Introduces the Revolutionary

Clinical Overview
ZoneRx™ Optimal Postural Wellness!

Introduction & Philosophy:

Why do some people suffer from chronic back pain and some don’t? Why do some people only have occasional aches in the back and others are plagued with crippling back pain, scoliosis, and disc problems most of their lives?

While research shows about 45% of the population suffers from chronic back problems, it’s estimated by ZoneRX™ inventor, Certified Postural Restoration expert Dr. Ryan Hruska, DPT and PRC, that as much as 95% of the population is posturally imbalanced with certain compensatory patterns locked into the soft tissue or musculature of the body. Such imbalance often results in the over reliance on some muscle groups while others become under-utilized and atrophy. The overworked muscles of the “favored” side often alert the body that something is wrong by complaining via spasms and tightness disrupting proper fluid dynamics in the body (from the lymph to the blood) and causing a twisting of the spine while other key support structures develop a tendency toward right rotational twist of the hips, compression of one side of the ribcage (usually the right) while the other side expands with the thorax and shoulders sometimes twisted in the opposite direction of the right twisted hips (usually to the left). These imbalanced patterns are likened to ruts in the road which the body continues to fall into as the patterns deepen over the years often resulting in a scoliotic event with accompanying (curvature of the spine). There are a couple of key biological functions at play here.

Muscle Imbalance:

The body functions normally when the muscles are in balance. Controlled movement of the arms and legs requires coordinated relaxation and contraction of opposing muscles. For example, raising the forearm requires the biceps to contract and shorten while the triceps muscle relaxes to a degree and lengthens providing just the right amount of opposing tension, which provides control and smoothness of movement; the reverse occurs when the forearm is lowered.

Pain, inflammation and muscle imbalance is not always due to an accident or trauma. In fact it is most often due to use of, or favoring of, one side of the body over the opposite side. This is because our bodies are not designed symmetrically internally. Except in the rarest cases, we all have a very dense postural supporting liver on the right side with hollow structures on the opposite side. We form in the womb around an axis of the heart in the left chest to the liver on the lower right side under our diaphragm. The diaphragm itself has significantly more fibers attached to the right side of the spine (called the Right Crus of Diaphragm) so that our bodies are actually pulled to the right with every breath we take. The attached articles pulled from a major Chiropractic Journal explain these physical asymmetries and their resolution in more detail. The articles discuss the labor intensive manual treatment protocols that take approximately an hour per patient when done without the ingenious automation of the ZoneRX™. The ZoneRX™ accomplishes the same thing with less than 10 minutes of unattended therapy, though many clinicians choose to apply other manual therapy while patients are on the ZoneRX™.

Whether a patient is right or left handed, they are almost always right legged, or in other words, they tend to favor their right side. Postural restoration experts usually find the same imbalance patterns whether the patient is right or left handed, though right handedness often adds to and deepens the imbalance. For example if a person is right handed, increased utilization of that hand in work, home, and play may well result in imbalances, cramping, swelling and pain. Consider a marathon biker gripping the handlebars with his flexor muscles for long periods of time creating cramps so severe that letting go and opening the hands via the under-utilized extensor muscles can be difficult and even painful. The same thing can happen systemically when one side is favored over the other. Right handedness significantly adds to the postural imbalance in most humans though research (such as the aforementioned articles) has shown that the basic asymmetries that naturally occur in the human body are the core cause of imbalanced patterns setting in. One might ask why this is and the answer is that we humans have a spinal engine and
#4: Right Crus of Diaphragm

Above image shows the Right Crus of diaphragm numbered with a 4. Image is transverse view looking from feet toward head with the patients' right side shown on the left above. Note the lack of symmetry of the abdominal area imaged with the very dense postural support Liver displayed on the left and much less dense and even hollow organs on the right side of the image (the patients left side).

