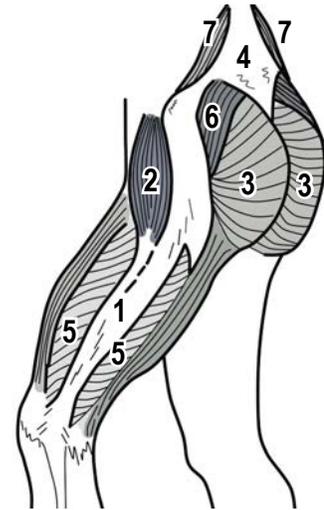


QUICK SELF FIX: Iliotibial Band Fix

KNOW YOUR BODY

This fix helps prevent tight iliotibial bands, hip pain, and low back pain.

The iliotibial band (IT Band) (1) is a thick band of connective tissue running down the outside of the thigh. The tendon of the tensor fasciae latae muscle (2) inserts into the IT Band. There is also a fascial bridge that arcs over gluteus medius (6) and connects the IT Band to the very thick connective tissue of the low back called the lumbar aponeurosis (4). When the IT Band is tight, it increases tension in the lumbar aponeurosis. A portion of the gluteus maximus muscle (3) inserts into fascia connected to the IT Band called the fasciae latae (5). The IT Band and the fasciae connected to it are so tough and leathery that if they were removed, they could be made into the leather covering of a drum. We are going to exploit this drum-like quality in this fix. This fix evolved directly from a Aikido (Japanese Martial Art) warm-up exercise.



Thigh view from side

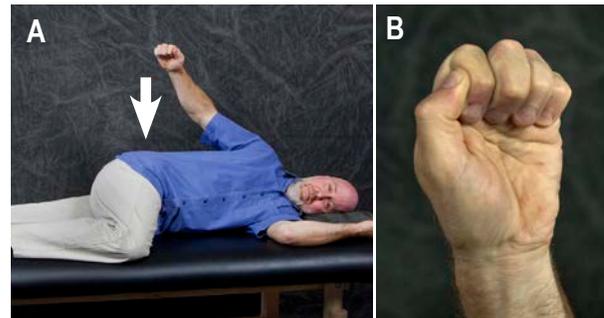
The Iliotibial Band Fix makes the tensor fasciae latae (2), gluteus medius (6), quadratus lumborum (7), and multifidi (which lies deep to the Quadratus Lumborum muscles) instantly strong!

THE SET UP

1. **(Photo A)** Lie on your side with your top thigh crossed over your bottom thigh. You will be treating the top thigh.
2. **(Photo A)** Slant your top thigh downward so that your spine elongates and torques mildly.

Note: Always elongate your spine whenever you twist or torque your spine.

3. **(Photo B)** Make a small air pocket in your open cupped fist as shown in the close-up hand photo.



Open cupped fist

4. **(Photo A)** Bring your hitting hand up high away from your thigh, creating space to increase momentum for a stronger hit.

Note: Do not cause pain.

THE FIX

5. **(Photos C and D)** Start on the side of your hip in the most muscular area, which is the tensor fasciae latae muscle (2). Progress with a series of hits, pounding the iliotibial band on the outside of your thigh toward your knee. Stop hitting before reaching the knee. Do not hit the knee joint. Do seven or more hits down toward the knee, then seven or more hits up to the hip joint. Follow this by seven or more hits down toward the knee and again seven or more hits up, ending on the side of the hip joint over the tensor fasciae latae muscle. Include pounding the thick fascia over the lateral gluteus maximus(3). This should take no more than 15 seconds.



QUICK SELF FIX: Hip Fix

KNOW YOUR BODY

This fix helps prevent hip instability and pain, especially during walking or running.

The hip is a ball and socket joint and is often fixated and may impinge upon the ligament of the head of the femur (1). The hip joint capsular ligament (3) helps keep the hip joint stable during this rigorous fix.

When the ankle is in place, the Hip Fix makes the tensor fasciae latae (4), psoas (5) and rectus femoris (6) muscles instantly strong!

Note: The Ankle Fix and the Hip Fix together are sometimes necessary to activate and keep the above three muscles strong. These muscles go weak to force the body to bear less weight on the hip and/or ankle when they are out of place. The person commonly stands with the involved leg bent at the knee.

Note: Do not do this fix if you have had hip surgery of any kind. Do not do this fix within one year of any kind of knee surgery.

THE SET UP

1. **(Photo A)** Lie on the side that you are not fixing.
2. **(Photo A)** Firmly pull the high side hip toward your head. The high side is the side you are fixing. You are shortening your waist on the high side.
3. **(Photo A)** Bend your knee to a 90 degree angle.

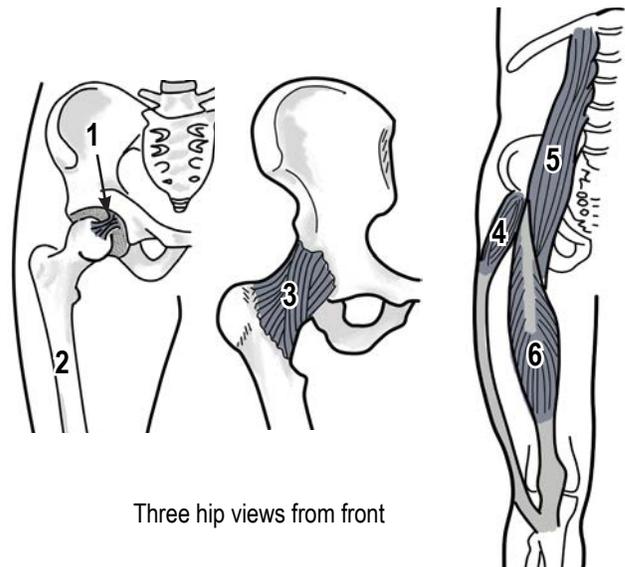
Note: Do not cause pain.

THE FIX

Note: This is a swift kick while mentally focusing on quickly pushing the thigh bone (femur) (2) away from your pelvis.

4. **(Photo B)** With medium strength and medium speed, kick the whole leg away from your pelvis, into the air, about 15 degrees above your bottom leg. The emphasis is on kicking to mobilize your hip joint, not to straighten your leg at the knee. Certainly your knee does go straight, yet it is a soft and smooth straightening of the knee joint, with the main thrust focusing on the hip joint.

Perform the Foot, Leg and Thigh series on the other side.



Three hip views from front



MASTER FIXES

Master Fixes usually make all weak muscles found through Targeted Muscle Testing instantly strong! When other Quick Self Fixes are not enough by themselves to make the associated weak muscle(s) strong, Master Fixes save the day by making these weak muscles instantly strong!

“Happy Feet” (see QuickSelfFixes.com) and the “Falling Meditation” (a chapter in the “Master Fixes” book/video) are also Master Fixes.

When performing multiple Quick Self Fixes (not including Master Fixes), seemingly unrelated muscles become instantly strong as the momentum of health increases! When all 62 Targeted Muscle Tests are strong, any other muscles that can be tested usually test strong as well.

When all of the Master Fixes are performed together with the individual Quick Self Fixes, our propensity for remaining muscularly strong is significantly improved. When learning Targeted Muscle Testing, only perform Master Fixes at the end of the course or you will not find weak muscles to make instantly strong!

Due to the order of the Quick Self Fixes Routine, the Latissimus Dorsi Fix is included in this section even though it is not a Master Fix.

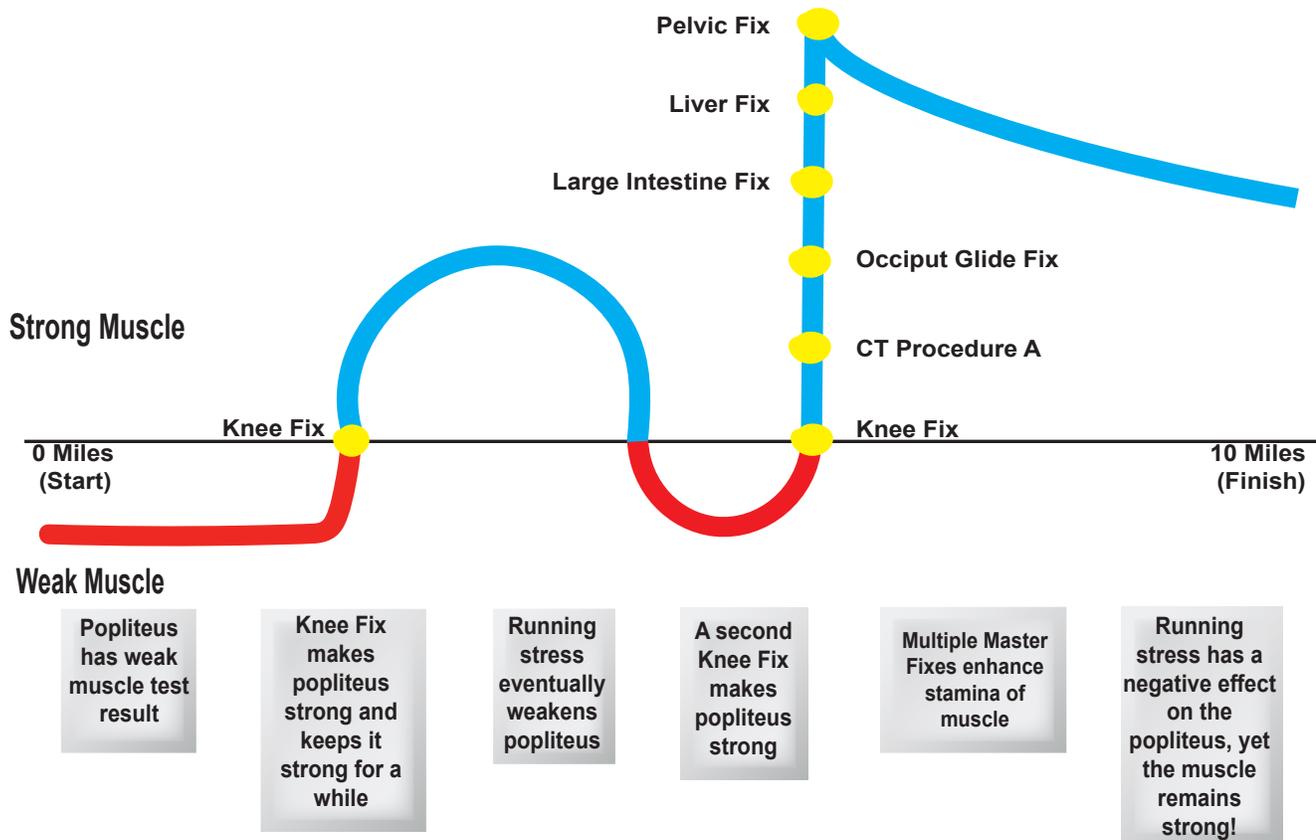
	<u>Page</u>
Large Intestine Fix	10
Latissimus Dorsi Fix	11
Liver Fix	12

The Pelvic Fix, Connective Tissue Strap Routine, and the Occiput Glide Fix are also Master Fixes.

Pelvic Fix	18
Connective Tissue Strap Routine	32-46
Occiput Glide Fix	49

Effect of Master Fixes along with localized Quick Self Fixes

In this example, a runner on a 10 mile run needs help with the popliteus muscle located behind the knee.



QUICK SELF FIX: Large Intestine Fix

KNOW YOUR BODY

Over half of the body's lymph nodes line the large intestine (colon). Large intestine massage stimulates overall lymphatic drainage including lymphatic cleansing of muscles.

The Large Intestine Fix is a Master Fix and usually makes all weak muscles found through Targeted Muscle Testing instantly strong!

THE SET UP

1. To soften your abdominal muscles, lie on your back with your knees up and feet down (not pictured).

2. **(Photo A)** Find your navel with one hand and the front right pelvic bone (ilium) with the other hand. Trace a diagonal line between these points and meet in the middle. This positions your fingers over the area of the ileocecal valve (1) which connects your small and large intestines together.

Note: Skip the middle 3/5 of the transverse colon (4) to avoid contacting a major artery called the abdominal aorta. Occasionally, the abdominal aorta has a thinly ballooned-out wall (aneurysm) that can rupture, causing sudden death.

Note: Do not massage areas of your abdomen that are painful. If painful, consult with a Gastroenterologist. Move slowly and be gentle.

THE FIX

3. Place the fingers of the left hand over the fingers of the right hand. Press in lightly with flat finger tips and gently massage in small clockwise circles over the ileocecal valve (1).

Note: Photo A shows only the right hand to clarify the contact location. Use a hand over hand contact when massaging the large intestine.

4. Massage up the right side over your ascending colon (2).

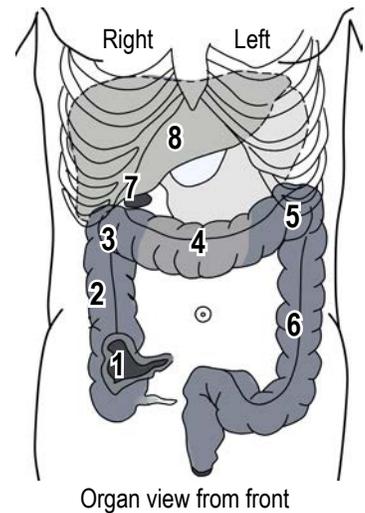
Note: This massage moves in the direction of fecal movement.

5. **(Photo B)** Next, massage left over the transverse colon across your upper abdomen, just below the ribcage. Start at the hepatic flexure (3) and travel 1/5 of the way toward the left staying just below the ribcage. Spend a little extra time in this area stimulating the gallbladder (7) which lies below the liver (8). To avoid the aortic artery, skip the middle 3/5 of your transverse colon (4) (see lighter shaded area on illustration).

6. **(Photo C)** Continue on the left side of your abdomen, just under the arc of the left ribcage to the splenic flexure (5).

7. **(Photo D)** Continue down the left side of the abdomen over the descending colon (6), ending on the far left of the abdomen, opposite of where you started at the ileocecal valve.

8. Repeat this procedure two more times.



QUICK SELF FIX: Latissimus Dorsi Fix

KNOW YOUR BODY

This fix helps prevent middle and low back instability and thus supports comfort during extended sitting periods, such as computer work or while driving. Strong latissimus dorsi muscles (1) also contribute to proper shoulder posture by helping stabilize the shoulder joints.

This fix is a Body Reflex Point. By definition, a Body Reflex Point is a relatively sore, small area that once stimulated, reflexively makes specific weak muscles instantly strong.

The Latissimus Dorsi Fix makes the latissimus dorsi (1) and the lower trapezius muscles instantly strong!

THE SET UP

1. (Photos A and B) Press your middle fingertip deeply between the ribs to search for tender points located on the chest below the pectoralis major muscles, which are beneath the breasts. These tender points are Body Reflex Points. They are below and in line with the nipple on both sides of the chest. Search for tender points between several ribs in these areas.

Note: On large breasted women, these points may be covered by the breasts.

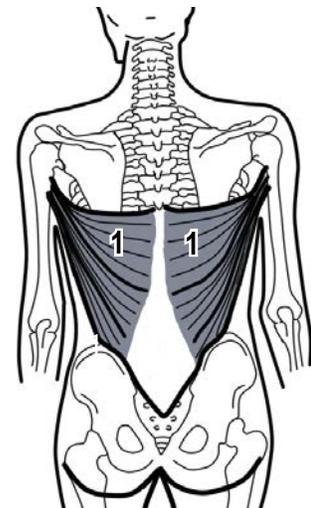
Note: Ribs are fragile and can break. Do not massage the rib bones. Deeply massage the soft tissue between the ribs.

