



Targeted Muscle Testing™

This course teaches how to perform 31 muscle tests which are commonly found chronically weak in adults on one or both sides of the body!

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TARGETED MUSCLE TESTING

This Targeted Muscle Testing book and companion video teach how to perform 31 specific muscle tests. This is an educational program only. Targeted Muscle Testing does 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.

If the Client being muscle tested is significantly stronger than the tester, a weak muscle may falsely test strong. Remedies for this situation are: (1) Workout with a physical trainer and become significantly stronger. (2) Refer clients who are significantly stronger than you to a Targeted Muscle Testing colleague who can match the client's strength.

Quick Self Fixes which are Master Fixes (see page 9 in the Quick Self Fixes Book) make seemingly unrelated muscles instantly strong! Therefore when studying this Targeted Muscle Testing course, only perform Master Fixes at the end course or you will not find any weak muscles to make strong.

Targeted Muscle Testing 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 the techniques you have studied on the Targeted Muscle Testing video and/or in class.

Quick Self Fixes is a self treatment program that instantly strengthens weak muscles and keeps them strong using specific connective tissue stretches and joint motions. Quick Self Fixes was developed by Cassius Camden Clay, D.C. If Quick Self Fixes do not make a weak muscle strong, the persisting weakness may be caused by pain, injury, inflammatory swelling, disc herniation, arthritis, toxins, neurological disorders, allergies, nutritional deficiencies, and/or other conditions which may prevent a weak muscle from becoming instantly strong. If a weak muscle does not become strong, refer the person to a Chiropractor who specializes in Applied Kinesiology or to their Medical Doctor.

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INTRODUCTION TO TARGETED MUSCLE TESTING

For 38 years, Dr. Cassius Camden Clay, Chiropractor, has intensively studied, researched, and practiced muscle testing. Muscle testing is a relatively new method for evaluating muscle strengths and weaknesses. Dr. Clay is a second generation muscle tester. He respectfully stands upon the shoulders of giants in this extraordinary field. He invites you to stand upon his shoulders and take muscle testing to its next level through your research and discoveries.

Targeted Muscle Testing video and book teach how to muscle test and then specifically teaches 31 muscle tests that are commonly found chronically weak in adults one or both sides of the body.

Quick Self Fixes video and book teach 32 self treatments which usually make and keep all of the Targeted Muscle Tests strong. Targeted Muscle Testing and Quick Self Fixes go together because these repeatable muscle tests prove that Quick Self Fixes make and keep 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. This is truly a unique and cutting edge healing system.

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.

Targeted Muscle Testing is bringing muscle testing to the mainstream by teaching how to test muscles exactly where muscles are commonly found chronically weak. Your success at finding weak muscles will be phenomenal! Your success at making these weak muscles instantly strong using Quick Self Fixes will be amazing!

Targeted Muscle Testing stands on its own. Quick Self Fixes is not the only healing system that instantly strengthens muscles. Yet, it may be the only healing system that makes and keeps these muscles consistently strong without the aid of others! You are encouraged to use Targeted Muscle Testing to evaluate and validate your healing systems of choice. For instance, Chiropractic, Thai Massage, Massage Therapy, Yoga, Cranial-Sacral Therapy, Physical Therapy, Personal Training, and Acupuncture make all or some of the targeted muscle tests instantly strong! Even meditations, which facilitate the relaxation of muscles, can make weak muscles test instantly strong!

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!



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HISTORY OF MUSCLE TESTING ASSOCIATED WITH TARGETED MUSCLE TESTING

In 1949, Florence and Henry Kendall, both Physical Therapists, set the standard for medical muscle testing in their book entitled *Muscles, Testing and Function*.

In 1964, Dr. George Goodheart, Chiropractor, began developing Applied Kinesiology. Applied Kinesiology took muscle testing to a whole new level, including an eclectic system for making weak muscles instantly strong! Applied Kinesiology is primarily practiced by Chiropractors.

In 1980, Dr. Alan Beardall, Chiropractor, began publishing a series of books on Clinical Kinesiology which elaborated on the concept of testing sections of muscles individually.

In 1993, Dr. Clay discovered Subtle Muscle Palpation. Subtle Muscle Palpation is taught in the Quick Self Fixes/Targeted Muscle Testing Workshop. There is a dedicated chapter on Subtle Muscle Palpation in Dr. Clay's "Advanced Kinesiology" Book. Subtle Muscle Palpation is a way of lightly touching the skin over muscles, quickly discovering subtle variations in muscle tone, thereby distinguishing between weak and strong parts of muscles. The skin over weak muscle sections feels flaccid or soft to the touch while skin over strong muscle sections feels firm. This led to a startling realization.

Traditional muscle testing misses more muscle weakness than it finds. Traditional muscle testing does not actually test the whole muscle as it indicates. Dr. Clay's research proves that in medium to large muscles, the entire muscle is not weak; yet, isolated sections within these muscles are commonly weak. For example, the center or belly of larger muscles are commonly found weak, while the origin and insertions of these muscles commonly test strong. Targeted Muscle Testing teaches individuals how to test muscles exactly where sections of muscles are found chronically weak in adults. Muscle testing people exactly where they are weak is easy. Dr. Clay has figured this out for you! Mostly by inventing muscle tests focusing on testing the bellies of sections of muscles.

Dr. Clay has pinpointed 31 important muscle tests which are easy to learn and are commonly found weak in adults on one or both sides of the body. Twenty-four of these 31 muscle tests do not exist in contemporary literature. Through necessity, Dr. Clay developed these 24 muscle tests to specifically target chronically weak muscles or sections of muscles discovered through Subtle Muscle Palpation.

Out of hundreds of muscle tests, Dr. Clay has focused on 62 muscle tests which he has discovered to be commonly weak. This list of muscle tests is referred to as the Golden List. Of these 62 tests, 31 have been chosen to be the muscle tests for this course. This list of 31 tests is fondly referred to as the Diamond List. The beauty of the Diamond List is that when these muscles are all made strong, the rest of the 31 muscle tests on the Golden List usually become strong as well! For instance, infraspinatus and supraspinatus are on the Diamond List and hence are two of the targeted muscle tests in this course. The same Quick Self Fixes which make these two muscle tests strong also make two other muscle tests on the Golden List strong; subscapularis and teres minor. These four muscles are the rotator cuff muscles. In this example, two muscle tests represent a total of four muscle tests. This saves a lot of time and effort!

DEFINITIONS

- **Origin**- where a muscle originates from its attachment to a bone. This is the anchor for the muscle connecting it to the body. It tends to be more proximal or closer to the center of the body.
- **Insertion**- opposite end of the muscle from its origin. As a general rule, the muscle pulls and moves bone at the muscle's insertion, where as, the bone at the origin of the muscle remains stationary.
- **Anterior**- situated toward the front of the body
- **Posterior**- situated toward the back of the body
- **Medial**- situated toward the midline of the body
- **Lateral**- denoting a position further from the midline of the body
- **Proximal**- nearest to the torso
- **Distal**- further away from the torso
- **Superior**- situated above, or directed upward
- **Inferior**- situated below, or directed downward

THREE MUSCLE TESTING PRECAUTIONS

FIRST: Do not muscle test a person where they are injured as it can make them worse.

SECOND: Do not muscle test a person when the muscle test causes pain. Pain during a muscle test invalidates the muscle test. When the muscle test causes pain, people generally do not hold strong even if they could. Also, pain indicates potential harm. Do not muscle test vulnerable, frail or fragile (old) people or you may cause harm.

THIRD: It is easy to overpower a strong muscle, making it appear weak by using too much force and/or speed. Muscles have two reflex systems which abruptly make strong muscles go weak to prevent injury when the muscle is being physically overstressed.

First there are the Neuromuscular Spindle Cells focused primarily in the belly or center of the muscle. Muscle Spindle Cells evaluate the length of the muscle. When the muscle fibers are over contracted (shortened), muscle spindles cause the muscle to immediately go weak to prevent injury.

Next, there are the Golgi Tendon Organs. These are located closer to where the muscle meets its tendons (tendons attach muscles to bones). Golgi Tendon Organs monitor the tension in a muscle. When muscle fibers are over stressed, Golgi Tendon Organs also cause the muscle to abruptly go weak to prevent injury.

Many muscles have a greater strength potential than the musculoskeletal structure can withstand. Failure of these sudden muscle weakening reflexes could cause muscle tearing, tendons tearing away from bone, or even bone fractures.

For example, during an arm wrestling contest, the loser commonly gives in, suddenly going weak all at once to prevent injury. If the Muscle Spindle and Golgi Tendon reflexes are not functioning properly, arm wrestlers could potentially damage muscle tissues, tear tendons and even break bones.

Most muscle tests use arms or legs as levers in open space giving a huge advantage to the muscle tester to overpower the test. Due to the above described muscle weakening reflex systems, it is very easy to overpower a strong muscle and make it appear weak. Be careful. Do not overpower the muscle.

HOW TO TEST THREE LEVELS OF MUSCLE STRENGTH

When muscle testing, meet the person at his or her level of strength and then incrementally increase your pressure to challenge their muscle strength. You want to feel their power. You want them to win the test. Do not overpower the test. You want the person to be strong. This is not a power struggle where you are trying to win the muscle test. You are gathering information to evaluate the person's degree of specific muscle strength as objectively as you can. Other students of Targeted Muscle Testing should find the same muscle weaknesses that you have discovered and then confirm that these weak muscles have become instantly strong using Quick Self Fixes. Always retest the muscle after the associated Quick Self Fix to confirm that the previously weak muscle has become strong. **Do not do Quick Self Fixes before muscle testing or you will not find weak muscles to make strong! Save Master Fixes for the end of this course or you will not find any weak muscles to fix!**

Push or pull the appendage that you are using as a lever during a muscle test through enough of a range of motion that the client realizes that the muscle is indeed weak. As the practitioner, you may know that the muscle is weak with only a slight movement!

When muscle testing in a classroom setting, repetitive testing of the same muscle may cause a previously strong muscle to test weak because of muscle fatigue. Also, repetitive testing of the same muscle may cause a previously weak muscle to become instantly strong through the concept of Proprioceptive Neuromuscular Facilitation (PNF) which is described in the Quick Self Fixes book on page 19 in the chapter on "Important Stretches".

INITIAL STRENGTH: This test lasts for one second or less. If the muscle does not have initial strength, it immediately goes weak. If a muscle tester is too forceful, it may even hurt. For this reason the first test must be a very gentle, trial test to confirm that the muscle has the initial strength to safely withstand a subsequent core strength muscle test.

CORE STRENGTH: This test lasts for two seconds. If core strength is present, the muscle tests strong. If core strength is not present, the muscle may initially appear strong and then suddenly go weak during the first two seconds.

