

# Advanced Kinesiology



## Quick Self Fixes<sup>TM</sup> and Targeted Muscle Testing<sup>TM</sup> Advanced Program





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**This “Advanced Kinesiology” book references the Quick Self Fixes & Targeted Muscle Testing books.  
Therefore, one must own these books to effectively use this “Advanced Kinesiology” book.  
I recommend you learn QSF & TMT prior to learning Advanced Kinesiology.**

**-Dr. Camden Clay**



***“NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL,  
COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED,  
IT IS THE ONLY THING THAT HAS EVER.”***

***-MARGARET MEAD***

***“THE BEST DIAGNOSTIC INSTRUMENTS ON  
PLANET EARTH ARE HUMAN BEINGS WITH  
HIGHLY DEVELOPED SENSORY CAPACITIES”***

***-CASSIUS CAMDEN CLAY***

***“FIX A MAN AND FIX HIM FOR A DAY. TEACH A MAN TO FIX  
AND FIX HIM FOR A LIFETIME.”***

***-DOMINICK PESOLA***





## **Apprenticeship Program Information**

(Quick Self Fixes is QSF, Targeted Muscle Testing is TMT)

Graduation certifies the graduate to teach Quick Self Fixes and Targeted Muscle Testing workshops.

Several practitioners of Quick Self Fixes and Targeted Muscle Testing are currently approved for continuing education credit by NCBTMB for Massage Therapists and NASM for Personal Trainers. Therefore, graduates may qualify to provide continuing education within the massage and fitness training professions and any other profession such as Chiropractic, Physical Therapy, Nursing, etc. that they can get approved by the applicable licensing board. People will choose QSF/TMT for their CEU's in part because QSF's is a self treatment program and a healing system to help client's.

Some graduate quickly, some graduate slowly. Graduation includes demonstrating proficiency on all information in QSF book, TMT book and this Advanced Kinesiology book.

Lyndzey Dare (Competitive Gymnastics Instructor, Olympic Weightlifting Instructor, CrossFit Instructor) graduated in three months. John Ray (Founder of Ray of Light Massage School, Massage Therapist, Author and Lecturer) studied remotely from out of state and spent only a short period of time personally with Dr. Clay and graduated with flying colors.

As a graduate of this program, you are authorized to prepare your apprentices to take an examination with Dr. Clay or whomever he has directed to certify QSF/TMT workshop presenters.

Quick Self Fixes and Targeted Muscle Testing books and videos are available at teacher discount whole sale prices.

Dr. Camden Clay hosted the QSF/TMT Apprenticeship Program more than 2 hours per week for nine years ending in late 2016. He graduated 11 Apprentices.

If you are interested in knowing more about this program in its present form, please contact Dr. Clay at [Help@QuickSelfFixes.com](mailto:Help@QuickSelfFixes.com) or 404-808-4280.



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# **Chapter 1**

## **Advanced Muscle Testing Concepts**



## Why Use Quick Self Fixes and Targeted Muscle Testing?

- It's fun, mentally stimulating, and it shows a clear before and after improvement.
- QSF/TMT gives the client their best financial value.
- Finding weak muscles and making them strong using Quick Self Fixes creates increased rapport, high long-term client retention, and a marketing advantage.
- When all 62 Targeted Muscles test strong upon pre-treatment evaluation, the client is a member of "Our Strong Club". Some clients will commit to regular re-check visits to confirm that they are members of "Our Strong Club" even though they may be symptom free. Strong club members receive a "Our Strong Club" sticker.
- Using this body knowledge as a base, you will never be bored helping people.
- It's Amazing Muscle Testing FUN!

## What to do When a Weak Targeted Muscle does not Get Strong

- Do all the Quick Self Fixes listed for the specific muscle in the TMT book.
- If that does not work - Do all Master Fixes in the Quick Self Fixes book.
- If that does not work, do ALL of the Quick Self Fixes. Read first paragraph on page V in "Quick Self Fixes" book for examples of how muscle weakness creates muscle weakness elsewhere.
- Sometimes it takes a minute or two for the fix(es) to work. Rarely, sometimes it takes a day!
- If you cannot make a weak muscle strong, after two dedicated attempts, refer the client to a graduate of Quick Self Fixes/Targeted Muscle Testing Apprenticeship Program or to a Diplomat of the International College of Applied Kinesiology or a Doctor of Osteopathy who is board certified in Osteopathic Manipulative Medicine and Neuromusculoskeletal Medicine(OMM-NMM). Sometimes a second pair of eyes figures it out! Dr. Clay recommends that you go with your client to the AK Doctor or the Osteopathic Doctor because your muscle testing parameters probably are different than theirs.
- If weakness continues, definitely refer the client to a Neurologist.

In the last few years, four of Dr. Clay's clients did not get strong. One had a weak Latissimus Dorsi caused by a severe spinal disc herniation confirmed by MRI. Two clients had Supraspinatus muscles that would not test strong due to actual tears in the muscle (rotator cuff tear). One client had multiple weak muscles in her right buttocks and thigh, causing a significant gait disturbance. She was immediately referred to her Neurologist. She was diagnosed with a brain tumor and soon died.

## Muscle Testing is a Subjective Art Influenced in part by the Practitioner's Intent

When the practitioner is attached to the outcome of a muscle test being weak, he or she may consciously or unconsciously cause the client to become weak by flowing “Chi Energy”, similarly to when a martial artist practices the “Unliftable Body Technique.” The practitioner is not pushing harder, the client is actually weakened by the practitioner's intent.

### *Unliftable Body Exercise*

Unwilling small children and unwilling dogs have the innate capacity to perform the “Unliftable Body”. By flowing their Chi energy downward, unwilling children and unwilling dogs seem to have significant weight gain, and they are much more difficult to pick up!

