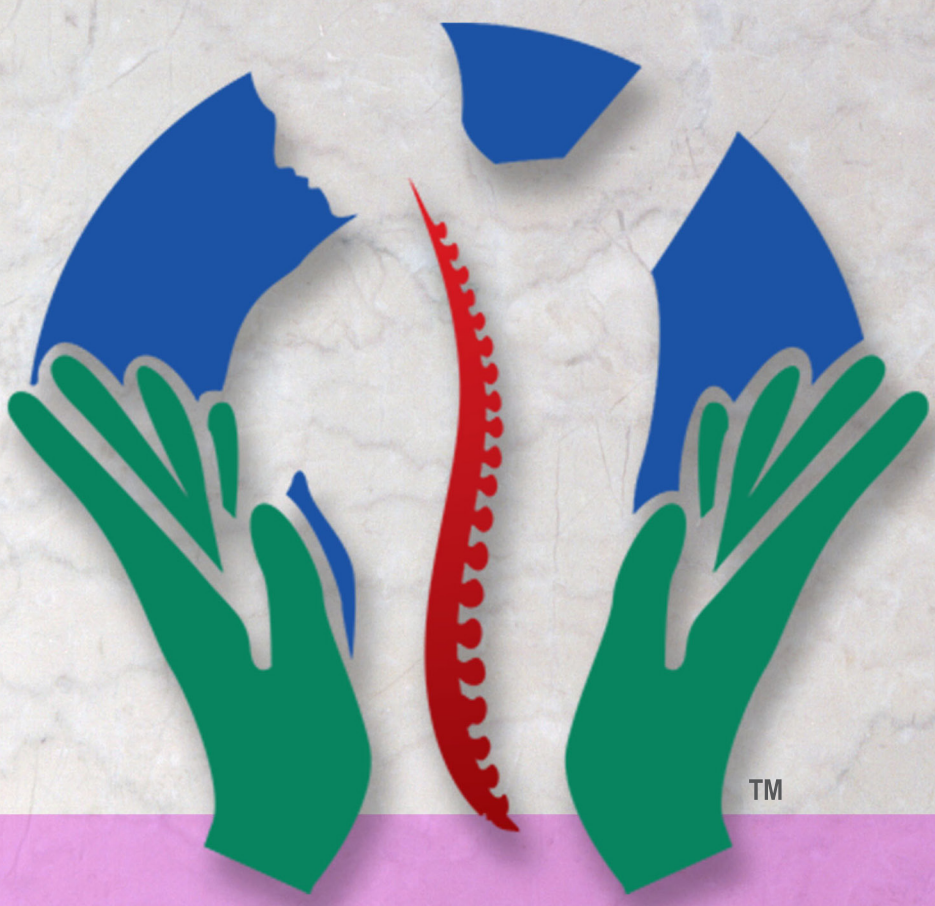


Scoliosis Resolution™

Dr. Cassius Camden Clay, *Chiropractor*

Dr. Cassius Camden Clay - Chiropractor
Atlanta, GA, USA
404-808-4280
Help@QuickSelfFixes.com
www.QuickSelfFixes.com

9am-12pm
Check
QuickSelfFixes.
com for upcoming
dates

SCOLIOSIS RESOLUTION CAMP

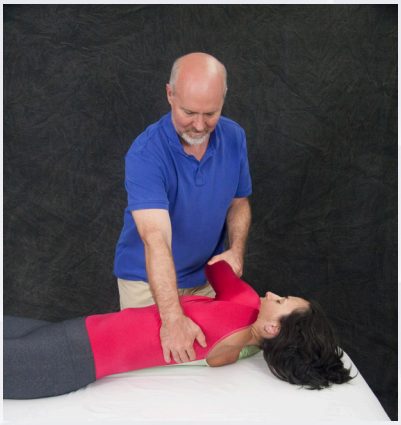
Free! Donations accepted to fund Scoliosis X-Ray Documentation Website Project

Dr. Clay has discovered that several assisted stretching postures from Thai Massage (when applied with the concept of "indirect technique" from the osteopathic profession) resolve or significantly improve most mild to moderate scoliosis in minutes, this is true even when the curvature has been present for decades! We invite you to screen your family, friends and students for abnormal spinal curvatures and send them on over for a morning of fun, food and scoliosis resolution with Dr. Clay and his team. Some participants may receive chiropractic adjustments to augment their scoliosis resolution. Scoliosis Improvements made may be maintained long term by self-stretching of spinal connective tissue with the Connective Tissue Strap. The CT strap technology emulates the assisted stretching postures which correct scoliosis and more.

