

# OWNER'S MANUAL FOR THE BODY

***How To Attain And Maintain Optimal  
Structural Fitness Without Exercise, Diet,  
Drugs, Or Surgery***



Jerry Porter, D.C.



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HOW TO ATTAIN AND MAINTAIN OPTIMAL  
STRUCTURAL FITNESS WITHOUT EXERCISE, DIET,  
DRUGS, OR SURGERY

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# **Acknowledgements**

The discoveries made by primarily two individuals have brought biomechanics (mechanics of living structures) to your doorstep as a workable technology to restore your posture, your mechanical structure, and to improve your health.

The first of these was Dr. Alf Breig, a neurosurgeon, who over 50 years ago, observed that his patients consistently carried their heads in a slumped forward posture. He wondered if this contributed to their neurological conditions and through his research found that it did.

Dr. Jesse Jutkowitz, a chiropractor who read and applied Dr. Breig's work, began his own research into understanding this forward slumping posture. After discovering how the body accumulates certain injuries which cause the slumping, he developed a systematic approach to getting the spine, and the rest of the body, back into its normal upright position. As part of his research, he uncovered the importance of standing, sitting, and sleeping, in such a way that supports the body being upright, as being a necessary part of the corrective process.

It is to these men we owe our gratitude for our future health, and that of generations to come.

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# Introduction

**Y**ou can no longer blame your failing body and health on “it didn’t come with a manual”. This is it. Unfortunately, there are a lot of false ideas out there about how the body works which have gained acceptance. While I can’t deal with all of them in this manual, I will address the ones that affect your posture and your structure. This manual is intended as a supplement for those who have undergone, or are currently undergoing, structural correction of their body, and want to know what **THEY** can do on their own that will help. This is the “self-help” part of getting your body corrected.

One day while on vacation, I had a chiropractor that I didn’t know treat me. It was the absolute best chiropractic experience that I had ever had. Afterward, he took my shoes and threw them into the wastebasket. These were expensive Italian sandals and I really didn’t want to get rid of them, so I pulled them back out and started to put them on. The chiropractor told me that if I walked down the street in them then I would need another treatment at the end of it.

Wondering  
what to do, I threw  
the sandals away  
because I felt so good

and I figured that he knew some things that I didn’t. I spent the rest of my vacation in that chiropractor’s office, talking to his patients, and learning anything he would teach me. This manual is a result.

*Until now FIXING BODIES  
has been hit or miss, but no longer.  
Read on to find out why and judge  
for yourself.*

I know that when *a* person first comes to my office they are usually looking for a way out of some pain they have. We may not be their first choice but are often their last hope. Many have had their problems for years and have exhausted other avenues. Some are tired of the endless cycle of drugs – having realized that the drugs aren’t fixing their problem. They know that if they don’t do something, they are looking at a possible lifetime of drug dependency.

There are also those who realize that many of the things that do go wrong with their body are because of something structural (injuries or problems with muscles, bones, joints, etc.). These people often try the professions which claim to fix bodies, like Chiropractic, Orthopedics, Physical Therapy, Massage Therapy, Acupuncture and the like.

This manual is organized to first give you an overview of what goes wrong with bodies. Your understanding of this revolutionary information will empower you to take control of your body, freeing you from dependency on the whims of “professionals”.

The next section concentrates on the basics of standing, sitting, and sleeping, and how these are not just good ideas while you are under care, but should become a way of life.

We will finish with a section on things you should avoid that will probably make your body worse. This is not a long list, but should you decide to do these anyway then please let your doctor know.

Until now *FIXING BODIES* has been hit or miss, but no longer. Read on to find out why and judge for yourself.



# **Chapter 1: What Goes Wrong With Bodies**

**B**ones can go out of alignment in a direction that the body cannot self-correct, simply because there are no muscles which can pull the bones back in the direction needed.

