

UPPER **MUSCLE: PIRIFORMIS 860**

ORIGIN: Anterior surface of sacrum between and lateral to sacral foramen, margin of greater sciatic foramen.

INSERTION: Superior border of greater trocbanter of femur. 860A

TEST: Patient - Prone, flex insilateral knee 90°. abduct ipsilateral thigh 30° with slight external rotation of femur and keeping tibia in neutral rotation.

> Dr. - Brace contralateral ilium and with ipsilateral medial malleolus contact, internally rotate femur (pull ankle laterally). 860G

NEUROVASCULAR:

1" above glabella in concavity of frontal bone (must bold both points). 860B - Occipital Zone 2:2B and Frontal Zone 2:2A

NEUROLYMPHATICS: R - 7th ICS at vertebral border of scapula. 860C - Thoracic Zone R-7C

Involved in Category I

VISCERAL ORGAN:

D. Prostate/Uterus - SP 12 inferior to inguinal ligament.

860D - Thigh Zone 3:3A

E. Testicles/Ovaries - GV 2.7 between LS and sacrum at midline. 860E - Flank Zone D

M.A.P.: Spleen 8 - upper 1/3 of tibia posterior medial aspect. 860F - Leg Zone 3:3A

V.L.: C2L

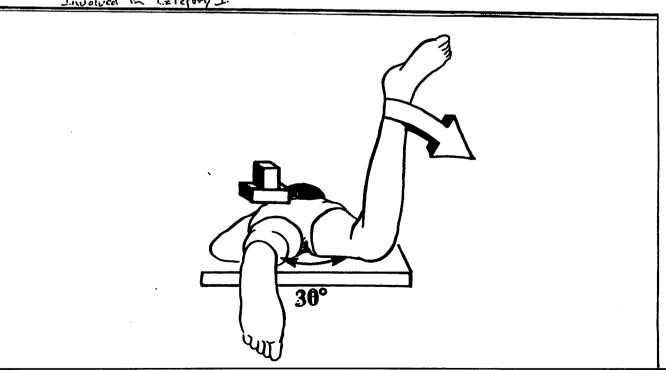
M.M.: L5

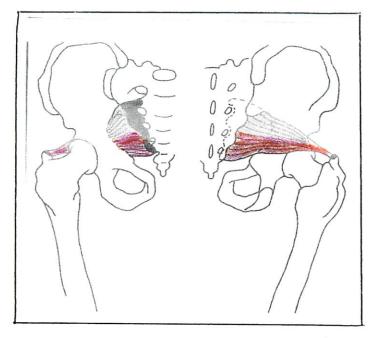
CRANIAL: Occiput lateral Rocker.

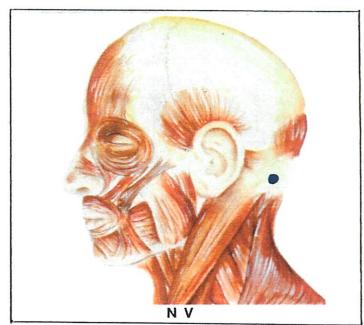
NUTRIENT SOURCE: Vitamin E (Wheat Germ).

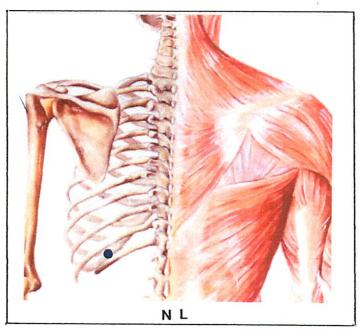
1. Vitamin E (s)

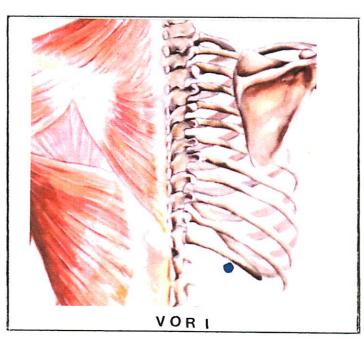
2. Promedyn X (nd)

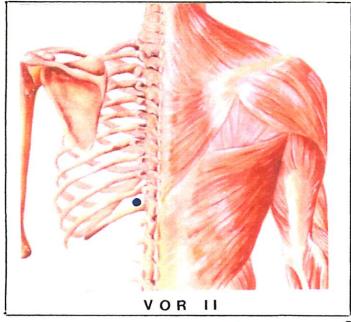


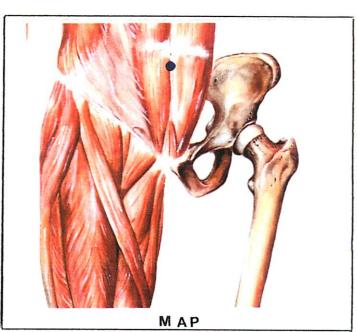












MUSCLE: PIRIFORMIS, LOWER DIVISION 861

ORIGIN: Anterior lateral surface of the sacrum, attaching between the 2nd and 3rd sacral foramen to just below the fourth sacral foramen.

INSERTION: Superior border of the greater trochanter of the femur.

ACTION: External rotation of the Hip.

NEUROVASCULAR: Asterion.

NEUROLYMPHATICS: Left 11th intercostal space, 6 inches lateral to the spine.

VISCERAL ORGAN:

Ileum – Inferior margin of the 12th rib five inches lateral to the spine.

Bronchioles – 11th intercostal space between the transverse processes of T11 and T12.

M.A.P.: CV 7-1 inch below the umbilicus.

V.L.: C5L

M.M.: L4

TEST: Patient – Prone, Flex the ipsilateral knee 90 degrees, abduct the thigh 15 degrees with external rotation of the femur. Keep tibia in neutral.

Doctor – Brace conralateral ilium and with ipsilateral medial malleolus contact, internally rotate femur.

