

# EXPRESSION

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## T7—SPLENIC SYNDROME

Welcome to this winter season's Expression article. We have been working our way through the Thoracics which appear as majors in the CMRT work. DeJarnette observed occipital fibres were related to thoracic and lumbar vertebral levels. In 1965, he also noted that the thoracic and lumbar majors were exhibited at various points around the temporal bone and called these the temporal sphenoidal reflex points. A seminar held in 1965 urged those in attendance to return to the field and keep research tabulations on their findings. Foremost, in this research was Dr. Mel Rees of Sedan, Kansas who combined the TS reflexes with the bloodless surgery work. To follow this series you will need a copy of the TS reflex chart available from Averil at SOTO Australasia (phone 07 5442 3322).

If T7 is active as a TS and hurts to palpatory pressure, then you have a spleen and reticulo endothelial system abnormality. In SOT, we learn that to restore health you must normalise the lymphatic and cerebral spinal fluid systems. T7 is an important reflex when found.

The lymph nodes and channels must not be impeded or a disease process can quickly overcome the body's fighting ability. With a T7 major you have a logistics problem of a breakdown in the carry off of poisons and debris from a focus of infection.

The results of the phagocytosis battle must be carried from the battle field by the lymphatic channels or else a quick pile up of pus turns the tide of battle in favour of the invading agents. The same holds true for the spleen which is really only a large lymph node with some added functions. So, with a TS T7, we are thinking in terms of clearing the lymphatic channels, the lymph nodes and the spleen, through bloodless surgery technics.

You must remember that in all thoracic seven majors you are dealing with pathologies that produce blood platelets changes that the overloaded spleen must attempt to cull out from normal blood platelets.

You may be dealing with malignant blood changes if your dorsal seven has degenerated into reactive trapezius seven major.

The temporal sphenoidal T7 behind the ear cause vestibular apparatus problems. This is why T7's with swollen ankles are always dizzy, and why T7 majors with oedema and ascites that accumulation of fluid in the peritoneal cavity, are always dizzy. By far the most dorsal seven patients you will see will have plenty of fight left and all you have to do is clear their lymphatics so they have a fighting chance.

### Bloodless Surgery T7 Work

At this stage, it is recommended that you, our Expression reader, review your seminar notes for CMRT T7. Dr. Rees' protocol always begins with a TS contact and receptor block so as to make the bloodless surgery more comfortable. Much of Dr. Rees study came from DeJarnette's research papers on bloodless surgery as taught by Dr. Keith Surtees, at the Kansas State Chiropractic College, who had spent many hours co-ordinating the material. DeJarnette's 1966 work on CMRT which is the standard text, is available from SOTO Australasia. Our yearly seminar notes are a summary of this work.

**In SOT,  
we learn  
that to  
restore  
health  
you must  
normal-  
ise the  
lymphat-  
ic and  
cerebral  
spinal  
fluid  
systems.**

(Continued on page 4)

## PRESIDENT'S REPORT

Dear Colleagues,

SOTO-A continues to evolve, leading the charge with the standardisation of SOT education world-wide and always striving to improve the quality of our service and products. Later this year we will be launching our new look for the organisation, a well overdue revamp and sprucing up of all our printed material and a brand new website. Our aim is to provide a more contemporary and accessible way of relating to the organisation, to improve our relationship with the membership, and strengthen our image as a leading progressive Chiropractic technique.

Research is becoming an integral part of our SOT education and is essential for the technique to thrive, being valid and justified in the public eyes. SOTO-International have people ready to assist you in writing up any case studies and I would like to see the membership work together to test new ideas and combine the collective results. Our membership can function as a readymade team that together can support an evidence based technique. I encourage everyone to consider formalising their clinical results as this will assist in the strengthening of our profession and of SOT.

We have responded to your feedback from our survey we sent out late last year. The requested topic of Dental/TMJ was addressed at our Annual Convention last year in Melbourne and Paediatrics will once again be covered at this years Annual Convention in the Barossa SA. From the survey, one aspect of the organisation that needed improving was the sense of camaraderie between the members. I hope that our mid year retreat in Fiji starts an annual trend, drawing families together, sharing and supporting each other. Another way this will be addressed will be via online forums and blogs on our new website, due out in a couple of months. Here, observations, case studies, and general discussions can take place. This will be literally a combined source of knowledge from all our members as a collective. This will be a great location to share and learn and evolve our technique to a new height.