SUSTAINED STRENGTH: This test lasts for four seconds and tests for the muscle's endurance. When core strength is present and the muscle appears strong, this third test challenges the muscle for two seconds longer, testing the muscle's endurance for a total of four seconds. When the muscle passes the sustained strength test, it is confirmed strong beyond a reasonable doubt. It is important that the test lasts no more than four seconds because the muscle may fatigue.

Be careful, allow the person to win these tests if they can. This is the most important concept while learning how to muscle test. It will take practice to become a confident muscle tester.

To start your initial strength muscle test, first explain the muscle test to the person you are testing so they will know exactly what to expect. For example, explain which way you are going to push or pull. Explain where and how you are going to brace them, so they do not lose their balance or change their positions during the muscle test. Just prior to actually doing the test, say "Hold strong..." When you feel their muscle engage, immediately match your pressure to their strength and only then, gently increase your pressure for up to one second. If the muscle being tested is unable to meet your mild pressure and it goes weak, that muscle does not have initial strength. It is weak and the test is over. Do not move on to the core strength muscle test. Remember, you are being taught how to test muscles exactly where muscles are commonly found weak.

If this muscle does meet your mild pressure and thus has initial strength, continue by testing the muscle for core strength. Repeat the same test, incrementally increasing pressure for two seconds. If the muscle goes weak during these two seconds, it is weak and the test is over. If the muscle tests strong, it has core strength.

When the muscle has core strength, perform a final test incrementally increasing pressure for four seconds and no more than four seconds. This tests sustained strength. If the muscle remains strong for the four seconds, this confirms beyond a reasonable doubt that this muscle is indeed strong and has endurance. If you are confused, do not worry as these concepts will be reviewed repeatedly on the Targeted Muscle Testing video. **In the end, it appears as though the practitioner is doing one muscle test, where in fact, he or she is performing three muscle tests incrementally increasing pressure for four seconds evaluating Initial, Core and Sustained Strength.**

Targeted Muscle Testing evaluates muscle strength and weakness on a pass or fail basis. A muscle may initially test weak. Following treatment, it may test significantly stronger, yet it fails the muscle test. It is still weak. This is similar to a teenager explaining to his or her parents that their grade of F was a really high F! High F or low F, it is still failing. There is a definite delineation between a strong and weak muscle test. When students of muscle testing say "the muscle strength is better", as a muscle testing instructor, Dr. Clay says "Oh it's better? Well is it still weak or is it now strong?" The big question is, does the muscle pass or fail the muscle test?

Sometimes the biggest issue in learning Targeted Muscle Testing is finding people to practice on. Be brave! Ask for help, and people will help you.

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

HOW TO TEACH A “BULL IN A CHINA SHOP” TO MUSCLE TEST

- A television show, “Myth Busters” , scientifically researches myths. They guided multiple bulls into a makeshift china shop and guess what happened? Not much! The bulls were respectful of the china and broke nothing. Teaching people to accurately muscle test is like teaching a bull to be respectful of china in a china shop. It is natural and easy.
- Begin with being in a neutral mind or still mind or no mind. Be transparent with your initial touch as you begin challenging “Initial Strength”.
- Test the person by coming from the back of your body. Avoid focusing your power from the front of your body as if you are attacking.
- Look at the person being tested peripheral and not direct on. Jim Jellous, D.O. states that “Innate” does not like being stared at directly. For example, frightened small children and scared dogs will not come play when stared at directly. Look peripherally at them and they will approach you to interact.
- Pretend that the person you are muscle testing is a new born baby. Are you gentle with the baby or do you treat the baby like a rugby ball?
- Do not be attached to any specific outcome. The power of your intention can and may make a strong muscle weak or a weak muscle strong!
- As you begin your “Initial Strength” muscle test, gently lean with easy body weight into and press the limb which is the lever for your muscle test in the correct direction.
- Find the persons strength, meet it and only then challenge it.
- Reread page iii, “Three Muscle Testing Precautions” and “How To Test Three Levels Of Muscle Strength” in this book.

UNIVERSAL ERGONOMIC CONCEPTS LEARNED FROM THE “ALEXANDER TECHNIQUE” AND “TAI CHI”

Dr. Clay studied the “Alexander Technique” in 1985 and again in 2009. Alexander said that when our muscles are truly relaxed, they elongate, thereby tractioning the human spine upward while standing or sitting. When in the “truly relaxed state”, our muscles hold our skeleton up. When not in the “truly relaxed state”, our skeleton holds our muscles up. When walking on a resounding wooden floor in the non “truly relaxed state”, there is the sound of heavy heel strikes. In the “truly relaxed state”, there is no sound of heel strikes on the floor. The conscious Tai Chi like person is also walking softly on Mother Earth and makes no sound of heel strikes on a resounding wooden floor.

Exercise: Practice the “truly relaxed state”, by elongating your spine upward. This is best accomplished by imagining that your head is a well inflated helium balloon floating upward. Now imagine that your spine is a loose string tied to the balloon and hanging vertically toward the ground. You should feel a somewhat loose connection between the top of your neck and the bottom of your skull. Confirm this by using your hands to gently traction your skull upward and away from your atlas(top of your neck) and gently wiggle your head with your hands for a few seconds while you walk softly. Also, practice this concept while running as if your next step is your last before taking flight diagonally up into the air, resembling a bird ascending diagonally from the ground. When muscle testing in this “truly relaxed state” it is difficult to over power a muscle test!

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 & 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**



When you feel competent with
Targeted Muscle Testing
& Quick Self Fixes,
You are welcome to learn:

Advanced Kinesiology



**A Quick Self Fixes
&
Targeted Muscle Testing
Advanced Program**

Go to
www.QuickSelfFixes.com

OUR STRONG CLUB CHECKLIST OF MUSCLE TESTS

Name: _____

Date: _____

D.O.B: _____

Email: _____

Phone: _____

Muscle Name	Page	Left	Right	The Fix
Biceps Brachii, Long Head Division	1			
Supinator, Radial Division	2			
Finger Extensors	3			
Opponens	4			
Infraspinatus	5			
Supraspinatus, Belly of Anterior Division*	6			
Anterior Deltoid, Belly of Medial Division*	7			
Anterior Deltoid, Belly of Lateral Division*	8			
Middle Deltoid, Belly of Anterior Division*	9			
Middle Deltoid, Belly of Posterior Division*	10			
Upper Trapezius, Scapular Division, Medial Zone*	11			
Middle Trapezius, Belly of Middle Division*	12			
Middle Trapezius, Belly of Superior Division*	13			
Middle Trapezius, Belly of Inferior Division*	14			
Pectoralis Major, Belly of Superior Division*	15			
Pectoralis Major, Belly of Inferior Division*	16			
Pectoralis Minor, Belly*	17			

NOTE: Bold black lines divide muscle tests into groups to be tested on both sides of the body.

Muscle Name	Page	Left	Right	The Fix
Lower Trapezius, Medial Division*	18			
Latissimus Dorsi, Belly of Middle Division*	19			
Latissimus Dorsi, Belly of Superior Division*	20			
Latissimus Dorsi, Belly of Inferior Division*	21			
Piriformis, Belly*	22			
Transverse Abdominus, Belly of Inferior Division	23			
Gluteus Medius, Belly of Posterior Division*	24			
Rectus Femoris, Belly of Straight Head Division*	25			
Psoas Major, Belly*	26			
Tensor Fascia Latae, Belly*	27			
Popliteus	28			
Peroneus Tertius	29			
Quadratus Lumborum, Belly of Spinal Division*	30			
Multifidus, Ilio-lumbar Division, Superficial Layer*	31			

* Muscle test developed by Cassius Camden Clay D.C.

Notes:

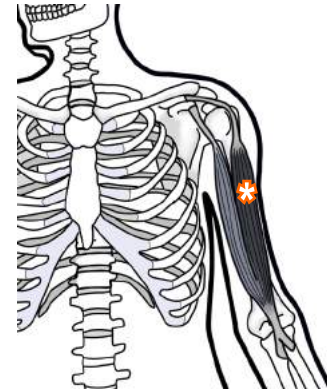
MUSCLE TEST: Biceps Brachii, Long Head Division 🌟

Origin: Supraglenoid tubercle of scapula

Insertion: Tuberosity of radius bone

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the front of the shoulder
 - Parallel to the floor (90 degree angle)
 - Elbow locked straight
 - Palm facing upward
2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling forward during this test.
3. Tester contacts the person's forearm just before the wrist on the palm side.

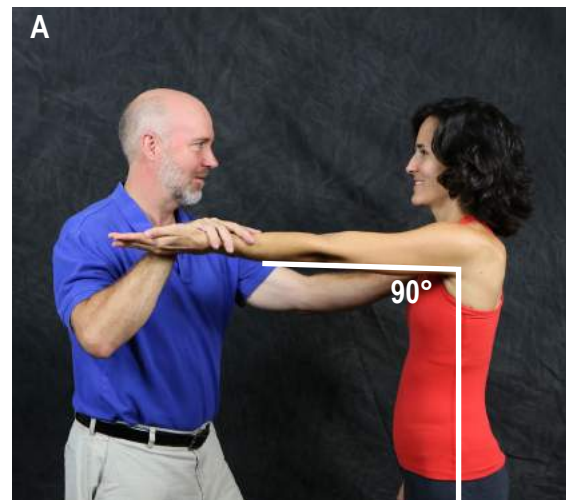


Arm view from front

THE TEST

4. Tester instructs the person to "Hold strong upward".
5. Tester feels for the person's muscle to engage and then applies pressure to push the arm downward, while the person resists by holding their arm upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.



The starting point for this test

THE QUICK SELF FIX FOR THIS MUSCLE TEST IS THE BICEPS TENDON FIX.

The following information is not on the video.

- If the biceps brachii muscle's long head division tests strong with the testing arm held straight out to the front of the shoulder, try several variations.
- Keep the testing arm parallel to the floor.
- Move the arm away from the body a little and retest in several places.
- If strong, move the arm closer to the opposite shoulder, passing the midline of the body and retest in several places.



A weak test result

MUSCLE TEST: Supinator, Radial Division 🌟

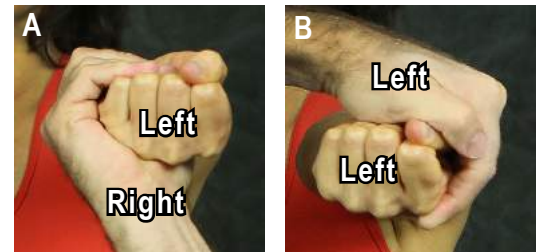
Origin: Lateral epicondyle of humerus, radial collateral ligament of elbow, and annular ligament of radius

Insertion: Lateral surface of proximal one-third of body of radius covering part of the anterior and lateral surface



THE SET UP (Photos A, B, and C)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the front of the shoulder
 - Parallel to the floor (90 degree angle)
 - Elbow locked straight
 - Palm facing upward with a closed fist
2. Tester stands in front of the person. There is no need to brace the person for stabilization during this test.
3. Tester contacts the person's hand using one hand over and one hand under grip. When testing the person's left supinator, the tester's left hand reaches over the top to grip the person's thumb side of the fist, while the tester's right hand reaches under to grip the little finger side of the person's fist.



