

# Standing Subscapularis Jump Test and its outcome related to Covid 19 vaccine status

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**Narrative:** Over the past 50+ years of Applied Kinesiology (AK) the *subscapularis* muscle has been related to the heart. Goodheart and others have evaluated a standing subscapularis test in combination with jumping. This study correlates the results of the test with receiving the covid vaccine and covid history.

**Indexing terms:** Chiropractic; Applied Kinesiology; COVID-19; vaccine; health status; subscapularis jump test.

## Introduction

For both lay people and professional health care workers, the safety of the Covid 19 vaccines have been debated with each side showing bias from 'it is perfectly safe' to 'all who are vaccinated will drop dead in the next year of two'. Obviously, the truth lies somewhere in the middle.

In our office Drs' Michael and Noah Lebowitz have had patients present with many different symptoms within close proximity to being vaccinated. These symptoms have occurred after the 1<sup>st</sup> dose in some cases and in one, not until the 5<sup>th</sup> dose. Symptoms reported included stroke, pulmonary embolism, paralysed vocal cords, cardiac arrhythmia, Peyronie's disease, rheumatoid arthritis, generalised severe weakness prolonged for months, un-resolving muscle and joint issues, just to name a few.

In alternative medicine we specialise in treating subclinical issues: problems that may elude normal western medicine diagnoses (before becoming pathologies) via traditional labs, exams etc. In the 1960's Dr Goodheart developed a test where the *subscapularis* was evaluated standing for facilitation. Then the patient was put through an activity to raise the pulse rate and then the *subscapularis* was retested in the same fashion. (1) Myocarditis, pericarditis, cardiac arrhythmias and other symptoms have been reported in studies as possible but 'rare' side effects of the vaccine. (2, 3, 4, 5) Knowing it typically is not an all or nothing phenomena, we decided to use a variation of the 'Goodheart test' and collect data.

...This is observational data and we reach no conclusion. We feel the results are strikingly significant, though, 'what is going on that influences the subscapularis muscle?' is a question that needs to be answered ...'



Also, with what appears to be an increase of sudden deaths of many pre 50-year old's (athletes and all others) we thought it could be an illuminating study.

### Procedures & Methods

We took 50 patients (randomly selected, some new, some existing) from our clinic. While standing we tested the *subscapularis* muscle bilaterally (one at a time). If the patient had normal facilitation, they were included in the study. In a handful of patients one of the muscles was inhibited on initial screening (due to shoulder dysfunction or some other phenomena). These people were excluded.

We then had the patient do 10 moderate vertical jumps and retested the *subscapularis*. These jumps typically raised standing pulse 20-30 points. If the *subscapularis* inhibited on either or both sides after jumping, that was a positive finding though aetiology would be unknown (heart, structure, aerobic deficiency, etc). We felt that structure would probably not be affected as much by vaccine status and that if there was a difference between the vaccinated and unvaccinated, maybe we were picking up subclinical heart findings.

On patients with positive 'jump' tests we tested 3 substances to see if any would negate the finding:

- a) L-carnitine
- b) dan shen (herbal anti-coagulant and vasodilator), and
- c) hawthorn berries (tradition heart strengthening herb).

Any of the three could be suggestive of a subclinical heart issue. We then asked the patient the following questions:

- ▶ Did you have covid? If so, how many times?
- ▶ Were you vaccinated for covid and if so, which vaccines did you receive and how many?

We stopped at 50 people as a clear pattern was emerging. We also saw without doing any corrections how long the inhibited *subscapularis* stayed inhibited (this was only done on 10 or so patients as we hadn't thought about it initially).

This was just a preliminary study, and more questions could be asked: Which other reflexes were positive, acupuncture points, heart related tests, etc.

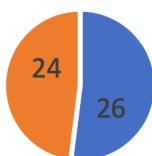
On a few of the more severe patients we did run D-Dimer, Fibrinogen and Cardiac Calcium Score CT's all of which were within normal limits.

### Results

Of the 50 people tested 26 (52%) failed the test (at least one *subscapularis* was inhibited from jumping with the duration of the weakness running from 1 minute to at least one hour when they left the office).