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total physical structure that is designed to be used actively chasing down an antelope for 26 miles each night for dinner. Such activity can be likened to a sailing ship filling its sails. Without the proper off-setting rigging to oppose the tension placed on the mast by the full sails, the mast would bend or even break. If the sails were never filled and yet the rigging tension was left too tight, then the rigging would bend the mast in the absence of the full sails. Vigorous physical activity and use of the human body is the equivalent of filling the sails with wind. The extra rigging built into the human body on the right side of the spine in the form of the Right Crus (or Crura) of Diaphragm is designed to balance out the lack of symmetry in how the human body is designed. When the body is used actively the “full sail” of exercise balances out the pull on the right side of the spine by the extra “rigging” and the body stays in a “Neutral” postural position in balance.

When a sedentary life style is allowed to take over there is no full sail equivalent in the body to counterbalance the extra pull by the enhanced “rigging” pulling on the right side of the spine with every breath. Thus imbalanced patterns creep in and deepen unless corrected. Even active lifestyles can allow imbalances to encroach and embed into the soft tissue if such activity is imbalanced in its overutilization of one side of the body over the other, such as driving with only the right foot working the pedals. Such repetitive motion ergonomics, like running a computer mouse with your right hand all day, or holding the phone to your head always with the same hand, tend to add to the imbalanced patterns already set up by the asymmetries naturally built into the human body. Once the muscle imbalance is determined and/or quantified one must selectively treat the affected muscles to bring them into balance. This is best accomplished by the use of the patients own muscle activity rather than having a totally passive patient’s skeletal system adjusted by an external force. The spine does not float in a vacuum, it is held in place by the soft tissues of the body wherein such imbalanced patterns become engrained. This is the reason the ZoneRX™ does not “Act” upon the users body but rather guides patients to use their own muscle activity via large muscle groups that tend to never work simultaneously in imbalanced patients. The genius of the ZoneRX™ is that it coaches patients to use the less favored muscles in concert with each other in such a manner as to create the new muscle memory needed to pull the body back to postural neutral and train it how to stay there and keep from slipping back into the old ruts and neurological patterns locked into the soft tissue.

Back pain can be caused by any number of reasons. Wise clinicians know that back pain could be caused by something as simple as a pulled muscle or something as serious as a cancerous tumor encroaching on the spinal column. For this reason, and to properly target the therapy to the proper area of the body, a thorough history and physical is vital for assessing cause and therefore the proper treatment which may include targeted exercise designed to correct imbalances precisely in the manner offered by the ZoneRx™. Observation of the patient’s posture, range of motion, pain, muscle tone, spasm or flaccidity, and reflexes are a necessary part of a good analysis.

Since patients have complete control of their own activity on the machine at all times, it is possible and appropriate to put a patient with chronic back pain resulting from postural imbalances on the ZoneRX™, even in the absence of a detailed evaluation to see if they experience significant pain relief after their very first session as has been reported by many others. Such relief of pain would indicate that the genesis of
the problem was indeed postural in nature. It is in this manner that the ZoneRX™ can assist a clinician in using the response of the patient's own body to determine the cause of pain by merely seeing if the optimal postural wellness benefits of the ZoneRX™ resolve the underlying imbalance “Cause”. When the “Cause” is resolved, the pain is gone.

The saying “squared away” means that one is in an adequate position for whatever has to be done next. This saying has nothing to do with something actually being squared in shape or form. It means: everything is in order; everything is arranged/positioned and taken care of. On the other hand, when you look at the human body, you can shape it by creating or arranging it to determine its form. Postural Restoration concepts/principles are governed by posture, position and patterns. In every moment we are shaping our bodies into a posture that corresponds to the demands placed upon it. Something that arranges and repeats itself in a predictable way is a pattern. The body is shaped by how we use it and patterns govern how we function. We all fall into patterns which create postures that reflect our body's overall shape and/or position.