THE TEST

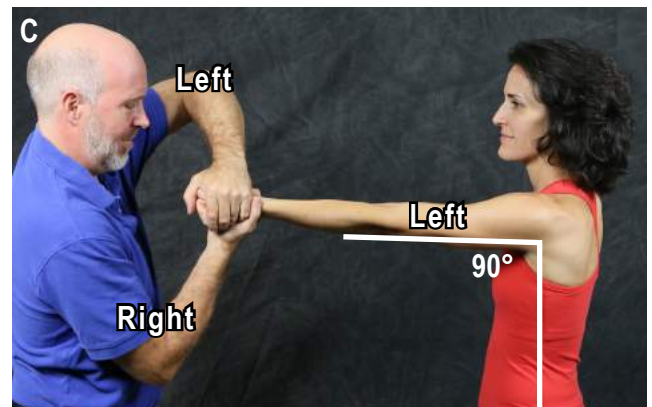
4. Tester instructs the person to "Hold strong keeping your palm facing up".
5. Tester feels for the person's muscle to engage, then applies pressure to turn the person's fist medially toward the person's midline. Tester attempts to turn the person's fist from palm facing up to palm facing down, while the person resists to keep their palm facing up.

Note: Do not squeeze the person's hand! If there is dysfunction in the hand, the supinator muscle goes weak to protect the hand from stress.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: When the supinator is strong, it is very strong.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE ELBOW PUNCH FIX AND/OR ELBOW TORQUE FIX.



The starting point for this test
(Palm up)



A weak test result
(Palm down)

MUSCLE TEST: Finger Extensors 🌟

Origin: Mostly originate on lateral epicondyle of humerus, common extensor tendon, intermuscular septa, and radial collateral ligament of elbow

Insertion: Lateral and dorsal surfaces of phalangeal bones and/or base of metacarpals (varies by specific extensor muscle)



THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the front of the shoulder
 - Parallel to the floor (90 degree angle)
 - Elbow locked straight
 - Palm facing forward with fingers and hand pointing upward in a classic “stop” gesture
 - Fingers are held close together
2. Tester stands in front of the person and braces the person’s wrist by holding underneath the forearm just next to the wrist for stabilization during this test.
3. Tester contacts the back of all four of the person’s fingers slightly above where the fingers meet the knuckles of the hand. To prevent the tester from overpowering the person during this test, the tester uses only his or her middle finger to make this contact.



The starting point for this test



Close up

THE TEST

4. Tester instructs the person to “Hold strong, keeping your fingers and hand held upward”.



A weak test result



Close up

5. Tester feels for the person’s muscle to engage and then applies pressure to push their fingers forward and down, while the person resists to keep their hand and fingers pointing up.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

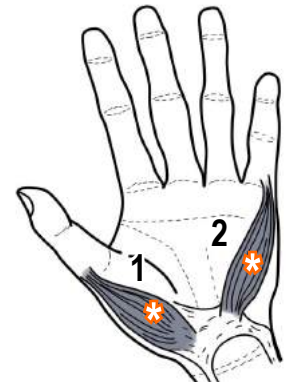
Note: The Finger Extensor test is easy to overpower. Be careful.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE ELBOW PUNCH FIX AND/OR ELBOW TORQUE FIX.

MUSCLE TEST: Opponens 🌟

Origin: (1) Opponens Pollicis - flexor retinaculum, scaphoid and trapezium
(2) Opponens Digiti Minimi - hook of hamate and flexor retinaculum

Insertion: (1) Opponens Pollicis - entire length of lateral border of first metacarpal bone
(2) Opponens Digiti Minimi - entire length of medial border of fifth metacarpal bone



Palm view

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the hand being tested:
 - Palm facing upward
 - With the little finger and thumb touching, creating a circle (Little finger and thumb are positioned tip to tip, not fingerprint to thumbprint)
 - The arm of the hand being tested is held straight out to the front of the shoulder
 - Parallel to the floor
 - Elbow locked straight
2. Tester stands in front of the person. There is no need to brace the person for stabilization during this test.
3. Tester contacts the person's little finger and thumb, near their tips by inserting his or her little fingers within the circle made by the person's little finger and thumb contact.

THE TEST

4. Tester instructs the person to "Hold your little finger and thumb strong together".
5. Tester feels for the person's muscles to engage and then applies pressure to pull the person's little finger and thumb apart, while the person resists by holding their little finger and thumb together.

Note: Do not overpower this test. These are small muscles which are easily overpowered. Be careful.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

**THE QUICK FIXES FOR THIS MUSCLE TEST
ARE THE WRIST FIX AND/OR OCCIPUT GLIDE FIX (MASTER FIX).**



The starting point for this test



A weak test result

MUSCLE TEST: Infraspinatus ❄️

Origin: Posterior scapula in the infraspinous fossa

Insertion: Middle of the greater tuberosity of humerus

THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:

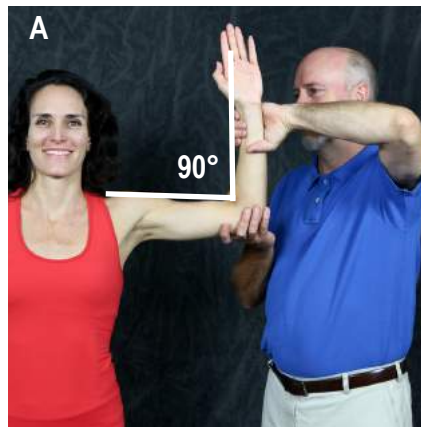
- With upper arm held horizontally out to the side from the shoulder
- Elbow bent at a 90 degree angle with forearm and hand pointing upward
- Palm facing forward

2. Tester stands to the side of the person and braces the elbow of the person's testing arm to keep it stationary by holding underneath the elbow during this test.

3. Tester contacts the person's forearm by gripping just before the wrist on the back side of the forearm.



Shoulder view from back



(Front view)



(Side view)

The starting point for this test

THE TEST

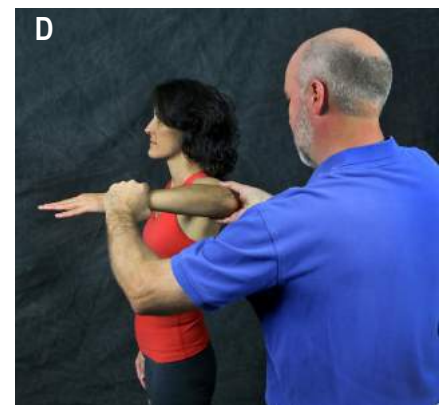
4. Tester instructs the person to "Hold your forearm strong backward".

5. Tester feels for the person's muscle to engage and then applies pressure to pull the forearm forward and down from the stationary elbow joint, while the person resists to keep their forearm pointing vertically upward.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



(Front view)



(Side view)

A weak test result

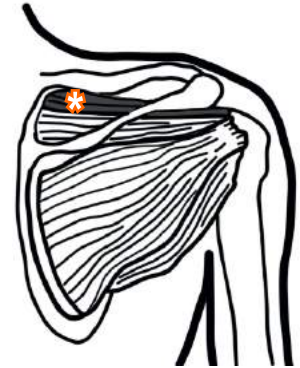
Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

**THE QUICK SELF FIX FOR THIS MUSCLE
TEST IS THE SHOULDER FIX.**

MUSCLE TEST: Supraspinatus, Belly of Anterior Division 🌟

Origin: Superior supraspinous fossa of scapula

Insertion: Superior greater tuberosity of humerus and capsule of shoulder joint



Shoulder view from back

THE SET UP (Photo A)

1. Tester instructs the person to stand and to hold the arm being tested:
 - Outward to the side of the body, hand positioned 30 degrees away from the hip
 - Elbow locked straight
 - Palm facing backward
2. Tester stands behind the person and braces the person's opposite hip to prevent the person from falling to the side during this test.
3. Tester contacts the person's forearm by gripping just above the wrist on the little finger side.

THE TEST

4. Tester instructs the person to "Hold strong straight out to the side".
5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm toward the person's same side hip, while the person resists by pushing their arm straight out to the side away from their body.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

**THE QUICK SELF FIX FOR THIS MUSCLE
TEST IS THE SHOULDER FIX.**

MUSCLE TEST: Anterior Deltoid, Belly of Medial Division ❄️

Origin: Anterior border of the medial half of the lateral clavicle

Insertion: Deltoid tuberosity of humerus



Shoulder view from front

THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:

- Straight out to the front of the shoulder
- Five degrees above parallel to the floor (95 degree angle)
- Elbow locked straight
- Palm facing downward
- Hand positioned so that it crosses the person's midline by ten degrees

2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling forward during this test.

3. Tester contacts the person's forearm just before the wrist and on the top of the forearm with the person's palm facing down.

THE TEST

4. Tester instructs the person to "Hold strong upward".

5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm downward, while the person resists by holding their arm upward.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.



The starting point for this test
(Front view)



The starting point for this test
(Side view)

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CRANIAL FIX, CT STRAP PROCEDURE C, AND/OR GUIDED NECK STRETCH FIXES.



A weak test result

MUSCLE TEST: Anterior Deltoid, Belly of Lateral Division 🌟

Origin: Anterior border of the lateral clavicle and the acromium process of scapula

Insertion: Deltoid tuberosity of humerus

THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the front of the shoulder
 - Five degrees above parallel to the floor (95 degrees)
 - Elbow locked straight
 - Palm facing downward

2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling forward during this test.

Shoulder view from front



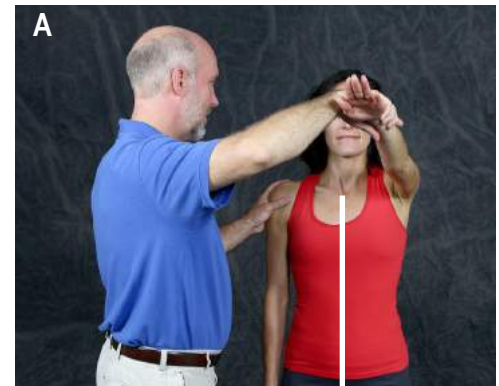
3. Tester contacts the person's forearm just before the wrist and on top of the forearm with the person's palm facing down.

THE TEST

4. Tester instructs the person to "Hold strong upward".
5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm downward, while the person resists by holding their arm upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CRANIAL FIX, CT STRAP PROCEDURE C, AND/OR GUIDED NECK STRETCH FIXES.