If you want to learn these techniques as a practitioner,
come for the full session starting at 9:00am.

Please call 404-808-4280 if you have any questions

Please RSVP by calling the number above or signing up online at
www.QuickSelfFixes.com



DR. CAMDEN CLAY,
CHIROPRACTOR

LOCATION:
DR. CAMDEN CLAY'S OFFICE
141 W. WIEUCA RD. NE
SUITE 100A
ATLANTA, GA 30342

WWW.QUICKSELFFIXES.COM

TABLE OF CONTENTS

Introduction 1

Scoliosis Definitions 1

Dr. Clay's Scoliosis Categories 1

How to Screen for Scoliosis 2

Scoliosis Resolution Instructions 3

Assisted Stretching Safety Rules 4

Thoracic Connective Tissue Stretch 7

Lumbar Connective Tissue Stretch 8

Introduction to Connective Tissue Strap Procedures A and B 9

Connective Tissue Strap for Low Back 10

Connective Tissue Strap for Lower 20 Ribs and Thoracic Spine Ligaments 14

How to Make Two Connective Tissue Straps 18

INTRODUCTION

I am Dr. Camden Clay,Chiropractor and in 2010, I discovered "Scoliosis Resolution". I was treating a 15 year old female who had a severe-mild double scoliosis. Simple in the thoracic spine and rotatory in the lumber spine. The thoracic spine cleared with standard chiropractic treatment protocols. After multiple attempts at resolving the lumbar scoliosis , I gave up. As I was treating her by stretching her lumbar aponeurosis (connective tissue), I was explaining as she laid facing down that her scoliosis wasn't going to get better and that I was giving up. As long as she played "bat girl" and regularly hung upside down for spinal traction on the Invertrac; as long as she kept her core muscles strong and back muscles strong and avoided high impact exercise, she would probably live a relatively comfortable life. As I was completing this depressing lecture, I made note that the lumbar scoliosis was amazingly gone! So, I researched for the next seven years how to clear scoliosis. I developed this highly successful protocol for dramatically improving or resolving moderate to mild scoliosis using "Lumbar Connective Tissue Stretch" and "Thoracic Connective Tissue Stretch" from my course "Assisted Stretching Postures from Thai Massage". I also developed a system of self spinal stretching techniques which maintain scoliosis improvement or resolution long term. These procedures are the "Connective Tissue Strap Procedures A and B" from my "Quick Self Fixes" Program entitled "Spine Yoga - the Connective Tissue Strap Routine".

The best part about Scoliosis Resolution is I can teach how to do both the scoliosis resolution and the self maintenance part to anyone with a brain who is in reasonably good physical condition in a three hour workshop. Wow, how cool is that!

The presence of scoliosis is epidemic. Conservatively speaking, at least one in five people that I evaluate have scoliosis to some degree.

See https://youtu.be/utO_BLfsByA, this guy got over 27 million views doing his severe scoliosis treatment!

Scoliosis Definitions

Simple Scoliosis-
abnormal spinal curvature without spinal rotation
Rotatory Scoliosis-
abnormal spinal curvature with spinal rotation causing elevation on one side of the spine(This elevation may be over developed muscles compensating for the scoliosis which eventually shrinks in size.)
Structural Scoliosis -
the spinal bones grew that way and Scoliosis Resolution does not work
Functional Scoliosis -
the connective tissue tension pulled the spinal column into an abnormal curvature and Scoliosis Resolution does work

Dr. Clay's Scoliosis Categorizations

These categories are based upon physical palpation and visualization without X-Ray.