Geometry is a term concerned with the study of basic shapes. Shapes are used to suggest meaning and organization. The body's shape affects the body's posture, position and patterns. A trapezoid and a square are two common shapes. In a healthy posture, there is a square shape between the ribcage and the pelvis. When imbalanced patterns are allowed to develop in the soft tissue, the pelvis tilts forward and can get twisted toward the right causing the hip extensors to work overtime trying to pull the hips back to the left. Key muscles such as the psoas can go into spasm involuntarily contracting and shortening as it pulls on the spine and back of the ribcage. Simultaneously, the ribcage often will expand lifting away from the pelvis pulling the space between the pelvis and the ribcage into a trapezoid shape. The body grows more accustomed to the shape of the trapezoid as the imbalanced patterns harden. By implementing Postural Restoration protocols and concepts via the ZoneRX™ the patient's own muscle activity can be used to fire certain muscle groups in a way designed to pull their own body back to postural neutral allowing the hips to tilt back up straight as the over curvature of the low back (lordosis) is corrected and the diaphragm is retrained back into a healthy breathing pattern. The over-inflated chest can return to a normal position as the diaphragm is allowed to return to normal shape and function bringing the body back into “Square”.

The healthy diaphragm is in the shape of a full parachute or helmet. The height of the helmet shaped diaphragm allows it to pull the lungs down and open with each breath via proper diaphragmatic breathing. When the hips tilt forward and the ribcage lifts due to postural imbalance issues such as too much curve to the low back etc, the diaphragm can often flatten out preventing it from being able to do its job and pull the lungs open from below. This forces ancillary accessory muscles in the neck, chest and shoulders to have to kick in and pull the lungs open from above often causing further imbalances such as head forward posture along with attendant cervical pain and muscle spasms in the trapezius muscles as they in turn complain at having to do the diaphragms work 24,000 times a day. Each new breath deepens this imbalanced pattern and locks it into the body including the neurological patterns tied into the brain.
It is this shape-changing ability that is most relevant to breathing, because without this movement, the body cannot breathe properly and therefore does not function as well with decreased oxygen.

For starters, the pelvis is directly connected to the spine. Therefore, the position of the pelvis will affect the position of the spine and rib cage. The combination of an elevated chest (rib cage) and a foreword tilted pelvis is a common posture that severely compromises the capability to attain proper breathing via stabilization of the pelvis and ribcage. In an ideal world, the ribcage and the pelvis should be relatively parallel to each other for efficient breathing to occur. The importance of breathing cannot be overemphasized.

On average we breathe about 24,000 times per day. Good posture can contribute to proper breathing just as poor breathing will usually occur with poor posture. As an example, the diaphragm contracts approximately 24,000 times a day and changes the position of the pelvis and rib cage with each breath. Even the smallest restriction of movement, whether it is the pelvis or the rib cage, can result in a significant consequence, as the diaphragm is stressed 24,000 times a day! Fortunately, this cumulative affect works both ways. In other words, not only can changing the position of the pelvis affect rib cage position, but likewise, rib cage position can affect pelvic position. Let’s look at some of the structural implications of the positioning of the pelvis and how it relates to the rib cage.

Let’s say the pelvis is a bowl and the bowl is full of water. A forward pelvic tilt would tilt the bowl forward spilling the water out in front; likewise, a backwards pelvic tilt would tilt the bowl back spilling the water out the back. Dysfunction in your pelvis will “spill over” and create a dysfunction in your spine. Any dysfunction in your spine will create a dysfunction in your rib cage. Therefore, a forward tilt of your pelvis would elevate the front of your ribcage; likewise a backward tilt of your pelvis would lower the front of your rib cage. (Figures 1 & 2)

Throughout man’s history health care providers have been trying to solve the age old problem of chronic Back Pain. A myriad of theories and treatments have been proposed, researched and developed by doctors all over the world from “the rack” to Yoga. Over the past decade one physical therapist that has dedicated his life to finding the real underlying cause of back pain is Dr. Ron Hruska DPT founder of the Postural Restoration Institute of Lincoln Nebraska. He has over 40 years of in depth research and practical experience developing and teaching other physical and occupational therapists around the world how to detect and correct the Underlying Cause of chronic debilitating back pain … that of pelvic torsion, un-leveling, and breathing disorders.

While all practitioners support research as to the ‘why?’ of back pain however we and our patients are more interested in the ‘How to’ of correcting the underlying cause and eliminating the pain and dysfunction thereof.