THE FIX

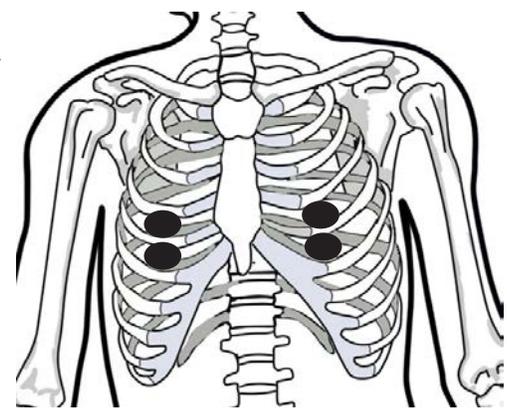
2. With your middle finger, vigorously and firmly massage these tender points between the ribs in small circular motions for up to ten seconds each. Stay within your acceptable threshold of discomfort.

Note: There may be one or two tender points to massage on both sides of the chest.

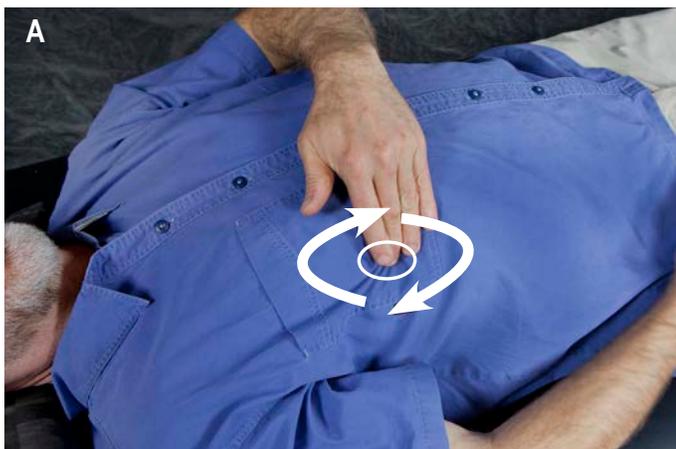
Do both sides of your chest.



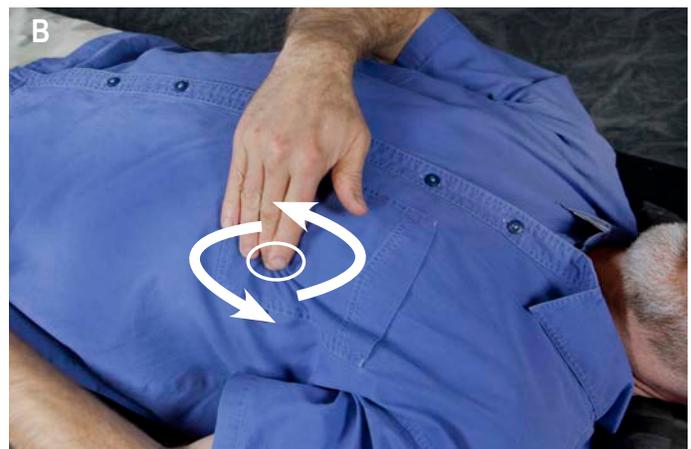
Spine view from back



Chest view from front



Right Side



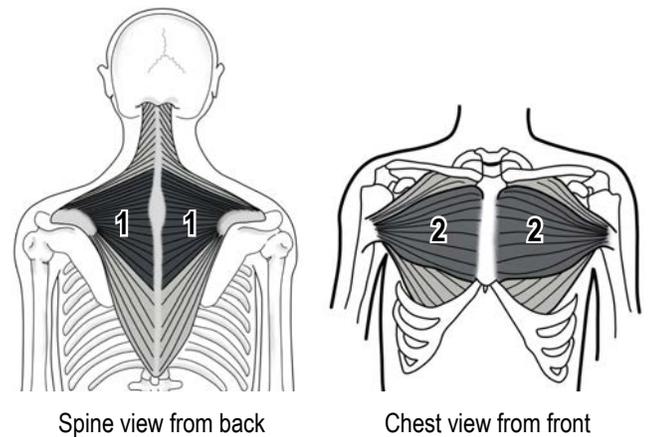
Left Side

QUICK SELF FIX: Liver Fix

KNOW YOUR BODY

The liver is our most important organ of detoxification. This fix manually vibrates the liver and may stimulate its activity resulting in increased muscle detoxification. The liver is a reservoir for blood and lymphatic fluid. It is theorized that pounding the liver stimulates massive and sudden overall lymphatic drainage throughout the body.

The Liver Fix is a Master Fix and usually makes all weak muscles found through Targeted Muscle Testing instantly strong! In particular, this fix makes the middle trapezius (1) and pectoralis major (2) muscles instantly strong!



THE SET UP

1. To soften your abdominal muscles, lie on your back with your knees up and feet down (not pictured).
2. **(Photo A)** Place the fingers of your left hand under your right ribcage. Using firm pressure, push up and under the bottom right ribcage to hold the liver stationary during the fix.
3. **(Photo B)** Curl the fingers of your right hand toward your palm. You will be using this soft, flexible hand position to gently tap over your liver.

Note: On the video, the hand position is flat. Either hand configuration is acceptable.

Note: Do not hit hard on your ribs; ribs are fragile and can break. Do not cause pain. Be gentle.

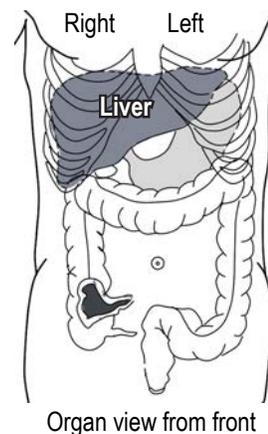
Note: If you have osteoporosis or osteopenia, do not do this fix.

THE FIX

4. **(Photo A)** Tap between the front and side of your right lower ribcage. You are not tapping on the front of your lower ribcage. You are not tapping on the side of your lower ribcage. You are tapping diagonally between the front and side of your lower ribcage. Lift your hand each time about six inches away from your body and tap with a diagonal approach in a rhythmic series of 10 to 15 taps.

Note: It is important to feel a deep resonating vibration in your liver with each tap.

Note: Only do the Liver Fix on the right side.

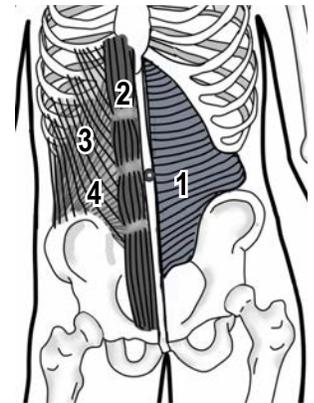


QUICK SELF FIX: Transverse Abdominus Fix

KNOW YOUR BODY

This fix helps prevent pelvic and low back instability and associated pain.

The transverse abdominal muscles (1) are part of a muscular corset that stabilizes your low back and pelvis, particularly during walking and running. Four abdominal muscles overlap each other. The transverse abdominals run horizontally, but do not cross the vertical mid-line of the abdomen. The right transverse abdominus contracts toward the center of the right abdomen, while the left transverse abdominus contracts toward the center of the left abdomen. When they are weak, they leave the low back and pelvis unstable and also may contribute to a “pooch” in the lower belly. This fix instantly corrects the “pooch”. Consider this fix to be a free “tummy tuck” !



Abdominal view from front

The Transverse Abdominus Fix makes the transverse abdominus muscle (1) instantly strong!

THE SET UP

1. **(Photo A)** Lie on your back with your knees up and feet down. Interlace fingers behind your head.



Note: Do not use your hands to pull your head up. Your hands act only as a mobile pillow to support the weight of your head and keep your neck muscles safe from strain. Do not have a pillow under your head.

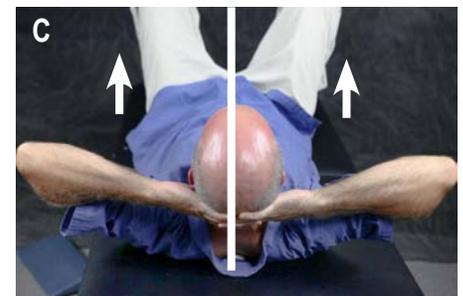
2. **(Photo A)** Do a Kegel exercise by clenching, as if to stop urine flow. Hold the Kegel clench during each sit-up.



3. **(Photo B)** Tilt your pelvis up to lift the tail bone (sacrum) a little off the bed or floor. This action causes simultaneous contraction of your lower transverse abdominal muscles. Keep the transverse abdominals contracted during each sit-up.

Note: Relax the transverse abdominal muscles by letting the pelvis down and release the Kegel clench after each sit-up.

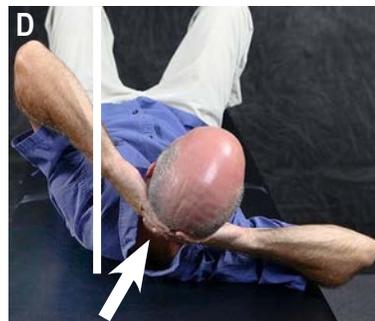
Note: Do not cause pain. Move slowly, and be gentle.



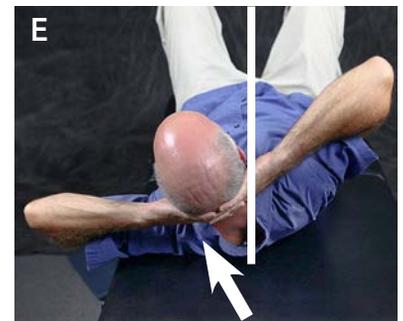
THE FIX

4. **(Photo C)** Do three to five crunches straight up. A crunch is a smaller version of a sit-up. This activates your rectus abdominal muscles (2).

5. **(Photo D)** Do three to five crunches diagonally to your right side to activate your internal oblique (3) and external oblique (4) abdominal muscles.



6. **(Photo E)** Do three to five crunches diagonally to your left side to activate the opposite internal and external oblique abdominal muscles.



Note: Slowly work up to at least ten to fifteen sets for each of the three abdominal muscle exercises.

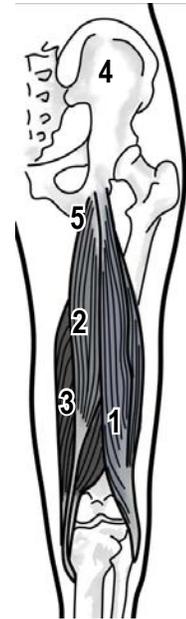
QUICK SELF FIX: Hamstring Warm-up Stretch Fix

KNOW YOUR BODY

This fix helps prevent low back tension and/or pain. It also helps prevent pulled (strained) hamstring muscles.

The three hamstring muscles, biceps femoris (1), semitendinosus (2), and semimembranosus (3), often have multiple sections of weak muscles adjacent to sections of strong muscles. These strong muscle fibers overcompensate for the weak muscle fibers resulting in tight hamstrings. Tight hamstrings pull on the bottom of the hip bone (ilium) (4) at the ischial tuberosity (5) and cause tension in the pelvis and the low back, contributing to low back tension and associated pain. In severe cases, tight hamstrings cause tension in the thick leather-like connective tissue that surrounds the spinal cord and brain (dura mater), contributing to dull headaches in the back base of the skull.

This simple stretch prepares these muscles for the upcoming Hamstrings Fix, which is a deeper hamstring stretch.



Thigh view from back

THE SET UP

1. Lie on your back with your knees bent.
2. Bring both knees up toward your chest, with knees still bent and with both soles of the feet facing upward.
3. Reach with your hands to hold the outer edges of your feet.

Note: Do not cause pain. Move slowly, and be gentle.

THE FIX

4. Lightly contract your hamstring muscles to prevent over-stretching.
5. **(Photo A)** Using your hands, pull your feet firmly toward your head.
6. **(Photo B)** Using your hands, pull your feet firmly out to the sides, moving the feet away from each other.
7. Press the soles of your feet slightly upward to enhance the stretch. Hold this stretch for 10 to 15 seconds.

Note: Once in this stretching posture, you may focus your stretch to one leg and then the other.



QUICK SELF FIX: Adductor Stretch Fix

KNOW YOUR BODY

This fix helps prevent pelvic tension and tight hips.

The three adductor muscles are part of the inner thigh. The adductor magnus (1), adductor longus (2), and adductor brevis (3) connect the thigh bone (femur) (4) to the lower pelvis. Pathologically tight adductor muscles inhibit normal movement of the sacrum (tailbone) (5) which is necessary for pumping cerebral spinal fluid within the spinal column and skull. Proper cerebral spinal fluid is essential for healthy brain and spinal cord function.

People in our chair-sitting culture have very tight adductor muscles. Some older people cannot sit comfortably on the floor with their legs crossed (yogi-style). Their knees are stuck too high up in the air because of tight adductor muscles. People in primitive cultures that do not have chairs squat, which regularly stretches the adductor muscles.

These muscles are so strong, that even when weak, they are difficult to evaluate with a muscle test. We do not muscle test the adductor muscles.



Leg view from front

Note: Do not cause pain. Move slowly, and be gentle.

THE SET UP

1. **(Photo A)** From the Hamstring Warm-up Stretch on the previous page, simply move your feet so that the soles of your feet are facing each other and are touching.
2. **(Photo A)** Continue claspng both hands around the outside of your feet. Place your elbows on the inside of your thighs, near your knees.



THE FIX

3. Lightly contract the adductor muscles to prevent over-stretching.
4. **(Photo A)** Pull your feet toward your groin.
5. **(Photo B)** While holding this position, use your elbows to push your thighs away from your body. Hold this stretch for 10 to 15 seconds.



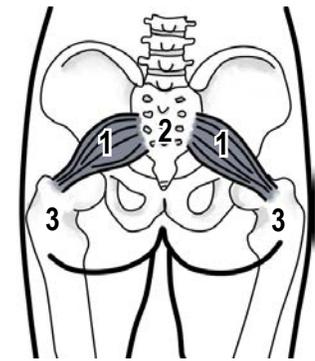
QUICK SELF FIX: Piriformis Fix

KNOW YOUR BODY

This fix helps prevent sciatic nerve pain which may be located in the buttocks, hamstrings, calf and/or foot.

The piriformis muscles lie deep underneath the gluteus maximus and gluteus medius muscles in your buttocks. The piriformis muscle (1) connects the sacrum (tail bone) (2) to the thigh bone (femur) (3). When weak sections are present in the piriformis muscle, strong adjacent sections of the muscle tense up to compensate for the associated weakness. This muscle tension in the piriformis can create a pinching pressure on the sciatic nerve, causing nerve pain (sciatic neuralgia) in the buttocks, hamstrings, calf and even into the foot.

Note: The Piriformis Fix is a yoga stretch named “Eye of Needle” which is combined with intermittent muscular resistance during the stretch. This is a Proprioceptive Neuromuscular Facilitation (PNF) stretch.



Back view of pelvis

The Piriformis Fix makes the piriformis muscle (1) instantly strong!

THE SET UP

Note: For clarification, one leg is labeled “Leg Y” and the other leg is labeled “Leg X”. This stretch focuses on stretching the piriformis muscle on the side of “Leg X”.

1. While lying on your back, raise both legs up and cross the ankle of “Leg X” over the thigh of “Leg Y” close to the knee.
2. Thread the arm on the side of “Leg X” through the opening made between your thighs. Hold the back of “Leg Y” with both hands. Interlace your fingers. Pull “Leg Y” as close to the body as it will comfortably go.
3. Brace the same side elbow on the thigh of “Leg X” close to the knee, but not on the knee. Use the elbow to push “Leg X’s” knee away from your body.
4. Keep your pelvis on or close to the table/floor throughout the fix.

Note: Do not cause pain. Move slowly, and be gentle.

THE FIX

4. Resistance phase: While in the stretch, clench your buttocks on “Leg X’s” side for five seconds. Use about 20% of your clenching strength in this phase.

5. Relaxation phase: Maintain a minor tension in the deep buttock muscles on the “Leg X’s” side to prevent over-stretching. Relax most of the clench in the buttocks of “Leg X” for three seconds and pull with both hands to bring “Leg Y” closer toward your chest. Your range of motion slightly increases during the relaxation phase.



Repeat the resistance phase and relaxation phase two more times.

Perform the Piriformis Fix on the other side.