Have a trusted person or two, with an armpit grasp, lift a lighter weight person one or two inches up from the floor. Prior to lifting, instruct the person(s) lifting that this is not a contest. They are merely evaluating their perception of changes in your weight. Note the ease of the lift. Stand again on the floor, and flow your chi downward into the earth. Imagine that you are four years old, at a friend's birthday party, and the cake is coming out soon. Unfortunately, you and your mom must leave the party now. You don't want to leave! Bend both of your knees a little and extend your arms and fingers as if they are flowing energy straight down into the earth. Silently and with full intention, chant to yourself: “No, I won't go!” As you hold this firm stance, have your same friend(s) attempt to lift the person straight up again without bending them backwards. Notice what happens. Ha ha ha! It appears as though the person has suddenly become much heavier!

### *Overpowering Exercise*

- Locate a strong anterior deltoid, belly of lateral division
- Use the “Unliftable Body” concept combined with a strong intention that the person becomes weak as you test the previously strong anterior deltoid, belly of lateral division.
- Chant to yourself silently, “You are going down and that's all there is to it”.

Note that the muscle becomes weak and not because you, the practitioner is over powering the muscle test with strength, but that the muscle has actually become weak!



- End this exercise by retesting the muscle with a neutral intention so that the muscle tests strong. We always want to end this exercise with the person testing strong.



## **How To Teach a “Bull in a China Shop” to Muscle Test (Part 1)**

Review in TMT Book, page V.

## **How To Teach a “Bull In A China Shop” to Muscle Test (Part 2)**

In a QSF/TMT workshop, everyone should agree on what constitutes a weak versus a strong muscle test by lunch on the first day of class. Students have the QSF/TMT books and videos. They need you to teach them the art of muscle testing. Occasionally you will have a student in class who is hard wired for winning at all cost. In the beginning, these individuals consistently overpower muscle tests. Soon the whole class realizes that this student has an “overpowering issue”. The whole class helps coach the person onto the same muscle testing page with peer pressure!

## **Universal Ergonomic Concepts Learned From The “Alexander Technique” And “Tai Chi”**

Review in TMT Book, page V.

## Muscles Go Weak During Natural Body Movements

### *Muscles Vacillate Between Weak And Strong During Crawling, Walking, Running, And Falling*

On healthy people, muscles naturally and reflexively vacillate between strong and weak to facilitate movement.

Example: When crawling, walking or running, a cross crawl pattern is exhibited; muscle inhibition and excitation occurs as follows:

As your left foot moves forward...

Left quadriceps strengthen; left hamstrings weaken; right biceps strengthen; right triceps weaken; right quadriceps weaken; right hamstrings strengthen; left biceps weaken; left triceps strengthen.

And vice versa as your right foot moves forward.

Similarly when falling forward...

Biceps strengthen while triceps weaken to brace for impact.

Falling backward causes the opposite...

Triceps strengthen while biceps weaken to brace for impact.

## Muscles Go Weak to Prevent Injury

- When the biceps brachii long head division's proximal tendon is out of place (subluxated), the biceps brachii long head division tests weak. If it could hold strong the tendon might be injured. When this tendon subluxation is corrected (Biceps Tendon Fix), the biceps muscle instantly tests strong.
- When the rectus femoris and/or psoas and/or tensor fascia latae are weak, commonly the femur/acetabular joint and/or the talus in the ankle may be subluxated. These muscle weaknesses force one to bear more weight on the opposite leg (standing with the involved side with a mildly flexed knee). After the Hip Fix and/or the Ankle Fix, rectus femoris and/or psoas and/or tensor fascia latae instantly tests strong.
- Rotator cuff muscle goes weak with a subluxated humeral head (Shoulder Fix).
- Supinator and/or finger extensors go weak with a subluxated elbow (Elbow Punch Fix).
- Middle trapezius and/or pectoralis major and/or pectoralis minor muscles go weak with a subluxated clavicle (Clavicle Fix).

## Body Challenge - Evaluating the Body with Muscle Testing

When any compromised area of the client's body, such as a subluxated spinal unit, a portion of a weak muscle, a cranial fault, an inflamed gallbladder, a subluxated tendon, a subluxated meniscus etc., is touched, all muscles temporarily go weak as an ancient reflex to move away from physical harm to an already compromised area of the body.

Commonly we muscle test the anterior deltoid, belly of medial division as the "indicator muscle" for performing a "Body Challenge". Technically you could use any muscle test as the indicator.

When dysfunction is present, the indicator muscle tests weak. When dysfunction is cleared, the indicator muscle tests strong.

### EXERCISE:

Locate a weak rectus femoris, psoas and tensor fascia latae on the same side. Body challenge the femur/acetabular joint with inferior to superior compression of the femur into the acetabulum. Next, body challenge the talus by pushing and holding the talus anterior to posterior. Also, body challenge the talus right to left and left to right. Commonly, it is a femur/acetabular subluxation. If the indicator muscle goes weak challenging the hip joint, do the "Hip Fix". If the indicator muscle goes weak challenging the ankle, do the "Ankle Fix". Once misalignment is corrected with the "Hip Fix" and/or the "Ankle Fix", the indicator muscle will not go weak when challenging the associated joint. Commonly it is the hip joint which is out of place; the ankle is rarely the cause. The Hip Fix and/or Ankle Fix make rectus femoris, psoas and tensor fascia latae instantly strong!



## Joint Evaluation

Joint evaluation of most joints follows the same basic protocol as joint evaluation for the knee.

### **KNEE**

1. Pre/Post knee treatment, watch gait for unstable knee joint movement.

2. Is the joint subluxated?

*Test:*

- Popliteus
- Peroneus Tertius

If weak do “Knee Fix” and “Meniscus Fix”. When popliteus and Peroneus tertius are strong, the knee is probably not subluxated.

3. Is the knee stable or unstable? Test the following muscles that cross the knee joint.

*Test:*

- Rectus Femoris, Belly Of Straight Head Division
- Tensor Fascia Latea, Belly
- Sartorius (not in TMT book, find in contemporary muscle testing literature)

If any weakness is present, fix it to stabilize the knee joint.

4. Is there a hidden issue that responds to stress?

“Body Challenge” the knee joint.

