

INITIATING CORTICAL INTERFERENCE TO RESTORE BALANCED UPRIGHT ALTERNATION

A Perspective Reflection on Engagement of a PRI® Based Program

by Ron Hruska

It is safe to say that every human, regardless of age or gender, has unique appreciation and acceptance of sense and movement that is more definable and realized when asked about the side they “feel” more or less, by comparing that sense or action to the other side.

Regardless of the side that the individual senses better, the goal to restore balance of forces placed on the ground, the pelvis and the atlas, requires transference of body position, and associated weight, from side to side as forward locomotor movement occurs.

It is this alternation of reciprocal appendage, diaphragm and respiratory function that allows our orthopedic system to stay ‘ortho’, or ‘in correct alignment of upright, in various contexts’.

Resting in a neutral state, as defined by the Postural Restoration Institute®, may require initiating activities, possibly either non-manual or manual techniques, to interfere with present cortical neurologic linkage or cortical network organization, so that motor function that is associated with cortical hemispheric sense can be reorganized.

Reliance on patterned sense can also be reorganized, so the sense of body hemispheric “displacement”, can be adjusted and accepted to allow a return of function that will permit alternation of gravitational force, hemi-diaphragmatic dependency, and spatial perception.

For some, this reorganization requires a sense of ownership, comfort, acceptance, safety and normalcy, as activity to reprocess novel neural networks is introduced. This novel interference, of sense and motor perception, requires developing an acceptance of what initially was a threat or limitation. Only to return for ‘temporary’ engagement of neurologic historic adaptation, and possibly habitual performance. (Neurosensory and neuromotor interference reflects introducing electrical impulses, or brain waves, to form a resultant wave network in which the electrical network associated with the pattern of behavioral placement or position, is either reinforced or canceled. PRI® interferes with neurological brainwaves associated with patterns of motor performance behavior and introduces novel neural networks that reduce the brainwave signals associated with lateralization, displacement and cortical, body, and spatial hemispheric strength.)

Regardless of which side an individual is initially placed in to reformat visual, vestibular and vertical neuro-orthopedic processing, the end result for uninhibited cortical representation of sensory and motor function, as defined by PRI®, requires successful testing of femoral

acetabular adduction, femoral acetabular extension, femoral acetabular internal rotation, pelvic inlet and outlet position, supine trunk rotation, apical expansion, humeral scapular internal rotation, shoulder horizontal abduction, cervical axial rotation, and cervical lateral flexion.

Choosing a “side” to focus on, as a rehabilitation program is initiated, does not make the program a PRI® program. However, implementing tests and techniques to reduce or interfere with the human predominant patterns of rotation, respiration and anatomical references requires focus on development of use, acceptance and reliability of specific muscle, muscle groups and inter muscle relationships, and thus, makes this activity a PRI® program.

Postural Restoration® is designed from interdisciplinary, evidence-based scientific research, practice and study. It is not a method or methodology, but rather can be used as part of an assessment and treatment approach.

The practice of using PRI® principles and scientific measures, procedurally, includes using guidelines, algorithms, and anatomical references, as taught in PRI® courses, for accomplishing or approaching an effective resolution, treatment or assessment.