

Integration Class 5 Summary: Pitch, Roll, and Yaw, Correcting Switching Patterns and Pelvic Categories in Kinesiology

Introduction

This class covers two foundational topics in psychological kinesiology: correcting switching patterns through pitch, roll, and yaw adjustments, and addressing pelvic categories (1, 2, and 3). These corrections can produce dramatic results — from improved flexibility and mental clarity to resolving years of chronic pain.

"Once I did fix their pitch, roll, and yaw, it was amazing. So it's just one of those things — in some cases it's exactly what they need."

Part One: Pitch, Roll, and Yaw — Corrections for Switching

What Are Pitch, Roll, and Yaw?

These terms come from aviation and describe the three axes of movement a plane can experience. Dr. Goodhart, a former WWII pilot, applied these concepts to how the human brain and body orient themselves in space.

Term	Plane of Movement	Type of Switching	Common Sign
Pitch	Forward/backward tilt	Up-down switching	Fear of heights, confusing p's and b's
Roll	Side-to-side rotation	Left-right switching	Reversing letters (R's backwards, typing "ao" instead of "oa")
Yaw	Fishtail rotation	Front-back switching	Writing on a slant, bumping into people while walking

"Yaw — I think of it this way: you're in a place where there's snow, going down an icy road, you put on the brakes, and what happens? The car fishtails. That's a yaw."

How to Screen for Switching

Before testing pitch, roll, or yaw specifically, do a general check:

Standing tests for the student/client:

1. **Side lean test** — Stand and lean side to side. If you go further in one direction than the other, suspect a **roll**.
2. **Cross-reach test** — Sit with feet apart and try to touch opposite toes with each hand. If one side is easier, this also suggests roll.

Testing and Correcting Pitch (Up-Down Switching)

What it looks like:

- Fear of heights or difficulty going downstairs
- Children confuse letters where lines go up or down (p/b, d/q)

Test procedure:

1. Client lies face up, raises both knees with feet flat on the table
2. Client brings chin to chest (head flexed forward)
3. Test indicator muscle — if it goes **weak**, pitch is present
4. Confirm: lower the legs; test head-up alone (should be strong). Raise the knees; test head-up alone (should be strong). When combined and weak, that confirms pitch.

"If they were weak on the head up, whether or not knees are up, you'd just rub back around Gallbladder 20 at C1 for 5-10 seconds. But if it's only weak when combined, that's your pitch pattern."

Correction procedure:

1. Client lies face up, legs straight
2. Practitioner supports the back of the head with one palm; the other hand on the forehead
3. Lift the head up, chin tucked in — **you do the work, client keeps neck relaxed**
4. Client performs **eye rotations** (open and closed) while doing **temporal tapping** — thumb against ring finger, both sides simultaneously
5. Breathe throughout
6. Retest: knees up + head up should now test strong

Memory tip: Pitch = pitching forward and back → hands go front and back on the head.

Testing and Correcting Roll (Left-Right Switching)

What it looks like:

- Reversing letters (writing R's backwards)
- Typing transpositions ("ao" instead of "oa")
- Tightness in one sacrospinalis, weakness in the other

Test procedure:

1. Client lies face up, knees bent, feet flat
2. Client brings chin to chest (head up)
3. Client rolls knees to one side — test an indicator muscle
4. Client rolls knees to the other side — test the indicator muscle
5. Should be strong both ways; **weakness on one side confirms roll**

Correction procedure:

1. Client lies face up, legs straight (or standing)
2. The head turns in the direction the knees were pointing **when the test went weak**
3. Practitioner places one hand on each side of the head (not over the ears — hands wrap around the sides)
4. To put the correction **in circuit**: the client separates feet apart, then turns feet in the same direction as the head is turned
5. Client performs **eye rotations** while **temporal tapping** (thumb on ring finger, both sides)
6. Remove circuit and retest — both sides of the knee roll should now test strong

Memory tip: Roll = rolling left and right → hands go on the left and right sides of the head.

Testing and Correcting Yaw (Front-Back Switching)

What it looks like:

- Writing on a slant (lines go uphill or downhill on paper)
- Tendency to weave or bump into people while walking
- Disorientation with mirrors or rear-view cameras

Test procedure:

1. Client lies face up, knees bent
2. Client rolls knees to one side while turning head to the **opposite** side
3. Test an indicator muscle
4. Repeat in the other direction
5. Weakness in one position confirms yaw

"The difference between roll and yaw: in roll, the knees go over with the head straight up. In yaw, the knees go one way, and the head turns the other."