Use: -anterior deltoid belly of lateral division, as the “Indicator Arm” muscle

Challenge the knee joint in :

- Hyper Extension
- Varus Stress (bow legged) Contact Medial Knee & push Lateral
- Valgus Stress (knock kneed) Contact Lateral Knee & push Medial
- Compression
- Traction
- Internal Rotation
- External Rotation
- Hyper Flexion
- With the knee bent to 90 degrees and the sole of the foot on table, pull the lower leg close to the knee posterior to anterior to challenge cruciate ligaments in the knee (Drawer’s sign)

When a “Body Challenge” is positive, figure it out and fix it!

SIDE NOTE:

**Soleus Origin Massage Fix, see page 31** (Not in Quick Self Fixes book) : Clearing tenderness in the proximal soleus (which is inside the knee joint capsule) is a magical knee fix when nothing can be found wrong with the knee and knee pain continues.

## Muscles Go Weak In Response To Toxic Chemical Exposure

Confirm that an anterior deltoid, belly of lateral division is strong. It is the indicator muscle of choice. Have clients bring in all of their supplements and sample each supplement orally in minute quantities. When the indicator arm goes weak, that is a probable statement from the body, that this supplement is not good for the body at that moment in time. That is all that it means. For instance, certain supplements facilitate an increase in cortisol and certain supplements facilitate a decrease in cortisol. Cortisol should be increased in the morning and decreased in the evening. So a supplement that is good for the body in the morning may be bad for the body in the evening. Thus, a supplement may test weak in the morning and strong in the evening or vice versa. Remember to rinse the mouth with water between supplement samples. Do not let the client know which supplement you are testing for better objectivity. I recommend leaving supplement muscle tests to the few experts in that field who are really good at this! Remember, muscle testing is subjective.

## Muscle Testing the Muscle's Belly versus Muscle Testing the Muscle's Origin and Insertion

Read paragraph five on page ii in "Targeted Muscle Testing" book regarding testing muscle bellies.  
*Muscle origin and insertion are tested simultaneously and separate from the muscle's belly.*

Exercise 1:

Using two hands, pull a rubber band apart in the horizontal plane. Note that the sections of the rubber band closest to each hand are stretched simultaneously. This is analogous to muscle testing the origin and insertion of a muscle at the same time. Continue stretching the rubber band apart and soon only the center of the rubber band is being stretched. This is analogous to testing a muscle's belly section. For the most part, you cannot test origin and insertion separately.

Exercise 2:

Test pectoralis major, belly of superior division (TMT book page 15). This is a muscle belly test.

Crossing the hand over the person's midline shortens the pectoralis major, superior division focusing the test on the belly section of the muscle.

To test the belly of a muscle, bring the muscle into full contraction.



Now test the origin and insertion of pectoralis major, superior division. This test is very similar to the belly test. Except that the arm is now held straight out from the shoulder (anterior axillary line, in the saggital plane) again with the arm parallel to the floor, etc. The arm creates a right angle to the upper torso.

Note that commonly the belly of pectoralis major, superior division tests weak while the origin/insertion of pectoralis major, superior division tests strong!

Traditional muscle testing commonly tests origin/insertion (missing where the muscle commonly tests weak) and claims that the test represents the entire muscle. This claim is false.

Alan Berdahl, D.C. advanced muscle testing by testing muscles in sections.

Camden Clay, D.C. advanced muscle testing further by testing the bellies of sections of muscles.

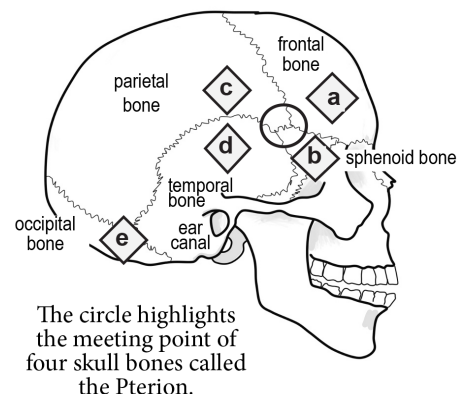
## Initial, Core and Sustained Strength Demonstrated With An Anterior or Middle Deltoid Muscle Test and The Cranial Fix

- Locate an anterior or middle deltoid muscle section which does not have initial strength.
- Very lightly and for only a millisecond do the Cranial Fix (Practitioner does Cranial Fix for client).
- Retest the deltoid section. If done correctly it will have initial strength and not core strength.
- Do the Cranial Fix again very lightly and for a millisecond (Practitioner does Cranial Fix for client).
- Retest the deltoid muscle section. If done correctly the muscle will have initial and core strength and not sustained strength.
- Do the Cranial Fix as it would normally be performed by the client.
- Retest the deltoid muscle section and it will have sustained strength.

This exercise demonstrates that indeed there are three distinct levels of muscle strength. How cool is that!

This exercise is best done having other targeted muscle tester's verify your muscle testing finding, because it appears unbelievable!

Fingers touch on the five diamonds.



## Muscles Overwork Themselves to Compensate for Muscle Weakness

Massage Therapists treat tight muscles seeking a resolution for this muscle tension. Here is a new paradigm: Locate and make associated weak muscles strong and secondary muscle tension immediately relaxes! For example, almost every case of sciatic neuralgia that has been caused a piriformis spasm, Dr. Clay finds that the piriformis muscle tests weak. One would think that a spastic piriformis would test strong where in fact the weak sections of the piriformis cause excessive tension in adjacent piriformis muscle sections, thus pinching on the sciatic nerve.







# **Chapter 2**

**Finding Weak Muscles and  
Making Them Strong Instantly  
Corrects Dysfunctions**

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## Finding Weak Muscles and Making Them Instantly Strong Instantly Corrects Dysfunctions

### *Evaluating Gait*

It is fun evaluating how someone walks or runs. The question is: “which weak muscle is affecting dysfunctional gait patterns most?” It could be anywhere in the body from head to toe. Fix it and re-evaluate. The person will move more smoothly, which could make a huge difference in sports, or just assist daily functioning. Commonly, there are only a few major dysfunctional gait patterns at any one time. Keep fixing them until it is difficult to find one.