On a very sad note I would like to bring to the attention of the membership of the passing of Dr Eeva Heinonen. Eeva has practiced SOT in Sydney, Brisbane, Melbourne, Finland and the UK for the last 20 years. She has been a great advocate for SOT world-wide, attended many SOT Homecomings and will be missed by her friends in the SOT community and the many people she has touched with her vibrant and healing nature. Our thoughts are with her husband Tony and her three children Sami, Sanna, and Sasha.

*Darren Little*

President



Dr Darren Little



Dr. Eeva Heinonen

## SOTO Australasia—Events 2011

Month	Dates	Categories	CMRT	Cranial	SOT Retreat / S.O.T. Certification Examinations / Annual Convention
July	9 & 10			Melbourne	
	16 & 17	Adelaide			
	23 & 24			Sydney	
	30 & 31		Perth		
August	5—7				SOT Retreat—Fiji
	20 & 21		Adelaide		
September	3 & 4		New Zealand		
	17 & 18			Perth	
	24 & 25			Adelaide	
October	8 & 9			New Zealand	
November	11				S.O.T. Cert Exams—Barossa Valley SA
November	12 & 13				Ann. Conv & AGM Barossa Valley, SA



Dr Samantha Culley

'In the depths of winter I finally learned there was in me an invincible summer.'

*Albert Camus*



## FROM THE EDITOR'S PEN

Hello to All,

Welcome to another exciting edition of our newsletter.

The Kyneur brothers have contributed yet another amazing article on T7 Splenic Syndrome and I know you will enjoy reading of the research by Dr. Mel Rees.

We're half way through our seminar series already, and for those who are still considering, its not too late to hone your SOT skills. If you have attended the basic series in the past then you can register for any or all of the sessions!

Alternatively, why not join us in Fiji, where you will not only be taught, you will be encouraged and motivated by those who are passionate about SOT, you will be able to rub shoulders with them in the swim up pool bar, buy them a beer or two and they will talk the SOT talk.

Maybe you would like to take a break in the Barossa Valley in November? Here, we will learn about Paediatrics from Steve Williams & Suzanne Seekins (world leaders in their fields), enjoy fine wines, a round of golf, or simply enjoy what Australia's premier wine region has to offer! We anticipate an international gathering so this will be the opportunity for you to get to know our international peers.

I look forward to seeing you all at one or more of the great venues that have been selected around the nation and beyond for this year's events.

Enjoy reading.

**Sam Culley**  
Editor



**Marc Pick Creations** presents

## Four Days of Human Dissection

Honolulu, Hawaii ~ August 22-25, 2011

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~ Dr. Peter Van Zweedden, New Zealand  
(Visit our website for his full review)



For more information and to register visit our secure website:

**<http://www.MarcPickCreations.com>**



## T7 SPLENIC SYNDROME (CONT.)

(Continued from page 1)

And now, the ten steps of lymphatic/spleen bloodless surgery:

### Step 1

You are seated to the right of your supine patient during the first steps. Mark your TS7 palpatory tender areas on the skull. Dr. DeJarnette designated a point 1 inch inferior of the umbilicus as the 'receptor block' reflex for T7. This area will be palpatory painful with only mild pressure. On line with the nipples, in the middle of the sternum is the pre-ganglionic area that you have already got to know from previous writings in this series. In a T7 reflex patient this area will be found to be extremely tender.

### Step 2

Hold the previously located tender T7 TS area on the skull with a left hand finger contact; your right hand fingertip holds light pressure over the area 1 inch inferior to the umbilicus receptor block area.

This holding procedure, of one minute duration stops the reflex arc oscillation.

Now comes the real meat of the procedure. You have removed the distortional pain and can now restore vitality. With a left hand contact over the rib cage and a right hand fingertip contact at one inch inferior to the umbilicus you now proceed in this manner to clear the thoracic cisterna chyli of lymphatic pooling. Your right hand contact is aimed at the seventh thoracic vertebra and with mild pressure you slowly gain deep tissue contact. While holding this deep contact the left rib cage contact does three pumping action manoeuvres. You now pressure palpate in a six inch circle around the umbilicus. When a tender area is found you go in deep and flip it. This simply means you let go of your pressure suddenly with a flip of the fingers. With this accomplished, you now have cleared the cisterna chyli pooling and intestinal lymphatic pooling. Now you must clear the liver and spleen lymphatics.