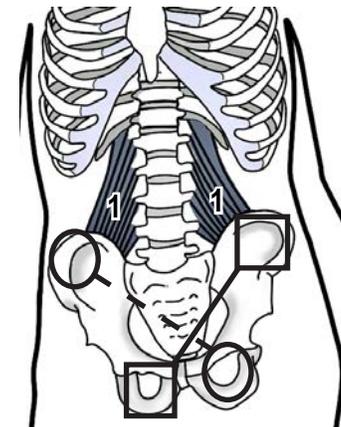
QUICK SELF FIX: Pelvic Fix

KNOW YOUR BODY

This fix helps prevent sacroiliac joint pain, low back pain, and other spinal symptoms.

When the pelvis is vertically torqued (meaning one side of the pelvis is higher or lower than the other side), it causes the legs to measure at significantly different lengths. Pelvic imbalances, and hence leg length discrepancies, contribute to a host of musculoskeletal maladies.

The Pelvic Fix is a Master Fix and makes many seemingly unrelated muscles instantly strong. In particular, this fix makes the quadratus lumborum (1), multifidus, and transverse abdominus muscles instantly strong!



Front view of pelvis

Note: The previous four procedures on pages 14, 15, 16 and 17 have prepared your pelvis for this fix (optional).

THE SET UP

1. **(Photo A)** To balance the pelvis, lie on your back on a firm mattress or another firm surface with your legs straight.
2. **(Photo A)** Put your right hand with palm facing down under your right hip where your leg joins your hip. This is your low hand position (2).
3. **(Photo A)** On the opposite side of your body, under your pelvis, place your left hand, palm down below the top of your left pelvic bone (ilium) (3). This is your high hand position.
4. Stay in this position for ten seconds, and then switch hand positions. Move your left hand to the high position and your right hand to the low position. (On the illustration, you will be matching hands either to both circles or to both squares).
5. Decide which hand position feels like the most comfortable combination. This is the correct position for your hands.

Note: This correct hand placement is usually the same for your lifetime. If neither position feels comfortable or better than the other, skip the Pelvic Fix and try again later.

Note: Do not do this fix for more than one minute at a time, or you may cause harm. Do not cause pain.

Note: If using your hands is uncomfortable, you may use socks stuffed in soft bedroom slippers or the corners of two medium size firm pillows.

THE FIX

6. **(Photo B)** Using the most comfortable hand position under your pelvis, rest quietly for up to one minute. The pelvis softly unwinds itself and finds a more balanced and aligned position.

Due to time constraints, proper hand placement must be determined prior to following along with the upcoming Quick Self Fixes Routine on the video.



This photo shows how your hands will be positioned under your body in photo B



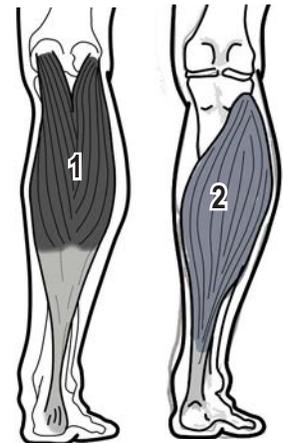
This photo shows one of two possible hand placements for this fix (these hand positions match the squares on the illustration)

QUICK SELF FIX: Soleus Stretch Fix

KNOW YOUR BODY

This Fix helps prevent achilles tendonitis and/or plantar fasciitis.

The thickest part of your calf is mainly comprised of the gastrocnemius muscle (1), which crosses the knee joint and the soleus muscle (2), which does not cross the knee joint. The soleus is a large calf muscle in overall size and thickness and is located just underneath the gastrocnemius muscle. To isolate the soleus for the purpose of stretching it, simply bend the knee. The gastrocnemius muscle is taken out of the stretch because it crosses the knee. The soleus muscle is specifically targeted because it does not cross the knee.



Calf view from back

The soleus muscle is so strong that even when it is weak, it is difficult to evaluate with a muscle test. We do not muscle test the soleus muscle.

THE SET UP

1. **(Photo A)** Stretch your calves in the classic “runner’s stretch”. Keep the front foot flat on the floor with toes pointed forward. Start with your back heel lifted about one inch off the floor. Keep your back knee straight. Enter the stretch and then push your heel toward the floor and lunge your hips forward. This stretches both the gastrocnemius and soleus muscles as a warm-up to the specific soleus stretch in the fix below.

Note: Do not cause pain. Move slowly, and be gentle.

2. Now let’s target a similar stretch onto the soleus muscle. Mildly bend your back leg at the knee.

THE FIX

3. **(Photo B)** Settle your body’s weight onto the back leg that is being stretched and push your heel toward the floor for 10 to 15 seconds. For this to be most effective, the heel should not touch the floor.

Note: For very flexible people, the heel may touch the floor.



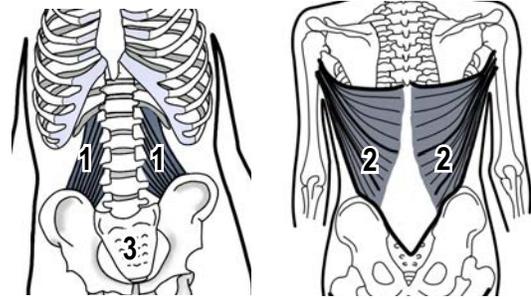
Perform the Soleus Stretch Fix on the other side.

QUICK SELF FIX: Side Stretch Fix

KNOW YOUR BODY

This fix helps prevent low and middle back fatigue and pain. It also helps prevent poor shoulder posture.

Strong quadratus lumborum (1) and multifidus muscles facilitate low back stability. Strong latissimus dorsi muscles (2) contribute to middle and low back stability and proper shoulder posture.



Pelvic view from front

Spine view from back

The Side Stretch Fix makes the quadratus lumborum (1), multifidus and latissimus dorsi (2) muscles instantly strong!

THE SET UP

1. **(Photo A)** Raise one hand high over your head. Place your other hand on your same side hip and bend to that side in a classic “ballerina pose”. Keep your sacrum (tail bone) (3) tucked in. Keep your upper body aligned with your hips. Do not lean forward or backward. Elongate your spine upward.

Note: Do not cause pain. Move slowly, and be gentle.

Note: This is a Proprioceptive Neuromuscular Facilitation (PNF) stretch.

THE FIX

2. **(Photos A and B)** Resistance phase: The hand on your hip pushes your pelvis toward the opposite side, which is the side being stretched. Bounce your upper torso five times in very tiny bounces. The hand that is high in the air should visibly display five tiny bounces.

3. Relaxation phase: Keep the muscles that you are stretching slightly engaged to prevent over-stretching. Now lean further to the same side and rest for three seconds. Your range of motion slightly increases during the relaxation phase.

Repeat the resistance phase and the relaxation phase two more times. Your range of motion slightly increases during each relaxation phase.



Front view



Side view

Switch hands and perform the Side Stretch Fix on the other side.

QUICK SELF FIX: Hamstrings Fix

KNOW YOUR BODY

This fix helps prevent low back tension and/or pain. Tight hamstrings cause low back tension. It also helps prevent pulled (strained) hamstring muscles.

The hamstring muscles are in the back of your thigh. They are the biceps femoris (1), semitendinosus (2), and semimembranosus (3).

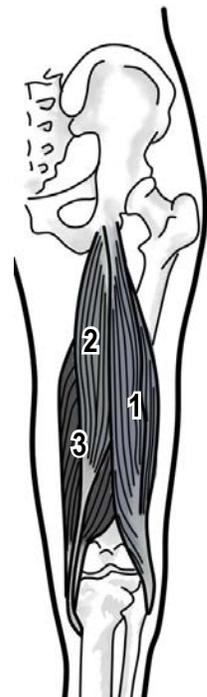
The Hamstrings Fix makes the three hamstring muscles instantly strong!

THE SET UP

1. **(Photo A or B)** With both hands, reach down comfortably as far as you can go and hold your shins, ankles, or under your toes. Keep your knees slightly bent and hold the stretch. Do not lock your knees.

Note: Do not cause pain. Move slowly, and be gentle.

Note: This is a Proprioceptive Neuromuscular Facilitation (PNF) stretch.



Thigh view from back

THE FIX

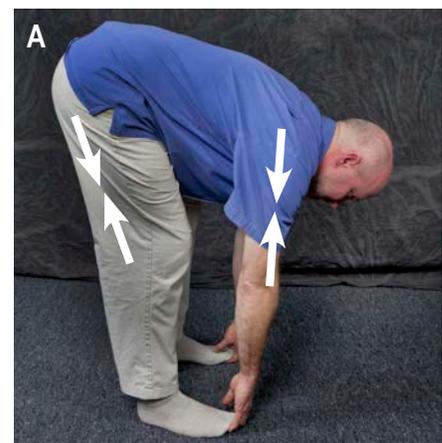
2. Focus your weight on your heels at all times during this fix.

3. **(Photo A)** Resistance phase: First, ensure that your balance is steady. Next keep your furthest stretch and tighten (contract) all of your hamstring muscles for five seconds using about 20% of your strength. At the same time, balance this stretch by using your hands to pull your upper torso toward the floor.

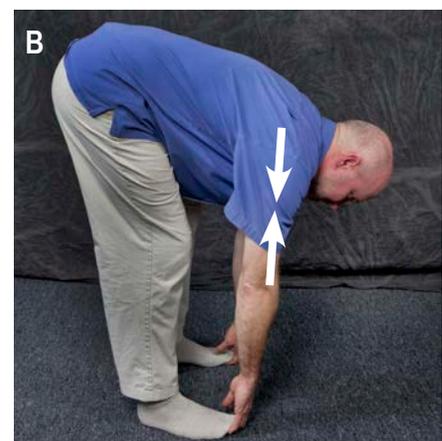
4. **(Photo B)** Relaxation phase: To prevent over-stretching, maintain a minor contraction of all of your hamstring muscles during the relaxation phase. Release most of the hamstring contraction for three seconds. Continue using your hands to pull your upper torso toward the floor. Keep your weight on your heels. Your range of motion slightly increases during this relaxation phase.

Note: Your hands are pulling your upper torso toward the floor continually throughout the resistance and relaxation phases of this fix.

Repeat the resistance phase and the relaxation phase two more times. Your range of motion slightly increase during each relaxation phase.



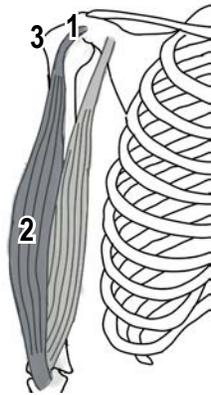
Resistance phase



Relaxation phase

QUICK SELF FIX: Biceps Tendon Fix

KNOW YOUR BODY

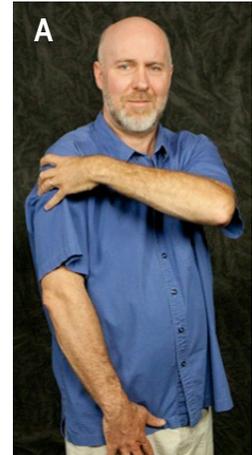


Arm view from front

This fix helps prevent shoulder pain. It also helps maintain normal ranges of motion in the shoulder joint.

The tendon (1) to the biceps brachii muscle's long head division (2) crosses over the humeral head (3) in the shoulder joint and often becomes fixated. This causes the biceps muscle to go weak when being tested, in order to prevent injury to the fixated tendon.

The Biceps Tendon Fix makes the biceps brachii muscle instantly strong!

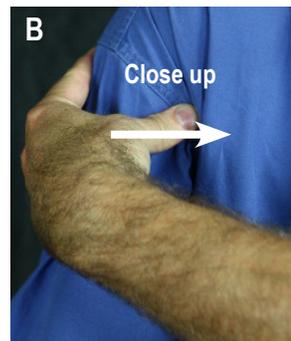


THE SET UP

1. **(Photo A)** Allow the right arm to hang loosely at your side with the palm lightly touching the front of your thigh on the same side.

2. **(Photo B)** Use the thumb of your left hand to pin the biceps tendon on the front of the upper right arm just below the head of the humerus (3). Be sure not to pin too high up on the arm. Your thumb will be parallel to the floor and pressing the tendon firmly, yet not painfully, toward your opposite shoulder.

3. **(Photo C)** To stabilize this pin, place the four fingers of your left hand behind or on the outside of your right shoulder.



Note: Do not cause pain. Be gentle.

THE FIX

4. **(Photo D)** Now hold your thumb pin steady on the upper right arm while you flip this arm at a slow to medium speed outward, backward, and behind your body. As you flip your arm backward, the hand should come up to eye level (Not pictured). Make sure that at the end of this motion, your arm is straight at the elbow and your palm faces away from your body (see circle on photo D). This move outwardly (externally) rotates your arm from the shoulder.



QUICK SELF FIX: Elbow Punch Fix

KNOW YOUR BODY

This fix helps prevent many elbow, forearm, and hand complaints.

For example, this fix helps people who have problems with opening jars or turning handles. The intent of this move is to free up elbow fixations.

The Elbow Punch Fix makes the supinator (1) and finger extensor (2) muscles instantly strong!

THE SET UP

Note: This follows the movement of a standard martial arts punch, yet is delivered with a much lesser speed and force.

1. **(Photo A)** Make a fist. Position your fist with its palm up and position your bent elbow behind and to the side of your body.

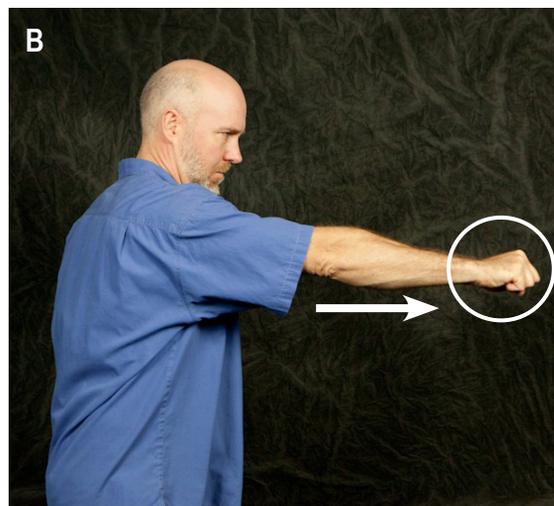
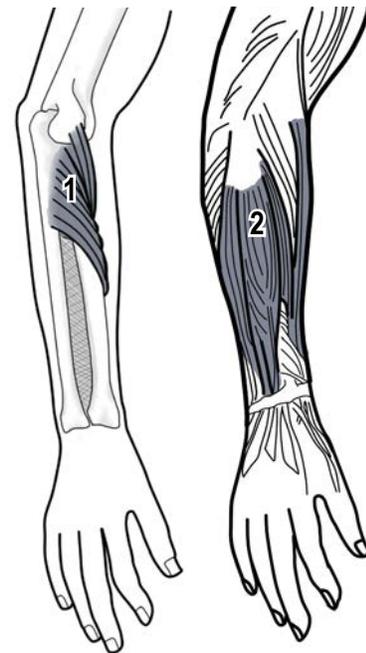
Note: Do not cause pain. Be gentle.

THE FIX

2. Thrust your arm forward at a low to medium speed.

3. **(Photo B)** At the same time rotate your forearm and fist from a palm facing up position to a palm facing down position. End with your arm parallel to the floor, arm straight, and palm facing down.

Note: Do this fix only once during the Quick Self Fixes Routine. That is all it takes.

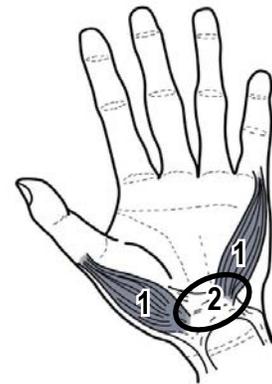


QUICK SELF FIX: Wrist Fix

KNOW YOUR BODY

This fix helps prevent “carpal tunnel syndrome” and wrist pain by maintaining the proper positioning of the carpal bones in the carpal arch (2).

The Wrist Fix makes the opponens muscles (1) in your palm instantly strong!