Other pioneers in the field of Bio-kinetics, Biophysics, Osteopathy and Chiropractic have long proposed pelvic instability, twisting, un-leveling and mal-positioning and the resulting musculo-skeletal
imbalance as a cause for spinal scoliosis and varying degrees of abnormal spinal curvatures.

Dr. Ron Hruska is one exception. Through intensive research he has been able to not only prove his theory that a twisted off-level pelvis creates spinal abnormalities; but far beyond that, he’s determined that it also will very likely impair ones overall breathing, moving, digestion, cardio-vascular health and inevitably their longevity!

Decreased muscle strength and range of motion are strong indicators of disuse, deconditioning, myopathy, neuropathy, and atrophy. Small weaknesses not necessarily perceived by the patient over long periods of decline and adaptation should be measured precisely so that progress and balance may be achieved and celebrated.

Once pelvic derangement and aberrant function has been established, the “How To” of repair can range wildly from doctor to doctor, such as foot orthotics to massive exercise programs lasting months or years.

The result is a pelvis that is torqued or twisted into a “Clockwise” rotation which then twists the rest of the spine all the way up to the base of the skull.

This pelvic torque causes a resulting tendency for the spine to twist in a like manner (clockwise or to the right at the hips) and therefore usually causing a type of scoliosis event given the ensuing compensation. Almost everyone who has back problems has a scoliosis or “Curvature of the spine”! Sometimes it occurs in pre-teen years, but more often it occurs as age and gravity begin to take their inevitable toll on the body which is no longer physically strong enough to resist the twisting.

The clockwise torqueing of the pelvis and spine will usually cause a compression of the right ribcage often resulting in a drop of the right shoulder with an expansion of the left ribcage and resulting elevation of the left shoulder; these conditions may in turn cause an irritation or compression of the nerves in the neck, shoulders, back, arms, hips knees and even foot problems as well as TMJ. Therefore it becomes more obvious that an un-level pelvis can cause pinched nerves and crooked spine all the way to the top of the head! The experts know you cannot fix the neck unless you fix the foundational pelvis first.

Compensatory Compression Syndrome: Lungs and Diaphragm

Concomitantly the clockwise rotation and tilt of the pelvis must result in a bilateral counterclockwise femoral rotation in an attempt to balance both gait and pedal foundation. The inevitable counterclockwise rotation of the feet often causes an internal right foot roll vs. an external left foot roll, creating plantar fasciitis or other foot issues which can in turn effect balance.

Observational Posture analysis:
While nearly all back pain specialists check visually for a high shoulder/low hip, as well as kyphosis/lordosis, agreement on degree of significance in the overall back pain picture as well as the choice of treatment methodology varies widely. Therefore it is most often followed by confirmatory orthopedic and neurologic testing.

Why then, do some people have scoliosis with no pain and others suffer horrible pain with scoliosis? Additionally, if 90+% of the population has postural imbalance why don’t some actually demonstrate a true scoliosis?
The answer is that some people possess a considerable natural ability to sufficiently compensate through their positive activities of daily living, exercise, Yoga etc., whereas most do not and therefore fail posturally due to the above scenario.

The ZoneRx™ places the patient’s body into a Correct Position so that when a patient activates the correct, muscles, it stimulates and activates a correcting postural “un-torquing” in opposition to the Abnormal Muscle positions that lead to Postural Imbalance and back problems in general.

MUSCLES

Humans have more than 600 skeletal muscles, which differ in size, shape and function according to the jobs they perform, and that fit into three main types of muscle:

1) Skeletal muscle (also called voluntary muscle because it can be consciously controlled);
2) Smooth muscle (also called involuntary muscle because it is not under conscious control);
3) The specialized muscle tissue of the heart.

Skeletal muscles are attached either directly or indirectly (via tendons) to bones, and work in opposing pairs (one muscle in the pair contracts while the other relaxes and provides opposite tension) to produce body movements as diverse as walking, expressions, balance, and sewing.

Smooth muscles occur in the walls of internal organs and perform actions such as forcing food through the intestines, contracting the uterus, and moving blood through the blood vessels.