This statement underlies most of what goes wrong with bodies. It is the basis for structural correction; lasting correction that not only gets rid of symptoms from old injuries, but actually removes those old injuries by fixing where the bones have gone out of alignment.

Structural correction of bones which are out of alignment in the body, removes built up tension in your body, layer by layer, just like peeling off layers of an onion. How would you put the layers back on an onion? You can't. Likewise, it is virtually impossible to put the old layers of tension back on your body as it is getting corrected. This means that you can't "undo" or "throw out" your structural correction treatments. You simply need to prevent new layers from forming by properly doing the standing, sitting, and sleeping procedures, which are the main focus of this manual.

Bones can go out of alignment. The medical term for a "large" slippage is a luxation. A "minor" slippage is called a subluxation ('sub' means minor). It takes an impact injury of some sort to initially move the bones of your spine (or other bones) out of their normal position. This could be anything from a traumatic birth to rolling off of a changing table, to slipping on ice, to car accidents, etc.

Some injuries cause the bone or bones to go out of alignment in directions that the body can fix on its own simply because there are muscles in the opposite direction which can pull them back into place. This is only a short-term injury, as the body can self-correct it.

When there are no muscles in the direction needed to pull the bone or bones back into their normal position, the injury is not self-correcting, and you have a long term problem. It is still an injury, and so your body does the best that it can to minimize it. It will use muscles someplace else to twist the body, and thus relieve the pressure on the injured area. We call these areas of twisting and shifting “compensations”. These compensations are the body’s built-in safety mechanism to protect the injured area from greater harm and pain.

These compensations are where you have pain or symptoms. The subluxations that caused them do not hurt because they don’t have any pressure on them. It has all been shifted to the compensations. The exception to this is when there is a direct impact to an area, like getting hit in the knee with a baseball bat. Then your knee will hurt and is not a compensation.

What this means, contrary to the model that nearly all professions work from, is that where you hurt is almost never where the actual problem is. So, if doctors are usually working on the area that hurts and not where the real problem is (the subluxation) then it is no wonder that they don’t get great results on everybody.

When confronted with a lifetime of accumulated minor and major bone misalignments and their compensations (the many layers of the onion), it is no wonder that this mechanism has remained a mystery.

Until now.

## ***WHAT WILL IT TAKE TO FIX YOUR BODY?***

There is only one way out of this which works consistently. We need to peel off the layers of the onion one at a time. This is how we can remove old injuries permanently from your body, and it works on nearly everyone. Exceptions to this are cancers, fractures,

infections, diabetic conditions, and the like. If you have had spinal surgery or surgery on a weight bearing structure then you will not get the same results as everyone else. Your bio-mechanics are not the same as everyone else's and so the results are less predictable and less complete, though we can usually still help.

We now have a way of locating and correcting the primary subluxations. More than being corrected, they are eliminated. By repositioning the primary subluxations, your body no longer needs its compensations. The twisting and shifting literally “unwind” out of the body, taking with them pain and disfigurement.

As the compensations disappear you feel better, breathe easier, stand more upright and have more energy. This does not mean that all of the onion layers are gone yet. You are just between layers. In a few weeks, with continued care, your body will line up with the next old injury (another layer of the onion) and you may re-experience some old symptoms you had completely forgotten about. Don't worry about this because the symptoms are usually less intense than they were originally and only last for a few visits.

This is the process of your body getting better and we call it unwinding. Over time it lines up with all of the old injuries it could not self-correct when you got them. They need to - and will - come out as your body lines up with each old injury in turn and we remove the subluxations.

If you and your doctor feel that you would most benefit from care which is aimed at giving you *relief from pain* then it may take a few days to a few weeks to feel better and to get more stable. This does not mean that your body is corrected yet but that it has come upright enough to take pressure off of the areas that are causing you pain. Flare-ups may occur but can usually be handled with 2 to 4 treatments.

If you and your doctor decide on a course of care which is *corrective* in nature then to get to the point where most of the

corrective work is done and you will not need us much usually takes 18 to 24 months.