The starting point for this test
(Front view)



The starting point for this test
(Side view)



A weak test result

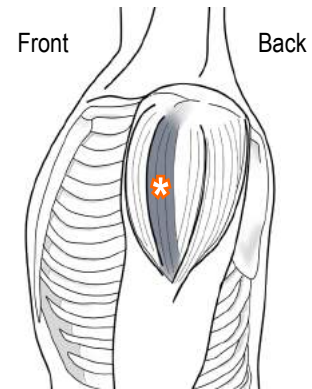
MUSCLE TEST: Middle Deltoid, Belly of Anterior Division 🌟

Origin: Anterior surface of the acromium process of scapula

Insertion: Deltoid tuberosity of humerus

THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:
 - Diagonally between the front and the side of the person's body
 - Five degrees above parallel to the floor (95 degrees)
 - Elbow locked straight
 - Palm facing downward
2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling forward during this test.
3. Tester contacts the person's forearm just before the wrist and on top of the forearm with the person's palm facing down.

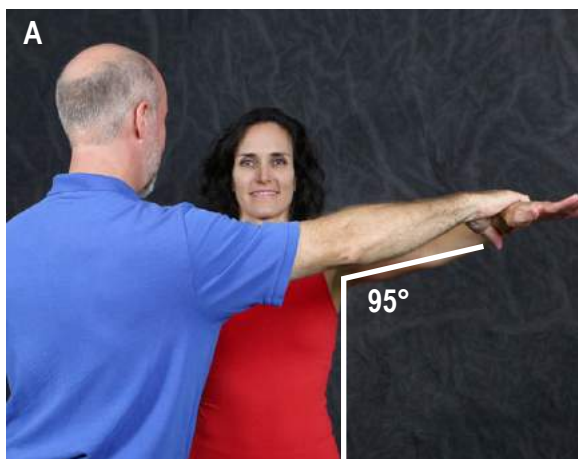


Shoulder view from side

THE TEST

4. Tester instructs the person to "Hold strong upward".
5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm downward, while the person resists by holding their arm upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CRANIAL FIX, CT STRAP PROCEDURE C, AND/OR GUIDED NECK STRETCH FIXES.

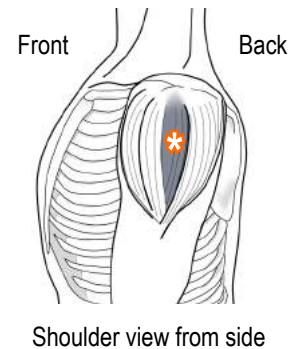
MUSCLE TEST: Middle Deltoid, Belly of Posterior Division 🌟

Origin: Lateral margin and superior surface of the acromion process of scapula

Insertion: Deltoid tuberosity of humerus

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the side
 - Five degrees above parallel to the floor (95 degrees)
 - Elbow locked straight
 - Palm facing downward
2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling to the side during this test.
3. Tester contacts the person's forearm just before the wrist and on top of the forearm with the person's palm facing down.



THE TEST

4. Tester instructs the person to "Hold strong upward".
5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm downward, while the person resists by holding their arm upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CRANIAL FIX, CT STRAP PROCEDURE C, AND/OR GUIDED NECK STRETCH FIXES.



The starting point for this test



A weak test result

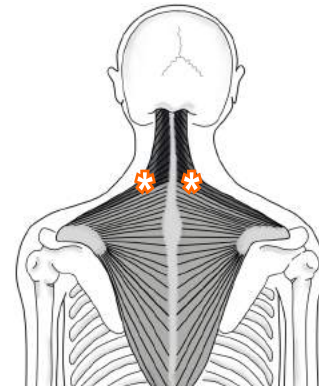
MUSCLE TEST: Upper Trapezius, Scapular Division, Medial Zone 🌸

Origin: Ligamentum nuchae and spinous process of C7

Insertion: Superior surface of acromion process of scapula

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Diagonally upward to the front from shoulder level (135 degrees)
 - Elbow locked straight
 - Palm facing downward
 - Hand positioned so that it crosses the person's midline by ten degrees
2. Tester stands in front of the person on the opposite side being tested and braces the person's opposite shoulder to prevent the person from falling forward during this test.
3. Tester contacts the person's forearm just before the wrist and on top of the forearm with the person's palm facing downward.



Spine view from back

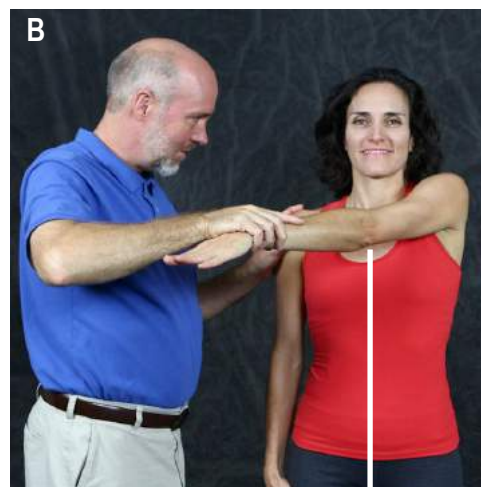
THE TEST

4. Tester instructs the person to "Hold strong upward".
5. Tester feels for the person's muscle to engage and then applies pressure to pull the arm downward, while the person resists by holding their arm upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CRANIAL FIX, CT STRAP PROCEDURE C, AND/OR GUIDED NECK STRETCH FIXES.

MUSCLE TEST: Middle Trapezius, Belly of Middle Division 🌸

Origin: Spinous processes of T3 and T4

Insertion: Superior medial aspect of the spine of the scapula

THE SET UP (Photos A and B)

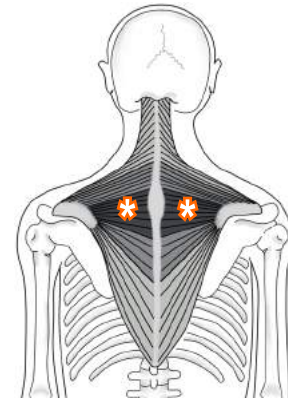
Note: Both right and left middle trapezius middle divisions are tested at the same time because both bellies of the muscles usually go weak simultaneously. Occasionally, only one side goes weak and one side stays strong.

1. Tester instructs the person to stand and hold both arms:
 - Straight out to the sides of the shoulder, 15 degrees in front of the body
 - Arms are held parallel to the floor
 - Elbows locked straight
 - Palms facing forward
2. Tester stands in front of the person. There is no separate brace while testing both sides simultaneously.
3. Tester contacts the person's forearms by reaching under and gripping on the outside just before the wrists, opposite of the palm side.

THE TEST

4. Tester instructs the person to "Hold strong backward".
5. Tester feels for the person's muscle to engage and then applies pressure to pull both arms forward and in toward the person's midline, while the person resists holding both of their arms backward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CLAVICLE FIX, CT STRAP PROCEDURE B AND/OR LIVER FIX (MASTER FIX) .



Spine view from back



The starting point for this test
(Side view)



The starting point for this test
(Front view)



A weak test result

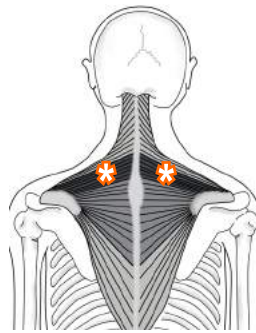
MUSCLE TEST: Middle Trapezius, Belly of Superior Division 🌟

Origin: Spinous processes of T1 and T2

Insertion: Superior distal aspect of the spine of the scapula

THE SET UP (Photos A and B)

Note: Both right and left middle trapezius superior divisions are tested at the same time because both bellies of the muscles usually go weak simultaneously. Occasionally, only one side goes weak and one side stays strong.



Spine view from back



The starting point for this test
(Side view)



The starting point for this test
(Front view)

1. Tester instructs the person to stand and hold both arms being tested:
 - Straight out to the sides of the shoulder, 15 degrees in front of the body
 - Arms are held at a 45 degree angle going up
 - Elbows locked straight
 - Palms facing forward
2. Tester stands in front of the person. There is no separate brace while testing both sides simultaneously.
3. Tester contacts the person's forearms by reaching under and gripping on the outside just before the wrists, opposite of the palm side.

THE TEST

4. Tester instructs the person to "Hold strong backward".
5. Tester feels for the person's muscle to engage and then applies pressure to pull both arms forward and in toward the person's midline, while the person resists holding both of their arms backward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

**THE QUICK SELF FIXES FOR THIS
MUSCLE TEST ARE THE CLAVICLE FIX,
CT STRAP PROCEDURE B
AND/OR LIVER FIX (MASTER FIX).**



A weak test result

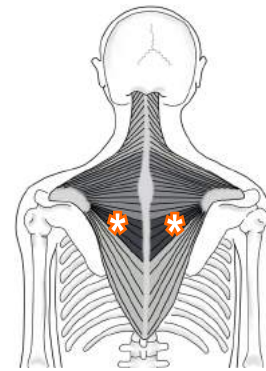
MUSCLE TEST: Middle Trapezius, Belly of Inferior Division 🌸

Origin: Spinous processes of T5 and T6

Insertion: Superior proximal aspect of the spine of the scapula

THE SET UP (Photo A)

Note: Both right and left middle trapezius inferior divisions are tested at the same time because both bellies of the muscles usually go weak simultaneously. Occasionally, only one side goes weak and one side stays strong.



Spine view from back

1. Tester instructs the person to stand and hold both arms being tested:
 - Straight out to the sides of the shoulder, 15 degrees in front of the body
 - Arms are held at a 45 degree angle going down
 - Elbows locked straight
 - Palms facing forward
2. Tester stands in front of the person. There is no separate brace when testing both sides simultaneously.
3. Tester contacts the person's forearms by reaching under and gripping on the outside just before the wrists, opposite of the palm side.



The starting point for this test

THE TEST

4. Tester instructs the person to "Hold strong backward".
5. Tester feels for the person's muscle to engage and then applies pressure to pull both arms forward and in toward the person's midline, while the person resists holding both of their arms backward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CLAVICLE FIX, CT STRAP PROCEDURE B AND/OR LIVER FIX (MASTER FIX).

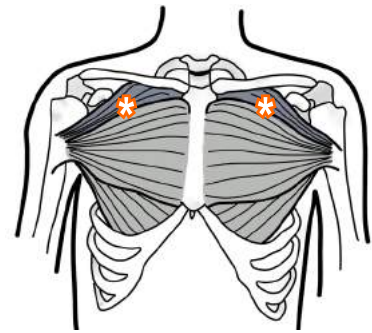
MUSCLE TEST: Pectoralis Major, Belly of Superior Division 🌸

Origin: Medial third of the anterior surface of the clavicle

Insertion: Lower lateral aspect of the bicipital tendon groove

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out in front of the shoulder
 - Parallel to the floor (90 degree angle)
 - Elbow locked straight
 - Palm facing outward so that the thumb points toward the floor
 - Hand positioned so it crosses the person's midline by ten degrees
2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling to the side during this test.
3. Tester contacts the person's forearm by gripping just before the wrist, opposite of the palm side.