Palm view of hand

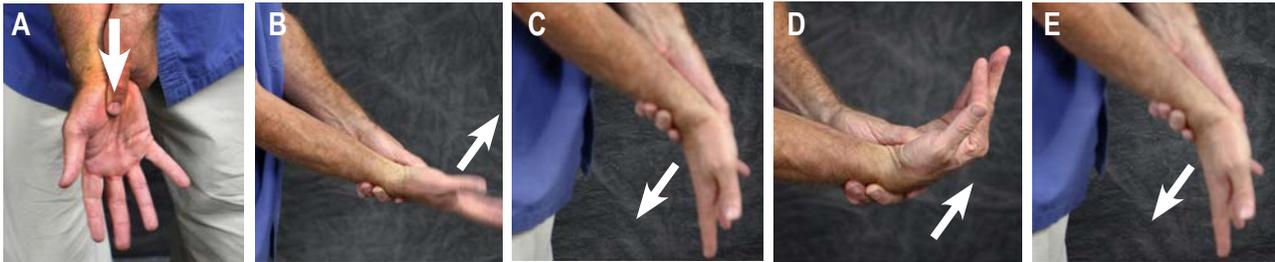
THE SET UP

1. **(Photo A)** Press your left thumb firmly on the base of your right palm on the carpal arch (2) (see circled area on illustration). Your left thumb points toward the middle finger of the right hand which is the hand being treated.

Note: Do not cause pain. Be gentle.

THE FIX

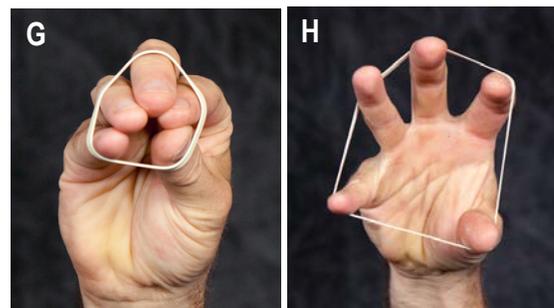
2. **(Photos B-E)** Keeping thumb pressure on the carpal arch, shake the right hand quickly and loosely back and forth for two seconds.



Note: To further prevent wrist issues, add the two carpal arch stabilizing techniques below, which are not on the Quick Self Fixes video.

(Photo F) Finger Presses: With moderate strength, push your fingertips into a table top. Keep your palm arched, with fingers not too far apart. Keep your wrist in a vertical line with your forearm. Press your fingers into the table and focus on pulling your fingertips in toward the center of your palm for five seconds. Next, rest for a few seconds and repeat this sequence several more times. Do this several times per day.

(Photos G and H) Finger Extensor Exercise: Bring your thumb and finger tips together. Place a strong rubber band around the outside of your fingers and thumb, and then repeatedly open and close your fingers against the band's resistance until mild fatigue sets in. Do several times per day.

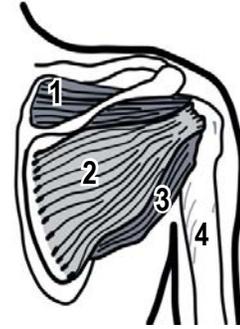


QUICK SELF FIX: Shoulder Fix

KNOW YOUR BODY

This fix aligns the shoulder joint when needed and helps prevent rotator cuff muscle injuries. This fix may also be performed in bed to prevent shoulder pain while sleeping on your side.

The Shoulder Fix makes the four rotator cuff muscles - supraspinatus (1), infraspinatus (2), teres minor (3), and subscapularis instantly strong!



Shoulder view from back

THE SETUP

1. **(Photo A)** Place your right hand on top of your left shoulder. The right shoulder is the shoulder you are fixing.

2. **(Photos A and B)** Clasp the right elbow with your left hand. Keep both elbows close to your ribcage.

Note: If you have a large chest, alter this setup by bringing your elbow to the side touching your ribcage.

3. Use the left hand to push the right elbow and shoulder vertically upward as far as they can comfortably go.

Note: Do not cause pain. Be gentle.

THE FIX

4. **(Photo C)** Now use the left hand to deliver a quick, gentle push, further pushing the right elbow upward. Your focus is to use the elbow as a contact point to lift the upper arm (humerus) (4) straight up into the shoulder joint.

Note: Do not yank or jerk your arm. Do not lift your elbow away from your body.

To summarize, the Shoulder Fix has two actions:

- Push the shoulder completely and firmly vertically upward, taking out any and all slack in the shoulder joint. Keep the shoulder at full tension in this upward position.
- Make a quick, yet gentle push further upward, pushing the arm straight up into the shoulder joint. The actual movement is slight.



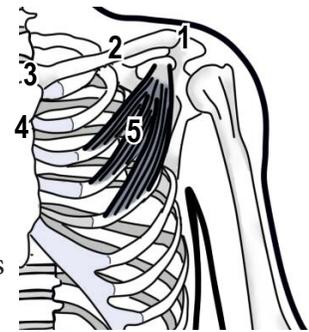
QUICK SELF FIX: Clavicle Fix

KNOW YOUR BODY

This fix helps prevent tension and pain between the shoulder blades by making and keeping the middle trapezius muscles strong.

This fix also helps prevent numbness and tingling in the arm and hand.

Keeping the pectoralis minor strong prevents “pectoralis minor syndrome”. When weak sections are present in the pectoralis minor, strong adjacent sections of the muscle tense up to compensate for the associated weakness. This muscle tension in the pectoralis minor muscle can create a pinching pressure on the brachial plexus causing numbness and tingling in the arm and hand. This fix briefly stretches your acromioclavicular joint (1), which is where your collarbone (clavicle) (2) meets your shoulder blade (scapula). It also briefly stretches your sternoclavicular joint (3) where your clavicle meets your breast bone (sternum) (4).



Shoulder view from front

The Clavicle Fix makes the pectoralis minor (5), pectoralis major (inferior & superior divisions) and the middle trapezius (middle, superior, & inferior divisions) muscles instantly strong!

THE SET UP

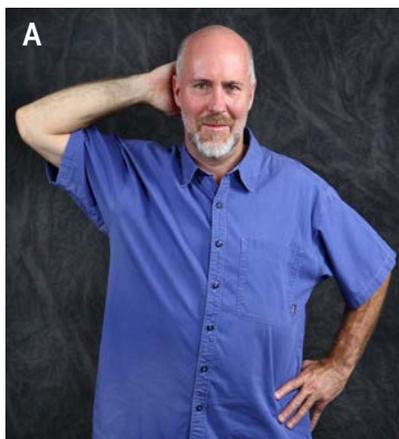
1. (Photos A and B) Place your hand behind your head on the side being treated.
2. (Photo B) Reach your elbow as far back as you comfortably can.

Note: Do not cause pain. Be gentle.

THE FIX

3. (Photo C) Simultaneously:
 - a. Take a deep sudden slurping breath through your mouth that lifts the clavicle upward.
 - b. At the same time, make a quick gentle backward swing, moving the elbow a little farther backward and up. This stretches the joints at either end of the collarbone (clavicle).

Note: For safety reasons, do not torque your spine during this procedure.



QUICK SELF FIX: Elbow Torque Fix

KNOW YOUR BODY

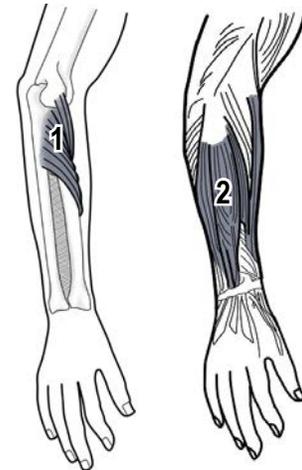
This fix helps prevent many elbow, forearm, and hand complaints. For example, this fix helps people who have grip problems such as opening jars or turning handles.

This fix stretches a thick layer of connective tissue that covers the elbow joint. It enhances the Elbow Punch Fix.

Note: It is easiest to teach this fix with the elbow being treated at the side. Once learned, it is easiest to perform this fix with the forearm of the elbow being treated held out in front of your body. This alternative position is not shown in the video.

Note: This is a Proprioceptive Neuromuscular Facilitation (PNF) stretch.

The Elbow Torque Fix makes the supinator (1) and the finger extensor (2) muscles instantly strong!



THE SET UP

1. **(Photo A)** Place the right arm straight out to your side at shoulder level. Now bend the elbow at a right angle so that your fingers point directly downward.

2. **(Photo A)** With your left hand, grasp your right forearm just above the wrist. The fingers of the left hand need to be curled all the way around the right forearm. Twist the right forearm so that the palm faces away from your body with its little finger pointing to the front and its thumb pointing to the back. Maintain this twisting pressure throughout this fix.

Note: Do not cause pain. Move slowly, and be gentle.

THE FIX

3. **(Photo B)** Resistance Phase: Using about 20% of your strength, resist by attempting to untwist your right forearm. Do not actually untwist the forearm. Hold this resistance for five seconds. After five seconds, stop actively resisting, but do not let go of your grip.

4. **(Photo C)** Relaxation phase: Firmly twist the right forearm further in the same direction (with the right little finger pointing to the front and thumb pointing to the back). Keep the muscles that you are stretching slightly engaged to prevent overstretching. Hold this passive stretch for three seconds.

Repeat the resistance phase and the relaxation phase two more times. Your range of motion slightly increases during each relaxation phase.

Perform the Shoulder, Arm, and Wrist series on the other side.



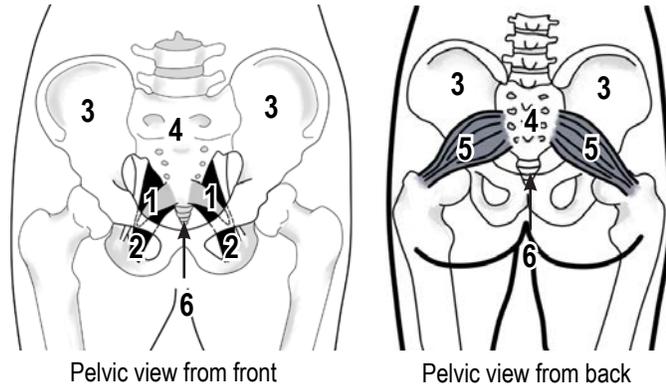
QUICK SELF FIX: Sacro-iliac Ligament Fix

KNOW YOUR BODY

This fix helps prevent sciatic nerve pain.

The targets of this fix are the sacrospinous (1) and sacrotuberous (2) ligaments. They are on each side of the sacrum (4). These ligaments help hold the hip bones (iliums) (3) to the sacrum (4). The piriformis muscles (5) lay very close to the sacrospinous and sacrotuberous ligaments, attaching to the sacrum in close proximity.

The Sacro-iliac Ligament Fix makes the piriformis muscles (5) instantly strong!



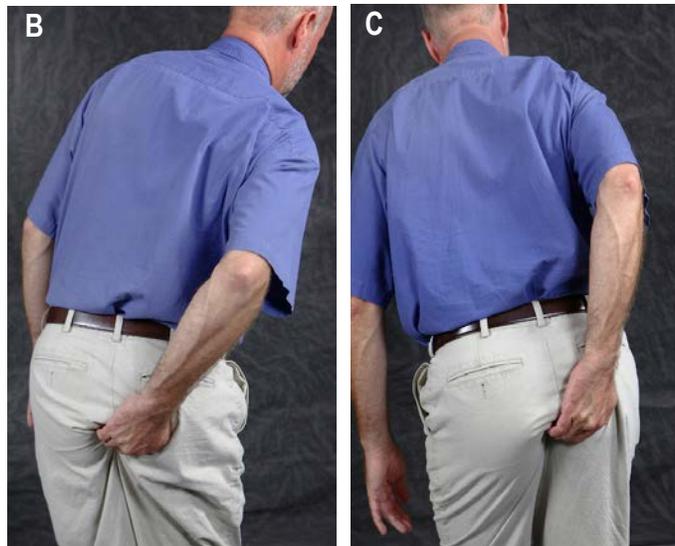
Note: Do not cause pain. Move slowly, and be gentle.

THE SET UP

1. **(Photo A)** Brace your middle finger by layering the index finger and ring finger on top of the middle finger. When working on the right ligaments, use the right hand. When working on the left ligaments, use the left hand.



2. **(Photos B and C)** Find the location where these ligaments overlap each other. It is found to the side and near the bottom of your sacrum (4), just above the coccyx (6), which is the very small bone attaching at the bottom of the sacrum. This location is just above and to the side of the anus. To the touch, these ligaments feel hard, almost like bone.



3. With a firm pressure from your index finger, pin where these two ligaments overlap, as described above.

THE FIX

4. **(Photos B and C)** Firmly hold your index finger pin while you roll your hips in a circular motion to stretch your sacrospinous and sacrotuberous ligaments against your index finger pin. When working on the right ligaments, use your right hand and roll your hips clockwise. When working on the left ligaments, use your left hand and roll your hips counterclockwise.

Do five to seven rotations on each side.

SPINE YOGA

UNWIND THE SPINE

INTRODUCTION TO THE CONNECTIVE TISSUE STRAP ROUTINE

The following pages contain four Connective Tissue Strap procedures. Each procedure uses the concept of “opposing forces” to stretch specific connective tissues associated with the spine. Using “opposing forces” is analogous to playing “tug-of-war” with a rope. Here we are playing “tug-of-war” with connective tissues along the spine. Hold each stretch for up to eight seconds. Focus on feeling for a small relaxation in the connective tissue that you are stretching. Your body will move slightly in response to this connective tissue relaxation phenomenon. Practice watching your body in a mirror for this small body movement as the connective tissue relaxes. Once the associated connective tissue has let go, the stretch is over, even if it takes less than eight seconds. Stretching for over eight seconds may cause harm.

Dr. Cassius Camden Clay has intensively studied Assisted Stretching Postures from Thai Massage for 29 years and Chiropractic, spinal biomechanics, and muscle testing for 38 years. One result of these combined studies is the development of the Connective Tissue Strap Routine. From here forward, the Connective Tissue Strap will be referred to as the CT Strap. The CT Strap Routine is like receiving a Thai Massage Assisted Spinal Stretching Treatment. The benefit is that the CT Strap Routine provides the assistance you need to stretch your spinal connective tissue anytime and anywhere, without the assistance of others. Self sufficiency is a wonderful thing. Using the CT Strap regularly makes and keeps your back relaxed and strong.

The Connective Tissue Strap Routine, particularly procedure A, is a Master Fix and makes many seemingly unrelated muscles instantly strong! CT Strap Procedures B, C and D also have Master Fix tendencies.

Traditional yoga stretching does not reproduce the muscle strengthening effects of the Connective Tissue Strap Routine. The CT Strap Routine is a wonderful adjunct prior to a traditional yoga practice! Begin your yoga practice with all of your muscles turned on and strong with your spinal connective tissue more relaxed.

Our bodies need regular connective tissue stretching to create and maintain space for blood flow, lymphatic drainage, cerebral spinal fluid flow, and nerve conduction which are all essential for associated sustained muscle strength.

The CT Strap may be used several times a day to facilitate and maintain strength and comfort.

Here are a few important caveats regarding the Connective Tissue Strap. If you have any musculoskeletal symptoms or a previous medical diagnosis concerning your spine, ask your Medical Doctor, Osteopath or Chiropractor if the CT Strap Routine is safe for you.

It is very important that you do not use the CT Strap where there is pain. Also, do not cause pain with the CT Strap. Using any more than a gentle force with the CT Strap is not safe and may cause harm. By gently using the CT Strap daily, the connective tissue associated with your spine will over time, become relaxed in a sustainable way. Dr. Clay has conclusively proven that the regular and gentle use of the CT Strap makes and keeps targeted chronically weak muscles strong. Resist the urge to use more than a gentle force. There is no need to experiment with the CT Strap since Dr. Clay has already done that for you! Use the CT Strap only as instructed, or you may cause harm. If you have a weak grip, the CT Strap may be wrapped around your hands creating handles.

“How to create handles with the CT strap is shown on the Quick Self Fixes Video, at the beginning of the chapter “How to make a Connective Tissue Strap.”