**There are a few things you can do to ensure that you get the expected results. These are so important that if you do not do them you will not get the results that you desire.**

Standing, sitting, and lying down are pretty much the only positions your body assumes naturally and for any length of time. If you do these in such a way that they assist your body in getting upright and more stable, you will actually be helping old injuries to unwind and improve. If you do these in any other way, then you will be causing your body to lean forward and become unstable. It doesn't make sense for you to invest your time and money to get your body corrected, only to let it get worse again by standing, sitting, or sleeping in a counterproductive way.

In the next four chapters I will be giving you the data necessary on how to do standing, sitting, and sleeping correctly. I understand that you may not like some of the changes you need to make. I don't ask that you take my word for it, or anyone else's. I will give you the tools necessary so that you can test these things to see for yourself. Some patients cannot tell the results of the tests until their bodies have improved enough (usually after a month of care). So, don't be discouraged if you can't figure out what is helping or hurting your body right away. Be persistent and ask for help when you need it.

There are bio-mechanical explanations and sufficient research to support what I have presented here. It is the purpose of this manual to give you an understanding of what works best, with ways to test these new supportive modifications on your body. We want you to be able to see for yourself how it works and how the things you do can make your body better or worse. If you want more details please ask. If you are interested in locating a certified practitioner who specializes in structural correction please go to this link... <http://www.abcmiracles.com/locator.htm>.

## **Chapter 2: Testing**

**T**here are tests you can do with your body to determine if things you are doing are making it better or worse. For example, if you are in a shoe store, and trying on shoes, then you can test any of the shoes to determine if they are good for your body or if they make it worse.

There are indicators (things you can notice about your body), which are basically the same whether you are standing, sitting, or lying down. Variations on the tests are applicable in each of the positions of standing, sitting, and sleeping, and will be discussed in the appropriate chapters. The indicators are things like how upright you feel and how stable, how deeply you can breathe and how much effort it takes, your skin color, facial wrinkles, and muscle tension.

If something you do changes your body mechanics for the better, then your body becomes more upright and stable. You often will feel taller and very at ease. Instantly, there is less compression on your rib cage, so you will be able to breathe more fully, and with less effort. With less compression your circulation will also improve, which gives you vibrant facial tones.

If something you do makes your body mechanics worse, your body becomes less stable and hunches forward some. Your rib cage is more compressed as you hunch forward, and as a result your breathing is immediately shallower, and takes more effort.

The best way to test your body is to breathe in deeply, let it out, and then let your body slump. Then notice what is happening with your body. The indicators mentioned above are sometimes easier to notice in front of a mirror at first. Check your indicators with each of the actions you take in the following chapters about standing, sitting, and sleeping. The few minutes you spend on this now will reward you for a lifetime.

# **Chapter 3: Standing**

**T**he problems we now have with standing correctly are a result of an industry (shoe manufacturing) that has been built on the false idea that the feet should be supported while in shoes. A lot of people's feet hurt or get tired easily and so shoe manufacturers support the arches by raising up that area of the insole. This is the wrong thing to do.

Remember from before, if it hurts then it is a *compensation*. The feet often twist and shift in an effort to change the stresses of injuries elsewhere in the body, and that is why they hurt. If you wear shoes that support these compensations, like with arch supports, it may make your feet feel better, but at the expense of making the rest of your body worse. Your body now has to compensate someplace else for what the arch supports are doing. Imagine how funny a horse would look when walking if it had 1/2" high supports added to the inside edge of its horseshoes. Imagine the bow in the legs and what this is doing to the hips. The same thing happens in our bodies when something foreign is placed under the foot.

There is much to know regarding how to fix shoes. We will look at the different areas within shoes and see how each plays an important part in how your shoes will affect your whole body. All of the areas must be good in order to have a good pair of shoes that will work for you, and not against you.

