UNDERSTANDING THE PETTIBON WEIGHTING SYSTEM™

The Pettibon Weighting System reflexly causes the muscles of the neck and back to correct the spine and posture in 3 dimensions as the weights reflexly stimulate the patient’s nervous system. The nervous system causes the postural muscles to pull the spine toward, and eventually into, its normal 3-D position after they have regained strength and endurance.

When the x-rays and/or postural examination reveals the loss of all or part of the normal cervical curve, it forces the involved vertebrae to buckle sideways at their stress point, flexing away from the weakest side. The lateral flexion, as well as loss of lordosis, compresses and blocks the ability of the involved discs motion necessary to replenish and maintain their normal fluid content.

The findings from the examination determine which pieces of the weighting system are needed for the individual. X-rays provide more information than posture analysis.

**Head Weighting**

The weighting system starts with frontal head weighted for the purpose of reflexly causing the posterior spinal muscles to strengthen and pull the lordotic curves back to normal under the skull and above the sacrum.

In the below images we see the activated righting reflexes causing the cervical flexor muscles to pull the skull/face back and down until the eyes are level. These combined actions pull the skull backward, re-establishing the center of skull mass (the front of the sella turcica) over the front of the C4/C5 disc and perpendicular relative to gravity.
After the cervical lordosis is 60% restored, the weight is moved around to the acute angle side of the lower spine (usually the high shoulder side) to correct spinal laterality.

If too much frontal head weight is used in the beginning, often the lumbo pelvic girdle will shift under excessive head weight correcting the lumbar lordosis first. However reduction of the weight amount will refocus and correct the cervical lordosis. Frontal head and shoulder weighting provides forward head posture correction and cervical lordosis correction.

The weighting system follows the wobble chair and spinal traction which pump and pull fluids into the discs nucleus. This motion increasing the discs hydraulic pressure (250 mm mercury, according to Charnley) and height to provide the base for the postural muscles especially the Multifidus muscle to correct and hold the spine aligned in 3-dimensions. This allows the spinal muscles that have been changed and atrophied subsequently causing chronic pain to heal, change and become functional again.

**Shoulder Weighting**

The drawings show shoulder weighting combined with lateral head weighting causes the subluxated spine’s (left figure) head to temporarily laterally displace on the stabilized thoracic cage (center figure). Then the head-shoulder weighting causes a reflex correction in line with gravity of the head and thoracic spine down to L-3 (right figure).
Front or back shoulder weight placement is dependent on the patient’s hip/shoulder relationship as discovered during the evaluation process. It will change over time as the body’s postural muscles begin to hold the individual’s optimal position. Shoulder weight should be at least twice as much as is used in the individual’s head weight. *(Least amount of weight for the maximum gain.)* To identify proper placement and amount of weight, do the following:

When the patient stands or sits with the hips behind the shoulders, place up to 80% of the shoulder weight on the front-lateral side of the low shoulder *(in this example it is placed on the right shoulder)*. When the proper amount and placement of weight is used, the low shoulder reflexively lifts up and back, and the high shoulder is rotated down and forward, while the pelvis is re-aligned under the weight and shoulders as shown.

When the patient stands or sits with the hips forward of the shoulders, 80% of the shoulder weight should be placed on the back of the low shoulder *(in this example it is placed on the left shoulder)*. Reflexes then cause the low shoulder to rotate up and forward while the high shoulder rotates down and back over the hips, while the pelvis rotates under the weight, as shown.
**Hip Weighting**

The addition of hip weighting corrects lumbo pelvic deviations in a similar manner to shoulder weighting. The drawing shows shoulder weighting combined with lateral head weighting causes the Head and shoulder weighting corrects the A–P skull and spine down to L3.

Hip weight should be at least twice as much as is used in the individual's head weight and the same amount as the shoulder weighting. *(Least amount of weight for the maximum gain.)*

Place 80% of the hip weight in a hip bag pocket and the remainder in the other pocket. Once attached to the hips, position the 80% pocket on the front side of the high-forward hip *(the one appearing larger on x-ray).* Then place the other hip bag on the back side of the opposite hip. When the proper amount and placement of weight is used, the hip weight reflexively causes the pelvic girdle to rotate into alignment.

Alignment of the A–P lumbar spine usually is also produced by pelvic alignment.

TIP: Reverse the position of the weight if their position should cause the hip and spinal alignment to worsen.