**Instructions for easily making your own CT Strap are on pages 54, 55, and 56.
To order a CT Strap, see www.QuickSelfFixes.com or call 404-808-4280.**

[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

KNOW YOUR BODY

This procedure stretches the thick connective tissue called the lumbar aponeurosis, which covers your entire low back area just under your skin. It is thick, tough, and similar to leather. Restrictive tightness in this connective tissue is the most common cause of chronic low back discomfort.

Pulling the CT Strap diagonally away from your body, while simultaneously pushing your low back and hips to the opposite side of your body creates “opposing forces”. This gives the low back connective tissue a very specific stretch, analogous to playing “tug-of-war” with the thick leather-like covering over your low back.

This procedure emulates “Lumbar Connective Tissue Stretch” from Dr. Clay’s course “Assisted Stretching Postures from Thai Massage”.

CT Strap Procedure A is a Master Fix and usually makes all weak muscles found through Targeted Muscle Testing instantly strong! In particular, procedure A targets the following muscles - quadratus lumborum, multifidus, transverse abdominus, psoas, gluteus medius, and latissimus dorsi muscles instantly strong!

Note: When you use the CT Strap, always move very slowly and be gentle. Do not cause any pain. Moving slowly and gently ensures safety.

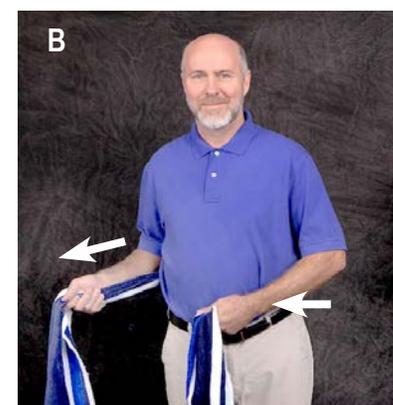
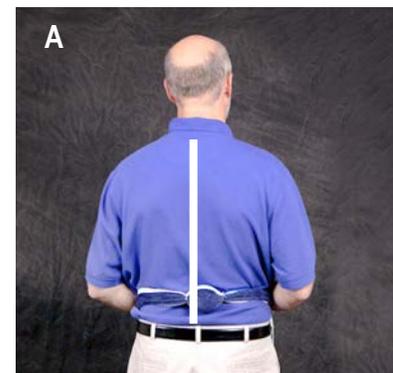
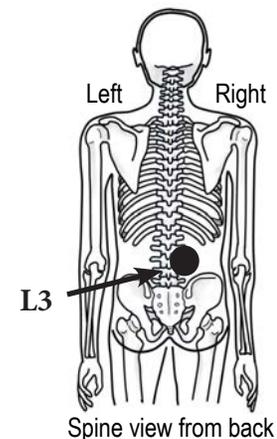
THE SET UP (for the right side)

1. **(Photo A)** Place the CT Strap knot in the middle of your low back between the top of your tail bone (sacrum) and the bottom of your ribcage. The lamina grooves are on both sides of the absolute midline of your entire spine and are actual grooves. Place the knot on your spine, just to the right of the absolute center of your spine in the right lamina groove of lumbar vertebra 3 (L3). People often place the CT Strap knot too far away from the spine. The illustration and photo A show the correct knot placement at lumbar vertebra 3 (L3) on the right. Correct knot placement is essential.

2. **(Photo B)** Stand with your feet shoulder width apart. Hold the two ends of the CT Strap with the strap inside your forearms and elbows. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo B)** Anchor the left CT Strap by pulling it across the front of your left abdomen parallel to the floor, at the same level of the knot’s placement on your spine. You have set your pin. Now let’s stretch against it.

4. **(Photo B)** Firmly pull the right CT Strap away from your body, parallel to the floor and diagonally forward to your right. You are not pulling to the front and you are not pulling to the side. You are pulling exactly between your front and your right side.



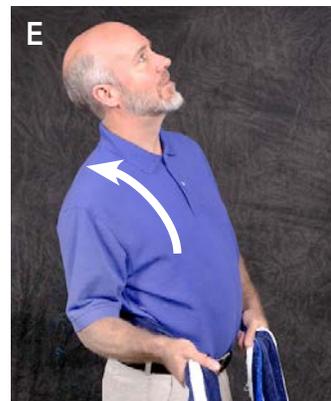
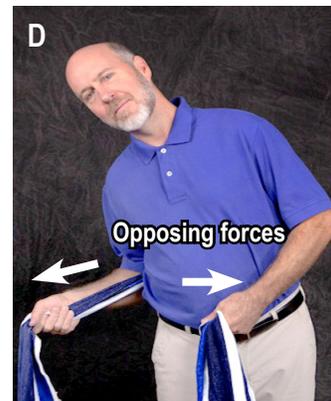
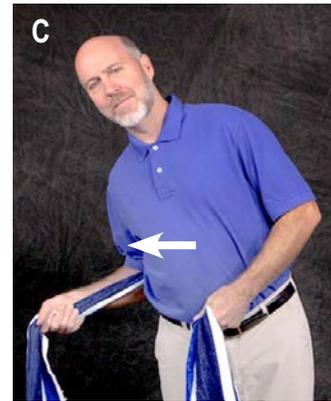
[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

THE FIX (for the right side)

5. **(Photo C)** From the placement of the CT Strap knot, lean your upper body to the right as you continue firmly pulling your right CT Strap.

6. **(Photo D)** Increase this lean by pushing your hips and low back at the level of the CT Strap knot far to the left. At the same time, bear more weight onto your right foot. Continue firmly pulling the right CT Strap diagonally to the front right.

7. **(Photo E)** Further elongate your spine by stretching your spine upward. Lean slightly backward to increase your stretch. All of these actions together create the stretch using “opposing forces”. Enjoy this stretch for five to eight seconds as you focus on stretching the thick leather-like covering over your low back.

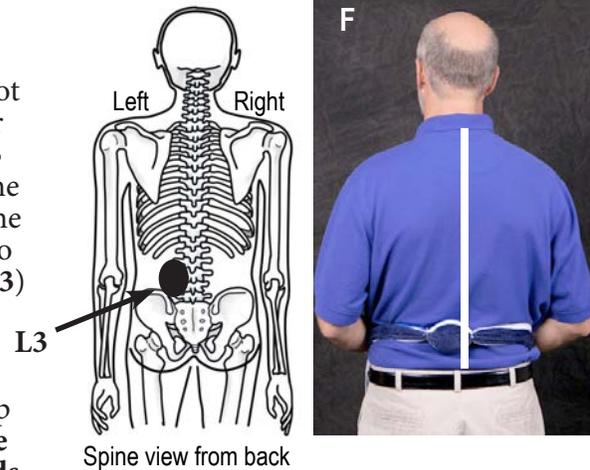


[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

HERE IS THE SAME PROCEDURE FOR THE OTHER SIDE OF YOUR LOW BACK AT LUMBAR VERTEBRA 3 (L3).

THE SET UP (for the left side)

1. **(Photo F)** Shift the CT Strap knot to the left side at the same spinal level, lumbar vertebra 3 (L3). The CT Strap knot is placed on your spine just to the left of the absolute center of your spine in the left lamina groove of lumbar vertebra 3 (L3). Remember, the lamina grooves are on both sides of the absolute mid-line of your entire spine. People often place the knot too far away from the spine. The illustration and photo G show the correct knot placement at lumbar vertebra 3 (L3) on the left. Correct knot placement is essential.



2. **(Photo G)** Continue standing with your feet shoulder width apart. Continue holding the two ends of the CT Strap with the strap inside your forearms and elbows. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo G)** Anchor the right CT Strap by pulling it across the front of your right abdomen, parallel to the floor, keeping it at the same level with the knot on your spine. You have set your pin. Now let's stretch against it.

4. **(Photo G)** Firmly pull the left CT Strap away from your body, parallel to the floor and diagonally forward to your left. Remember, you are not pulling the CT Strap to the front, and you are not pulling the CT Strap to the side. You are pulling diagonally between your front and your left side.



THE FIX (for the left side)

5. **(Photo H)** From the placement of the CT Strap knot, lean your upper body to the left as you continue firmly pulling your left CT Strap.



[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

6. **(Photo I)** Increase this lean by pushing your hips and low back at the level of the CT Strap knot far to the right. At the same time bear more weight onto your left foot. Continue pulling the left CT Strap diagonally to the front left.

7. **(Photo J)** Further elongate your spine by stretching your spine upward. Lean slightly backward to increase your stretch. All of these actions together create the stretch using “opposing forces”. Enjoy this stretch for five to eight seconds as you focus on stretching the thick leather-like covering over your low back.

CT STRAP KNOT PLACEMENT

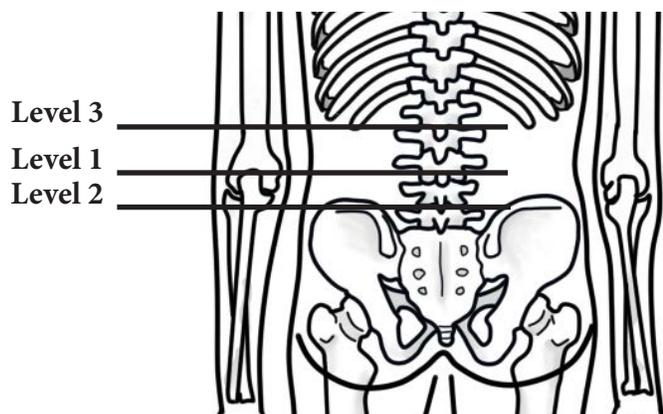
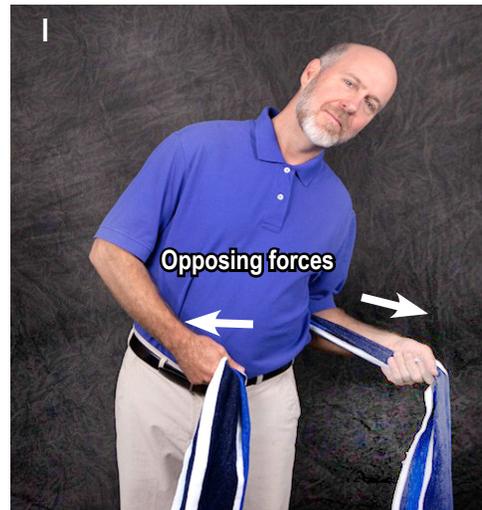
This procedure is performed at three spinal levels on both the right and left sides. You have already done both sides of level 1.

Reposition the CT Strap knot to level 2 and repeat steps 1-7 on the right and left. Next, reposition the CT Strap knot to level 3 and repeat again on the right and left.

Level 1: In the middle of the low back between the top of the tail bone (sacrum) and the bottom of the ribcage on lumbar vertebra 3 (L3). First on the spine in the right lamina groove, then on the spine in the left lamina groove.

Level 2: Just above the tail bone (sacrum) on lumbar vertebrae 4 and 5 (L4-L5). First on the spine in the right lamina groove, then on the spine in the left lamina groove.

Level 3: Just below the bottom of the ribcage on lumbar vertebrae 1 and 2 (L1-L2). First on the spine in the right lamina groove, then on the spine in the left lamina groove.



Spine view from back

[B] CT STRAP FOR LOWER 20 RIB AND THORACIC SPINE LIGAMENTS

KNOW YOUR BODY

This procedure stretches connective tissue along the spine, focusing on stretching the ligaments that tie the ribs to the spine. Ribs are not fused to the spine. They have actual moveable joints connected together with ligaments. Ligaments are tough, slightly flexible straps of connective tissue that connect bone to bone. This procedure also focuses on stretching ligaments that connect the associated thoracic vertebrae together.

Pulling your CT Strap diagonally away from your body while simultaneously pushing your spine at the same level of the CT Strap knot to the opposite side of the body creates “opposing forces”, giving the ligaments that connect the ribs to the spine a very specific stretch.

Pulling the CT Strap upward creates “opposing forces” by tractioning the vertebrae apart thereby giving ligaments that connect the associated thoracic vertebrae together a very specific stretch. This tractioning also slightly decompresses the associated spinal discs, which are cartilage pads with fluid filled centers between most vertebrae.

This procedure emulates “Costo-vertebral Ligament Stretch” from Dr. Clay’s book “Assisted Stretching Postures from Thai Massage”.

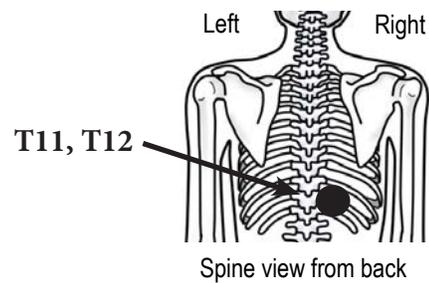
CT Strap Procedure B makes the middle trapezius, pectoralis major, lower trapezius, and latissimus dorsi muscles instantly strong!

Note: When you use the CT Strap, always move very slowly and be gentle. Do not cause any pain. Moving slowly and gently ensures safety.

THE SET UP (for the right side)

1. **(Photo A)** Place the CT Strap knot just above the bottom of your right ribcage on your spine in the right lamina groove of thoracic vertebrae 11 and 12 (**T11, T12**). Remember, the lamina grooves are on both sides of the absolute center mid-line of your entire spine. People often place the knot too far away from the spine. The illustration and **Photo A** show the correct knot placement at thoracic vertebrae 11 and 12 (**T11, T12**) on the right. Correct knot placement is essential.

2. **(Photo B)** Stand with your feet shoulder width apart. Place the CT Strap on the outside of your arms and just above your elbows and hold in each hand. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**



[B] CT STRAP FOR LOWER 20 RIB AND THORACIC SPINE LIGAMENTS

3. **(Photo B)** Anchor the left CT Strap by pulling it across the front of your body, parallel to the floor at the same level of the knot's placement on your spine. This must be a gentle pin to allow rib movement away from the spine. If this pin is too tight, this technique does not work as well. You have set your pin. Now let's stretch against it.

4. **(Photo B on p. 37)** Pull the right CT Strap firmly away from your body, parallel to the floor and diagonally forward to the right. You are not pulling to the front and you are not pulling to the side. You are pulling exactly between your front and your right side.

**THE FIX** (for the right side)

5. **(Photo C on p. 37)** From the placement of the CT Strap knot, lean your upper body to the right as you continue firmly pulling your right CT Strap.

6. **(Photo D)** Release a little tension from your left CT Strap so that you can pull the right CT Strap further right.

7. **(Photo D)** Increase this lean by pushing your spine at the level of the CT Strap knot far to the left. At the same time, bear more weight on your right foot.



8. **(Photo E)** Now elongate your spine upward. Keeping a firm tension in your right CT Strap, pull the right CT Strap diagonally upward toward the front and hold.

9. **(Photo F)** Rotate your torso to the left by pulling your right CT Strap forward and around to the left.



10. **(Photo G)** Lean slightly backward to increase your stretch. All of these actions together create the stretch using "opposing forces". Breathe deeply to accentuate this stretch. Enjoy this stretch for five to eight seconds.



[B] CT STRAP FOR LOWER 20 RIB AND THORACIC SPINE LIGAMENTS

HERE IS THE SAME PROCEDURE FOR THE OTHER SIDE OF YOUR LOWER RIB CAGE AT THORACIC VERTEBRAE 11 AND 12 (T11, T12)

THE SET UP (for the left side)

1. **(Photo H)** Shift the CT Strap knot to the left side at the same spinal level, thoracic vertebrae 11 and 12 (**T11, T12**). The CT Strap knot is placed on your spine just to the left of the absolute center in the left lamina groove of thoracic vertebrae 11 and 12 (**T11, T12**). Remember, the lamina grooves are on both sides of the absolute mid-line of your entire spine. The illustration and **Photo H** show the correct knot placement. People often place the knot too far away from the spine. Correct knot placement is essential.

2. **(Photo I)** Continue standing with your feet shoulder width apart. Continue holding the two ends of the CT Strap outside of your arms, just above the elbows. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo I)** Anchor the right CT Strap by pulling it across the front of your body, parallel to the floor at the same level of the knot's placement on your spine. This must be a gentle pin to allow rib movement away from the spine. If this pin is too tight, this technique does not work as well. You have set your pin. Now let's stretch against it.