Announcing the new ZoneRx™! Amazingly simple and easy to use for both the practitioner and patient alike, this “targeted exercise machine” allows the patient to work on themselves rather than the machine working on the patient! By retraining abnormal muscle patterns, one can restore Normal Posture, Balance, Gait, Spinal muscle imbalances and a myriad of musculoskeletal related problems!

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**Good Posture:** The red square represents the space within the abdomen created by a neutral pelvic position and a depressed lower rib cage. The diaphragm is in the shape of an upside-down “J.”

**Bad Posture:** The red trapezoid represents the space within the abdomen, created by a forward tilt of the pelvis and elevated lower rib cage. The head is pushed forward. The diaphragm is in the shape of an upside-down “L,” which inhibits breathing. Recruitment of accessory breathing muscles can create spasms over time.
ZoneRx™ Treatment Protocols:

Protocol
1. Follow this generic protocol according to objective tests, body position, and a neurological pattern.
2. Chair adjustment and patient effort should be adjusted per patient fit and comfort.
3. When the patient is in the correct position or “IN THE ZONE” all lights will activate indicating correct seating and muscle pressure. If at any time patient is unable to maintain lights on, you may find that they can only start with one of the sensors like the left knee sensor pad before you can proceed to next step where other lights go on.
4. Position patient in chair (first remove the left knee pad for easy chair access replacing the pad once the patient is seated) and set vertical adjustments to their position.
5. Raise foot rests up until knees are @ 90 degrees.
6. Adjust horizontal leg position until knees and hips are @ 90 degrees each.

INSTRUCTIONS:
1. Set appropriate chair adjustments. Tilt chair backwards into a reclining position.
2. Patient should begin by rolling their pelvis posteriorly, attempting to approximate their belly button toward their spine. Some coach the patient to pretend they are crushing grapes with their low back against the table, or trying to push their low back into the floor. The goal here is to push in the low back sensor so the light on the patient info bar lights up and to keep that light on while moving on and also pushing on the other sensors to get them to also light up.
3. Place patient hands on their lower ribs, and tell them to breathe in slowly for 5-8 seconds through their nose and then exhale through their mouth for 3-5 seconds and then after they have blown all of the air out of their lungs, hold that position for 3 seconds before starting a new breath. Once the patient can do one breath in full with the low back sensor light lit the goal is to get to the point where they can do the deep diaphragmatic breathing while keeping all of the lights on as displayed on the patient info light bar positioned to the left of their face.
4. Ribs should move as the patient exhales; pause after exhalation for 3-5 seconds.
5. The patient should continue to do their best to use their strength to force the lumbar spine to drop down toward the chair back, continuing to activate the back light on the info light bar. While maintaining the back light, inhale through the nose and out through the mouth slowly in the above described manner for at least 4 full breaths with the goal of reaching 20 full breaths for each of three sessions with 20 second rest breaks in between each session while keeping all the lights on. After each breath maintain back light while pausing after exhalation for 2-3 seconds before inhaling again through the nose. If patient is unable to do this, proceed to the next step and then come back to this step. Sometimes patients are so weak with the key underutilized muscles that all they can do is just get one of the lights to fire initially.
6. While keeping the back light lit, push heels downward thereby activating the left heel light. Keeping both (Back and heel) lights on, breathe in through the nose and out of the mouth slowly as described above for 4-5 breaths at least with the goal of reaching 20 breaths per each of the three sessions with a 20 second rest period between each session. Pause after each exhale.
before inhaling in through the nose. Patient should be aware of their activated legs (they will really feel it in their left hamstring), low back, and abdominal muscles.

7. Keeping the two previous lights on, patient should push their left leg to the right into the left thigh sensor pad; now three lights should be on. Take an additional 4-5 breaths (3-5 sec) through the nose and out through their mouth. The patient should be aware of the activation of their legs, low back, left groin muscle, and abdominal muscle.