### Step 4

This is accomplished with the 'splenic pump' and the 'liver pump' techniques. You are taking advantage of the fact that all lymphatic channels are one way streets. These channels have numerous one way valves built into them. As you push lymph out of a congested area, it can only flow in one direction which is away from the congested organ. The splenic pump seems to have been forgotten in the 1966 work and in modern times. We feel this is a shame as it is a great procedure.

The hands are working together in a pumping action ..... express impeded lymph into proper channels. The same pumping action is used at the liver area; each are pumped five times.

### Step 5

Next, the major 'bottle neck' areas in the lymphatic

system must be cleared of impeded flow. We have included a diagram that shows the areas of lymph congestion. To review (see diagram one).

The blocked areas are:

1. Axilla glands which drain the arm, upper thoracic and breast.
2. Cervical glands, sternomastoid gland, submental and submaxillar glands that drain the head.
3. Superficial cubital glands at the elbow which drain the forearm.
4. The Inguinal glands which drain the legs and external genitals.
5. The spleen, that culls out the blood stream, amongst other functions.
6. The liver and intestinal glands (where half of the body's lymph is derived).
7. Cisterna chyli; that dilated sac that lies between the main azygous vein and the aorta, opposite the first and second lumbar vertebrae. It receives the intestinal, two lumbar and two descending lymphatic trunks and gives origin to the thoracic duct.

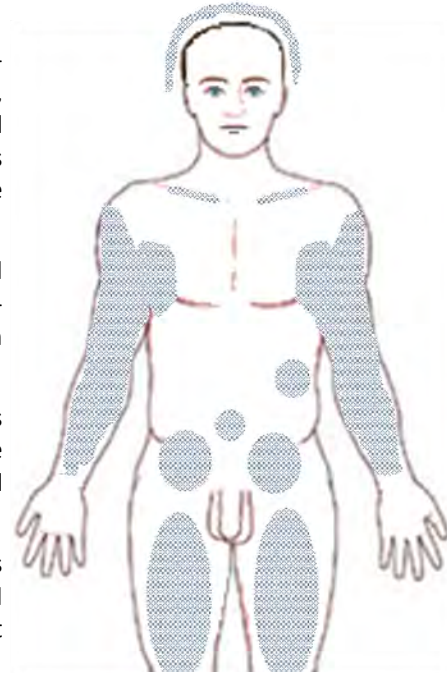


Diagram 1

First, the superficial cubital glands at the bend of the elbow are cleared out by simply placing a flat hand contact in the bend of the elbow and then working the elbow in extension and flexion five times. This drains the forearm.

Next the axilla lymphatics are pumped using the rolled towel method as outlined in your seminar notes. These, of course, are done bilaterally, thus draining the arm, upper thoracic and breast areas.

### Step 6

One you are familiar with from CMRT is the bilateral thumb drainage which clears the clavicular area lymphatics draining the bronchial tree, lungs, pleura and pericardium. You are seated at the head of the supine patient. Thumb contact is along the superior border of the clavicles at the most medial aspect.

### Step 7

**Winter  
is the  
perfect  
time to  
hone in  
on your  
T7  
Skills!**

(Continued on page 5)

(Continued from page 4)

The inguinal lymphatic drainage you also know from CMRT notes. A firm flat hand contact is made over the inguinal lymphatics at the superior fossa with either you or the patient rolling the leg medially. Do one side then the other. In severe cases, the popliteal area is held as the knee is flexed and extended five times and the ankle and foot are worked. This drains the leg, groin and genital areas.

#### Step 8

A forgotten application in CMRT is the restoration of lymphatic circulation to the sub-mental and sub-maxillary lymphatics in the floor of the mouth to drain the nose, lips, teeth and buccal area. This is accomplished by gently stroking the under chin soft tissue from the styloid process to the 'Adam's apple' area ten times. Now, ten more gentle downward strokes in the cervical lymphatic area to drain the neck.