Chest view from front

THE TEST

4. Tester instructs the person to "Hold strong, in toward the opposite shoulder".
5. Tester feels for the person's muscle to engage and then applies pressure to push the arm away from the person's opposite shoulder, while the person resists by holding their arm inward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.



The starting point for this test



A weak test result

**THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE
THE CLAVICLE FIX AND/OR CT STRAP PROCEDURE B.**

MUSCLE TEST: Pectoralis Major, Belly of Inferior Division ❁

Origin: Anterior, medial cartilage of the 6th and 7th costal cartilage and the aponeurosis of external oblique abdominus

Insertion: Lower lateral aspect of the bicipital tendon groove

THE SET UP (Photos A and B)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out in front of the shoulder
 - Forty-five degrees below, parallel to the floor
 - Elbows locked
 - Palm facing outward so thumb points toward the floor
2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling forward during this test.
3. Tester contacts the person's forearm underneath and just before the wrist.

THE TEST

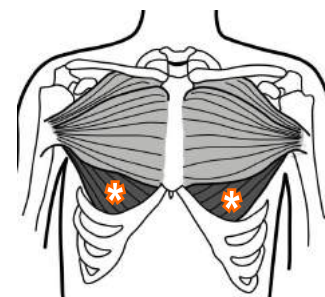
4. Tester instructs the person to "Hold strong downward".
5. Tester feels for the person's muscle to engage and then applies pressure to push the forearm upward, while the person resists by holding their arm downward.

Note: Tester pushes the person's forearm upward by standing up from a squatting position versus pushing the person's arm up using the tester's upper body strength. This ensures proper ergonomics for the tester.

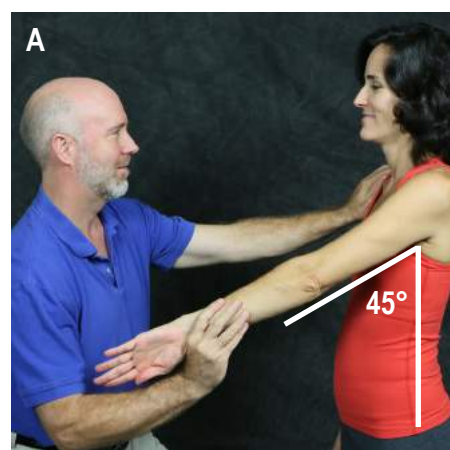
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE CLAVICLE FIX AND/OR CT STRAP PROCEDURE B.



Chest view from front



The starting point for this test



A weak test result

MUSCLE TEST: Pectoralis Minor, Belly 🌟

Origin: Anterior, superior surfaces of 3rd, 4th, and 5th ribs

Insertion: Coracoid process of scapula

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:

- Straight out in front of the shoulder
- Parallel to the floor (90 degree angle)
- Elbow locked straight
- Palm facing inward so that thumb points toward the ceiling
- Hand positioned so that it crosses the person's midline by ten degrees

2. Tester stands in front of the person and braces the person's opposite shoulder to prevent the person from falling to the side during this test.

3. Tester contacts the person's forearm by gripping just before the wrist on the palm side.

THE TEST

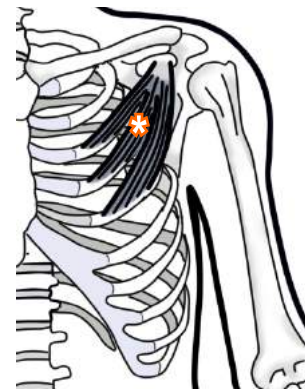
4. Tester instructs the person to "Hold strong, in toward the opposite shoulder".

5. Tester feels for the person's muscle to engage and then applies pressure to push the arm away from the person's opposite shoulder, while the person resists by holding their arm inward.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST IS THE CLAVICLE FIX.



Chest view from front



The starting point for this test



A weak test result

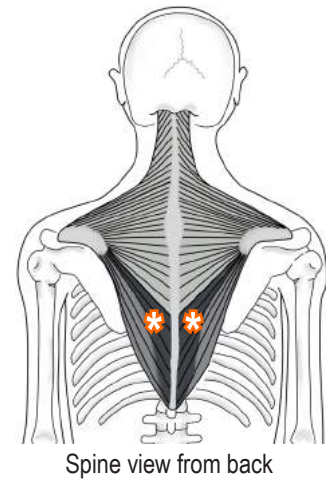
MUSCLE TEST: Lower Trapezius, Medial Division 🌟

Origin: Spinous processes of T6 through T12

Insertion: A fascial aponeurosis which inserts into the tubercle on the spine of the scapula at the medial end

THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Straight up (vertical to the floor)
 - Elbow locked straight and positioned close to the person's head
 - Palm facing forward
2. Tester stands in front of the person and braces the person's same side shoulder to prevent the person from falling forward during this test.



Note: Tester contacts the front of the person's same side shoulder with the back of his or her hand to prevent the appearance of reaching toward a breast on a woman.

3. Tester contacts the person's forearm just before the wrist opposite of the palm side.

THE TEST

4. Tester instructs the person to "Hold strong backward".
5. Tester feels for the person's muscle to engage and then applies pressure to pull the arm forward and downward while the person resists by holding their arm upward and backward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

Note: If the person being tested is much taller than the tester, this test may be done with the person sitting in a chair or lying face up.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE LATISSIMUS DORSI FIX AND/OR CT STRAP PROCEDURE B.



The starting point for this test



A weak test result

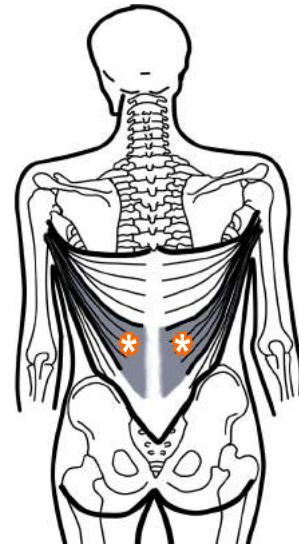
MUSCLE TEST: Latissimus Dorsi, Belly of Middle Division 🌸

Origin: Fascial connections to the spinous process of the five lumbar vertebrae and sacrum

Insertion: Intertubercular groove of humerus

THE SET UP (Photo A)

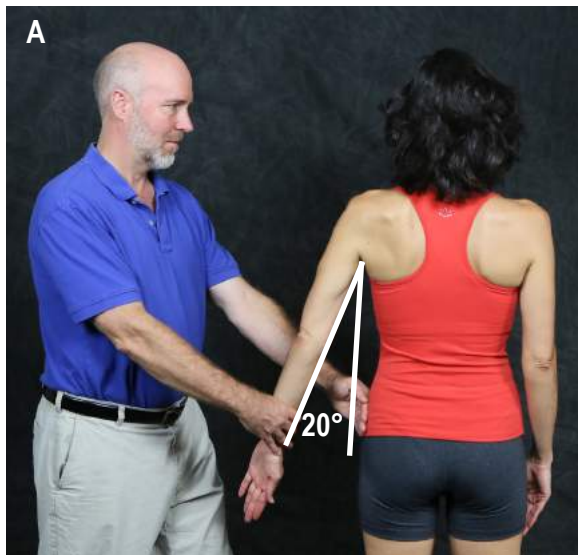
1. Tester instructs the person to stand and hold the arm being tested:
 - Straight out to the side from the same side hip, with the hand positioned 20 degrees away from the hip
 - Elbow locked straight
 - Palm facing backward
2. Tester stands to the side of the person and braces the person's same side hip to prevent the person from falling to the side during this test. The palm of the tester's hand faces the tester as shown in photo B.
3. Tester contacts the person's forearm just above the wrist on the thumb side.



Spine view from back

THE TEST

4. Tester instructs the person to “Hold strong in toward your body”.
5. Tester feels for the person's muscle to engage and then applies pressure to pull the arm directly away from the person's body, while the person resists by pulling their arm in toward the side of their same side hip.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE LATTISSIMUS DORSI FIX, SIDE STRETCH FIX AND/OR CT STRAP PROCEDURES A (MASTER FIX), B AND D.

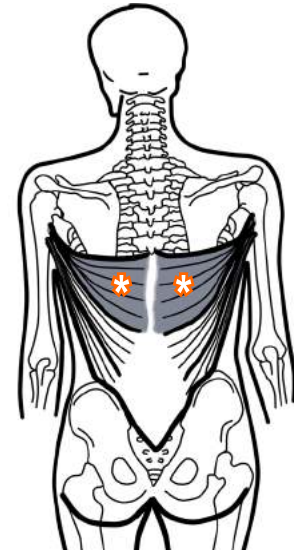
MUSCLE TEST: Latissimus Dorsi, Belly of Superior Division 🌸

Origin: Spinous processes of 6th through 12th thoracic vertebrae

Insertion: Intertubercular groove of humerus

THE SET UP (Photo A)

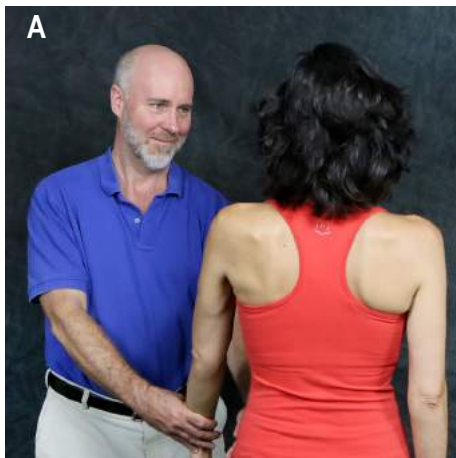
1. Tester instructs the person to stand and hold the arm being tested:
 - Diagonally out between the front and side of their body with the hand positioned 20 degrees away from the same side hip
 - Elbow locked straight
 - Palm facing out toward the tester
2. Tester stands between the front and the side of the person and braces the person's same side hip to prevent the person from falling diagonally forward during this test. The palm of the tester's hand faces the tester.
3. Tester contacts the person's forearm just above the wrist on the thumb side.



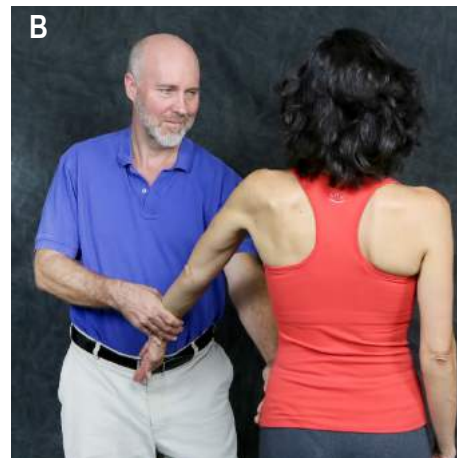
Spine view from back

THE TEST

4. Tester instructs the person to “Hold strong in toward your body”.
5. Tester feels for the person's muscle to engage and then applies pressure to pull the arm diagonally to the front away from the person's body, while the person resists by pulling their arm in toward the front of their same side hip.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE LATTISIMUS DORSI FIX, SIDE STRETCH FIX AND/OR CT STRAP PROCEDURES A (MASTER FIX), B AND D.