8. If unable to maintain all three lights on **DO NOT** proceed to 4th sensor.

9. If able to perform the above sequence while maintaining all three lights, push right leg outward into right sensor pad, while keeping the right foot flat and straight. Try to maintain all 4 lights on and breathe in through nose and out through mouth (slowly) for at least 4 breaths with the goal of 20 per session, pausing after every exhalation before inhaling in through the nose. The patient should feel their left hamstring, left groin muscle, abdominal muscles and right buttocks muscle engaging/activating.

10. Our goal is to maintain all sensor lights on while taking at least 4 breaths, pausing after every exhalation before inhalation while maintaining all lights on.

ZoneRx™ treatment should be repeated 2-4 times a week for 2-3 weeks at the very least. Continue this treatment until the patient can maintain all 4 lights with the 4-5 breaths repeated 4 times working towards sessions of 20 breaths with 20 seconds of rest in between each session. A home exercise regime to strengthen and stabilize the repositioned architecture will be very beneficial in striving toward the goal of correction.

**Options:**

- If the patient is unable to tolerate the supine position or is unable to perform first step, start with patient at a 45 degree angle and follow the above protocol.

- If the patient cannot maintain contact with left gluteal pad, try bringing the left pad up to left thigh to increase patient perception of the pad and muscle activation.

- If the patient has difficulty maintaining back sensors on, or if one or more tests are still positive, have the patient reach with their right arm while exhaling to assist in turning their thorax to the left to activate back sensor. Hold this position while breathing, while engaging left abdominals.

- To increase difficulty, maintain 4 lights on while reaching with right arm and breathing, then repeat with left arm.

Goal is to maintain all sensor lights on while taking 20 breaths pausing after every exhalation while keeping the lights on. After the first two sessions or series of 4 to 20 breaths, have patient get up and walk for 30 seconds to one minute then complete the final session. Some clinicians will have patients take a short walk after each of the three sessions and some have patients do 4 sessions during each visit. The total time for the entire protocol should be around 10 minutes or so.
Research, Articles and Clinical Studies

The key basic science underlying the ZoneRX™ use protocols are designed to automate and simplify what can be a very labor intensive process for clinicians without the machine.

The key protocols for treatment of asymmetrical patients have been perfected over the last 40 years in the successful treatment of tens of thousands of patients.

One need only go to the world famous website for the Postural Restoration Institute to see the latest peer review articles on the subject.

Just go to http://www.posturalrestoration.com/pri-resources/articles

At the above site one can find the following:

- **Influence of Hamstring and Abdominal Muscle Activation on a Positive Ober's Test in People with Lumbopelvic Pain**
  Rich Tenney, Kyndall Boyle, and Aaron DeBord

- **Managing a Female Patient with Left Back Pain and Sacroiliac Joint Pain with Therapeutic Exercise**
  Kyndall Boyle, PT, Phd, OCS, PRC

- **Postural Restoration**
  Kyndall Boyle, PT, Phd, OCS, PRC

- **Management of a Female with Chronic Sciatica and Low Back Pain: A Case Report**
  Kyndall Boyle, PT, Phd, OCS, PRC

- **The Value of Blowing Up a Balloon**
  Kyndall Boyle, PT, Phd, OCS, PRC

- **Management of a Woman Diagnosed with Trochanteric Bursitis Using a Protonics Neuromuscular System**
  Kyndall Boyle, PT, Phd, OCS, PRC

- **Bilateral Functional Thoracic Outlet Syndrome in a Collegiate Football Player: A Case Report**
  Jason Robey, MS, ATC, CSCS, PRT

- **Cough Variant Asthma: Responsive to Integrative Management and Postural Restoration**
  Jason Masek, MSPT, ATC, CSCS, PRC and Ron Hruska, MPT, PT

- **Case Report - Postural Restoration**
  Holly Spence, PT, PRC

- **Prevalence of Upper Extremity Neuropathy in a Clinical Dentist Population**
  Ron Hruska, MPA, PT

- **Influences of Dysfunctional Respiratory Mechanics on Orofacial Pain**
  Ron Hruska, MPA, PT

- **Management of Pelvic-Thoracic Influences on Temporomandibular Dysfunction**
  Ron Hruska, MPA, PT