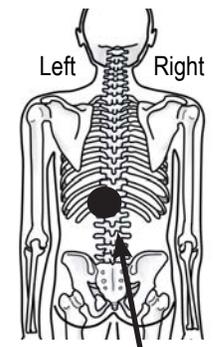
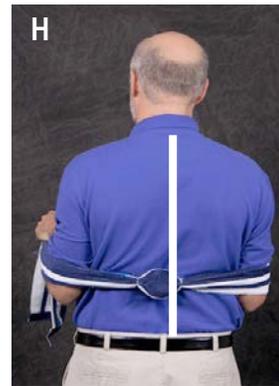
4. **(Photo I)** Pull the left CT Strap firmly away from your body, parallel to the floor and diagonally forward to the left. You are not pulling to the front and you are not pulling to the side. You are pulling exactly between your front and your left side.

THE FIX (for the left side)

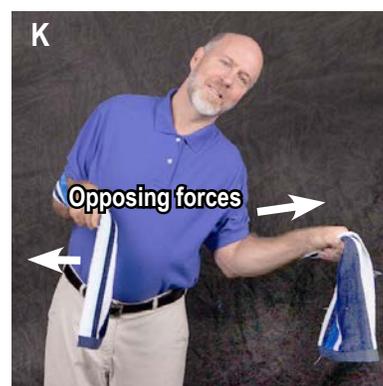
5. **(Photo J)** From the placement of the CT Strap knot, lean your upper body to the left as you continue firmly pulling your left CT Strap.

6. **(Photo K)** Release a little tension from your right CT Strap so that you can pull the left CT Strap further to the left.

7. **(Photo K)** Increase this lean by pushing your spine at the level of the knot far to the right. At the same time, bear more weight on your left foot.



T11, T12
Spine view from back



[B] CT STRAP FOR LOWER 20 RIB AND THORACIC SPINE LIGAMENTS

8. **(Photo L)** Now elongate your spine upward. Keeping a firm tension in your left CT Strap, pull the left CT Strap diagonally upward toward the front and hold.

9. **(Photo M)** Rotate your torso to the right by pulling your left CT Strap forward and around to the right.

10. **(Photo N)** Lean slightly backward to increase your stretch. All of these actions together create the stretch using “opposing forces”. Breathe deeply to accentuate this stretch. Enjoy this stretch for five to eight seconds.

CT STRAP KNOT PLACEMENT

This procedure may be performed at multiple levels from the bottom of the ribcage almost to the top of the ribcage on both the right and left sides. (T12 to T3)

On the companion video, during the Quick Self Fixes Routine, this procedure is performed at only four spinal levels. You have already done both sides of level 1.

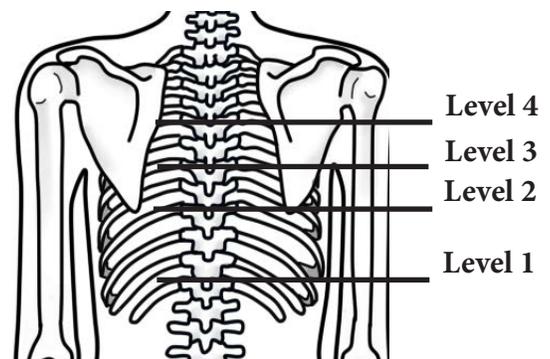
Reposition the CT Strap knot to level 2 and repeat steps 1-10 on the right and left. Next, reposition the knot to level 3 and repeat again on the right and left. Lastly, reposition the CT Strap knot to level 4 and repeat again on the right and left.

Level 1: Just above the bottom edge of the ribcage on thoracic vertebrae 11 and 12 (**T11, T12**). First on the spine in the right lamina groove, then in the left lamina groove.

Level 2: Just below the bottom of the shoulder blade on thoracic vertebrae 8 and 9 (**T8, T9**). First on the spine in the right lamina groove, then in the left lamina groove.

Level 3: Below the middle of the shoulder blade on thoracic vertebrae 6 and 7 (**T6, T7**). First on the spine in the right lamina groove, then in the left lamina groove.

Level 4: Just above the middle of the shoulder blade on thoracic vertebrae 4 and 5 (**T4, T5**). First on the spine in the right lamina groove, then in the left lamina groove.



Spine view from back

[C] CT STRAP FOR UPPER RIB AND NECK LIGAMENTS

KNOW YOUR BODY

This procedure stretches connective tissue along the spine, focusing on stretching the ligaments that tie the four upper ribs to the spine at the first and second thoracic vertebral levels. It also provides significant stretching for the neck ligaments and the thick, leather-like covering over the side of the neck. This covering protects the nerves where they exit the spinal column to the side of the neck.

Pulling the CT Strap away from the head and neck, while leaning the head and neck away from the CT Strap, creates “opposing forces” that give the associated connective tissue a very specific stretch.

This procedure emulates “Cervical Connective Tissue Stretch” from Dr. Clay’s book “Assisted Stretching Postures from Thai Massage”.

CT Strap Procedure C makes the deltoids, and upper trapezius muscles instantly strong!

Note: When you use the CT Strap, always move very slowly and be gentle. Do not cause any pain. Moving slowly and gently ensures safety.

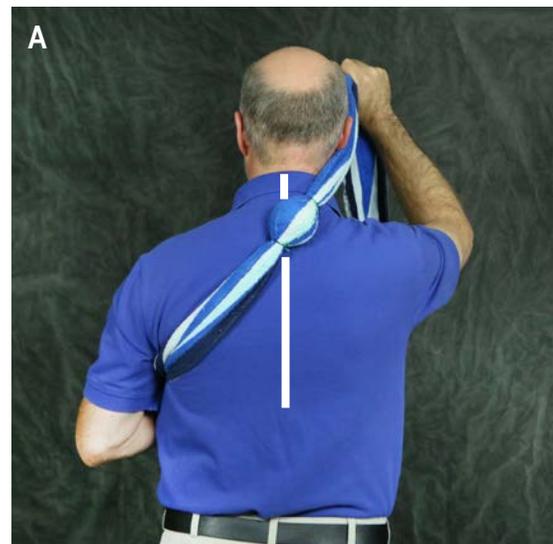
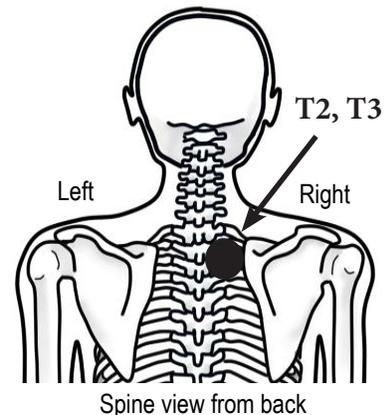
THE SET UP (for the right side)

1. **(Photo A)** Place the CT Strap knot on your spine in the right lamina groove at thoracic vertebrae 2 and 3 (T2, T3), which is level with the top edge of the shoulder blade (scapula). People often place the knot too far away from the spine. Remember the lamina grooves are on both sides of the absolute center mid-line of your entire spine. The illustration and photo A show the correct knot placement at thoracic vertebrae 2 and 3 (T2, T3) on the right. Correct knot placement is essential.

2. **(Photo A)** Stand with your feet shoulder width apart. Place the left CT Strap underneath your left arm pit. Place the right CT Strap diagonally forward close to your right ear. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo B)** Anchor the left CT Strap by pulling it forward and to the right, across the front of the chest.

4. **(Photo B)** Firmly pull the right CT Strap diagonally forward and up, close to your right ear. Then pull the CT Strap diagonally away from your right ear. The strap ends up diagonally in front and to the right side of your head. You have set your pin. Now let’s stretch against it.



[C] CT STRAP FOR UPPER RIB AND NECK LIGAMENTS

THE FIX (for the right side)

5. **(Photo C)** Elongate your neck upward. Turn your head to the right with your nose pointing toward the right CT Strap. This is very important to prevent pinching in the upper neck. Elongate your neck by moving your head upward.

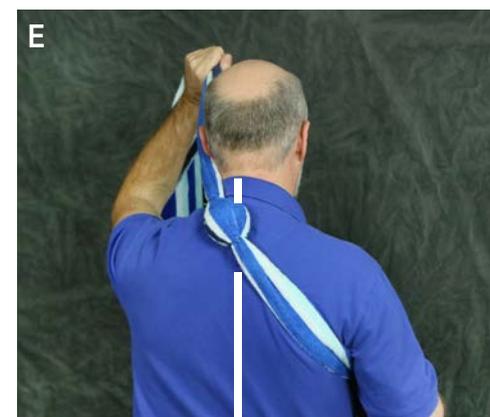
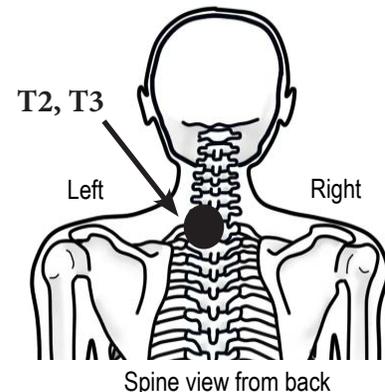
6. **(Photo D)** Next, arch your neck to the left by leaning your left ear toward the outside of your left shoulder as comfortably as it goes. Your head and neck are moving away from the CT Strap. Keep your nose pointed toward the right CT Strap.

7. **(Photo D)** Continue to elongate your neck. Maintain a firm tension in the right CT Strap by continuing to pull it diagonally upward and diagonally to the front right. Your neck is not just leaning to the left, it is also arching to the left by including elongation of the neck. Do not lean your head and neck backward or forward. All of these actions together create the stretch using “opposing forces”. Enjoy this stretch for five to eight seconds.

HERE IS THE SAME PROCEDURE FOR THE OTHER SIDE OF YOUR UPPER BACK AT THORACIC VERTEBRAE 2 AND 3 (T2, T3).

THE SET UP (for the left side)

1. **(Photo E)** Switch the CT Strap to the opposite side. The high end of the CT Strap is now in your left hand, while the low end is in your right hand. Place the CT Strap knot on your spine at the same spinal level of thoracic vertebrae 2 and 3 (T2, T3) just to the left of the absolute center of your spine in the lamina groove. Remember the lamina grooves are on both sides of the absolute center mid-line of your entire spine. People often place the knot too far away from the spine. The knot is placed level with the top edge of the shoulder blade (scapula). The illustration and photo E show the correct knot placement at thoracic vertebrae 2 and 3 (T2, T3) on the left. Correct knot placement is essential.



[C] CT STRAP FOR UPPER RIB AND NECK LIGAMENTS

2. **(Photo F)** Continue standing with your feet shoulder width apart. Place the right CT Strap underneath your right armpit. Place the left CT Strap diagonally forward close to your left ear. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo F)** Anchor the right CT Strap by pulling it forward and to the left, across the front of the chest.

4. **(Photo F)** Firmly pull the left CT Strap diagonally forward and up close to your left ear, and then pull the CT Strap diagonally away from your left ear. The strap ends up diagonally in front and to the left side of your head. You have set your pin. Now let's stretch against it.

THE FIX (for the left side)

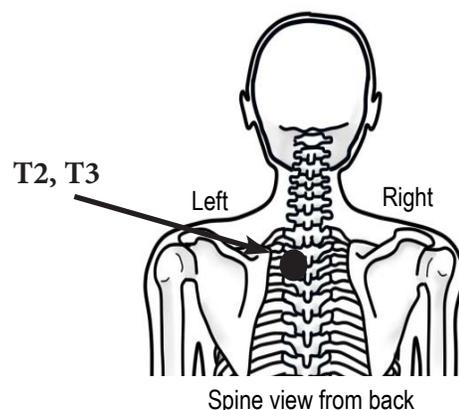
5. **(Photo G)** Elongate your neck upward. Turn your head to the left with your nose pointing toward the left CT Strap. This is very important to prevent pinching in your upper neck. Elongate your neck by moving your head upward.

6. **(Photo H)** Next, arch your neck to the right by leaning your right ear toward the outside of your right shoulder as comfortably as it goes. Your head and neck are moving away from the CT Strap. Keep your nose pointed toward the left CT Strap.

7. **(Photo H)** Continue to elongate your neck. Maintain a firm tension in the left CT Strap by continuing to pull it diagonally upward and diagonally to the front left. Your neck is not just leaning to the right, it is also arching to the right by including elongation of the neck. Do not lean your head and neck backward or forward. All of these actions together create the stretch using "opposing forces". Enjoy this stretch for five to eight seconds.

CT STRAP KNOT PLACEMENT

This procedure is performed at one spinal level, once on the right side in the right lamina groove, and once on the left side in the left lamina groove. The spinal level is on your upper back just at the top edge of the shoulder blade at thoracic vertebrae 2 and 3 (T2, T3).



[D] CT STRAP FOR LOW BACK LIGAMENTS AND DISCS

KNOW YOUR BODY

This procedure stretches connective tissue in the low back, focusing on tractioning intervertebral discs. Discs are spongy cartilage pads with fluid filled centers between most vertebrae. This procedure also focuses on stretching ligaments that connect the lumbar vertebrae together.

Pulling the spine at the CT Strap knot up and away from the pelvis creates “opposing forces”. This gives the associated connective tissue a very specific stretch.

This procedure emulates a chiropractic technique for healing lumbar herniated discs.

CT Strap Procedure D makes the quadratus lumborum, multifidus, transverse abdominus, psoas, gluteus medius, and latissimus dorsi muscles instantly strong!

Note: When you use the CT Strap, always move very slowly and be gentle. Do not cause any pain. Moving slowly and gently ensures safety.

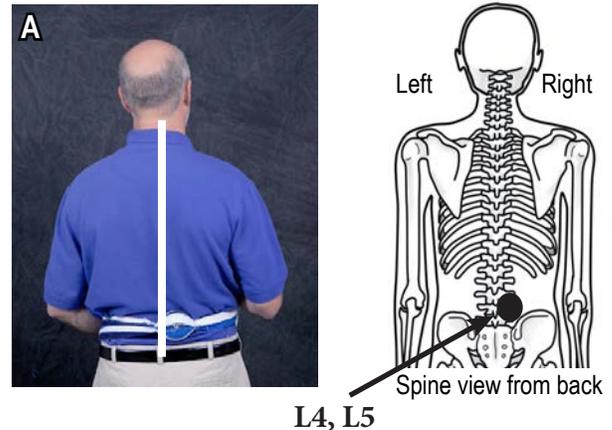
THE SET UP (for the right side)

1. **(Photo A)** Place the CT Strap knot on your spine at the very bottom of your spine in the right lamina groove of lumbar vertebrae 4 and 5 (**L4, L5**). Remember, the lamina grooves are on both sides of the absolute center mid-line of your entire spine. People often place the knot too far away from the spine. The illustration and photo A show the correct knot placement at lumbar vertebrae 4 and 5 (**L4, L5**) on the right. Correct knot placement is essential.

2. **(Photo B)** Stand with your feet shoulder width apart and bring the two ends of the CT Strap forward around your waist inside your forearms and elbows and hold in each hand. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo B)** Anchor the left CT Strap by pulling it across the front of your abdomen, parallel to the floor at the same level of the knot’s placement on your spine.

4. **(Photo C)** Pull the right CT Strap firmly out in front of your body and then firmly straight up. The right strap should be in line with your right ear. You have set your pin. Now let’s stretch against it.



[D] CT STRAP FOR LOW BACK LIGAMENTS AND DISCS

THE FIX (for the right side)

5. **(Photo D)** Lean forward from the waist to 90 degrees. Keep a firm tension on the right CT Strap pulling headward. The right CT Strap is in line with your right ear. Focus your intention on elongating your spine. **(Photo E)** Keep your pelvis facing forward as you lean your upper body far to the left by firmly pulling the right CT Strap to the left.