Mild Mild	Moderate Mild	Severe Mild
Mild Moderate	Moderate Moderate	Severe Moderate
Mild Severe	Moderate Severe	Severe Severe

How to Screen for Scoliosis

- Even in the event of a severe scoliosis, the person's eyes remain directly centered over their midline. Standing erect with the scoliosis takes a whole lot of muscle effort to keep the eyes centered over the midline. This can be exhausting for the spinal muscles.
- Prior to touching a person's spine, ask for their permission " May I put my hand under your shirt in back and touch your spine?"
- Starting at T1, where the neck meets the upper back, run your middle finger and index finger in the lamina grooves all the way down to L5, which is where the spine meets the pelvis. The lamina grooves are actual grooves in the vertebrae. They are on either side of the spinus processes which protrude backward from the very center of the spine. On obese people or exceptionally muscular people, you must push your fingers deeper into the lamina grooves to palpate the vertebrae. Start with the person's head flexed forward; as you run your fingers down the lamina grooves, have the person simultaneously move their body further into flexion as if reaching to touch their toes. You may also ask them to arch their back like a scared cat.
- When the spine is muscularly over developed on one side or the spine is severely rotated, evaluate the spine by running only your index finger down the lamina groove on the shallow side of the spine.
- You may need to brace their buttocks with your hip to compensate for the force of your hand on their spine so that the person does not fall backward.
- Visually notice if you can see the presence of a scoliosis. If so, take a photo of the scoliosis pre and post "Scoliosis Resolution".
- If it is a rotatory scoliosis, meaning that the spinal column has rotated, a section of the spine on one side may be significantly elevated and appear larger than the other side.
- After completion of the scoliosis resolution process, there may be an almost unnoticeable mild, mild, scoliosis. The question is- Is it Within Normal Limits(WNL)? Within Normal Limits means that if you didn't know it was there and you were checking it for the first time, you wouldn't know it was there. That would be WNL!
- Scoliosis Resolution is sometimes unbelievable, particularly when a scoliosis is significant and has been there for decades. Within just a few minutes with a light touch the Scoliosis is dramatically improved or gone. For validation purposes, it is important to have another person present to validate the scoliosis correction or the person may think you are not telling the truth!
- Repeat the physical examination several times. When a Scoliosis is present, grade it accordingly to "Scoliosis Definitions" and "Dr. Clay's Scoliosis Categories" on page one. If rotatory, list which side and where the rotation starts and ends and grade the elevation to "mild", "moderate" or "severe". Also, document where the curvature begins and ends. Include where the apex of the curve is located and whether the apex point is to the right or left.

For Example: Moderate Mild Scoliosis -T12 to L3, Rotatory - high on right-T12-L2, Apex points left at L3.

Scoliosis Resolution Instructions

- Informed consent - Inform the person that resolving a scoliosis which they have had for a long time may lead to a period of spinal discomfort as overdeveloped muscles, atrophy, and under developed muscles get stronger.
- During Scoliosis Correction, using either "Lumbar Connective Tissue Stretch" for the lumbar spine or "Costol Vertebral Ligament Stretch" for the thoracic spine, apply pressure at the apex of the curvature, pushing or pulling the apex to make the curvature worse. The bodies connective tissue is truly one piece. The entire connective tissue tree will resist against you. If you push or pull too hard, this technique does not work. You must allow the body as it pushes or pulls against you to win.
- Miraculously, you will feel the scoliosis slowly straightening under your contact. It generally only takes a few minutes. The practitioner must be super focused during this procedure. This technique models a concept of bone manipulation from Osteopathy called "Indirect Technique". The Osteopath gently pushes the bone farther out of place and the bone pulls itself back into place! This is well demonstrated with a subluxated fibula which causes observable weakness in posterior tibialus and peronius longus muscles. Once the fibula subluxation has been resolved with "Indirect Technique" these two muscles become instantly strong. Commonly, improvement in the arch of the foot is observed.
- Sometimes during the scoliosis resolution process, the movement of the spine toward resolution has a pause or multiple pauses as if the body needs to take a rest between spinal movement events. Maintain pressure on the spine until you are sure the process is complete.
- Following treatment, stretch both sides for equilibrium of connective tissue tension using the same stretching technique you used for scoliosis resolution.
- Occasionally, Chiropractic adjustments are necessary to complete the process.
- Occasionally, after a successful Scoliosis Resolution Procedure, the person gets very emotional and needs time to integrate the positive physical change. One person exclaimed "That monkey's been on my back for 40 years and now he is gone!"
- Spinal curvatures are easier to clear than spinal rotation. Spinal vertebrae get bigger and bigger going from top to bottom for the purpose of weight bearing. So, resolving the curvature in terms of the weight bearing is more important than resolving the spinal rotation. I make note that regularly the appearance of spinal rotation goes away or becomes much less over time. It is probable that in some cases it is not spinal rotation causing enlargement on one side of the spine; it is muscular over-development.
- A follow-up check-up is important. Some people may need the scoliosis resolution again; particularly if they are not performing the Connective Tissue Strap procedure(s) properly and/or regularly.
- When a scoliosis spans both the lower thoracic spine and the upper lumbar spine, successful treatment may include the "Thoracic Connective Tissue Stretch" and/or the "Lumbar Connective Tissue Stretch."