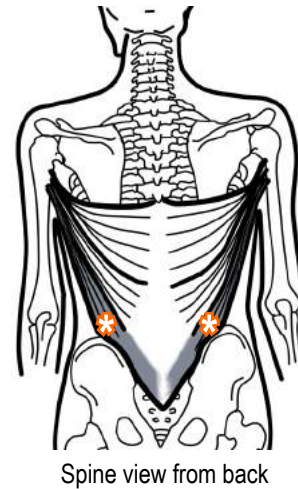
MUSCLE TEST: Latissimus Dorsi, Belly of Inferior Division 🌸

Origin: Posterior one-third of the external lip of the iliac crest

Insertion: Intertubercular groove of humerus

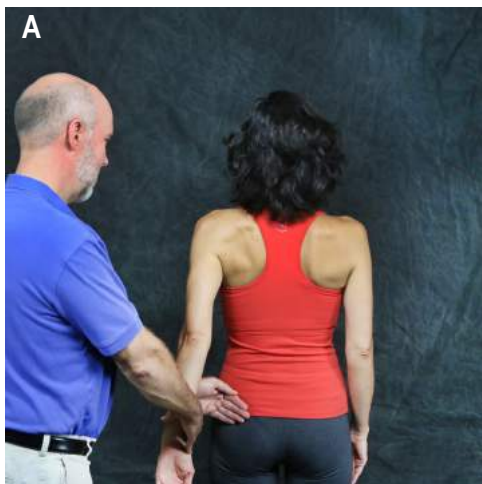
THE SET UP (Photo A)

1. Tester instructs the person to stand and hold the arm being tested:
 - Diagonally out to the back and side of their body, with the hand positioned 20 degrees away from the same side hip
 - Elbow locked straight
 - Palm facing back toward the tester
2. Tester stands between the back and the side of the person and braces the person's same side hip to prevent the person from falling diagonally backward during this test. The palm of the tester's hand faces the tester as shown in photo B.
3. Tester contacts the person's forearm just above the wrist on the thumb side.

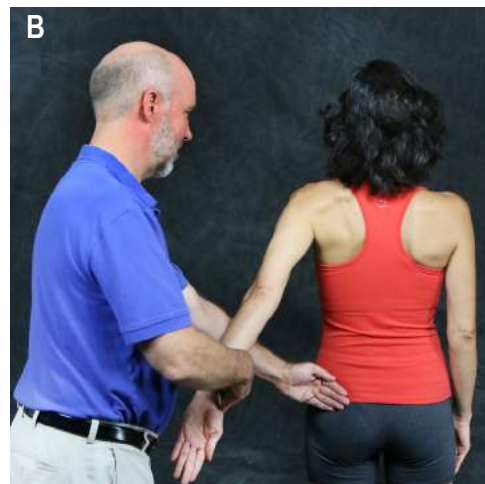


THE TEST

4. Tester instructs the person to “Hold strong in toward your body”.
5. Tester feels for the person's muscle to engage and then applies pressure to pull the arm diagonally to the back away from the person's body, while the person resists by pulling their arm in toward the back of their same side hip.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

**THE QUICK SELF FIXES FOR THIS MUSCLE
TEST ARE THE LATTISIMUS DORSI FIX,
SIDE STRETCH FIX AND/OR
CT STRAP PROCEDURES A (MASTER FIX), B AND D.**

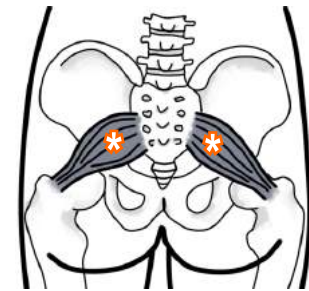
MUSCLE TEST: Piriformis, Belly 🌸

Origin: Anterior surface of sacrum between and lateral to the sacral foramen

Insertion: Superior border of greater trochanter of femur

THE SET UP (Photo A)

1. Tester instructs the person to lie face down with the leg being tested:
 - Bent at the knee to 90 degrees
 - Knee positioned to the same side so that the legs are separated far apart
 - The foot is crossing the non-testing leg to touch or almost touch behind the knee of the non-testing leg



Pelvic view from back

Note: The testing leg is on the same side of the body as the piriformis muscle being tested.

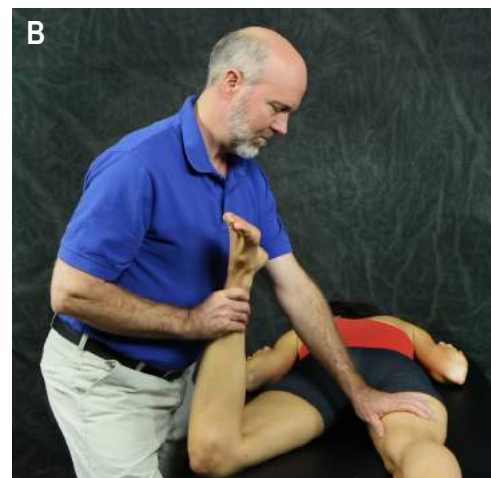
2. Tester stands to the side of the person, on the side being tested and braces the middle of the person's inner thigh on the non-testing leg for stabilization.
3. Tester contacts the person's testing leg by gripping just above the ankle.

THE TEST

4. Tester instructs the person to "Hold your foot strong down toward the opposite knee".
5. Tester feels for the person's muscle to engage, then applies pressure to pull the bent leg upward and toward the tester, while the person resists by holding their leg down and toward the non-testing leg's knee.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE PIRIFORMIS FIX AND/OR SACROILIAC LIGAMENT FIX.

MUSCLE TEST: Transverse Abdominus, Belly of Inferior Division ❄️

Origin: Lumbar fascia, anterior two-thirds of internal edge of iliac crest, lateral third of inguinal ligament

Insertion: Linea Alba (from umbilicus down to the pubic bone)



Abdominal view from front

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with the leg being tested:
 - Knee bent into near full flexion
 - The sole of the foot contacting just before the knee on the distal anterior thigh of the non-testing leg. (The non-testing leg is positioned straight, in full contact with the table)
 - Knee crossing the non-testing leg 45 degrees away from the midline. The hip on the side of the testing leg is thereby rolled up off the table

Note: Both shoulders remain in contact with the table during this muscle test.

2. Tester stands to the side of the person on the side being tested and braces by reaching under the person's raised knee with the hand closest to the person's feet, contacting the middle of the person's straight leg's inner thigh with the flat palm of the tester.

3. Tester contacts the person's inner knee of the raised leg (testing leg), using the hand closest to the person's head.

THE TEST

4. Tester instructs the person to "Hold strong keeping your knee away from me".
5. Tester feels for the person's muscle to engage and then applies pressure to pull the person's knee toward tester, while the person resists by holding their knee away from the tester.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE TRANSVERSE ABDOMINAL FIX, PELVIC FIX (MASTER FIX) AND/OR CT STRAP PROCEDURES A (MASTER FIX) AND D.

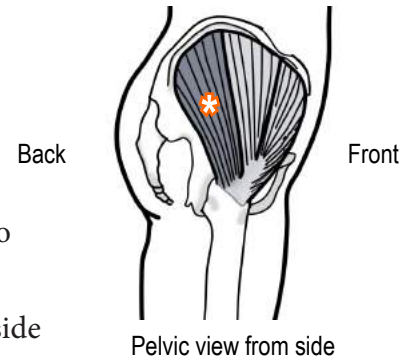
MUSCLE TEST: Gluteus Medius, Belly of Posterior Division 🌟

Origin: Below the posterior third of the iliac crest

Insertion: Greater trochanter of femur, posterior superior surface

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with the leg being tested:
 - Resting on the table with the whole leg held straight out directly to the same side with the foot 70 degrees away from the midline
 - Knee locked straight
 - Foot turned all the way out with toes pointing directly out to the side



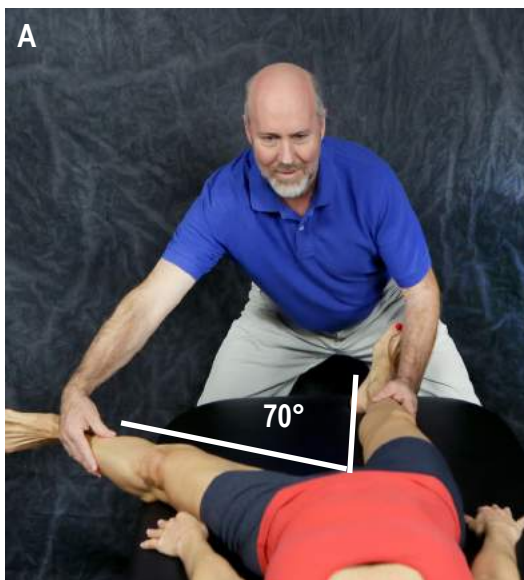
2. Tester stands at the feet of the person and braces the person's non-testing leg by gripping just before the ankle for stabilization.

Note: The non-testing leg remains stationary on the testing table during this test.

3. Tester contacts the person's testing leg just before the outside ankle.

THE TEST

4. Tester instructs the person to "Keep your leg on the table and hold strong out to the same side".
5. Tester feels for the person's muscle to engage and applies pressure to pull the testing leg toward the midline, keeping the leg in contact with the table, while the person resists by holding their leg outward to the same side.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE FOOT FIX, ILIOTIBIAL BAND FIX, AND/OR CT STRAP PROCEDURES A (MASTER FIX) AND D.

MUSCLE TEST: Rectus Femoris, Belly of Straight Head Division ❄

Origin: Anterior inferior iliac spine

Insertion: Superior aspect of patella

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with the leg being tested:
 - Knee locked straight
 - Toes pointing straight upward
 - Held 70 degrees up from the testing table
2. Tester stands to the side of the person being tested and braces the person's hip bone (ilium) on the opposite side of the testing leg to stabilize the pelvis during this test.
3. Tester contacts the person's lower leg by gripping just before and above the ankle on the anterior side. This grip prevents the leg from crashing to the table when the muscle is super weak.



Thigh view from front

THE TEST

4. Tester instructs the person to “Hold strong straight upward”.
5. Tester feels for the person's muscle to engage and applies pressure to push the leg directly downward, while the person resists by holding their leg straight upward.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE HIP FIX AND/OR ANKLE FIX.