6. **(Photo E)** Now slowly push your pelvis away from the CT Strap, diagonally backward to the right and down toward the floor. All of these actions together create the stretch using “opposing forces”. Enjoy this stretch for five to eight seconds.

7. **(Photo F)** Come out of this stretch by returning your upper body straight forward to the mid-line, still bending forward before you straighten up to an upright position.



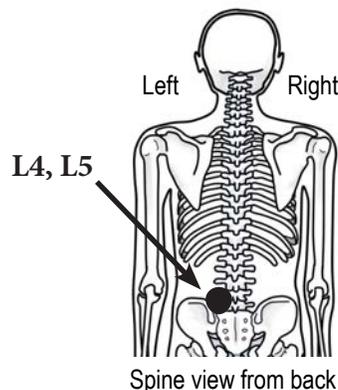
HERE IS THE SAME PROCEDURE FOR THE OTHER SIDE OF YOUR LOW BACK AT LUMBAR VERTEBRAE 4 AND 5 (L4, L5).

THE SET UP (for the left side)

1. **(Photo G)** Shift the CT Strap knot to the left side at the same spinal level at lumbar vertebrae 4 and 5 (L4, L5). The CT Strap knot is placed on your spine in the left lamina groove. Remember, the lamina grooves are on each side of the absolute mid-line of the spine. People often place the knot too far away from the spine. The illustration and photo G show the correct knot placement at lumbar vertebrae 4 and 5 (L4, L5) on the left. Correct knot placement is essential.

2. **(Photo H)** Continue standing with your feet shoulder width apart. Continue holding the two ends of the CT Strap with the strap inside your forearms and elbows. **If you have a weak grip, wrap the ends of the strap around your hands, creating handles.**

3. **(Photo H)** Anchor the right CT Strap by pulling it across the front of your abdomen parallel to the floor at the same level as the knot's placement on your spine.



[D] CT STRAP FOR LOW BACK LIGAMENTS AND DISCS

4. **(Photo I)** Pull the left CT Strap firmly out in front of your body and then firmly straight up. The left CT Strap should be in line with your left ear. You have set your pin. Now let's stretch against it.



THE FIX (for the left side)

5. **(Photo J)** Lean forward from the waist to 90 degrees. Keep a firm tension on the left CT Strap, while pulling the strap toward your head. The left CT Strap is in line with your left ear. Focus your intention on elongating your spine. **(Photo K)** Lean your upper body far to the right by firmly pulling the left CT Strap to the right.



6. **(Photo K)** Now slowly push your pelvis away from the CT Strap, diagonally backward to the left and down toward the floor. All of these actions together create the stretch using “opposing forces”. Enjoy this stretch for five to eight seconds.



7. **(Photo L)** Come out of this stretch by returning your upper body straight forward to the mid-line, still bending forward before you straighten up into an upright position.



CT STRAP KNOT PLACEMENT

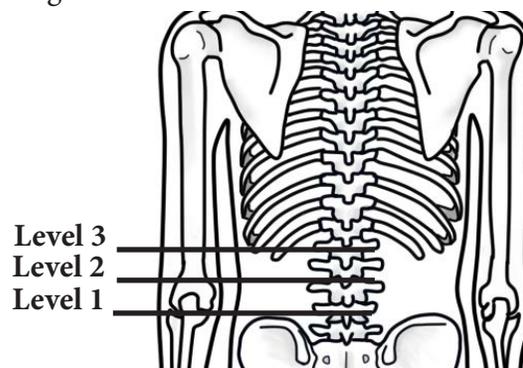
This procedure is performed at three spinal levels on both the right and left sides. You have already done both sides of level 1.

Reposition the CT Strap knot to level 2 and repeat steps 1-7 on the right and left. Next, reposition the CT Strap knot to level 3 and repeat again on the left and right.

Level 1: At the bottom of the spine on lumbar vertebrae 4 and 5 (L4, L5). First on the spine in the right lamina groove, then on the spine in the left lamina groove.

Level 2: In the middle of the low back between the bottom of the spine and the bottom of the ribcage on lumbar vertebra 3 (L3). First on the spine in the right lamina groove, then on the spine in the left lamina groove.

Level 3: Just below the bottom of the ribcage on lumbar vertebrae 1 and 2 (L1, L2). First on the spine in the right lamina groove, then on the spine in the left lamina groove.



Spine view from back

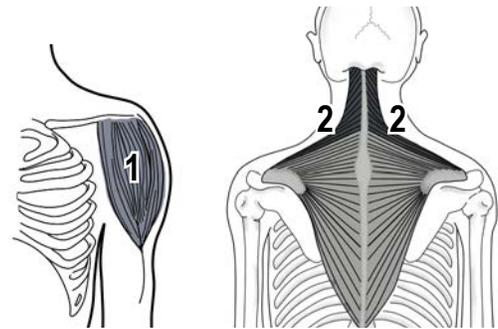
QUICK SELF FIX: Guided Neck Stretch Fixes

KNOW YOUR BODY

This fix helps prevent neck stiffness and neck pain.

For middle aged and older people, uncomfortable pinching in the neck commonly occurs at the very end of the ranges of motion of the neck. The solution is the “Guided Neck Stretch Fixes”. Stretching your neck improves the neurological connections between your brain and your body.

Guided Neck Stretch Fixes make the deltoid (1) and upper trapezius (2) muscles instantly strong!



Shoulder view from front

Spine view from back

Note: Do not cause pain. Move slowly, and be gentle.

NECK ROTATION (turning neck with extension)

THE SET UP

1. **(Photo A)** Place the CT Strap knot on the top of the right shoulder. Hold both ends of the strap with your right hand and pull the straps firmly toward the floor for the duration of this stretch. Turn your head to the left away from the CT Strap.

2. **(Photo B)** Now, lean your head slightly backward into extension.

3. **(Photo A)** Gently contact the right side of the front of your head with your left hand.

THE FIX

4. **(Photo B)** Using your left hand gently increase this stretch by pulling your head further to the left and backward. Hold for five to seven seconds.

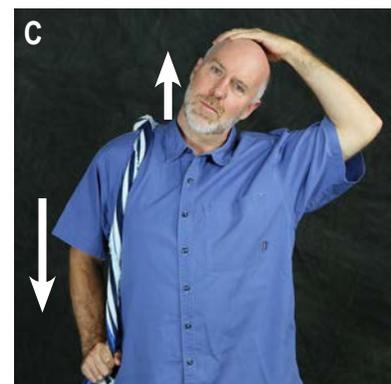
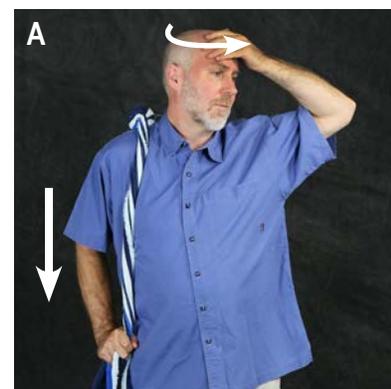
NECK LATERAL FLEXION (side bending of neck)

THE SET UP

1. **(Photo C)** Keep the CT Strap knot on the top of the right shoulder. Continue holding both ends of the strap with your right hand and continue pulling the straps firmly toward the floor for the duration of this stretch.

2. **(Photo C)** Elongate your neck upward and lean your head far to the left in an arch. Do not lean your head forward or backward.

3. **(Photo C)** Gently contact the right side of your head, just above the right ear with your left hand.



QUICK SELF FIX: Guided Neck Stretch Fixes Continued

THE FIX

4. **(Photo D)** Using your left hand gently increase this stretch by pulling your head in the direction of the stretch, to the left. Focus on elongating your neck as you arch your neck to the left. Hold for five to seven seconds.

Perform the NECK ROTATION stretch and the NECK LATERAL FLEXION stretch on the left side.

NECK EXTENSION (leaning neck backward)

THE SET UP

1. **(Photo E)** Using your neck muscles, elongate your neck upward, as high as your neck will comfortably go.
2. **(Photo E)** Accentuate this elongation by pulling your head upward evenly with both hands. Cup your hands loosely over your ears. Leave space between your palms and your ears. Reach your thumbs across the bony ridge at the base of the back of your skull (occiput). With both hands, evenly pull your head gently upward.

Caution: Do not contact your jaw bone (mandible) or in front of your ear on your temporomandibular joint (TMJ).

THE FIX

3. **(Photo F)** Using your hands, guide and arch your head and neck upward and backward into neck extension. Hold for five to seven seconds.

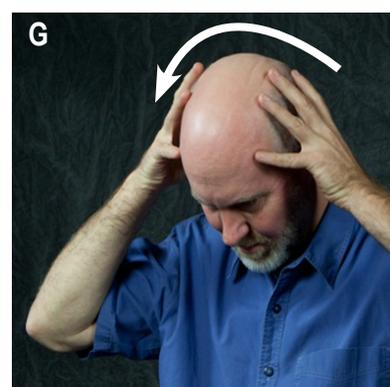
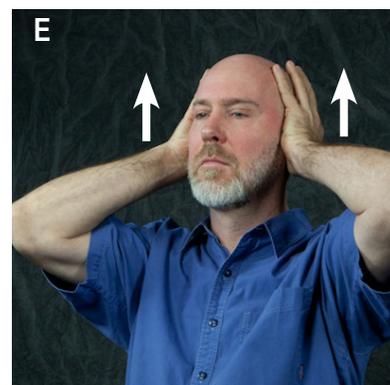
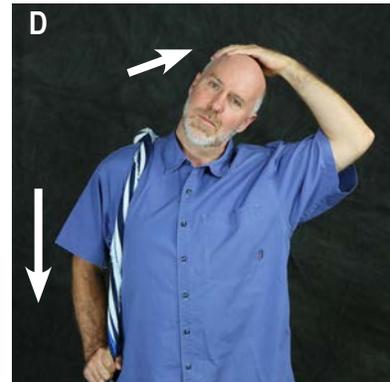
NECK FLEXION (leaning neck forward)

THE SET UP

1. **(Photo E)** Continue the two-handed hold on your head, as described above in steps 1 and 2 of **THE SET UP** for **NECK EXTENSION**.

THE FIX

2. **(Photo G)** Using your hands, guide and arch your head and neck upward, forward and then down into neck flexion. Hold for five to seven seconds.

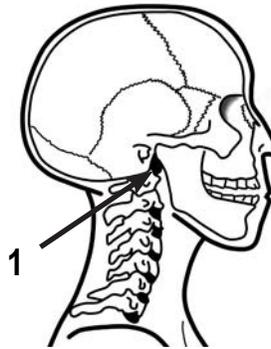


QUICK SELF FIX: Occiput Glide Fix

KNOW YOUR BODY

This fix helps prevent neck and shoulder pain.

It works by loosening the thick connective tissue between the base of the skull and the very top of the neck.



The Occiput Glide Fix is a Master Fix and usually makes all weak muscles found through Targeted Muscle Tests instantly strong. In particular, this fix makes the opponens, the deltoid and upper trapezius muscles instantly strong!

THE SET UP

1. **(Photo A)** Brace the middle finger of your left hand by layering the index finger and ring finger on top of your middle finger.
2. **(Photo B)** Firmly hook your left middle finger behind and below your right ear, just below the mastoid process (1). The mastoid process feels like a small, hard, bony, round marble.
3. **(Photo B)** Turn your head and neck all the way to the right.

Note: Do not cause pain. Move slowly. Be gentle.

THE FIX

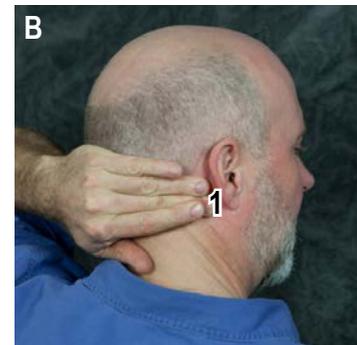
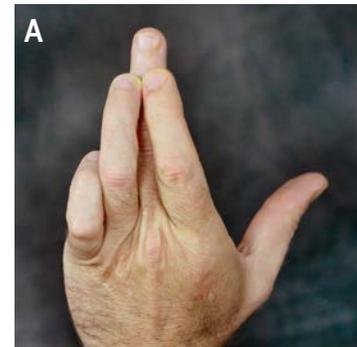
Note: The following three motions are performed at the same time.

4. **(Photos C and D)** Slowly and repeatedly move your head all the way down (photo C) and all the way up (photo D).
5. **(Photos B and E)** Slowly turn your head and neck from the far right (photo B) to the mid-line until your nose is pointing directly forward (photo E).
6. **(Photos B, C, D, and E)** Slowly drag your right middle finger from behind and below your right ear (photo B) to the middle of the bottom of your skull (photo E).

Note: As you perform this fix, be sure to press in deeply between your upper neck and the bottom of your skull to stretch the thick connective tissue between the junction of the spine and skull.

Note: We recommend this procedure be performed three times during your Quick Self Fixes Routine.

Switch hands. Perform the Occiput Glide Fix on the left side.



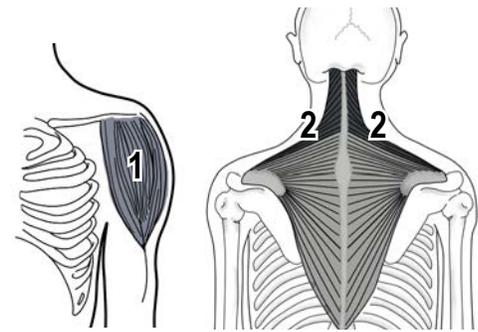
QUICK SELF FIX: Cranial Fix

KNOW YOUR BODY

This fix helps prevent head, neck and shoulder pain.

A very light touch to the head is enough to make the associated weak muscles instantly strong.

The focal point for this fix surrounds a powerful healing point where four skull bones meet: the frontal, sphenoid, parietal, and temporal bones. This meeting point is in front of and slightly above the ear. This procedure helps create proper positioning of these skull bones. These cranial bones need a little help to find their way back into place.

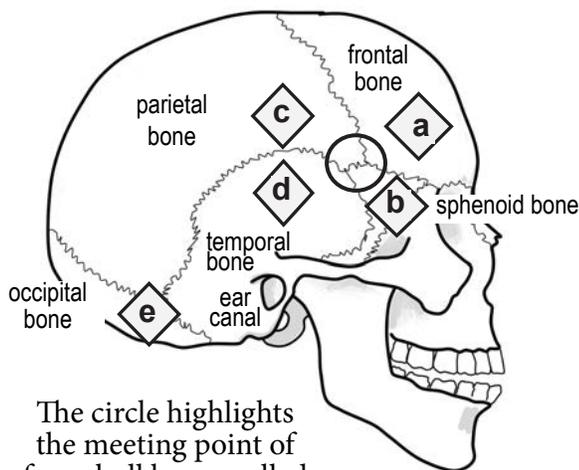


Shoulder view from front

Spine view from back

The Cranial Fix makes the deltoid (1), and upper trapezius (2) muscles instantly strong!

Fingers touch on the five diamonds.



The circle highlights the meeting point of four skull bones called the pterion.