#### Step 9

The hyoid technique (compare with D<sub>3</sub> Stylo hyoid technique) clears the lymphatics at the root of the tongue, the vestibular apparatus of the inner ear, the Eustachian tube, the thyroid and parathyroid glands. It is simply a shaking of the thyroid bone from side to side, twenty times. You are moving out impeded lymph. A seemingly simple procedure which moves the root of the tongue, the larynx, pharynx, oesophagus and thyroid gland tissues as well as draining the mastoid cells, semi-circular canals and the membranous labyrinth of the inner ear and auditory canal.

#### Step 10

To complete the T7 bloodless surgery procedure we have to 'start the motors', so to speak. This is the preganglionic procedure. Rees used a flat hand contact, we prefer a two-finger contact. Either way, the procedure is to make ten quick clockwise circles with the mid-sternal contact which the patient will

usually find quite tender.

The T7 major needs nourishment readily in the form of massive, shock doses of vitamin C. Local readers (Australian, New Zealand) may also wish to include olive leaf extract.

Remember that there will always be another major behind a D7 major when normalised. Watch for a D<sub>3</sub>, L<sub>2</sub> or L<sub>4</sub> commonly.

For the current readers, those who want to do their best work in CMRT and include Rees' and DeJarnette's earlier writings, we would suggest fibre neutralisation after Step 2 of the above protocol. With all of the reflex work, better results and workability are attained when fibre neutralisation is included. See you next issue and always remember, if you have any queries or concerns about the work, know that you can write to us via the Co-ordinator at SOTO Australasia.

We remain,

John S Kyneur  
Haberfield, NSW

Peter J Kyneur  
Toronto, NSW

### Welcome to our new members!

Michael Edgley, 5th year Macquarie  
Amy Melamet, St. Ives, Sydney  
Alisa Williams, 5th year Macquarie  
Rick Schlederer, Double Bay, Sydney  
Sarah Pye, 3rd Year, RMIT  
Kirstie Eastwell, 3rd Year, RMIT  
Jonathan Moore, West Pennant Hills, Sydney  
Julie Kendall, Carlton, Melbourne  
Hannah Pickford, 5th year, RMIT  
Jake Currie, 3rd year, RMIT  
Jordan Maloney, 5th year, Macquarie  
Zelinda Turk, Berry, NSW  
Kate Johnston, Berwick, VIC



## 2011 S.O.T. CERTIFICATION EXAMINATIONS

- ◆ Basic
- ◆ Advanced
- ◆ SOT Certified Craniopath

Note  
the change of  
dates & times!

The 2011 S.O.T. Certification Examinations will be held on **Friday, 11 November** commencing at 9am.

The venue—Novotel Barossa Valley

Applications close Thursday 13 October, 2011.



**CRANIAL TECHNIQUE 1976—MB DEJARNETTE**

I  
Cranial Technique 1976

Introduction

Chapter One

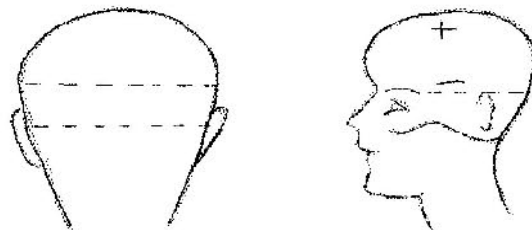
Cranial technique institutes a new language into your profession. Understand that language and your task of learning cranial terms will lessen and be more meaningful.

Extension

Elongation or broadening. If you extend a known body it will decrease in one diameter and increase in the other diameter.

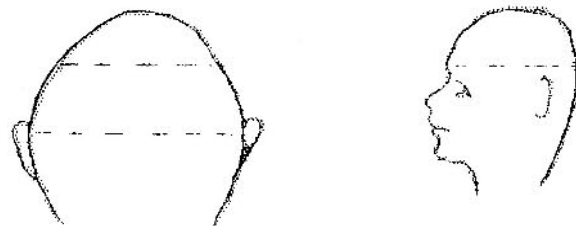
Occipital Extension

The top of the skull exceeds the diameter of the actual bowl. The bowl contents are crowded; the membranes are stretched, the hard palate drops.