### *Evaluating Standing Posture*

Because we are bipeds and balance on two feet, we are constantly striving for balance. We are constantly fighting to keep from falling one way or the other. Look at a person and evaluate which way he/she would fall if rendered suddenly unconscious (i.e. the direction they are leaning). Once determined, gently push them in that direction. Indeed, they are much easier to push over in that specific direction than in any other direction. Note, when pushing the person involved, muscle weakness becomes apparent through palpating when the client moves most. For example, when pushing the client anterior to posterior, contact the right and left clavical. Does the client move most when the pectoralis muscles are being engaged or when the psoas and/or transverse lower abs are being engaged? Finding the associated weak muscles and making them strong balances that particular discrepancy. The difference in client stability pre and post fix is stunning! Perhaps then, the client might be falling in some other direction. Continue to fix their dysfunctional falling patterns until proper posture has been achieved and one can not determine a direction of falling. Evaluating standing posture in this course does not include structural discrepancies such as high shoulder, foot turned in, increased lumbar lordosis, etc.

### *Evaluating Yoga Postures*

Yoga Practitioners are already dedicated to the idea of self-fixing. They love QSF/TMT more than any other group thus far. Mainstream people test approximately one in four targeted muscle tests weak while Yoga practitioner’s test approximately one in three targeted muscle tests weak. Doing Quick Self Fixes prior to a yoga practice makes a huge difference in symmetry, balance and comfort. Evaluating dysfunction in gait is evaluating dysfunction in motion. Evaluating dysfunction in yoga postures is evaluating dysfunction in stillness and is easier to observe. Remember to also evaluate dysfunctions in transitions between yoga postures.

### *Evaluating Balance*

Have the client stand on one foot (check both sides). Commonly, the client begins to lose balance and wiggle-waggle to and fro. Sometimes, the client will need to plant the second foot to prevent from falling. This instability in balance is caused by guess what? – WEAK MUSCLES! Each time when the most involved weak muscle is made strong, balance improves when standing on one foot or the other (Tree Pose). Go to where the body breaks balance at a fulcrum. For instance, if the body’s apex of imbalance is L3, test Quadratus Lumborum, Multifidus and Transverse Lower Ab. If the apex of imbalance is T7, test Lower Traps and Superior Latissimus Dorsi. If the apex of imbalance is at the knee, test popliteus, etc. Choose the worst dysfunction to fix first. When teaching “Instantly Improve Your Yoga Postures with Quick Self Fixes and Targeted Muscle Testing”, have all participants check right and left Tree Pose pre and post class. Have them grade the two Tree Poses from 0-10 with 0 being great and 10 being bad.

Becoming competent at evaluating gait, posture and balance avails one to becoming an expert at evaluating other dysfunctions such as ergonomics while practicing yoga, sitting at the computer, playing musical instruments, weight lifting, golf swing etc. Finding weak muscle and making them strong can even improve a singers ability to sing steadily and with a greater range of tone. Think about this one, when a jockey with significant, muscle weakness races a horse, the horse must compensate it's gait to correct for the jockey's poor seated posture and balance. This slows the horse down a bit. Fundraisers raise more money when they demonstrate impeccable posture and gait. They appear more trustworthy. Thieves choose to accost and rob people with poor posture and gait, "easy prey"! Finding weak muscles and making them strong on its own may be a "party trick". Improving function using muscle testing as the diagnostic tool is priceless!

## ADVANCED TARGETED MUSCLE TESTING ABNORMAL GAIT CHART

	<b>Gait Abnormality</b>	<b>Associated Muscle Weakness</b>	<b>Quick Self Fix(es)</b>
<b>1</b>	Arch of Foot Drops	Peroneus Longus ( <b>not in TMT book, find in contemporary muscle testing literature</b> )	
<b>2</b>	Ankle Unstable	Peroneus Tertius	Knee Fix Meniscus Fix
<b>3</b>	Knee Unstable	Popliteus	Knee Fix Meniscus Fix
<b>4</b>	Hip Joint Unstable	Psoas  Rectus Femoris  Tensor Fascia Latae	Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D  Hip Fix Ankle Fix  Hip Fix Ankle Fix Illiotalband Fix
<b>5</b>	Hip Greater Trochanter Flares Out	Gluteus Medius  Piriformis	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D  Illiotalband Fix Piriformis Fix Sacroiliac Ligament Fix

	<b>Gait Abnormality</b>	<b>Associated Muscle Weakness</b>	<b>Quick Self Fix(es)</b>
<b>6</b>	Upper and Lower Body Desynchronized Between Spine and Pelvis	Quadratus Lumborum Multifidus	Side Stretch Fix Illiotalband Band Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
<b>7</b>	Upper Body Bounces Forward	Lower Trapezius	Latissimus Dorsi Fix CT Strap Procedure B
<b>8</b>	Upper Body Leans to Side upon same side Heel Strike (Muscle Weakness is on opposite side)	Latissimus Dorsi  Quadratus Lumborum Multifidus	Latissimus Dorsi Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D  Illiotalband Band Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
<b>9</b>	Upper Body Leans Backward	Psoas  Rectus Femoris	Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D  Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D

	<b>Gait Abnormality</b>	<b>Associated Muscle Weakness</b>	<b>Quick Self Fix(es)</b>
<b>10</b>	Mid Back is Frozen and does not move	Lower Trapezius  Middle Trapezius  Latissimus Dorsi	Latissimus Dorsi Fix CT Strap Procedure B  Clavicle Fix Liver Fix CT Strap Procedure B  Side Stretch Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D
<b>11</b>	Arm does not swing	Infraspinatus Supraspinatus  Latissimus Dorsi	Shoulder Fix  Latissimus Dorsi Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D
<b>12</b>	Head and Neck do not move	Upper Trapezius	Cranial Fix Guided Neck Stretch Fix Occiput Glide Fix CT Strap Procedure C
<b>13</b>	Shoulder and arm Swings too far backwards on same side	Pectoralis Major  Pectoralis Minor	Clavical Fix Liver Fix  Clavicle Fix CT Strap Procedure B
<b>14</b>	Head nods to same side as heel strike	Upper Trapezius muscle weakness on opposite side	Cranial Fix Guided Neck Stretch Fix CT Strap Procedure C
<b>15</b>	Head nods to opposite side upon heel strike	Upper Trapezius muscle weakness on same side.	Cranial Fix Guided Neck Stretch Fix CT Strap Procedure C
<b>16</b>	Short Step	Gluteus Medius	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D