MUSCLE TEST: Psoas Major, Belly 🌟

Origin: Anterior surface of transverse process and lateral border of L1 through L5 and intervertebral discs of T12 through L5

Insertion: Lesser trochanter of femur

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with the leg being tested:
 - Knee locked straight
 - Foot turned all the way out
 - Held 70 degrees up from the testing table
 - Held 45 degrees outward to the same side away from the midline of the person's body
2. Tester stands to the side of the person being tested and braces the person's pelvis (ilium), on the iliac crest (1), on the opposite side of the testing leg to stabilize the pelvis during this test.
3. Tester contacts the person's lower leg by gripping just before the ankle on the medial side. This grip prevents the leg from crashing to the table when the muscle is super weak.



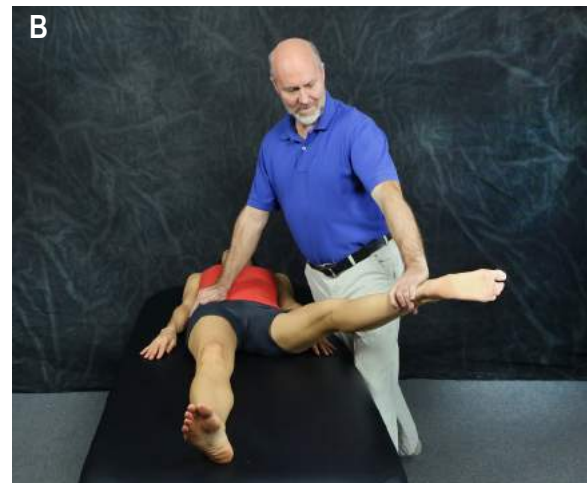
Thigh view from front

THE TEST

4. Tester instructs the person to “Hold strong upward and in”.
5. Tester feels for the person's muscle to engage and then applies pressure to push the person's leg diagonally downward and out, while the person resists by holding their leg diagonally upward and in.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE HIP FIX, ANKLE FIX AND/OR CT STRAP PROCEDURES A (MASTER FIX) AND D.

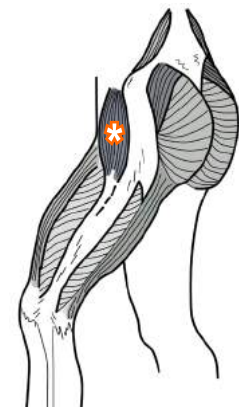
MUSCLE TEST: Tensor Fascia Latae, Belly 🌟

Origin: Anterior external lip of iliac crest and lateral surface of the anterior, superior iliac crest and deep surface of the fascia latae

Insertion: Proximal portions of iliotibial tract

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with the leg being tested:
 - Knee locked straight
 - Foot turned all the way in, by turning the whole leg inward from the hip joint
 - Held 45 degrees upward from the testing table
 - Held 70 degrees outward to the same side away from the midline of the person's body
2. Tester stands at the feet of the person and braces the person's non-testing leg by gripping just before the ankle for stabilization.
3. Tester contacts the person's testing leg by gripping just before the ankle on the lateral side. This grip prevents the leg from crashing to the table when the muscle is super weak.



Thigh view from side

THE TEST

4. Tester instructs the person to "Hold strong upward and out".
5. Tester feels for the person's muscle to engage and applies pressure to push the leg diagonally down and in, and toward the opposite foot, while the person resists by holding their leg diagonally up and out.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE HIP FIX, ANKLE FIX, AND/OR ILIOTIBIAL BAND FIX.

MUSCLE TEST: Popliteus ❄️

Origin: Lateral condyle of femur, oblique popliteal ligament of knee and outer margins of the lateral meniscus

Insertion: Triangular area on proximal posterior tibia above soleal line



Knee view from back

THE SET UP (Photos A and B)

1. Tester instructs the person to lie face up with the leg being tested:

- Bent at the knee to 70 degrees
- Foot flat on the testing table
- Foot turned in toward the midline as far as it will go



First part of the set up for this test

2. Tester stands at the feet of the person and contacts the person's heel by wrapping a hand around the inside of the heel and contacting the inner foot with the tester's forearm as shown in photo A.

3. Tester braces the leg by gripping the lower leg just above the ankle as shown in photo B.



The starting point for this test
(Brace above ankle)

THE TEST

4. Tester instructs the person to "Hold your foot strong in toward your opposite knee".

5. Tester feels for the person's muscle to engage and then applies pressure with the tester's forearm to turn the person's foot outward, while the person resists by holding their foot with toes pointed inward.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE KNEE FIX AND/OR MENISCUS FIX.

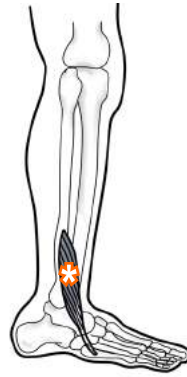


A weak test result

MUSCLE TEST: Peroneus Tertius 🌟

Origin: Distal one-third of the medial surface of the adjoining anterior surface of the interosseous membr

Insertion: Top surface at the base of the fifth metatarsal



Ankle view from side

THE SET UP (Photos A and B)

1. Tester instructs the person to lie face up with the leg being tested:

- Resting on the testing table
- Knee locked straight
- Little toe side of the foot pulled up as high as it will go in the direction of the person's head
- Foot turned out as far as it will go

Note: Tester says, "Pull your little toe up as high as it will go toward your head and as far out to the same side as it will go".

2. Tester stands at the feet of the person being tested and braces the person's foot by cupping the inside heel firmly as shown in photos A and B.

3. Tester contacts the person's foot by wrapping a hand around the top of the person's foot where the three smaller toes meet the rest of the foot.

Note: The tips of the person's toes remain visible above the tester's hand as shown in photo B.

THE TEST

4. Tester instructs the person to "Hold strong upward and out".
5. Tester feels for the person's muscle to engage and then applies pressure to pull the person's foot downward and in at the same time, while the person resists by holding their foot upward and out.
6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.

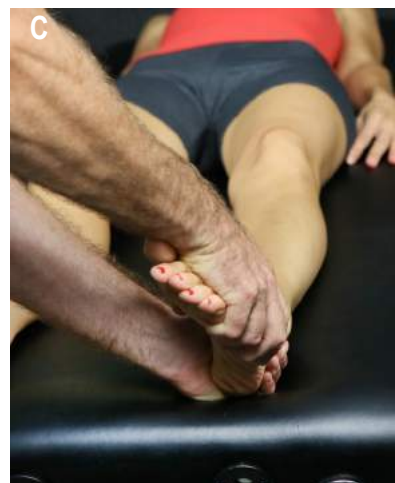
THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE KNEE FIX AND/OR MENISCUS FIX.



Starting point for this test
Top view



Starting point for this test
Bottom view



A weak test result
Bottom view

MUSCLE TEST: Quadratus Lumborum, Belly of Spinal Division 🌟

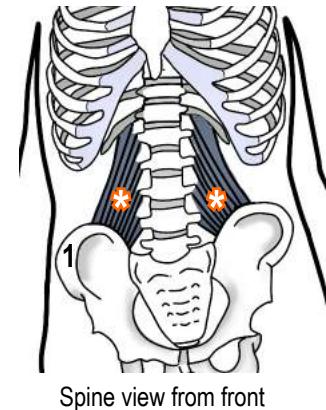
Origin: Posterior medial iliac crest of ilium and iliolumbar ligament

Insertion: Transverse process of L1 through L4

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with both legs being tested:
 - Flat on the table, feet together, knees locked straight
 - Toes pointing up
 - Feet positioned 45 degrees from the person's midline toward the muscle side being tested and away from the tester

Note: The person's hands hold onto the sides of the testing table to keep the upper body stationary.



Note: The quadratus lumborum being tested is on the opposite side from where the tester is standing.

2. Tester stands to the side of the person and braces the person's closest ilium, near the iliac crest (1), for stabilization during this test.

Note: Brace near the top of the pelvis (ilium), otherwise this will be an invalid test.

3. Tester contacts the person's lower legs by reaching under both of the person's lower legs and gripping the farthest leg just before the ankle on the outside.

THE TEST

4. Tester instructs the person to "Keep your legs on the testing table and hold your legs strong away from me".
5. Tester feels for the person's muscle to engage and then applies pressure to pull both of the person's legs in toward the person's midline (toward the tester), while person resists outward.

Note: Do not let the person's legs lift up from the table.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



The starting point for this test



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE ILIOTIBIAL BAND FIX, SIDE STRETCH FIX, PELVIC FIX (MASTER FIX) AND/OR CT STRAP PROCEDURES A (MASTER FIX) AND D.

MUSCLE TEST: Multifidus, Ilio-lumbar Division, Superficial Layer 🌟

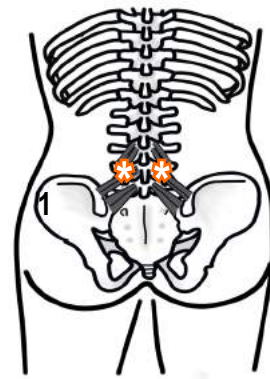
Origin: Medial aspect of posterior superior iliac spine

Insertion: Spinous process of L3 through L5

THE SET UP (Photo A)

1. Tester instructs the person to lie face up with both legs being tested:

- Flat on the table, feet together, knees locked straight
- Leg and foot furthest from tester turned out so toes point far away from the tester
- Feet positioned 45 degrees from the person's midline toward the muscle side being tested and away from the tester



Spine view from back

Note: The person's hands hold onto the sides of the testing table to keep the upper body stationary.

Note: The multifidus being tested is on the opposite side from where the tester is standing.

2. Tester stands to the side of the person and braces the person's closest ilium, near the iliac crest (1), for stabilization during this test.

Note: Brace near the top of the pelvis (ilium), otherwise this will be an invalid test.

3. Tester contacts the person's lower legs by reaching under both of the person's lower legs and gripping the farthest leg just before the ankle on the outside.



The starting point for this test

THE TEST

4. Tester instructs the person to "Keep your legs on the testing table and your hold legs strong away from me".

5. Tester feels for the person's muscle to engage and then applies pressure to pull both of the person's legs in toward the person's midline (toward the tester), while person resists outward.

Note: Do not let the person's legs lift up from the table.

6. This action is done by escalating the pressure to evaluate initial strength, core strength, and sustained strength.



A weak test result

THE QUICK SELF FIXES FOR THIS MUSCLE TEST ARE THE ILIOTIBIAL BAND FIX, SIDE STRETCH FIX, PELVIC FIX (MASTER FIX) AND/OR CT STRAP PROCEDURES A (MASTER FIX) AND D.