Assisted Stretching Safety Rules
NO PAIN, NO PAIN

No Pain, No Pain means that at no time during a stretch should you feel pain, or your client feel pain. Pain means you are doing something wrong and may cause injury, either to yourself or to your client. Instruct the client to say stop or lighten up if there is any pain. Not every client will even tell you they have pain, so watch their faces for red flushes (1st sign), pupil dilation (if you can see them), wincing, etc. If you have caused any pain, ease out of the posture slowly.

Exercise 1: As a target point for eliciting pain, apply deep trigger point pressure into the head of a soleus muscle to stimulate a sympathetic body response. As pain occurs, the skin hue in the face will suddenly change to a darker or redder hue. This is caused by vaso-dilation and is almost instantaneous. The skin hue change is more evident in lighter skin tones and can also be seen in darker skin tones with practice. Sudden pupil dilation also occurs and is observable. Choose a light skinned, beardless person who is not wearing make-up to practice on.

The following rules are the standard for achieving the goal of "No Pain, No Pain"
1. Be Prepared
2. Go Slowly
3. You're Number One
4. Look Pretty
5. Never Trust Anyone
6. Just Be Nice

1. Be Prepared means that you keep yourself in good shape to physically and mentally to be able to do Assisted Stretching safely. Stretching people of various sizes, especially those bigger than you, and working with multiple people per day is strenuous work similar to working on the "Chain Gang". Keep your own body strong, stretched, rested and with balanced blood sugar. To enter another person's energy field safely, you must be clear and focused.

2. Go Slowly means that all stretches should be done at a leisurely pace so that a client can tell you if a position becomes uncomfortable before it becomes painful. Dr. Clay's style is a pin then stretch, hold and wait style. When you first pin, and then stretch, as opposed to pinning AND stretching simultaneously, you cut the speed of your movements in half. It is important to release a stretch as slowly as you entered it. Going slowly, even walking slowly as you approach your client, subconsciously builds trust in the client; trusting that you will not do something sudden which may be harmful.

3. You're Number One means that you don't convert a client's pain into your pain! At no time should you ever do a stretch that is uncomfortable for you or may cause you pain or injury. It is better to simply not do some stretches if the mechanics of working with that particular client prohibit their safe execution. Take care of yourself first or you will not be able to stay in this field.

4) Look Pretty means that the therapist practices proper ergonomics by paying attention to his or her own body mechanics. The instructor of this course will help you with this.

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. Ballet dancers also focus on spinal elongation as if hanging from a string attached to the middle of the head.

5) Never Trust Anyone simply means that you, the therapist, are 100% responsible for safety.

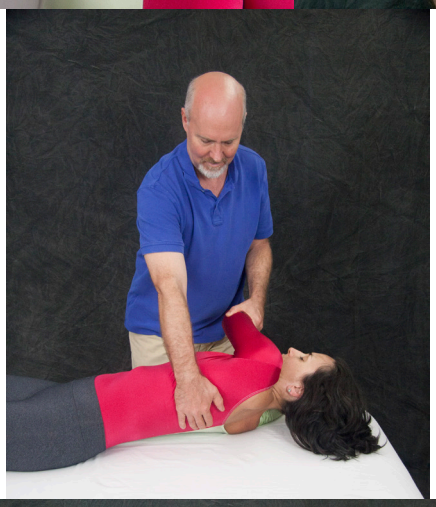
6) Just Be Nice. Commonly, Assisted Stretching practitioners on their journey to competency have a phase of stretching clients with too much force, thinking that more force is better. It is quite the opposite. Too much force causes the client to be tense, which prevents deep stretching and too much force can cause pain and harm. Stay just below the client's threshold for discomfort. It takes some practice to become competent at this.