## ADVANCED TARGETED MUSCLE TESTING ABNORMAL STANDING POSTURE CHART

	<b>Posture Abnormality</b>	<b>Associated Muscle Weakness</b>	<b>Quick Self Fix(es)</b>
<b>1</b>	Lower Abs (below navel) are asymmetrical comparing left to right sides. The involved side generally pooches out.	Transverse Lower Abs	Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
<b>2</b>	Person is leaning backward slightly and is easy to push over from anterior to posterior	Rectus Femoris  Psoas  Transverse Lower Abdominus	Hip Fix Ankle Fix  Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure B  Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
<b>3</b>	Mild concavity in upper chest	Pectoralis Major, Belly of Superior Division	Clavical Fix Liver Fix
<b>4</b>	Mild concavity in low back while in "Down Dog" (yoga posture) and/or in Lumbodorsal Flexion (reaching to touch toes)	Quadratus Lumborum, Belly  Multifidus, Belly	Side Stretch Fix Illiotalband Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D



# ADVANCED TARGETED MUSCLE TESTING ABNORMAL YOGA POSTURE CHART

\*QSF stands for Quick Self Fixes

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
1	Any Standing Posture	Foot Pain	N/A	Dr. Clay's Foot Stretching Techniques "Happy Feet"
2	Camel	Neck pain	Pectoralis Major	Clavicle Fix Liver Fix
3	Camel	One knee is much higher than the other knee	Glute Medius	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D
4	Chair	Hip sags on side of weakness	Quadratus Lumborum	Illiotalband Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
5	Chair	Restricted breathing/ hollow left lower quadrant of abdomen on side of weakness	Transverse lower abs	Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
6	Chair	Cannot squat in to full posture due to knee pain	Popliteus	Knee Fix Meniscus Fix
7	Chair	Arms are forward and will not go perpendicular to floor	Pectoralis Major, Superior Division  Pectoralis Minor, Belly	Clavicle Fix Liver Fix Connective Tissue Strap Procedure B  Clavicle Fix

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
9	Child's Pose	Knee pain while transitioning into pose	Popliteus	Knee Fix Meniscus Fix
10	Cobra	One shoulder higher on side of weakness	Infraspinatus, Supraspinatus	Shoulder Fix
11	Cobra	Low Back Pain	Quadratus Lumborum & Multifidus	Illiotalband Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
12	Cow Face (Seated)	Shoulder Pain	Supraspinatus	Shoulder Fix
13	Downward facing Dog	Elbow Unstable	Finger Extensors Supinator	Elbow Punch Fix Elbow Torque Fix
14	Downward facing Dog	Neck Pain at C1/ Occiput	Upper Trapezius	Cranial Fix Guided Neck Stretch Fix Occiput Glide Fix CT Strap Procedure C
15	Downward facing Dog	Pelvis rolls to side of weakness	Transverse Abdominus	Transverse ab fix CT Strap Procedure A CT Strap Procedure D
16	Downward Facing Dog	Shoulder Hurts	Supraspinatus and Infraspinatus  Biceps Bracchi	Shoulder Fix  Biceps Tendon Fix
17	Downward facing Dog	Ischial Tuberosity is inferior on side of weakness	Quadratus Lumborum	Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
18	Downward facing Dog	Low back is concave on side of weakness	Quadratus Lumborum & Multifidus	Illiotalband Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
19	Downward facing Dog	Shoulder caves in on side of weakness	Latissimus Dorsi	Latissimus Dorsi Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D
20	Downward facing Dog	Flat hand like a pancake on pinky side	Opponens	Wrist Fix Occiput Glide Fix
21	Downward facing Dog	Hollow upper trap on side of weakness	Upper Trapezius	Cranial Fix Guided Neck Stretch Fix Occiput Glide Fix CT Strap Procedure C
22	Downward facing Dog	Upper back concave on side of weakness	Latissimus Dorsi	Latissimus Dorsi Fix Side Stretch Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D
23	Downward facing Dog	Shoulder hurts, upper back concave on side of weakness	Middle Trapezius, Pectoralis major	Clavicle Fix Liver Fix CT Strap Procedure B
24	Easy Pose	Buttocks and IT Band Pain	Glute Medius	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D

	<b>POSTURE</b>	<b>DYSFUNCTION</b>	<b>MUSCLE TEST</b>	<b>QSF</b>
<b>25</b>	Forward Fold	Concave just below rib cage on side of weakness	Diaphragm	See video at QuickSelfFixes.com - "How to Heal a Hiatal Hernia"
<b>26</b>	High Lunge	Right hip pain with right leg bent and weakness getting out of posture on side of weakness	Psoas  Rectus Femoris  Tensor Fascia Latae	Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D  Hip Fix Ankle Fix  Hip Fix Ankle Fix Illiotalband Band Fix
<b>27</b>	Handstand	Unstable elbow	Supinator	Elbow Punch Fix Elbow Torque Fix
<b>28</b>	Lotus	Hip Pain on side of weakness	Psoas  Rectus Femoris  Tensor Fascia Latae	Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D  Hip Fix Ankle Fix  Hip Fix Ankle Fix Illiotalband Band Fix
<b>29</b>	Mountain	Shoulder Rolls Forward  Chin is Forward	Bellies of Middle, Superior and Inferior Divisions of Middle Trapezius	Clavicle Fix Liver Fix Connective Tissue Strap Procedure B
<b>30</b>	Pigeon	Front Ankle collapses on side of weakness	Peroneus Tertius or Popliteus	Knee Fix Meniscus Fix