Fig 1:

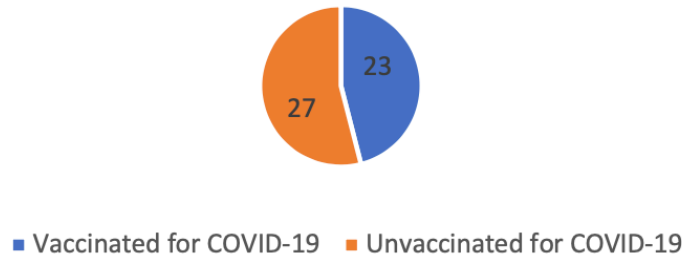
### Subscapularis Jump Test



- Failed Subscapularis Test
- Passed Subscapularis Jumping Test

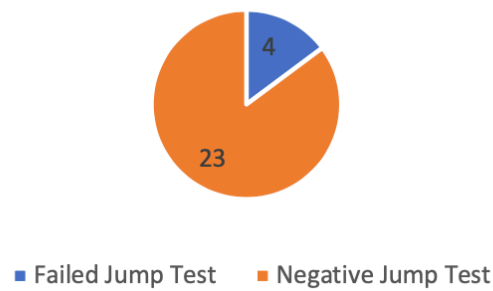
Of the people that were tested, 23 received at least one covid vaccine and 27 received no vaccine.

**Fig 2: Vaccinated vs Unvaccinated for COVID-19**



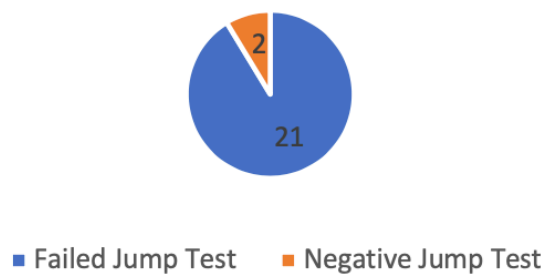
In the unvaccinated group, 4 out of the 27 failed the jumping test (18.5 %).

**Fig 3: Unvaccinated for COVID-19**

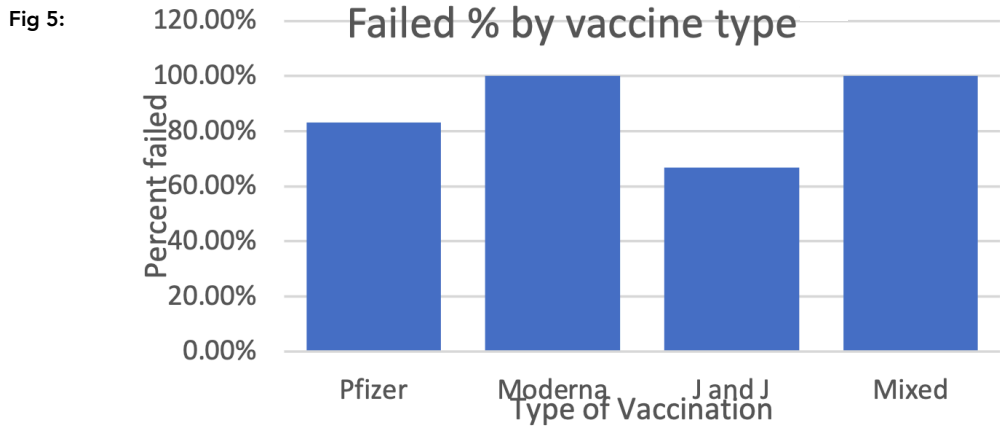


In the vaccinated group, 21 out of 23 failed the jumping test (91.3%)