First, do the Scoliosis Correction using "Thoracic Connective Tissue Stretch" focused at the Apex of the Scoliosis, pulling to make the curvature worse. Next, do "Thoracic Connective Tissue Stretch T12 to T1 on both sides to balance the thoracic spine and ribcage following Scoliosis Resolution.

Thoracic Connective Tissue Stretch

FIRST PIN:

- Client places hand closest to therapist under head.
- Therapist pulls other arm to roll the client up.
- Therapist switches hands, where the hand pulling the client up now contacts the rib(s).
- Therapist's hand contacts client's rib neck with middle, index, and ring finger working together as a gripping unit. (see photo) Contact fingers are in lamina groove medial to the ribhead. Grip is aided by contacting the rib near the junction of the rib neck and rib body as the rib travels posteriorly.
- Therapist stands toward client's head to elongate client's spine during this stretch.



SECOND PIN:

- Therapist contacts client's same side anterior superior iliac spine (ASIS) with the other hand and pins the pelvis to the massage table by pushing downward gently.

THE STRETCH:

- Therapist leans backward and toward the client's head to stretch each rib head away from the spine one rib at a time.
- Each rib requires a new stretch, working your way from lower ribs to higher ribs.
- Start at T12 and work up to T1. Do all on one side and then do all of the other side.

THERAPIST ERGONOMICS:

- Elongate spine.
- Arms straight.
- Shoulder of stretching arm is drawn in and backward.

NOTES:

- Therapist may contact segments of client's hemi-ribcage with therapist's whole hand to mobilize groups of ribs versus one rib at a time. Always elongate the client's spine, when torquing the spine.
- Therapist may improvise by using both hands on Client's ribcage on larger Client's who do not roll up and hence do not need to be pinned down.

First, do the Scoliosis Correction using "Lumbar Connective Tissue Stretch" at the Apex of the Scoliosis, pulling to make the curvature worse. Next, do "Lumbar Connective Tissue Stretch" to balance the Lumbar Spine following Scoliosis Resolution.

Lumbar Connective Tissue Stretch

THE PIN:

- Client needs head cushion.
- Client lies on side with bolster under top leg; bottom leg is straight.
- Therapist is in a lunge position behind client at lumbar spine and faces toward lumbar spine.
- Therapist contacts high lamina groove of L3 with a thumb on thumb contact and pushes posterior to anterior in the high lamina groove to full tension.
- Lumbar facets align in the saggital plane. So, pushing posterior to anterior is in line with the lumbar facets.

THE STRETCH:

Part A

- Therapist pushes posterior to anterior in the high lumbar lamina groove to full tension.
- Lumbar facets align in the saggital plane. So, pushing posterior to anterior is in line with the lumbar facets.
- This pin stretches lumbar inter-vertebral ligaments, synovial membranes and inter-vertebral discs.

Part B

- Therapist stretches the lumbar aponeurosis, a thick leather-like covering over the low back.
- Therapist continues pushing posterior to anterior in the lamina groove.
- Therapist pulls lumbar aponeurosis from a medial to lateral direction(which is toward the sky in this side lying position)to arch the aponeurosis over quadratus lumborum.
- Hold this stretch until you feel a connective tissue softening or release. This is a small movement.
- Repeat this procedure for L5 and L1, L2 and L4.

THERAPIST ERGONOMICS:

- Elongate spine.
- Arms are straight.
- The "push" is accomplished from therapist's hips lunging forward, not by using upper body strength

NOTE:

- This posture is a "Master Fix" and usually makes all weak muscles found instantly strong!
- When fixated vertebrae are discovered through motion palpation, spend extra time stretching to resolve the fixation(s).

INTRODUCTION TO SPINE YOGA
UNWIND THE SPINE
CONNECTIVE TISSUE STRAP PROCEDURES A AND B

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

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

The Connective Tissue Strap Procedure A is a Master Fix and usually makes all weak muscles found through Targeted Muscle Testing instantly strong!