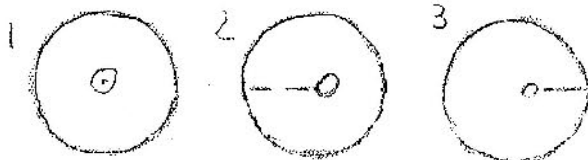
Flexion

Flexion shortens or bends, and supposedly does both by this action. Flexion will also straighten a concavity or produce a convexity. Top of skull has lesser diameter than the bottom. Hard palate is posterior and superior of normal. The poled membranes are slack and the base membranes taut.



Rotation

The act of turning about or around an axis, which passes through the center of a given body.



1. A true central axle so we can only have rotation.
2. Axis deviation to the lateral. The rotation will be accompanied by external or lateral displacement.
3. Axis deviation to the internal. Distance from axle

is greater internally so all movement will be internal or medial displacement.

The temporal or sphenoidal are prime examples of wheel and axle cranial bones and they rotate internally with extension or externally with flexion.

All bones have reciprocal reaction in that if one moves internally, the opposing has to move externally and when one flexes the companion or reciprocating one has to go into extension.

*Reproduced by the Rose Ertler Memorial DeJarnette Library, A function of the Sacro Occipital Research Society, Int. Copyrighted September 2010 by SORSI. All rights reserved. Grateful acknowledgement is made to Susan Decker, D. C. for her transcription of the 76 Cranial Technique book. I am more and more amazed by the magnitude and value of her work.*

*(Article provided by Dr. Joe Unger, USA)*



**SALE**

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**SOTOA PLANS EXCITING EVENTS IN 2010**

The Board of SOTOA have been busy and creative in 2010 with the planning of the Inaugural SOT Retreat in Fiji from 5 to 7 August as well as SOTOA's Annual Convention and AGM with Steve Williams and Suzanne Seekins in Australia's premier wine region, the Barossa Valley, South Australia.

The SOT Retreat will be a great opportunity for SOT like-minded chiropractors to enjoy a break away from the Southern Winter and experience warmth, relaxation and an amazing group of inspirational and passionate SOT presenters in Mary Bourke; who will present the diagnosis of obstructive airways in children, 'Buteyko' breathing and its role in co-treatment; Darren Little, sharing his expertise on the relationship between forward head posture, mouth breathing and occlusion as well as the ENT approach; Brett Houlden, sharing his invaluable knowledge on the sympathetic overload and cranial and chiropractic techniques for early intervention; Sandy Clark, presenting on birthing impacts on cranial function and distortion patterns; as well as Ian Bell who will give advice on nutritional support for kids. Finally, Mary and Darren will share how and when to involve the wholistic dentist and what to expect. With only two hours each time allocated for learning time, there will be loads of time to enjoy, explore and relax and unwind!

Following on from this fantastic escape will be an event to



*Novotel Barossa Valley*

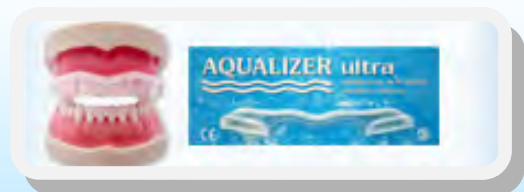
remember with Steve Williams from the UK and Suzanne Seekins from the US joining to share their knowledge on Neurodevelopmental Disorders. The final details of this presentation will be announced in the very near future. Not only will this be a great learning experience for all those that attend, SOTOA hasn't forgotten the need to relax and enjoy the experience of Barossa with an exclusive wine tasting and dinner event for the Saturday night.

There will be plenty for Partners and families, with an array of activities such as wine tasting tours of the region, bushwalking, golf, swimming, or just relaxing at the Novotel Barossa Valley.



*Sheraton Resort, Fiji*

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## CLASSIFIEDS

### LOCUMS

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### LOCUMS AVAILABLE

**Need to take time off** to re-charge after a busy first half of 2011? Or have some pressing issues that need attending to? Bryan Hornby - SOT Locum. I am currently accepting offers for locum positions for July to December 2011. SOT Advanced rating and table educator. Activator proficient, currently studying post grad course in Nutrition and Neurology. I am looking forward to helping you with your clinic needs. [central\\_connectivity@hotmail.com](mailto:central_connectivity@hotmail.com) 0422 289 948

**Wayne Jennings Locum Service.** Commencing January 2011. 29 years private practice. SOT Certified / Diplomate. 0457 931 377.