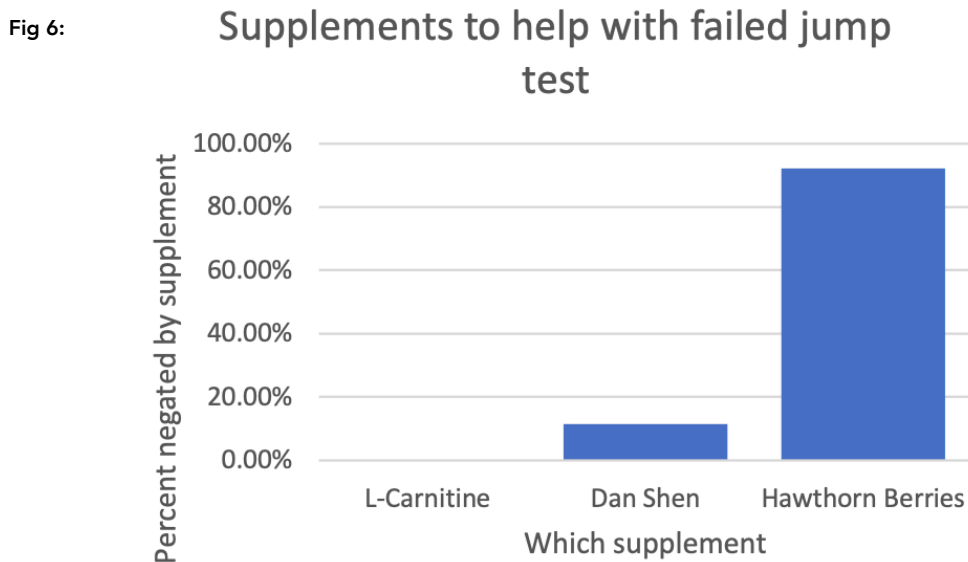
**Fig 4: Vaccinated for COVID-19**



Of the people that had *Pfizer* vaccines 5 out of 6 failed (83.3%)  
 Of the people that had the *Moderna* vaccine 10 out of 10 failed the test (100%)  
 Of the people that had the *J and J* vaccine, 2 out of 3 failed (66.7%)  
 Of the people that had vaccines from more than 1 company 4 out of 4 failed (100%)



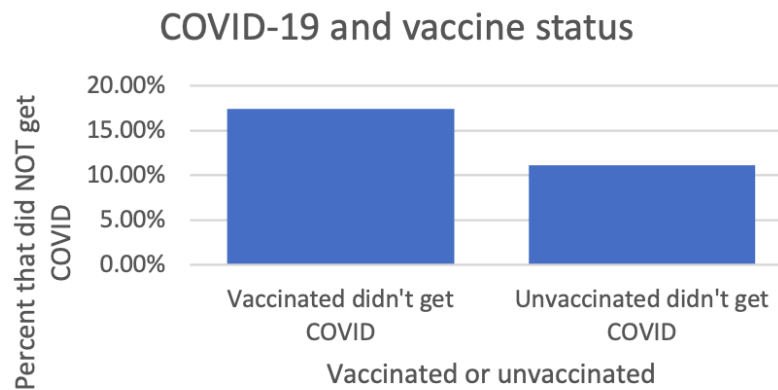
Whether or not people had a covid infection did not appear to influence the results of the test. Of the 26 that failed the test, 24 had the inhibition negated by hawthorn berries (92.3%), 3 were negated by Dan Shen (11.5%), all 3 of which were also negated by hawthorn berries. 0 were negated by L-Carnitine.



Hawthorne is considered cardi tonic, vasodilating, antihypertensive, antihyperlipidemic and also helpful in treating atherosclerosis. (6) Of the unvaccinated people 3 out of 27 did not get covid (11.1%), of the vaccinated people 4 out of 23 did not get covid (17.4%)

This was based on just asking them if they had covid.

Fig 7:

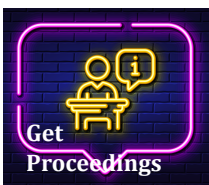


The results are strikingly significant, though, *'what is going on that influences the subscapularis muscle?'* is a question that needs to be answered.

### Conclusion

Covid vaccines have a high correlation with the inhibition response of the subscapularis muscle in the standing position after 10 vertical jumps. The test being negated by a cardiotonic herb suggested that in the vast majority of covid vaccinated people, there is some type of subclinical heart involvement based on long standing muscle organ relationships in Applied Kinesiology.

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Cite: Lebowitz M. Standing Subscapularis Jump Test and its outcome related to Covid 19 vaccine status. [Proceedings]. Asia-Pac Chiropr J. 2024;4.4. [apcj.net/ak-Proceedings-papers/#LebowitzSubscapularisJumpTest](https://apcj.net/ak-Proceedings-papers/#LebowitzSubscapularisJumpTest)

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