- **PRI - An Evidence Based Approach**
  Ron Hruska, MPA, PT
• **Sagittal Plane Repositioning - Hamstring Facilitation - Series #2**  
  Lisa Bartels, DPT, PRC

• **Identifying Imbalances in Athletes - Can They Achieve AF IR on the Left Hip - Series #1**  
  Lisa Bartels, DPT, PRC

• **Cautious Consideration with Hip Flexor Training**  
  Lisa Bartels, DPT, PRC

• **Acetabular Femoral Internal Rotation**  
  Lisa Bartels, DPT, PRC

• **Core Instability in Volleyball Players**  
  Lisa Bartels, DPT, PRC

• **Rib Cage Influences on the Volleyball Player's Shoulder - Part One**  
  Lisa Bartels, DPT, PRC

• **Rib Cage Influences on the Volleyball Player's Shoulder - Part Two**  
  Lisa Bartels, DPT, PRC

• **Rib Cage Influences on the Volleyball Player's Shoulder - Part Three**  
  Lisa Bartels, DPT, PRC

• **Soccer Hip Impingement as it Relates to Postural Restoration - Part One**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **Soccer Hip Impingement as it Relates to Postural Restoration - Part Two**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **Soccer Hip Impingement as it Relates to Postural Restoration - Part Three**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **How Right to Left Side Imbalances Affect Pitching Performance - Part One**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **How Right to Left Side Imbalances Affect Pitching Performance - Part Two**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **How Right to Left Side Imbalances Affect Pitching Performance - Part Three**  
  Jason Masek, MSPT, ATC, CSCS, PRC

• **Associated Osteokinematic and Arthrokinematic Positions of the Left AIC Pattern**  
  James Anderson, MPT, PRC

• **Desired PRI Clinical Application for Right Low Trap and Right Serratus Activities**  
  James Anderson, MPT, PRC

• **Case Report - Left Ischial Tendonitis**  
  James Anderson, MPT, PRC

• **Case Report - Low Back Pain**  
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• **Case Report - Left Forearm Pain**  
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• **Case Report - Cervical Disc Damage**  
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• **Case Report - Hip Pain**  
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• **Low Back Pain and Golf**  
  Allen Gruver, PT, ATC, PRC, CSCS

• **Hamstring Injuries Require Triplanar Assessment**  
  Ron Hruska, MPA, PT

• **Pelvic Stability Influences Lower Extremity Kinematics**  
  Ron Hruska, MPA, PT

1. **UNL Volleyball - Matchclub Newsletter: Strategical Performance**  
   Ron Hruska, MPA, PT

2. **UNL Volleyball - Matchclub Newsletter**  
   Ron Hruska, MPA, PT

3. **UNL Volleyball - Matchclub Newsletter: Biomechanics**  
   Ron Hruska, MPA, PT

4. **Biomechanical Considerations of the Professional Baseball Player**  
   Ron Hruska, MPA, PT

5. **Ethnography of the Postural Restoration Subculture**  
   Kyndall Boyle, PT, PhD, OCS, PRC

**Other Great Articles That Should Also be Considered:**

*Dynamic Chiropractic* – August 15, 2013, Vol. 31, Issue 16
**Unlocking Secrets of the Pelvis (Pt. 1)**  
By Robert “Skip” George, DC, CCSP, CSCS

*Dynamic Chiropractic* – October 1, 2013, Vol. 31, Issue 19
**Unlocking Secrets of the Pelvis (Pt. 2)**  
By Robert “Skip” George, DC, CCSP, CSCS

**Breathe Well and Breathe Often: Part 1**Defining and Correcting Dysfunctional Breathing Patterns, Part 1  
By Robert “Skip” George, DC, CCSP, CSCS

**Breathe Well and Breathe Often: Part 2**Defining and Correcting Dysfunctional Breathing Patterns, Part 2  
By Robert “Skip” George, DC, CCSP, CSCS

**Breathe Well and Breathe Often: Part 3**Defining and Correcting Dysfunctional Breathing Patterns, Part 3  
By Robert “Skip” George, DC, CCSP, CSCS

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