Index A

QUICK SELF FIXES ASSOCIATED WITH TARGETED MUSCLE TESTS

* Indicates Master Fix

<u>Targeted Muscle Tests</u> Page numbers are for the <u>Targeted Muscle Testing Book</u>	<u>Page(s)</u>	<u>Quick Self Fixes</u> Page numbers are for the <u>Quick Self Fixes Book</u>	<u>Page(s)</u>
Anterior Deltoid, Bellies of Medial and Lateral Divisions	7-8	Cranial Fix, Occiput Glide Fix* Guided Neck Stretch Fixes CT Strap Procedure C	49-50 47-48 41-43
Biceps Brachii, Long Head Division	1	Biceps Tendon Fix	24
Finger Extensors	3	Elbow Punch Fix Elbow Torque Fix	25 29
Gluteus Medius, Belly of Posterior Division	24	Foot Fix Iliotibial Band Fix CT Strap Procedure A* CT Strap Procedure D	3 7 33-36 44-46
Infraspinatus	5	Shoulder Fix	27
Latissimus Dorsi, Bellies of Middle, Superior, and Inferior Divisions	19-21	Latissimus Dorsi Fix Side Stretch Fix CT Strap Procedure A* CT Strap Procedure B CT Strap Procedure D	11 21 33-36 37-40 44-46
Lower Trapezius, Medial Division	18	Latissimus Dorsi Fix CT Strap Procedure B	11 37-40
Middle Deltoid, Bellies of Anterior and Posterior Divisions	9-10	Cranial Fix Guided Neck Stretch Fixes CT Strap Procedure C	50 47-48 41-43
Middle Trapezius, Bellies of Middle, Superior, and Inferior Divisions	12-14	Clavicle Fix Liver Fix* CT Strap Procedure B	28 12 37-40
Multifidus, Ilio-lumbar Division, Superficial Layer	31	Iliotibial Band Fix Side Stretch Fix Pelvic Fix* CT Strap Procedure A* CT Strap Procedure D	7 21 18 33-36 44-46
Opponens	4	Wrist Fix Occiput Glide Fix*	26 49
Pectoralis Major, Bellies of Superior and Inferior Divisions	15-16	Clavicle Fix CT Strap Procedure B	28 37-40
Pectoralis Minor, Belly	17	Clavicle Fix	28
Peroneus Tertius	29	Knee Fix, Meniscus Fix	5-6

Index A

QUICK SELF FIXES ASSOCIATED WITH TARGETED MUSCLE TESTS

* Indicates Master Fix

<u>Targeted Muscle Tests</u> Page numbers are for the Targeted Muscle Testing Book	<u>Page(s)</u>	<u>Quick Self Fixes</u> Page numbers are for the Quick Self Fixes Book	<u>Page(s)</u>
Piriformis, Belly	22	Piriformis Fix Sacro-iliac Ligament Fix	17 31
Popliteus	28	Knee Fix, Meniscus Fix	5-6
Psoas Major, Belly	26	Hip Fix Ankle Fix CT Strap Procedure A* CT Strap Procedure D	8 4 33-36 44-46
Quadratus Lumborum, Belly of Spinal Division	30	Iliotibial Band Fix Side Stretch Fix Pelvic Fix* CT Strap Procedure A* CT Strap Procedure D	7 21 18 33-36 44-46
Rectus Femoris, Belly of Straight Head Division	25	Hip Fix Ankle Fix	8 4
Supraspinatus, Belly of Anterior Division	6	Shoulder Fix	27
Supinator, Radial Division	2	Elbow Punch Fix Elbow Torque Fix	25 29
Tensor Fascia Latae, Belly	27	Hip Fix Ankle Fix Iliotibial Band Fix	8 4 7
Transverse Abdominus, Belly of Inferior Division	23	Transverse Abdominal Fix Pelvic Fix* CT Strap Procedure A* CT Strap Procedure D	14 18 33-36 44-46
Upper Trapezius, Scapular Division, Medial zone	11	Cranial Fix Guided Neck Stretch Fixes Occiput Glide Fix* CT Strap Procedure C	50 47-48 49 41-43

Note: Master Fixes usually make all weak muscles found through Targeted Muscle Testing instantly strong! Found in the “Quick Self Fixes” book :

Large Intestine Fix.....	10
Liver Fix.....	12
Pelvic Fix	18
Connective Tissue Strap Procedures A	33
Occiput Glide Fix.....	49

Happy Feet.....See QuickSelfFixes.com
Falling Meditation.....See “Master Fixes” Book/Video

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TARGETED MUSCLE TESTS ASSOCIATED WITH QUICK SELF FIXES

* Indicates Master Fix

Quick Self Fixes Page numbers are for the Quick Self Fixes book	Page(s)	Targeted Muscle Tests Page numbers are for the Targeted Muscle Testing book	Page(s)
Adductor Stretch Fix	16	Adductor Magnus Adductor Longus Adductor Brevis	n/a n/a n/a
Ankle Fix	4	Rectus Femoris, Belly of Straight Head Division Psoas Major, Belly Tensor Fascia Latae, Belly	25 26 27
Biceps Tendon Fix	24	Biceps Brachii, Long Head Division	1
Clavicle Fix	28	Middle Trapezius, Belly of Middle Division Middle Trapezius, Belly of Superior Division Middle Trapezius, Belly of Inferior Division Pectoralis Major, Belly of Superior Division Pectoralis Major, Belly of Inferior Division Pectoralis Minor, Belly	12 13 14 15 16 17
Cranial Fix	50	Anterior Deltoid, Belly of Medial Division Anterior Deltoid, Belly of Lateral Division Middle Deltoid, Belly of Anterior Division Middle Deltoid, Belly of Posterior Division Upper Trapezius, Scapular Division, Medial Zone	7 8 9 10 11
CT Strap for Low Back Connective Tissue - Procedure A*	33-36	Latissimus Dorsi, Belly of Middle Division Latissimus Dorsi, Belly of Superior Division Latissimus Dorsi, Belly of Inferior Division Psoas Major, Belly Gluteus Medius, Belly of Posterior Division Quadratus Lumborum, Belly of Spinal Division Multifidus, Ilio-lumbar Division, Superficial Layer Transverse Abdominus, Belly of Inferior Division	30 31 23 26 24 19 20 21
CT Strap for Lower 20 Rib and Thoracic Spine Ligaments - Procedure B	37-40	Middle Trapezius, Belly of Middle Division Middle Trapezius, Belly of Superior Division Middle Trapezius, Belly of Inferior Division Pectoralis Major, Belly of Superior Division Pectoralis Major, Belly of Inferior Division Lower Trapezius, Medial Division Latissimus Dorsi, Belly of Middle Division Latissimus Dorsi, Belly of Superior Division Latissimus Dorsi, Belly of Inferior Division	12 13 14 15 16 18 19 20 21

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TARGETED MUSCLE TESTS ASSOCIATED WITH QUICK SELF FIXES

* Indicates Master Fix

Quick Self Fixes Page numbers are for the Quick Self Fixes book	Page(s)	Targeted Muscle Tests Page numbers are for the Targeted Muscle Testing book	Page(s)
CT Strap for Upper Rib and Neck Ligaments - Procedure C	41-43	Anterior Deltoid, Belly of Medial Division	7
		Anterior Deltoid, Belly of Lateral Division	8
		Middle Deltoid, Belly of Anterior Division	9
		Middle Deltoid, Belly of Posterior Division	10
		Upper Trapezius, Scapular Division, Medial Zone	11
CT Strap for Low Back Ligaments and Discs - Procedure D*	44-46	Quadratus Lumborum, Belly of Spinal Division	30
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		Transverse Abdominus, Belly of Inferior Division	23
		Psoas Major, Belly	26
		Gluteus Medius, Belly of Posterior Division	24
		Latissimus Dorsi, Belly of Middle Division	19
		Latissimus Dorsi, Belly of Superior Division	20
		Latissimus Dorsi, Belly of Inferior Division	21
Elbow Punch Fix	25	Supinator, Radial Division	2
		Finger Extensors	3
Elbow Torque Fix	29	Supinator, Radial Division	2
		Finger Extensors	3
Foot Fix	3	Gluteus Medius, Belly of Posterior Division	24
Guided Neck Stretch Fixes	47-48	Anterior Deltoid, Belly of Medial Division	7
		Anterior Deltoid, Belly of Lateral Division	8
		Middle Deltoid, Belly of Anterior Division	9
		Middle Deltoid, Belly of Posterior Division	10
		Upper Trapezius, Scapular Division, Medial Zone	11
Hamstrings Fix	22	Biceps Femoris, Semitendinosus, Semimembranosus	n/a
Hamstrings Warm-up Stretch Fix	15	Biceps Femoris, Semitendinosus, Semimembranosus	n/a
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		Psoas Major, Belly	26
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		Quadratus Lumborum, Belly of Spinal Division	30
		Multifidus, Ilio-lumbar Division, Superficial Layer	31
Knee Fix	5	Popliteus	28
		Peroneus Tertius	29
Large Intestine Fix*	10	(Master Fix- Applies to any muscle)	

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TARGETED MUSCLE TESTS ASSOCIATED WITH QUICK SELF FIXES

* Indicates Master Fix

<u>Quick Self Fixes</u> Page numbers are for the Quick Self Fixes book	<u>Page(s)</u>	<u>Targeted Muscle Tests</u> Page numbers are for the Targeted Muscle Testing book	<u>Page(s)</u>
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		Latissimus Dorsi, Belly of Middle Division	19
		Latissimus Dorsi, Belly of Superior Division	20
		Latissimus Dorsi, Belly of Inferior Division	21
Liver Fix*	12	Middle Trapezius, Belly of Middle Division	15
		Middle Trapezius, Belly of Superior Division	16
		Middle Trapezius, Belly of Inferior Division	13
		Pectoralis Major, Belly of Superior Division	12
		Pectoralis Major, Belly of Inferior Division	14
Meniscus Fix	6	Popliteus	28
		Peroneus Tertius	29
Occiput Glide Fix*	49	Opponens	4
		Anterior Deltoid, Belly of Medial Division	7
		Anterior Deltoid, Belly of Lateral Division	8
		Middle Deltoid, Belly of Anterior Division	9
		Middle Deltoid, Belly of Posterior Division	10
		Upper Trapezius, Scapular Division, Medial Zone	11
Pelvic Fix*	18	Quadratus Lumborum, Belly of Spinal Division	30
		Multifidus, Ilio-lumbar Division, Superficial Layer	31
		Transverse Abdominus, Belly of Inferior Division	23
Piriformis Fix	17	Piriformis	22
Sacro-iliac Ligament Fix	31	Piriformis	22
Shoulder Fix	27	Infraspinatus	5
		Supraspinatus	6
Side Stretch Fix	21	Latissimus Dorsi, Belly of Middle Division	19
		Latissimus Dorsi, Belly of Superior Division	20
		Latissimus Dorsi, Belly of Inferior Division	21
		Quadratus Lumborum, Belly of Spinal Division	30
		Multifidus, Ilio-lumbar, Superficial Layer	31
Soleus Stretch Fix	20	Soleus	n/a
Soleus Massage Fix	2	Soleus	n/a
Transverse Abdominus Fix	14	Transverse Abdominus, Belly of Inferior Division	23
Wrist Fix	26	Opponens	4



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