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

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

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

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

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

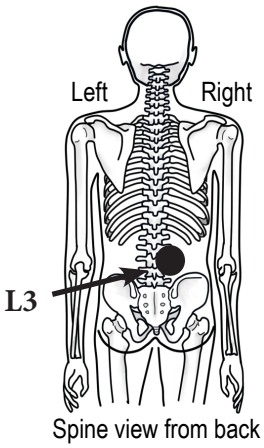
How to create handles with the CT strap is shown on the Quick Self Fixes Video, at the beginning of the chapter "How to make a Connective Tissue Strap."

Instructions for easily making your own CT Strap are located at the end of this book. To order a CT Strap, see www.QuickSelfFixes.com or call 404-808-4280.

[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

KNOW YOUR BODY

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



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

This procedure emulates "Lumbar Connective Tissue Stretch" from Dr. Clay's course "Assisted Stretching Postures from Thai Massage".

CT Strap Procedure A is a Master Fix and usually makes all weak muscles found through Targeted Muscle Testing instantly strong!

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

THE SET UP (for the right side)

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

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

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

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

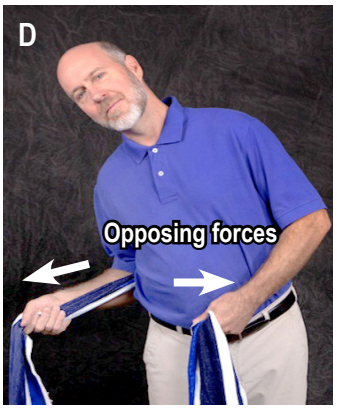
[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

THE FIX (for the right side)

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

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

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

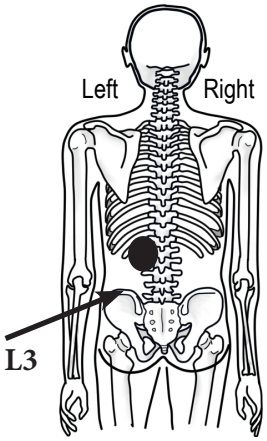


[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

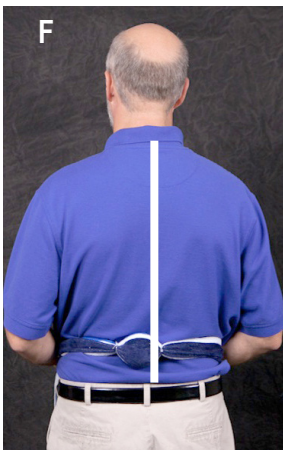
HERE IS THE SAME PROCEDURE FOR THE OTHER SIDE OF YOUR LOW BACK AT LUMBAR VERTEBRA 3 (L3).

THE SET UP (for the left side)

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



Spine view from back



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

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

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

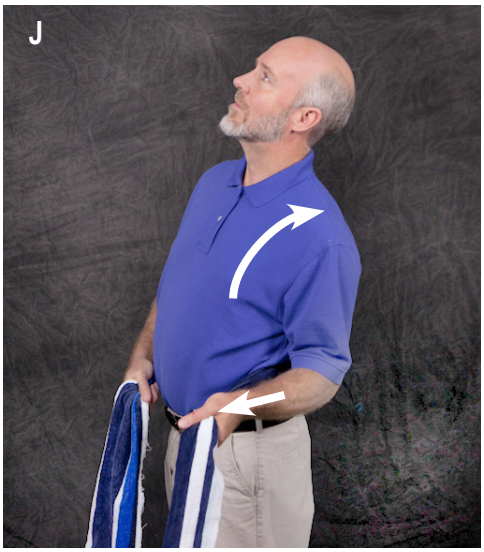
THE FIX (for the left side)

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

[A] CT STRAP FOR LOW BACK CONNECTIVE TISSUE

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

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



CT STRAP KNOT PLACEMENT

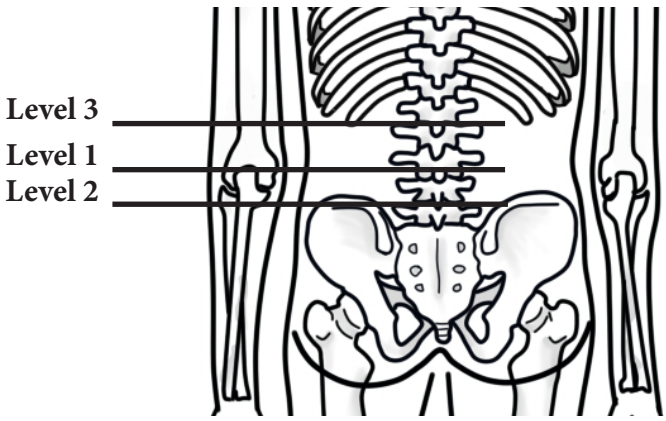
This procedure is performed at three spinal levels on both the right and left sides. You have already done both sides of level 1.