## **ARCH SUPPORTS**

Shoes often come with an insole that has some type of a formed support for the arches (Fig. 1, an unusable insole). These may be glued in or just set in place.

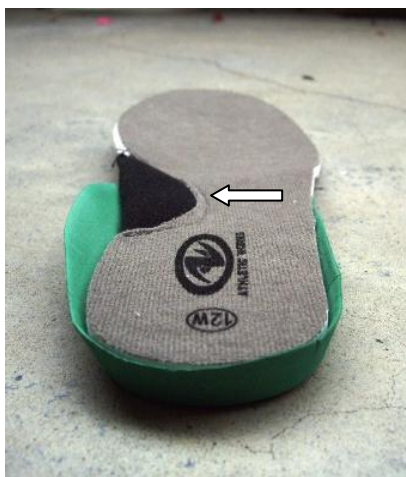


Figure 1

Anything that forces your arches upward, even a little bit, will alter the mechanics of your ankles, knees, hips, and upper body. This causes re-injury, and makes your body lean forward. When it leans forward it feels worse and functions worse than it otherwise would – even if you are getting adjusted correctly and regularly.

The first step in fixing shoes is to remove the insoles. Do this, and then look into a shoe

from over the heel. Notice if the inside of the shoe is flat from the outside of the shoe, to the inside at the arch area (from right to left across the arch). If it is flat, you have a good foundation from which to build so that your shoes can help your whole body.

You can test this concept easily by standing barefooted and noticing how stable you are. Then, slowly lift the arch sides of your feet so that there is more weight on the outside of both feet. You will feel your body bend forward as you do this.

To test a particular pair of shoes test your indicators while barefoot, and then put the shoes on and check them again. They will be worse with shoes that have arch supports.

Another problem with some shoes is if the sole rises, like a wedge, from the outside of the shoe toward the arch area as you look down into it. If the rise is only a millimeter or two, it will still make your indicators worse. These shoes may be fixable with insoles designed especially for this purpose, which balance the sole to level. Check with your doctor if you have shoes like this and get them tested with the proper insoles.

## **TOE BOX**

The toe box is the part in your shoe which covers your toes (Fig. 2). If this area is too narrow; it will squeeze your foot from side to side. This forces another arch in your foot and makes your body unstable.



Figure 2

To test this, choose some tight shoes without any arch support in them. Then, stand upright without your shoes on and check your indicators. Next, put your shoes on and stand up again. If you are more stable with your shoes on then the shoes are helping (because they may be a bit higher in back, like a heel lift). If you are less stable then it is most likely that the shoes are squeezing an arch into your foot.

To fix this you might try having the shoes stretched. To see if it worked just do the same test that you did above. If it worked you will be more stable than - or as stable as- without the shoes.

## **INSTEP**

The insteps of many shoes are molded or shaped with plastic or rubber. The problem with a molded instep is that it is rigid on the outside of your shoe, right at the arch area (Fig. 3). This pushes into your arch on the inside of the shoe, which does exactly the same thing as a raised arch does to your whole body.

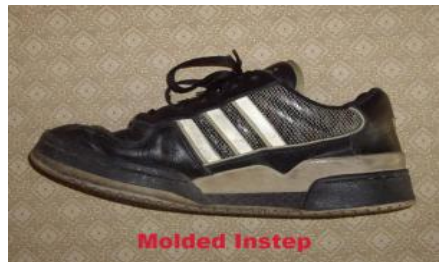


Figure 3



Look for shoes where the upper part of the shoe meets the sole of the shoe at the sole itself (Fig. 4).



Figure 4

## HEEL HEIGHT

Your heel height is more important than anyone ever imagined. This one thing alone can do much to help keep your body upright between visits.

There is a range of height somewhere between no heels at all, and high heels, that is just right. For women this height is usually 1 to 2 inches higher in back than in front. For men it is usually between  $\frac{1}{2}$  to 1  $\frac{1}{2}$  inches.