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
31	Pigeon	Pain in butt on side of weakness	Glute Medius  Piriformis	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D  Piriformis Fix Sacro-iliac Ligament Fix
32	Pigeon	Pelvis does not rest on or near floor and is very tight on bent leg side of weakness	Glute Medius  Piriformis	Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D  Piriformis Fix Sacro-iliac Ligament Fix
33	Plank transitioning into Up Dog	Fall during transition	Latissimus Dorsi  Infraspinatus Supraspinatus	Latissimus Dorsi Fix Side Stretch Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D  Shoulder Fix
34	Plank transitioning into Chataranga (low push-up position)	Shoulder blade rapidly moves to midline and transition feels unstable on side of weakness	Latissimus Dorsi	Latissimus Dorsi Fix Side Stretch Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
35	Plank	Bilateral low back pain	Psoas  Rectus Femoris  Tensor Fascia Latae	Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D  Hip Fix Ankle Fix  Hip Fix Ankle Fix Illiotalibial Band Fix
36	Runner's Lunge	Heel Pain	N/A	Soleus Massage Fix Soleus Stretch Fix
37	Seated Forward Fold	Low back pain	Transverse Abdominus	Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
38	Shoulder Stand (For safety reasons, do not evaluate this posture unless client is a yoga instructor)	Pain at C-7/T1	Upper trapezius	Cranial Fix Guided Neck Stretch Fix Occiput Glide Fix CT Strap Procedure C

	POSTURE	DYSFUNCTION	MUSCLE TEST	QSF
39	Squat Pose	Hip hurts and drops on side of weakness going down into Squat Pose	<p>Psoas</p> <p>Rectus Femoris</p> <p>Glute Medius</p>	<p>Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D</p> <p>Hip Fix Ankle Fix</p> <p>Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D</p>
40	Standing Back Bend	Sacral Pain	Quadratus Lumborum (right and/or left side)	Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
41	Tree Pose	Wrist tremor with hands over head	<p>Psoas</p> <p>Rectus Femoris</p> <p>Tensor Fascia Latae (right and/or left side)</p>	<p>Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D</p> <p>Hip Fix Ankle Fix</p> <p>Hip Fix Ankle Fix Illiotalband Fix</p>
42	Tree Pose	Bent leg moves up and down and straight leg ankle wobbles	<p>Glute Medius (right and/or left side)</p> <p>Piriformis (on straight leg side)</p>	<p>Foot Fix Illiotalband Fix CT Strap Procedure A CT Strap Procedure D</p> <p>Piriformis Fix Sacro-iliac Ligament Fix</p>

43	Tree Pose	Breaking at apex of waist	Multifidus (right and/or left side)  Transverse Lower Abs (right and/or left side)	Iliotibial Band Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D  Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
44	Triangle	Head moving/neck pain	Upper Trapezius (right and/or left side)	Cranial Fix Guided Neck Stretch Fix Occiput Glide Fix CT Strap Procedure C
45	Triangle	High shoulder near armpit in the area of the origin of the latissimus dorsi drops to the floor	Latissimus Dorsi: all three levels (same side of weakness)	Latissimus Dorsi Fix Side Stretch Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D
46	Up Dog	Wrist pain	Opponens	Wrist Fix
47	Warrior	Pelvis rolls to side of weakness	Transverse Abdominus	Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D



48	Warrior II	Front thigh will not go down parallel to floor	<p>Psoas</p> <p>Rectus Femoris</p> <p>Tensor Fascia Latae</p>	<p>Hip Fix Ankle Fix CT Strap Procedure A CT Strap Procedure D</p> <p>Hip Fix Ankle Fix</p> <p>Hip Fix Ankle Fix Illiotalband Fix</p>
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Note: Greg Tinkle states that four yoga postures are all that we need to evaluate yoga posture dysfunctions. The four postures are Downward Facing Dog, Tree pose, Chair and Pigeon Prep. Dr. Clay has added Chaturanga to this list.

## ADVANCED TARGETED MUSCLE TESTING ABNORMAL STANDING ON ONE LEG BALANCE CHART

	Posture Abnormality	Associated Muscle Weakness	Quick Self Fix(es)
1	Ankle unstable	<p>Peroneus Tertius</p> <p>Peroneus Longus (<b>not in TMT book, find in contemporary muscle testing literature</b>)</p> <p>Tibialis Posterior (<b>not in TMT book, find in contemporary muscle testing literature</b>)</p>	<p>Knee Fix</p> <p>Meniscus Fix</p> <p>Fibula Fix (see page ?)</p>
2	<p>Unstable knee</p> <p>Unstable knee</p>	<p>Popliteus</p> <p>N/A</p>	<p>Knee Fix</p> <p>Meniscus Fix</p> <p>Soleus Origin Massage Fix (see page ?)</p>
3	Unstable hip joint	<p>Rectus Femoris</p> <p>Psoas</p> <p>Tensor Fascia Latae</p> <p>Glute Medius</p> <p>Piriformis</p>	<p>Hip Fix</p> <p>Ankle Fix</p> <p>Hip Fix</p> <p>Ankle Fix</p> <p>CT Strap Procedure A</p> <p>CT Strap Procedure D</p> <p>Hip Fix</p> <p>Ankle Fix</p> <p>Illiotalband Fix</p> <p>Foot Fix</p> <p>Illiotalband Fix</p> <p>CT Strap Procedure A</p> <p>CT Strap Procedure D</p> <p>Piriformis Fix</p> <p>Sacroiliac Ligament Fix</p>

	Posture Abnormality	Associated Muscle Weakness	Quick Self Fix(es)
4	Pelvis swaying laterally at sacrum and L5	Transverse Lower Abdominus  Quadratus Lumborum Multifidus	Transverse Abdominal Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D  Illiotalband Fix Side Stretch Fix Pelvic Fix CT Strap Procedure A CT Strap Procedure D
5	Unstable at T12-L1 area	Latissimus Dorsi(Superior, Middle, Inferior Division)  Lower Trapezius, Medial Division	Latissimus Dorsi Fix CT Strap Procedure A CT Strap Procedure B CT Strap Procedure D  Latissimus Dorsi Fix CT Strap Procedure B