Correction procedure:

1. Client lies face up, legs straight (or standing)
2. The head turns in the direction **the knees were in** when the test went weak
3. The practitioner places one hand on the **front** of the head and one hand on the **back**
4. Put in circuit: feet apart, then feet pointed toward the side the head is turned
5. The client performs **eye rotations** while **temporal tapping**
6. Retest the original position — should now test strong

Memory tip: Yaw = front-back switching → hands go front and back on the head.

Quick Reference: Hand Positions Summary

Correction	Hand Placement
Pitch	One hand on occiput (back), one hand on frontal bone (forehead)
Roll	One hand on each side of the head (left and right)
Yaw	One hand front, one hand back of head

"The major difference: in pitch, you're pitching forward and back, so hands are front and back. Roll — hands on the sides. Yaw — same as pitch, but the head direction is different."

Part Two: Pelvic Categories

Why Pelvic Categories Matter

The sacroiliac (SI) joints connect the sacrum to the ilium. When stress, imbalance, or subluxation occurs here, it can cause widespread structural problems. These corrections, developed through the Sacro-Occipital Technique (SOT) by Dejarnette and integrated into Applied Kinesiology by Goodhart, can produce remarkable results.

"I always have category two when I go to Sheldon Deal — and I feel so much better. Categories are huge."

"This guy had six years of pain, and they said all we can do is give you medication. She did his pelvic category 2, and he hasn't had any problems since."

Equipment needed: SOT pelvic blocks (search "pelvic sacral SOT blocks" on Amazon, approximately \$55–60). In a pinch, shoes or rolled towels can serve as substitutes.

Differentiating the Three Categories

Category	Location of Problem	Testing Method
1	SI joint -stressed/torqued but not subluxated	Both hands on SI joints simultaneously = weak
2	SI joint — actually out of joint	One hand on SI joint = weak
3	Lumbar spine (L1–L5)	Touch individual vertebrae while testing the IM

Quick screening sequence:

1. Touch both SI joints simultaneously — weak = **Category 1**
2. Touch one SI joint, then the other — weak on one side = **Category 2**
3. Touch along the lumbar vertebrae one at a time — weak at a level = **Category 3**

"Category one is both hands. Category two is on the one hand. That's the answer."

Category 1: Correction

What it looks like:

- Cervical spine tension/neck stress
- Cranial faults (often present together)
- Thoracic outlet syndrome
- Torsions throughout the body

Testing:

1. The client lies face down; establish the indicator muscle
2. Practitioner places both hands on SI joints simultaneously (skin to skin preferred)
3. Weak = Category 1 confirmed
4. Find involved side: client places both hands on one SI joint, then the other
5. The side that weakens the indicator is the **involved side**
6. Confirm priority mode

Finding the direction of iliac twist:

- Push the top of the ilium and the opposite ischium toward the table
- If the indicator goes weak, note the direction
- The correction uses blocking **opposite** to the direction that caused weakness
- Rolling the ilium back (posterior) shortens the leg; rolling forward lengthens it

Correction:

1. Place blocks so that the involved ilium is moved **anteriorly** (forward)
2. Blocks should face each other (as shown in the diagram)
3. Circuit locate to confirm correct placement
4. The practitioner stands on the **non-involved side, not over the block**
5. Apply a light pumping action approximately 10 times
6. Remove blocks and retest — both SI joints should now test strong

"You're blocking it opposite the way that went weak. You don't want the blocks placed in a way that would make it weak."

Category 2: Correction

What it looks like:

- Often associated with adrenal fatigue/exhaustion
- Leg length discrepancy (longer leg on the involved side suggests posterior ischium)
- Tenderness at the origin/insertion of the gracilis, sartorius, or hamstrings
- Tenderness at the first rib head

Identifying posterior ilium vs. posterior ischium:

"If you roll the ilium back, the leg shortens. If you roll forward, the leg gets longer."

Finding	Suspect
Shorter leg on involved side	Posterior ilium (gracilis/sartorius involved)
Longer leg on involved side	Posterior ischium (hamstrings involved)

Correction (posterior ischium):

1. The client lies face up
2. Place one block at a 45-degree angle under the ischium to lift it forward
3. Place the other block straight under the top of the hip bone (ilium)
4. Confirm blocks are correctly placed — the indicator muscle should test strong
5. Client performs eye rotations with temporal tapping for approximately one minute
6. Remove blocks and retest — leg lengths should equalize

No thrusting is required for Category 2 — blocks, and temporal tapping completes the correction.