If you look at Figure 4 you will see that the heel is higher than the toe in this pair of running shoes. This was not enough of a difference however, so we had to add another  $\frac{1}{4}$  inch heel lift in each shoe to make them work just right.

Figure 5 shows a pair of shoes that worked just right for one woman without needing any additional heel lift. Shoes can have a



Figure 5



Figure 6

good heel height and still not work. As an example, the shoes in Figure 6 have a heel height that is **not** too high, but they didn't work

for this woman because they are too steep. This steepness altered the arch enough to throw her upper body forward and off balance.

Most shoes do not have enough heel height and so you need to add some amount of heel lift to the shoes, as with these Adjustable Heel Lifts seen in Figure 7.

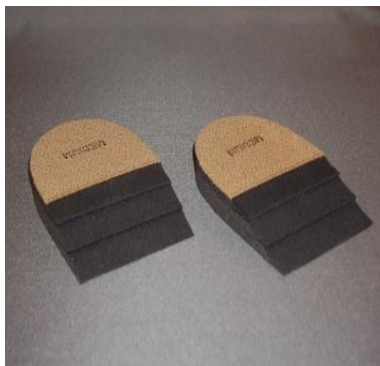


Figure 7

Another problem occurs when the back of the heel areas of the shoes push the heel bones forward and down. You will notice in some shoes that this causes a “cupping” shape where your heels strike. To deal with this we need to tip your heel up and back a bit. There is a special insert designed to fix this, called a Heel Chip (see Fig. 8). The heel chip can also be used to add some heel height to backless shoes and sandals.



Figure 8

The last point on heels is termed a “negative heel”. Some shoe manufacturers make shoes and sandals in which the heels are set lower than the toes (Fig. 9). The result is that your upper body leans forward. You can test this by standing and lifting your toes. Your upper body has to lean forward for you to balance.



Figure 9

Some of these kinds of shoes can be fixed if you insert heel lifts that are high enough to bring your heels up above your toes.

# INSOLES

Many shoes come with insoles. We have already discussed having to remove them if they have any arch support (Fig. 1). Sometimes you need to replace them anyway because of the soft, flimsy material they are made of.

Insoles made out of foam will not work (Fig. 10). The foam molds to the shape of your foot after wearing them. Gel type insoles also will not work. The gel material gets pushed toward your arch making it act like an arch support.

If you need to replace your insoles make sure to find ones that are completely flat (no arch or shaping), and choose a material that is dense enough so that it doesn't mold itself to the bottom of your foot (Fig. 11).

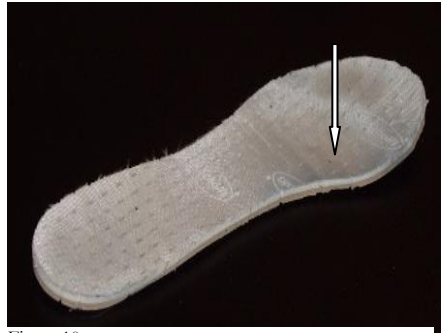


Figure 10



Figure 11

# ORTHOTICS

Orthotics will cause the same problems with the body that arch supports do. If you have orthotics, test your indicators in order to tell if they are making your whole body better or worse (Fig. 12). First test while you are barefoot and then with the orthotics on. By the way, if your feet hurt and that is why you are wearing the orthotics, as we fix the subluxations in the rest of your body which are making your feet compensate so hard, your foot pain will go away.



Figure 12

With that being said, sometimes it is beneficial for **overall stability** to put a very small support (about the size of a dime) under the arch of one foot. We do this **ONLY** on what we call your



Figure 13

“breakdown” side. This means the side that your body falls toward as it goes forward. By adding just a little bit of support under the arch, on this side only, it helps to support you when you are standing or walking. Your doctor can tell you if your breakdown side is to the right or left.