**Two Important Quick Self Fixes Not in Quick Self Fixes Book**

- **Fibula Fix** (not in Quick Self Fixes book) : The Fibula Fix makes posterior tibialis and peroneus longus instantly strong! This fix commonly corrects a fallen arch. These two muscle tests are not in the Targeted Muscle Testing book and may be found in standard muscle testing literature. Very gently push the top of fibula from front to back and the bottom of the fibula from back to front. Sustain this pressure for 30 seconds. Next, push the top of the fibula from back to front and push the bottom of the fibula from front to back. Sustain this pressure for 30 seconds. This is a “Indirect Technique” from Osteopathy. Basically, one of these two techniques is pushing the fibula the wrong way. The Fibula pushes against you and finds its way into its proper positioning, one can feel the bone subtly moving. If you push too hard, this technique does not work.
- **Soleus Origin Massage Fix** (not in Quick Self Fixes book): Clearing tenderness in the proximal soleus (which is inside the knee joint capsule) is a magical knee fix when nothing can be found wrong with the knee and knee pain continues. Pressure in with deep thumb contact on the middle of the head of the soleus muscle. Grip fingers around the lateral proximal lower leg. Rock the foot up and down to move the soleus under your thumb contact. Commonly this is very painful.



# **Chapter 3**

## **Subtle Muscle Testing and Subtle Muscle Palpation**



## Subtle Muscle Testing

To start, follow the instructions for testing Anterior and Middle Deltoid Muscle sections.

(TMT book pages 7-10)

Gently apply a superior to inferior pressure on the distal forearm with the arm five degrees above parallel to the floor (95 degrees).

Glide the arm lateral to medial and medial to lateral in the horizontal plane covering all of anterior and middle deltoid sections.

Notice where the arm “dips” and drops slightly superior to inferior.

This is the location of muscle weakness in the deltoids.

Targeted Muscle Testing muscles which may be Subtle Muscle Tested include all anterior and middle deltoid sections, biceps brachii, three middle trapezius sections, and three latissimus dorsi sections. Confirm weakness is present using Targeted Muscle Testing.



## How To Isolate Weak Muscle Sections

After the practitioner has confirmed that a deltoid muscle weakness is present using TMT, he or she proceeds to discover the boundaries of this muscle weakness by boxing in the area of weakness. Is the whole muscle weak or is only a section of the muscle weak? Subtle Muscle Testing or Subtle Muscle Palpation may have discovered an area of extreme weakness in a weak muscle and the whole muscle may test weak!

Normally the entire muscle is not weak and only specific sections within the muscle are weak. Muscle test the range of deltoid weakness by testing a few degrees lateral and a few degrees medial to the previously weak muscle section found. Locate the margins of the weak muscle section. If testing slightly lateral or medial to the weak muscle area is still weak, continue to repeat muscle testing, further, until you find the border of muscle weakness. This indicates a margin of the weak muscle section or until the muscle has been tested, and found to be completely weak in that direction.

Deltoids and biceps brachii are boxed in, in the horizontal plane. Middle trapezius is boxed in, in the vertical plane. Latissimus dorsi is boxed in, in a hemi-circular range.

## Subtle Muscle Palpation (SMP)

To understand Subtle Muscle Palpation, one must first understand the nature of skin turgor.

The muscular system is a community of electrically charged fluid-filled cells (“sacs of juice”) which innately suspend an endoskeleton in a sea of tone.

In regards to a living cell, turgor is the physiological property defined as the tension produced by a cell’s fluid contents pressure against the cell’s membrane. In SMP, turgor is palpated as the degree of tension of skin over a muscle.

### Exercise 1:

Lightly palpate the surface tension or turgor of a drop of water. This palpation is light enough to evaluate the water drops turgor without disrupting the round shape of the water droplet.

The collective turgor of skin over strong parts of muscles is very different than the turgor over weak parts of muscles.

The turgor over healthy and strong muscle sections is springy, firm and responsive, striking a functional middle zone between spasm and edema. While turgor over weak dormant sections of muscles feels more like edema, is flaccid and unresponsive.

### Exercise 2:

Predetermine a weak pectoralis major, belly of superior division, which does not have “Initial strength”.

Upon visual inspection, one can often see that the belly of pectoralis major, superior division is circular and concave about the size of a quarter. Keep searching for a person who has this visible, yet shallow concavity in this muscle section. Gently, with a very light contact, brush a middle finger over the concavity and it’s outer most borders. Wow! Notice how different weak versus strong sections of muscles palpate! Gently tap with one finger over weak concavity versus strong areas around the concavity and visually notice how different the tissue’s response is to tapping. Weak sections are soft and flaccid while strong sections are springy and firm.



### Exercise 3:

Gently brush a middle finger over the anterior and middle deltoid muscle sections focusing on the bellies. Notice how different strong versus weak muscle sections palpate.

Verify the presence and boundaries of weakness using “Subtle Muscle Testing” (page 30) and “Targeted Muscle Testing” and “How to Isolate Weak Muscle Sections” (page 30).

Subtle Muscle Palpation is so easy now that you know how!

Practice tapping each vertebrae of the spine and notice areas of flaccidity. This pinpoints where vertebrae are subluxated (out of place). **For Chiropractors, push the subluxated vertebra into the correct line of drive to thrust into and notice that the flaccid muscle tissue becomes firm and turgid. For Massage Therapists, follow the protocols for “Lumbar Connective Tissue Stretch” (Posture 16), “Thoracic Connective Tissue Stretch” (Posture 17) and “Upper Cervical Connective Tissue Stretch” (Posture 18) in Dr. Clay’s book “Assisted Stretching Postures from Thai Massage on the Massage Table”.**



Subtle Muscle Palpation is a refinement of the principles of clinical muscle testing. Through subtle palpation of muscle tone, the trained Targeted Muscle Testing practitioner knows exactly where muscle weakness is located, and can prove the presence of this muscle weakness by performing specific muscle tests that are exactly in line with the weak muscle fibers found through SMP. Subtle Muscle Palpation is not only more accurate than standard muscle testing, it is also much quicker.