### ASSOCIATES WANTED

**Dynamic practice in Bayside, Melbourne** has a position available for a vibrant, inspired Doctor of chiropractic with a holistic philosophy. As our current associate chiropractor is relocating overseas we are seeking a low force practitioner with some SOT skills, and an interest in pregnancy, paediatrics and wellness. You need to be motivated, enthusiastic and willing to continue growing the business. We are a clinic that encourages team growth, personal development and supports everyone to reach their highest potential. Our staff work together to share knowledge, discuss cases and from this synergy expand all of our skills. If you are willing to serve people, learn quickly, share knowledge and be rewarded, come and join us. Please email your resume to: [passionchiropractic@yahoo.com.au](mailto:passionchiropractic@yahoo.com.au) or call (03) 9077 2306.

**South Sydney:** Are you enthusiastic, hard working and excited about delivering excellent care? We are looking for a chiropractor to join our warm and friendly multidisciplinary clinic. Prefer Chiro with low force / SOT/ Activator or AK experience. You need to be a wellness-oriented team player who knows what it takes to build a successful

practice. Highly trained SOT/cranial assistant, strong cross referrals, marketing, systems that ensure high patient retention, and low stress. Flexible days and hours with room to grow. We offer a competitive package for the right person. Current Chiropractor relocating. Email Violet [vitalhealthcare@optusnet.com.au](mailto:vitalhealthcare@optusnet.com.au)

**Cottesloe, WA.** We are looking for an enthusiastic, high energy associate to work full-time in an established Family clinic. This growing practice uses mainly SOT, AK, Activator and Graston but all techniques considered! Interest in sports, rehabilitation and nutrition a plus.. Clinic doctors work together to share knowledge, discuss difficult cases and from this synergy expand all of our skills.. For a new graduate doctor, a structured support and mentoring from principal with 15 years experience is available. Busy multidisciplinary clinic in affluent area, close to city and walking distance to Cottesloe beach and train station. We are a clinic that encourages team growth, personal development and supports everyone to reach his or her highest potential. If you are willing to help people, learn quickly, share knowledge and be rewarded, come join us. Contact at Diana 0431 636 154 or [dischwelm@optusnet.com.au](mailto:dischwelm@optusnet.com.au).

**Associate required** for busy North Brisbane practice. Part-time initially (one morning, one afternoon per week). Established clientele already. Please call Paulette Walker on 0438 660 081 .

**Do you want to adjust 130 - 140 patients per 4.5 day week** with good remuneration, in an SOT practice that sees many families and babies? Are you enthusiastic, dedicated, compassionate, punctual and friendly and want to join a friendly dedicated team in a healthy, easy going lifestyle? Are you a good communicator of wellness care? Then we would love to hear from you, we are looking for an associate to replace our current associate, who is leaving to travel. Position available from August 2011. Contact Liana on 08 87256291 or 0403 585 615 or [harmon88@bigpond.com](mailto:harmon88@bigpond.com)

**Associate is required** to join a dynamic team to take over a part time patient base with potential to grow to a full time practice. You will be working with another full time practitioner. If you have an interest in SOT, treatment through pregnancy as well as paediatric care you will enjoy working at In Touch Chiropractic. We will provide a supportive, friendly environment in which to work and grow this is for you. Contact [karissa@intouchchiro.net.au](mailto:karissa@intouchchiro.net.au) or 0429 621 320

### PRACTICE FOR SALE

**PRACTICE FOR SALE WARRNAMBOOL VIC:** Exciting opportunity for enthusiastic chiropractor in rapidly growing coastal regional centre. Long established (30 years) SOT maintenance practice with loyal, educated patients. Solid policies, principles and procedures. Computerised reception. Practice currently operates 3 days per week, with potential to expand. Securely leased, newly renovated premises with low overheads. Currently run by husband and wife chiropractors. Chiropractor changing direction and entering locum circuit. Walk in walk out. Ph Wayne Jennings 0457 931 377 or email [wayrox@datafast.net.au](mailto:wayrox@datafast.net.au)

**SOTO** australasia

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