The picture in Figure 13 shows the correct placement of this kind of support for a patient who has a **LEFT** side biomechanical breakdown.

# **Chapter 4: Sitting**

**T**he correct sitting position is one that does not allow your body to slump. In order to do this naturally (without thinking about it) **you need to have your hips slightly above your knees** (Fig. 14). How does it feel to sit right? It takes no effort. Your entire body just wants to stay upright naturally and easily.

## ***SITTING BODY MECHANICS***

When you sit with your hips lower than your knees your pelvis tilts backward. This pelvic tilt forces your lower back to arch backward and your upper back and neck to lean forward in compensation.

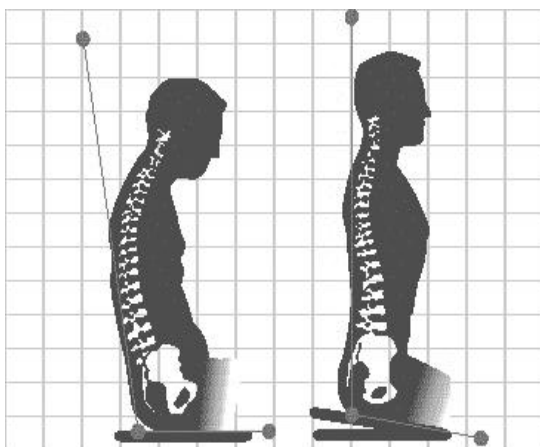


Figure 14

In other words, sitting incorrectly forces bones out of their normal position, in a direction where there are no muscles behind them to pull them back into their proper position. This is also the definition of the old injuries that we are working together to remove from your body. So, if you sit in a position that causes your body to slump, as in Figure 15, you will always have some bones out of place that need to be fixed. Unfortunately, most chairs, sofas, and cars do not allow you to sit up straight without effort from your muscles.



Figure 15

In fact, most sofas and recliners *are made to slump in*; whereas car seats and many chairs are unintentionally designed in a way

that makes you slump. In either case, because you are slumped, your body is put under a lot of pressure in certain areas. This can cause pain. You might or might not feel discomfort while you are sitting there, but typically you will feel worse later. This often makes it difficult to pinpoint exactly which places you are sitting that are making you worse.

You can often notice the effects of sitting slumped simply because it is harder to get out of the seat you are in. Have you ever struggled to get up off of a sofa or a recliner? This is why.

Slumping while sitting also explains why people get fatigued and achy after driving for a distance, or flying in an airplane. In this slumped position the muscles in your body are working harder and using more energy just to keep you as upright as possible. Your body also has to twist around to shift the pressure off of injuries. This makes you fatigued, achy, or can cause pain in those areas.

## **WHERE CAN YOU SIT?**

I know that you want to be able to sit anywhere and not have it cause you any problems. This is not possible. Very few places we sit are built with correct structural posture in mind. Chairs, sofas, recliners, cars, and airplanes are all built lower in the back, putting your knees above your hips. And, many of them have head rests that push your head forward as well.

The standard for building chairs is to have the back of the seat one inch lower than the front. Chairs do vary some from this, but seldom do you find one that is built up enough at the back part of the seat, to be level, or ideally, above level. Car seats are usually 2” or more lower in back.



Figure 16

ALL car seats that I have checked (over a thousand), and most chairs must be corrected so that your body does not slump. The way to do this is to sit on a



firm, wedge shaped cushion, with the high part of the wedge in the back (Fig. 16). By raising the back of your seat, this wedge shape brings your hips slightly above your knees, which lifts and stabilizes the rest of your body, as you can see in Figure 17. If the cushion is not firm enough it will compress when you sit on it and not be much help. Along with in your car, these wedged cushions are necessary in theaters, restaurants, and at sporting events. You can use them on some office chairs, but not all.