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

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

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

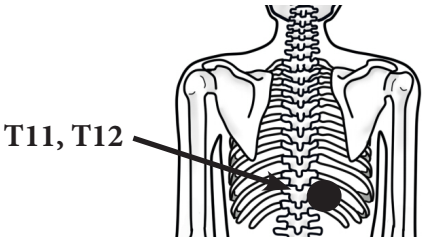
Level 3: Just below the bottom of the ribcage on lumbar vertebrae 1 and 2 (**L1-L2**). First on the spine in the right lamina groove, then on the spine in the left lamina groove.



Spine view from back

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

KNOW YOUR BODY



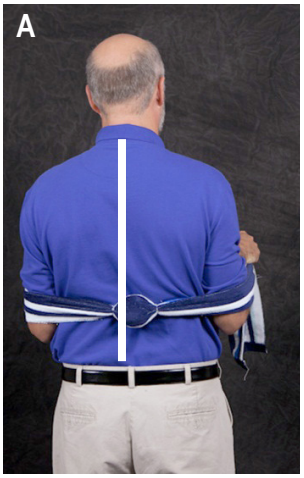
Spine view from back

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

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

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

This procedure emulates "Costo-vertebral Ligament Stretch" from Dr. Clay's book "Assisted Stretching Postures from Thai Massage".



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

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

THE SET UP (for the right side)

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

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

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

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

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

THE FIX (for the right side)

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

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

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

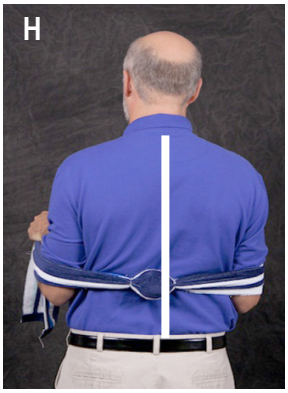
8. **(Photo E)** Now elongate your spine upward. Keeping a firm tension in your right CT Strap, pull the right CT Strap diagonally upward toward the front and hold.

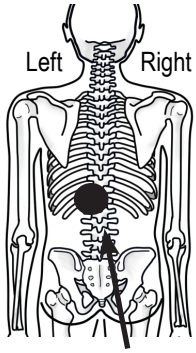
9. **(Photo F)** Rotate your torso to the left by pulling your right CT Strap forward and around to the left.

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

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

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





T11, T12
Spine view from back

THE SET UP (for the left side)

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

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

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

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

THE FIX (for the left side)

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

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

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

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

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

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

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

CT STRAP KNOT PLACEMENT

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

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

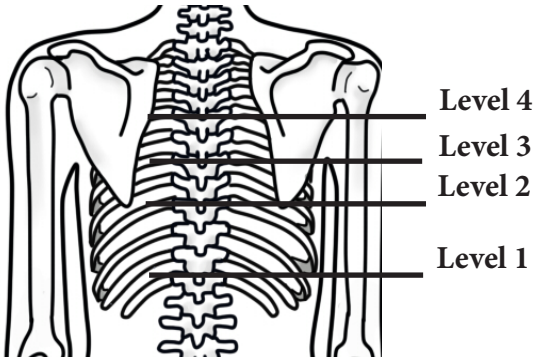
Reposition the CT Strap knot to level 2 and repeat steps 1-10 on the right and left. Next, reposition the knot to level 3 and repeat again on the right and left. Lastly, reposition the CT Strap knot to level 4 and repeat again on the right and left.

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

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

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

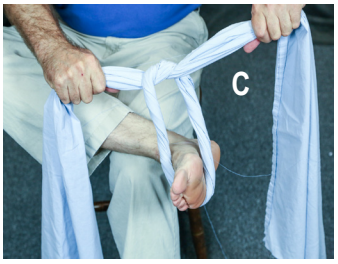
Level 4: Just above the middle of the shoulder blade on thoracic vertebrae 4 and 5 (**T4**, **T5**). First on the spine in the right lamina groove, then in the left lamina groove.

