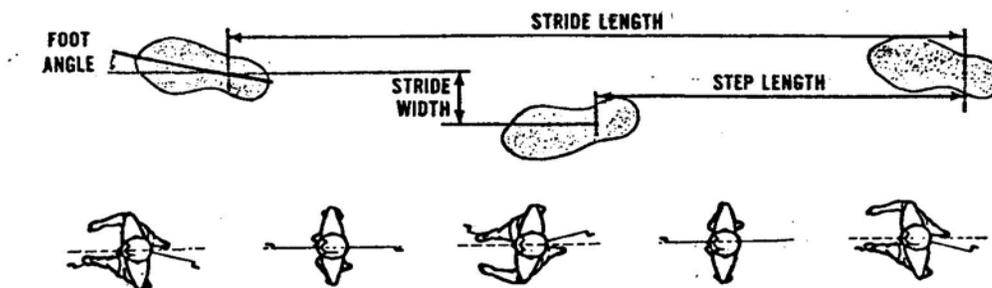


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**Uneven Stride Length in Walking or Running the Causative Factor**  
**In Recidivistic Structural and Functional Disorders!**

One of the most important observations of this century was made by my mentor Dr. Goodheart and reported in his Applied Kinesiology Workshop Procedural Manuals 19<sup>th</sup> and 20<sup>th</sup> Edition, in 1983 and 1984. All of humanity has an uneven stride length and this fact leads to recidivism of many of our patient's structural and functional health problems.

This observation came from Dr. Goodheart's experience as being the first chiropractic physician to participate in the 1980 Winter Olympic Games in Lake Placid, NY. He also introduced the modular distortion pattern know as PRY-Technique. This has proven to be a method of diagnosis of dural tension and torque, and is universally present in ninety nine percent of patients we treat. These facts, that 85 to 89 percent of any group will be right handed which usually means they will be right leg dominant, also means they will tend to take a longer step with the right leg. Add to this that the liver is the largest organ in the body making both right and left hand dominant weight more on the right an average of 10 pounds. This does not take in to consideration even leg length discrepancies. When you observe a patient standing or lying supine you will note that their pelvis is carried slightly forward on the right making the tendency to have a longer right step.



The above illustrates the idea of stride length and body movement showing the pelvis and torso counter torque motion in the normal walking gait pattern. What this means is that walking and even running will tend to cause more turning towards the left or counter clockwise. Even if the discrepancies is minimal, say quarter inch ( $\frac{1}{4}$ ) this would be multiplied by the number of steps taken on any given day. This pull in one direction will eventually add up and accumulate pulling on the dura mater spinal covering and causing neurological and mechanical problems that lead to many of our patient symptoms.

I have been observing this pattern since its introduction in AK in 1980 which is more than 33 years and I have been viewing, diagnosing and correcting this pattern on every patient and every visit for more than twenty-five years. I have been trying to find a way to stabilize this for a longer period of time than just a few weeks. On August 4, 2013 I tried a new patient self-correction method that works very well with no failures to date and I have collected data on more than 500 patients. This has been so successful that I almost never see this pattern reappear if the patient will do this simple correct twice-a-day, every day and it only takes about five second to due. But it requires your participation in this correction and for some reason many patients seem to forget to do this simple exercise.

When any patient comes in for care I will demonstrate and give you, instructions sheet so you will remember how to make this simple stabilizing exercise that should help any chronic health problem, such as low back pain, neck pain, shoulder and knee problems, headaches and even digestive condition such as GERD. Suggested reading from previous Health Bulletins/Newsletters that will help you understand are the following: #7-Learning Disabilities, #8-TMJ Dysfunction, #9-GERD and Heartburn, #13-Low Back Pain , #14-Hip and Knee Pain, #16-Headaches, these can all be found on my web page at ([paulsprieser.com](http://paulsprieser.com)), click on tool bar under patient information. Why not make an appointment today and learn how to stabilize your health conditions.