Figure 17 Without/With wedge shaped seat cushion

Ergonomic office chairs, with all of their bells and whistles for making adjustments, generally have flaws. The shape of the seat, sometimes made like a saddle, is hard to sit properly on. You can try folding up a towel in the shape of a wedge, to place in the middle of the saddle area.

I need to add more information here on sitting in cars. The best position in your car seat is to be sitting on a firm wedge *without* any lower back support (if your car has an adjustable lumbar support then back it out). Keep your seat in a comfortable, upright position. Do not have your headrest bent so that it pushes your head forward.

Unfortunately, sofas and recliners are made to slump in. I have not seen anyone with back or neck problems that can sit on one and get away with it. I have tried many ways to fix them but have not been successful.

The same goes for propping yourself up in bed to read or watch TV. I recommend lying on your side with your head propped up above level (as described in the next chapter on sleeping) if you want to do these in bed.

You should test these sitting ideas for yourself to see if they are true for you. Try sitting the way we suggest with your hips a bit above your knees. Use a book or towels on a chair to get your hips up a bit. Feel how upright you are, and just let your body go loose and see if you slump forward. Then, take out whatever you were sitting on and sit back down. Let your body go loose again and notice if you slump or if it takes more effort to sit there.

There is one more thing to do as you sit. Place a shim under the right or left side of the wedge (whichever is your breakdown side), to raise you up, just a bit, while you are sitting (Fig. 18). This will make you more comfortable and help you unwind faster.



Figure 18

***Note: Do not guess about your breakdown side. Make sure you get this information from your doctor or use the seat cushion without a shim.***



# **Chapter 5: Sleeping**

**T**he best way for you to sleep is on your side, on a firm mattress, and with a pillow that is adjustable in its height. When you are sleeping on your side with your head at the right height, your eyes automatically close and your whole body relaxes. You will fall asleep quickly, stay in place all night without tossing and turning, and wake up feeling loose and refreshed.

Let me explain how this works.

Most sleep specialists agree that your body needs to be in a “neutral” position to sleep comfortably. This is absolutely correct. Unfortunately, they misunderstand what “neutral” is when lying down. As a result, we see all kinds of funny shaped pillows and memory-foam mattresses on the market now.

To see what it means to sleep in a neutral position, let's first look at what “neutral” is when lying down on your side. It is NOT the same as when you are standing up.



Figure 19

Look at the woman in Figure 19. In the picture on the left she is standing in a neutral position and in the one on the right she is flattening her side against the wall to demonstrate the neutral position, as if lying on her side. In the picture on the right notice that the center of her head is further from the wall than the center of her lower back. This is the neutral position for your body when you are lying on your side and it is different than the neutral position when you are standing.

If you take this second picture in Figure 19 and turn it on its side, then you get Figure 20. This shows the neutral head position when lying on your side. The head needs to be higher than most pillows will get it. Also, the top of the head is higher than the base of the head where it meets the neck.



Figure 20

You can now understand why pillows which get your head level are not getting it neutral while lying on your side. Level is still leaving it way too low. You can also see from this

picture that the pillow should be wedge shaped in order to accommodate the angle from the neck to the top of the head.

Do you think that everyone's neutral position is going to be the same height from the bed? It is not. Do you think that your head would need to be at a different height for different sleeping surfaces that your body is on, like a firm mattress vs. a medium mattress? Yes, it would. In fact, if your mattress is not firm enough then your body sinks in different places, and you won't be able to get your head to stay at the correct height. This sleep system will only work if your mattress is firm.

Correct body positioning while sleeping involves both your mattress and your pillow. In Figure 21, you can see a person positioned correctly on an adjustable pillow and a firm mattress (this is a demonstration mattress which folds up).



Figure 21

You can tell when your pillow height is just right because your body instantly relaxes, your eyes don't open, your face relaxes, your breathing eases, and your upper shoulder doesn't tend to roll forward or backwards. You can test if your head is set too high or too low by how stable your upper shoulder is. If your head is too high then your upper shoulder will fall backward, and if it is too low then it will roll forward.