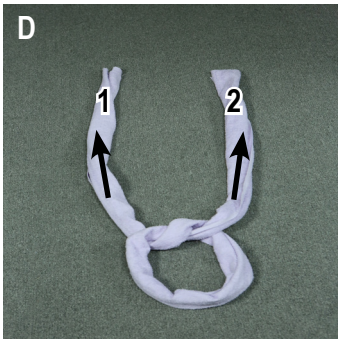


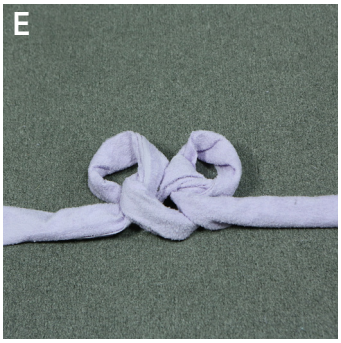
Spine view from back

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

How to easily make an inexpensive Connective Tissue Strap.







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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

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

HOW TO MAKE A CONNECTIVE TISSUE STRAP FROM A BEACH TOWEL

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

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

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

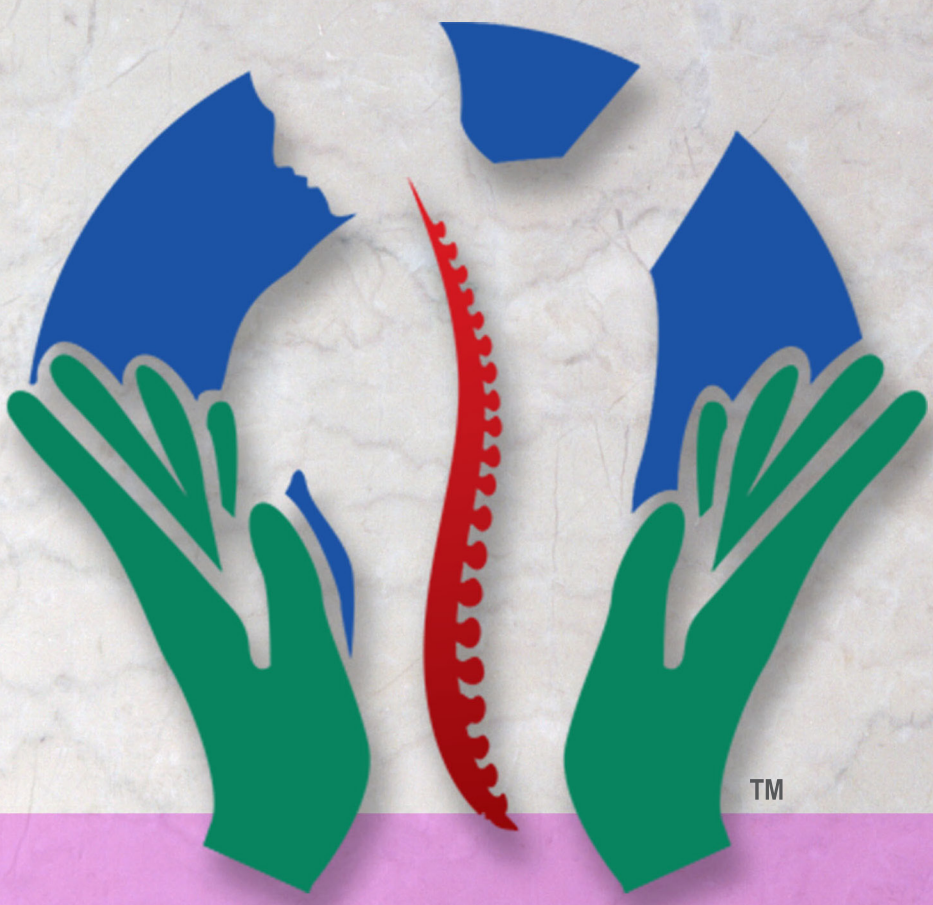
(Photo B) Make a standard loop in the middle of your towel section.

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

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

For further clarity, definitely watch the video instructions on how to make a Connective Tissue Strap from a beach towel.

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



TM