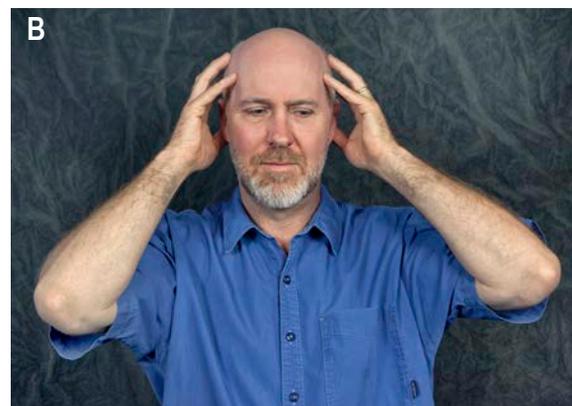
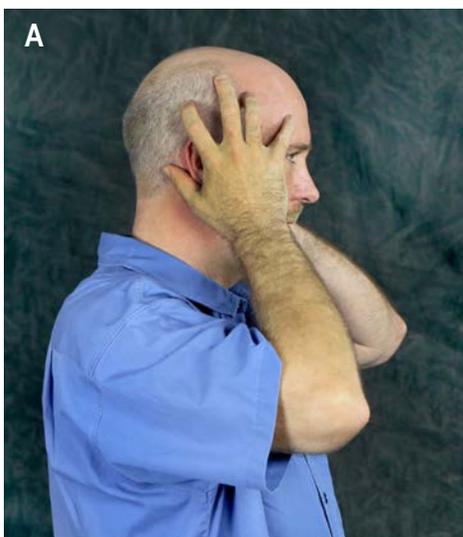
THE SET UP

1. **(Photo A)** Allow your fingertips to touch very, very softly on the side of your head. Hold your palm over but not touching your ear with your fingers splayed out as follows:
 - a. Little fingertip on the forehead (frontal bone)
 - b. Ring fingertip on the temple (sphenoid bone)
 - c. Middle fingertip high on the side of the head (parietal bone)
 - d. Index fingertip behind the ear (temporal bone)
 - e. Thumb at base of the skull (occipital bone)

Note: There is no need to stress over the exact placement of fingers since the fix works when the finger placements are close.

THE FIX

2. **(Photo B)** The Cranial Fix is done on both sides of the head at the same time. Hold for 10 seconds.



Quick Self Fixes Routine

We have gone over each of the Quick Self Fixes individually. Now it's time to do them all together. Use this page to quickly refresh your memory of all the Quick Self Fixes and learn a great routine to do them in. We recommend that you start this routine before you get out of bed. Once learned, the Quick Self Fixes Routine takes about 20 minutes.

Quick Self Fix	Page	Quick Self Fix	Page(s)
Soleus Massage Fix.....	2	Sacro-iliac Ligament Fix.....	31
Foot Fix.....	3	CT Strap for Low Back Connective Tissue (Procedure A).....	33-36
Ankle Fix.....	4	CT Strap for Lower 20 Rib and Thoracic Spine Ligaments (Procedure B).....	37-40
Knee Fix.....	5	CT Strap for Upper Rib & Neck Ligaments (Procedure C).....	41-43
Meniscus Fix.....	6	CT Strap for Low Back Ligaments and Discs (Procedure D).....	44-46
Iliotibial Band Fix.....	7	Guided Neck Stretch Fixes.....	47-48
Hip Fix.....	8	Occiput Glide Fix.....	49
Large Intestine Fix.....	10	Cranial Fix.....	50
Latissimus Dorsi Fix.....	11		
Liver Fix.....	12		
Transverse Abdominus Fix.....	14		
Hamstring Warm-up Stretch Fix.....	15		
Adductor Stretch Fix.....	16		
Piriformis Fix.....	17		
Pelvic Fix.....	18		
Soleus Stretch Fix.....	20		
Side Stretch Fix.....	21		
Hamstrings Fix.....	22		
Biceps Tendon Fix.....	24		
Elbow Punch Fix.....	25		
Wrist Fix.....	26		
Shoulder Fix.....	27		
Clavicle Fix.....	28		
Elbow Torque Fix.....	29		

DR. CLAY'S ANTI-INFLAMMATORY PROTOCOLS

Muscle weakness is most commonly caused by a lack of space for blood flow, lymphatic drainage, cerebral spinal fluid flow, and/or nerve conduction. Inflammation causes swelling. Swelling takes up space and interferes with the appropriate movement of the body's fluids and energies, thereby contributing to muscle weakness. Quick Self Fixes make weak muscles instantly strong by making space for the movement of life's fluids and energies.

Sometimes muscles will not become strong until inflammation is reduced. Quick Self Fixes may not work when significant swelling is present.

The swelling caused by inflammation commonly contains proteins with the consistency of gelatin that fill in spaces within living tissue. The inflammation is not a liquid; it is the consistency of "Jello." The swelling is stuck and cannot easily be moved out because of its gel-like consistency.

BROMELAIN PROTOCOLS

Bromelain is an enzyme extracted from pineapple that specifically helps breakdown protein. When taken with food, it acts as a digestive enzyme, which helps to protein food. When Bromelain is taken on an empty stomach, it becomes a strong, protein-dissolving enzyme in the bloodstream that melts these gel-like inflammatory proteins, thereby making them liquid and transportable through the body's excretory systems.

The recommended dose for a medium sized person is three thousand milligrams (mg), three times a day, on an empty stomach. Nature's Plus is our brand of choice because it can be found at 1500 mg per tablet. Other brands may be 1000 or 500 mg per tablet, which means increasing the number of tablets to equal 3000 mg per dose. Take Bromelain when you first wake up in the morning, between meals, and/or just before bedtime. It must be taken on an empty stomach, which means two hours after your last food intake. You may have food 30 minutes after taking Bromelain. These are the recommendations regarding the timing on what constitutes an empty stomach. It is still effective if the timing is a little less.



Do not use Bromelain if you have a peptic ulcer. Do not use Bromelain if you are on blood thinners such as Aspirin, Warfarin (Coumadin), Heparin, Clopidogrel, or Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). Bromelain is a blood thinner. Do not mix with ginkgo biloba or garlic, because they may increase bleeding as well. Stop using Bromelain one week prior to any surgical process, including dental work, because Bromelain increases bleeding. Do not start taking Bromelain again for one week after surgical procedures of any kind.

Bromelain may increase absorption of antibiotics, chemotherapy drugs, ACE inhibitors, and medications that cause drowsiness such as narcotics, Valium, Ativan, etc. Though uncommon, diarrhea and/or nausea may occur in people with allergies to Bromelain. Consult with your Medical Doctor before taking Bromelain.

Note: The chemical pathway that Bromelain uses for resolving inflammation is very different from how traditional anti-inflammatory medications work. If swelling caused by inflammation persists, consult with your Medical Doctor. You may actually need anti-inflammatory medications to successfully resolve swelling caused by inflammation.

ICING PROTOCOLS

One hour after taking your third dose of Bromelain, ice the inflamed area “cold to the bone”. Use a bag with two or three pounds of crushed ice or ice cubes on top of one or two paper towels. Using a sack of frozen peas or a small ice pack does not get the area cold enough. Placing a cloth towel between you and the ice does not work either. The area does not get cold enough.

Every three to four minutes during icing, warm the area to prevent an ice burn to the skin and underlying superficial tissue. Use rapid hand friction for a few seconds or apply a medium hot, moist towel for two seconds (and only two seconds) to the area. Never cause pain while icing. If you ice “cold to the bone” for too long without intermittent warming of the skin, frostbite may occur; the skin will turn hard like cardboard, causing tissue damage and scarring.



The inflamed tissue must become cold enough to trigger a reflexive tissue contraction, which in turn squeezes the recently liquified protein gelatin out of the area. Unless enzymes have been used to liquify the protein gelatin first, the swelling cannot be squeezed out as effectively.

Once the tissue contraction has occurred, the therapeutic benefit of icing is complete. Any swelling that is going to be squeezed out has been squeezed out. Continued icing after the initial tissue contraction is not recommended; it slows the healing process. Intermittent icing is recommended with at least six hours between icing. Ice the inflamed area once or twice a day.

How long should you apply ice? There are many variables involved.

1. How is your blood circulation? Do you have cold feet in bed at night? If so, icing takes less time for you than someone who has warm feet in bed.
2. People with high body fat can take longer to ice because fat is an insulator and prevents the cold from penetrating through the adipose (fat) tissue.
3. Is the area that you are icing very inflamed and physically hot to the touch? If so, then it is going to take much longer for the cold application to cause the tissue contraction response.
4. Is the swelling acute (new) or chronic (old)? Chronic swelling takes longer to reduce when using ice.
5. Are you icing a hand or your low back area? The hand, which is smaller, is going to reach the contraction phase much sooner than the low back, which is larger.

As a guide, stop icing when the tissue feels “cold to the bone”. Some people can actually feel when the tissue contracts. The actual tissue contraction phase takes about two seconds. Icing with intermittent warming episodes, as described above, may take between 20 minutes or up to an 50 minutes.

The initial phase of icing causes increased blood flow to the area. The body is attempting to warm the area. This temporarily causes increased swelling and redness. Be sure to ice “cold to the bone” or you may actually increase swelling to the area!

HOW TO MAKE A CONNECTIVE TISSUE STRAP FROM A TOP BED SHEET

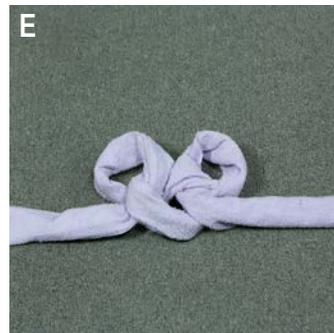
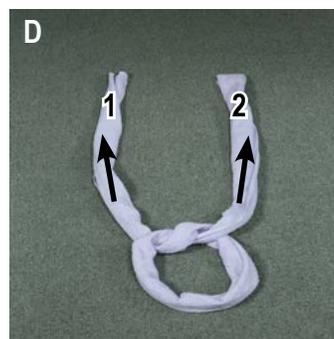
How to easily make an inexpensive Connective Tissue Strap.

This Connective Tissue Strap is an approximately two foot section cut from a top bed sheet with a large firm “chicken egg” size knot tied in the middle.

The CT Strap should be long enough to be held in both hands with the knot contacting your spine while the straps are contacting the outside of your elbows with your forearms parallel to the floor. If you have insufficient grip strength, be sure that your CT Strap is long enough to wrap the ends of the strap around your hands, making handles. Watch the Quick Self Fixes video on how to hold the CT Strap handles at the beginning of the chapter on “How to Make a Connective Tissue Strap”. Prior to tying the egg size knot in the middle of the sheet section, the sheet should be a little more than one-third longer than you are tall. For instance, if you are six feet tall, the sheet should be a little longer than eight feet long.

Fortunately, most standard top bed sheets are eight feet four inches long. So if you are six feet tall or shorter, you have plenty of length to work with when using a standard top bed sheet. However, if you are over six feet tall and have insufficient grip strength and need a longer strap to wrap around your hands making handles, go to your local fabric store and have a longer section of sheet like fabric cut.

Sheets have different thicknesses so they must be cut at different widths to make the firm egg size knot in the middle. The knot should measure 5½ to 6½ inches in circumference. If your bed sheet is thin you may need to cut the sheet section more than two feet. If your bed sheet is thick you may need to cut the sheet section more than two feet.



Instructions

(No Photo) Cut an approximate two foot section from a top bed sheet. Once the cut has been made several inches, the sheet usually may be ripped apart with little effort.

(Photo A) Take your sheet section and twist it up from the middle creating a two foot length section in the middle of the sheet resembling a rope.

(Photo B) Use your foot as a brace to twist the sheet section up very tight. The secret to a great CT Strap is having it twisted up super tight before tying the knot.

(Photo C) Make a standard loop in the middle of the sheet section where the circle made is about 9 inches in diameter. Use your foot as a brace to keep the fabric circle tight.

(Photo D) Notice how one end of the fabric comes out from beneath the circle (2) and how one end of the fabric comes out from on top of the circle (1).

(Photo E) The piece of fabric that comes out from above the circle goes under and through the center of the circle. The piece of fabric that comes out from underneath the circle goes above and through the center of the circle.

HOW TO MAKE A CONNECTIVE TISSUE STRAP FROM A TOP BED SHEET



(Photos F and G) Take your time and tighten it up into one firm knot, about the size of a large “chicken egg”. Focus on keeping the knot in the center of the fabric.



(Photos H & I) Pull each end of the CT Strap strongly to create firmness in the knot (If you’re not strong enough, have a strong friend help you). If this procedure did not create a firm chicken egg sized knot in the middle of your CT Strap, try again. You may need to alter the width of your sheet section to create the appropriate sized knot and/or you may need practice tying this knot!

(Photo J) Here you have your very first Connective Tissue Strap. One of the greatest inventions of the 21st Century!

Note: Make extra straps for the home, office, and friends.



For further clarity, definitely watch the Quick Self Fixes video instructions on how to make a Connective Tissue Strap from a Top Bed sheet.

***You may order this Connective Tissue Strap from
www.QuickSelfFixes.com
or call 404.808.4280***



HOW TO MAKE A CONNECTIVE TISSUE STRAP FROM A TOP BEACH TOWEL

How to easily and quickly make an inexpensive Connective Tissue Strap.

This Connective Tissue Strap is a six inch section of a 5½ foot or longer beach towel with a simple knot tied in the middle. A 5½ foot beach towel may be too short for you if you are over six feet tall or have weak grip strength and need an extra long CT Strap to wrap around your hands. If you need a longer beach towel “Connective Tissue Strap”, go to your local fabric store and have a longer section of towel like fabric cut.

Instructions



(Photo A) Twist the middle two feet of the beach towel section up tight making it rope-like. The secret to a great CT Strap is having it twisted up super tight before tying the knot.



(Photo B) Make a standard loop in the middle of your towel section.

(Photo C) Take your time and tighten it up into one firm knot. Focus on keeping the knot in the center of the fabric.



The towel knot is smaller than the sheet knot and great to use in the shower. Yet, it is easy and quick to make!

For further clarity, definitely watch the Quick Self Fixes video instructions on how to make a Connective Tissue Strap from a Top Bed sheet.

***You may order this Connective Tissue Strap from
www.QuickSelfFixes.com
or call 404.808.4280***

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QUICK SELF FIXES ASSOCIATED WITH BODY PARTS

Note: Quick Self Fixes are listed in the order of the best choice of fixes per body part listed. Dr. Clay recommends that you do the entire Quick Self Fix Routine daily.

Body Part	Quick Self Fixes	Page (s)
Ankle	Ankle Fix	4
	Soleus Massage Fix	2
	Soleus Stretch Fix	20
	Foot Fix	3
	Knee Fix	5
	Meniscus Fix	6
	Hip Fix	8
Calf	Soleus Massage Fix	2
	Soleus Stretch Fix	20
Elbow	Elbow Punch Fix	25
	Elbow Torque Fix	29
	Biceps Tendon Fix	24
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	Soleus Stretch Fix	20
	Foot Fix	3
	Ankle Fix	4
	Knee Fix	5
	Meniscus Fix	6
	Hip Fix	8
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	Elbow Torque Fix	29
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Head	Cranial Fix	50
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	CT Strap Procedure C	41-43
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QUICK SELF FIXES ASSOCIATED WITH BODY PARTS

Note: Quick Self Fixes are listed in the order of the best choice of fixes per body part listed. Dr. Clay recommends that you do the entire Quick Self Fix routine daily.

Body Part	Quick Self Fixes	Page (s)
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	CT Strap Procedure D	44-46
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	Hamstrings Fix	22
	Adductor Stretch Fix	16
	Piriformis Fix	17
Pelvic Fix	18	
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	Latissimus Dorsi Fix	11
	Liver Fix	12
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	Guided Neck Stretch Fixes	47-48
	Cranial Fix	50
	Liver Fix	12

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QUICK SELF FIXES ASSOCIATED WITH BODY PARTS

Note: Quick Self Fixes are listed in the order of the best choice of fixes per body part listed. Dr. Clay recommends that you do the entire Quick Self Fix routine daily.

Body Part	Quick Self Fixes	Page (s)
Pelvis	Hip Fix	8
	Ankle Fix	4
	Foot Fix	3
	Sacro-iliac Ligament Fix	31
	Side Stretch Fix	21
	Iliotibial Band Fix	7
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	Adductor Stretch Fix	16
	Piriformis Fix	17
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Thigh (outside)	Iliotibial Band Fix	7
Wrist	Wrist Fix	26
	Guided Neck Stretch Fixes	47-48
	Occiput Glide Fix	49
	Elbow Punch Fix	25
	Elbow Torque Fix	29

Note: Master Fixes usually makes all weak muscles found through Targeted Muscle Testing instantly strong! Master Fixes include:

- Happy Feet See www.QuickSelfFixes.com
- Connective Tissue Strap Procedures32-46
- Large Intestine Fix10
- Occiput Glide Fix49
- Liver Fix12
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