Sleeping in this neutral position takes the tension off of the support tissues of your spine and nervous system. You can only achieve this on a firm sleeping surface. If your mattress is too soft it will not support your body in this neutral position. The same thing happens with a firm mattress that has a pillow-top on it. The pillow-top makes the firm mattress work like a soft one and your body just can't get into a neutral position.

# **Chapter 6: What To Avoid**

**T**here are actually very few things that patients need to avoid during their care. In fact, I don't think you can "throw out" structural corrections by being too active, although new injuries may occur. The things to avoid are those activities and positions that can cause your body to fall forward. Bending, lifting, and doing the things you normally do are generally fine.

There are a few things that you should avoid because they are known to cause injuries (if minor) that cause the body to fall forward again. If you like to exercise it is generally not a problem. Avoid doing sit-ups (which pull your head forward), and lunges with a bar behind your neck (which pushes the vertebrae forward in your neck). Do not exercise a specific region of your body because it hurts and you are trying to strengthen it. People are given low back, or "core" muscle exercises to do if they have back pain. This is the wrong thing to do because the lower back in these cases is nearly always a compensation for a primary problem in another area. So, by exercising the compensated area, they are strengthening the muscles that hold the body in a twisted position and it is more difficult to correct.

Getting a neck or back rub from someone who is untrained will usually push some bones forward. I have my patients refrain from massage therapy unless the therapist is familiar with the directions of subluxation as described in this book, and can work the muscles in different directions. You should discuss this with your doctor before getting a massage.

Doing yoga is another activity that is likely to throw your body forward; so if you are doing this then please let your doctor know.

## ***Heat vs. Ice***

Inflammation occurs in injured tissues, and to a small extent is useful for healing. But usually there is too much swelling at an injury site and this can get in the way of correcting your body. Trying to get a bone back into its normal position if there is swelling there, is like trying to close a door with your big toe in the way; it will only go so far, but not all the way.

Avoid applying heat on your painful areas while you are getting structural correction type of care. Heat can make muscles feel better temporarily, but it increases the inflammation in the area, and feels worse later. If you use heat, it will take more visits to show improvement, if it is possible at all.

# **Chapter 7: Conclusion**

**B**y exposing some myths and explaining how body mechanics truly work, we have set the stage for major improvements in your life with only minor changes in your lifestyle. I have included practical steps for changing how you stand, sit, and sleep; with simple tests in which you can demonstrate the need for these changes yourself. With an understanding and application of the ideas given in this book, you are giving yourself the best chance to succeed in your corrective care.

These are some steps you can take now to start:

- Get started testing your body for how easily you breathe and how stable you feel.
- Go through all of your shoes and determine which ones can be fixed and which ones should be tossed.
- For the next few weeks get in the habit of looking at every seat or chair you intend to sit in. Fix it the best you can before sitting down. Get a wedged seat cushion to use in your car.
- Use a telephone book with a couple of towels folded up on top as a pillow, and try to get into the proper side-posture sleeping position on the floor. Adjust the towels, 2 layers at a time, until it is right. Then, if you are not able to get your body to feel the same on your bed, with your own pillow and mattress, then you know you need to do something to fix them.

You can get the supports for fixing your shoes, wedged sitting cushions, adjustable pillows, and appropriate mattresses from your practitioner or from our online store:

<http://ez-posture-products.new-chiropractic-solutions.com/>.

# **About the Author**



**Dr. Jerry Porter** has been a practicing chiropractor 1982. He has a wife and five children and resides in Spokane, Washington.

While in school he helped to lay the groundwork for a method of treating patients that was based primarily on mathematics and physics. He taught this method of patient care to thousands of chiropractors over the next 17 years.

Since 1999, Dr. Porter has been teaching proper utilization of standing, sitting, and sleeping technology to chiropractors, medical doctors, physical therapists, and other structural practitioners around the world.

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