Vary a strong muscle test a few degrees in multiple directions... and wow! The muscle test now locates a muscle weakness which would have otherwise been overlooked. To blindly test each section of each muscle is much too time consuming and labor intensive for both practitioner and client. Subtle Muscle Palpation is much faster and easier. Subtle Muscle Palpation is also more objective than clinical muscle testing because the client is less involved in the test.

### **What To Do When A Student Is Unable To Palpate Subtle Variations In Muscle Tone**

Their hand is probably numb. Pinch their greater thenar eminence (the meaty part of the hand next to the thumb). Next, pinch the middle of the ventral (palm side) forearm. If sensation is less in the hand than in the forearm, the hand has numbness.

Do these fixes:

- Wrist Fix
- Elbow Punch Fix
- Clavicle Fix (for Pectoralis Minor Syndrome)
- Occiput Glide Fix (most important)

Recheck hand pinch test compared to forearm pinch test. The hand should now have full sensation. If not, use the other hand to palpate.



Wrist Fix



Elbow Punch Fix



Clavicle Fix



Occiput Glide Fix

## Advanced Subtle Muscle Palpation

Turgor is defined as the consistency of living tissue. Turgor is felt as the skin's surface tension over a muscle. The tension over a weak muscle will dip in, while over a strong muscle it feels firm and full. With four finger tips of one hand, the practitioner contacts the skin over muscles in the client's dorsal (opposite palm side) forearm. The client's arm is at rest by the client's side.

The practitioner observes how the client's turgor feels in this forearm. Focused concentration for this procedure is necessary. The practitioner maintains this contact on the client's arm just described, and at the same time, with the middle finger of the other hand, very gently and rapidly taps over the client's anterior and middle deltoid muscle bellies in the other arm. The practitioner is searching for weak muscle sections in the anterior and middle deltoid muscles. This weakness is indicated by palpating turgor changes in the opposite forearm.

While performing the above actions, the practitioner observes the correlations between tapping the skin over specific groups of anterior and middle deltoid muscle fibers and the induction or non-induction of associated changes in the client's forearm muscle turgor, i.e., from strong, turgid (dense/full feeling) to weak and less turgid (dipped/indenting/hollow feeling), and from less turgid to more turgid, as different groups of deltoid muscle fibers are being touched with the other hand.

These changes in turgor are often perceived as the practitioner's finger tips sinking into the skin over muscles (less turgid) and then the finger tips being pushed out of muscles (more turgid). It is helpful to tap rapidly over the bellies of the anterior and middle deltoid muscles to create more of a stimulus pulse in the tone of the indicator forearm muscles, as muscles go quickly from strong to weak to strong again.

When the practitioner contacts specific groups of weak muscle fibers, the entire turgor of the client's muscular system becomes measurably less turgid. When the practitioner contacts specific groups of strong muscle fibers, after contacting groups of weak muscle fibers, the entire turgor of the client's muscular system changes from a less turgid, hollow or sinking-in feeling, to a measurably more turgid, firm and full feeling.

These changes in turgor may be palpated or felt at the skin over the client's strong indicator muscles in the arm, or over any other strong muscle in the client's body.

The entire muscular system goes weak when a compromised area of the body is touched.

Confirm findings of suspected weak sections of muscles with "Subtle Muscle Palpation" (pg. 31), "Subtle Muscle Testing" (pg. 30), "How To Isolate Weak Muscle Sections" (pg.30), and "Targeted Muscle Testing".

This level of awareness makes us much better diagnosticians of muscle weakness!

Read the last paragraph under “History of Muscle Testing Associated with Targeted Muscle Testing” on page ii, paragraph seven, in the Targeted Muscle Testing book. Most of the following muscle tests were developed by Alan Beardahl, D.C and may be found in his series of books on Clinical Kinesiology. See [www.ClinicalKinesiology.com](http://www.ClinicalKinesiology.com)

By becoming competent at testing our 31 Targeted Muscle Tests, you are a “Targeted Muscle Tester”. If you only know the 31 Targeted Muscle Tests, you are not a well rounded muscle tester. Occasionally I find it necessary to muscle test outside of the scope of Targeted Muscle Testing. When I do, the following muscle tests are my go to list.

## **OTHER IMPORTANT MUSCLE TESTS NOT IN THE TARGETED MUSCLE TESTING BOOK**

- Biceps Femoris, Long Head
- Biceps Femoris, Short Head
- Coracobrachialis
- Deltoideus, Posterior, Lateral Division
- Deltoideus, Posterior, Medial Division
- Gluteus Maximus, Coccygeal Division
- Gluteus Maximus, Iliac Division
- Gluteus Maximus, Sacral Division
- Gluteus Medius, Anterior Division
- Gluteus Medius, Middle Division
- Gluteus Minimus, Anterior Division
- Gluteus Minimus, Posterior Division
- Levator Scapula, Inferior Division
- Levator Scapula, Superior Division
- Lower Trapezius, Lateral Division
- Pectoralis Major, Costal Division
- Peroneus Longus
- Pronator Teres, Humeral Division
- Psoas Major, Thoracic Division
- Rectus Femoris, Reflected Head
- Rhomboid Major
- Satorius
- Semimembranosus
- Semitendinosus
- Subscapularis, Third Division
- Supraspinatus, Fossa Division
- Teres Major, Superior Division
- Teres Minor
- Tibialis Anterior, Supinator Division
- Tibialis Posterior, Tibial Division
- Transverse Abdominal, Upper Division
- Triceps, Lateral Head
- Triceps, Long Head
- Triceps, Medial Head
- Upper Trapezius, Clavicular Division

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*Camden Clay, D.C.*









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