Category 3: Correction

What it looks like:

- Lumbar lordosis (swayback posture)
- Weak latissimus dorsi (lats)
- Weak psoas
- Leg that flops inward when lying down (indicating weak psoas)

Testing:

1. The client lies face down
2. Touch along the side of each lumbar vertebra (L1–L5), finding the level that weakens the indicator
3. Once identified, stroke across the vertebra in one direction and test; stroke in the other direction and test
4. Find the direction that causes weakness
5. Then find the breath phase (inhale or exhale) that strengthens the muscle — almost always **inhalation**

Correction:

1. Stroke in the **weakening direction** on the **strengthening breath** (inhale) for **5 repetitions**
2. Recheck circuit location — should be clear

Pelvic Category Muscle Phase

Bones go out of place because the muscles that hold them aren't balanced. Correcting the bones without addressing the muscles means they'll simply go out again.

Key muscles to assess:

Muscle	Common Pattern
Piriformis	Often weak on one side; tight on the opposite side
Sacrospinalis	Often weak on the opposite side of the weak piriformis
Gluteus maximus	Test with knee bent 90°+ to isolate from hamstrings
Quadratus lumborum	Test prone or supine
Psoas	Weak psoas = leg rotates inward; often adrenal related
Latissimus dorsi	Most commonly weak muscle overall; associated with sugar consumption
Hamstrings	Test medial and lateral divisions separately (by turning foot in or out)

"Wally Schmidt said the most common weak muscle of all the muscles is the lats — because of the sugar we eat."

Testing the piriformis tight side: Sit and cross one ankle over the opposite knee, letting that leg flop outward. The side that is uncomfortable or restricted has a tight piriformis.

Correction for tight piriformis: Use the pin-and-stretch technique — press deeply into the piriformis (through the gluteus maximus), and as the client exhales, apply pressure while lengthening the muscle. Always follow myofascial release with neurolymphatic massage.

"Breathe in and apply the pressure on the exhalation. Anytime something really hurts, take a breath in and then apply pressure on the exhale."

Nutritional Support for Pelvic Muscles

"Sheldon Deal says: if you work structurally and you do nutrition, you get exponential results. 2+2 is 8. And if you don't do the nutrition, it doesn't quite hold."

Nutrient	Associated Muscles
Vitamin E	Piriformis, circulation/sex muscles — <i>remember: E is in "sex"</i>
Vitamin A	Sacrospinalis
Vitamin C complex	Sacrospinalis, bladder-associated muscles

Key Neurolymphatic Points for Online/Virtual Sessions

When you cannot physically test muscles in a virtual session, circuit locate the neurolymphatics:

- **Piriformis (front):** Pubic bone area
- **Piriformis (back):** L5
- **Sacrospinalis (front):** Lateral to the navel
- **Sacrospinalis (back):** L2
- **Gluteus maximus (front):** Slightly forward from the fascia lata
- **Gluteus maximus (back):** L5
- **Quadratus lumborum:** L5 and T12; rub the transverse processes of the vertebrae sides

Cranial Connection to Pelvic Categories

Category 1 in particular has a strong relationship to cranial faults. Cranial problems can cause the pelvis to go out, and a pelvis out of alignment can reflect back into the cranials.

Quick cranial screen: Touch GV20 (apex of the skull) and test the indicator muscle. If it weakens, cranials need attention.

Shortcut correction: While holding GV20, simultaneously stimulate the neck flexor neurolymphatics and neurovasculars (at the ramus of the jaw). This can clear many cranial faults in one step.

"Carl Ferrari specialized in children with learning problems and found that fixing their cranial structure helped their learning rate. You could even be a specialist with kids — do cranials and get a lot of mileage."

Hard palate test (learning/focus): Place both index fingers on the hard palate just behind the teeth and test the indicator muscle. If it weakens, the palate has a concavity.

Correction: Push up on the hard palate with thumbs while pressing down lightly on top of the head, breathing in with feet dorsiflexed. This can dramatically improve focus and multitasking ability.

Key Learning Points Summary

1. **Pitch, roll, and yaw each correspond to a different switching pattern** — up-down, left-right, and front-back, respectively.
2. **The hand position on the head during correction mirrors the type of switching:** front/back for pitch, sides for roll, and front/back for yaw.
3. **The circuit is created by turning the head toward the weak direction and pointing the feet the same way**, with the feet separated.
4. **Temporal tapping (thumb to ring finger) with eye rotations** is the reprogramming mechanism for all three corrections.
5. **Category 1 = both hands on SI joints; Category 2 = one hand on SI joint** — this distinction determines which correction to apply.
6. **Leg length reveals the direction of iliac twist** — shorter leg = posterior ilium; longer leg = posterior ischium.
7. **Always address the muscle phase after correcting the bones**, or the correction won't hold.
8. **Nutrition supports structural corrections** — Vitamin E for piriformis, A and C for sacrospinalis.
9. **Cranial faults and pelvic categories are closely linked** — one can drive the other.
10. **After any balance, do gait reflexes before having the client walk around.**