
SEMINARS.

Sydney is going to be a great seminar. Graham and Eireen are coming over from Adelaide, so how about the rest of you. Thanks folk for letting me know and better still you will be in Omaha with me at the big SOT seminar. Melbourne response could be better so how about getting your tongues wagging.

THE DE JARNETTE BLOCK TECHNIQUES We are so used to placing one block on the right and one on the left side, we seldom check to see if they are doing the job they are supposed to do. We seldom check to see if they have been placed properly. Just a slight mis-direction spoils the ability of the blocks to function. Just a little too high on one side, a little too low on the opposite side, and we lose our correction. One of the most scientific procedures in chiropractic can become neutralized by careless block placement. Nothing changes so much of man so fast as does the De Jarnette block procedure when used with the block board, Yet how many of you use home made blocks or even books or folded newspapers, and of course no board?

CATEGORY TWO What do you see when you see a category two patient? Do you visualize the pelvis and how it is put together? Do you see the sacroiliac articulations divided into three parts and do you recognize the function of each part? Perhaps a sacroiliac subluxation is just something to put on its side and twist like mad, and if it won't pop on the right, try the left side.

When you see a category two patient, you see a patient in very serious trouble, unless the patient happens to be quite young and the trauma only of recent occurrence. When you see a man of 60 years with a ~~problem~~ shoulder that has been his bugaboo for months or years and it seems to grow worse with time and techniques, and this man is a category two, what is your reaction? I'll bet you a plug nickel that you think you have to do something to the upper dorsals, the lower cervicals, the upper ribs, the scapula, the acromioclavicular and the elbow. You cannot divorce a painful shoulder in your chiropractic trained thinking from those structures just mentioned. Let us assume you are a sacroiliac joint. You have three responsibilities. First, you have to maintain life by producing the primary sacral respiratory boot action. Secondly, you have to keep those boots greased, and thirdly you have to support upright man by a joint that has no muscle control. You simply have to reason why when confronted with situations as enormous as a category two.

First you must plan what not to do...forget the shoulder...let the patient holler. Dammit, he has been hollering for months and nothing has helped, so let's see if something won't help if let alone and permitted to adjust back to normal. If you were part of the sacroiliac weightbearing joint and someone placed a terrific force into your spot and pulled you apart, what would you try to do first of all? Like a drowning man, you would grab something. What can the weightbearing part of the sacroiliac grab easiest?...The muscles that support the pelvis to the trunk and the trunk to the shoulder girdle and the occiput...basically, the latissimus dorsi...this muscle suddenly and without direct cause finds itself tightening up...going into a spastic state...It draws the shoulder (humerus) backward and downward, causing the muscles of the shoulder to compress many nerve endings. Now here is a patient with a shoulder problem that has defied man and nature. He has cortisone shots...manipulations...pain pills...prayer...vertebral adjustments...and still has his pain, but he has something else no one has thought to investigate because the man doesn't complain of that something else. He has a pulled apart weightbearing sacroiliac joint. Now, supposing this painful arm came into your and all he could talk about was that shoulder, err, hand syndrome. What would you do? You are supposed to do, as you know if you practice S.O.F., the postural study and the category two tests you have been taught to categorize the patients you see. Heavens be merciful, if chiropractors would only do that and then do exactly what they are sup-

posed to do and nothing more, miracles would happen so fast, the world would spin off its axis. Supposing this arm, shoulder, hand syndrome came into your office today. His pain is unbearable...no lamned position on earth is comfortable. Every time the moon comes up and tilts the earth just a little, his pain increases mightily. Let a sparrow land on his rooftop and he goes mad with pain. It becomes an obsession because no one seems to help him. This victim has not chosen your office to inhabit. He comes in, holding his arm with that pathetic facial expression of "doctor, for God's sake, do something". You feel his shoulder and he wells. You feel his arm and he wells. You feel his elbow and he wells. You try to move the arms and he begs for mercy. You keep looking to the arm. He keeps letting you, because it's what hurts. Suddenly something speaks to you like a small, still voice..."doctor, dammit, stand the man up and look at his sacrum...does it move to the right or left? Does it not move, but rocks back and forth instead? Does his spine lean like the leaning tower of pisa?" Suddenly, you see the whole thing. It comes home to roost, his pelvis is moving. It is a miracle. The pelvis is moving. You didn't think it would, but it is. You put it back and it moves out. Your brain begins to swell. You are thinking, and "man" what a headache you're getting. That blasted pelvis just keeps moving a tiny bit at a time.

Dawn brings the thought. Heavens be blessed, it is a category two. Now how in the name of all the angels can it be a category two? The man's pain is in his shoulder and arm. The category two is his pelvis. Something's got to be screwy here. Maybe the fellow has been drinking, or maybe he is cross-eyed. You check him out and unbelievable as it sounds, he is a blasted category two for sure. Your headache worsens. You are in a crisis. You think you ought to adjust his neck or his back or something. Surely there is something you can hit real hard and make it pop. Maybe you should do a couple of hours of muscle testing just to see how much pain this poor victim can withstand. Perhaps you should x-ray, but all of that has been done, and all has failed to find a cause.

***** To be continued.

CHANA. Those definitely coming are Irene Evans, Graham Morris, and Dave Lovett. Great. SYDNEY. Those coming. Irene, Graham, Jim, John, L. John T. Morley's, Alan, Lawrence, Don, Bud,. Have not heard from anyone else yet. Remember August 10th & 11th at the Macleay St. Travelodge. This will be the last free seminar on this work for you. Let me know now. Those of you who ordered books last time. I will bring them with me to Sydney.

All will know by now that Keith and I will be presenting SOP at the Annual General meeting and Convention in Melbourne this Year. It galls us no end why more time is not set aside for our own Chiropractic Profession here in Australia. We need more time on our own program. We hope that this year will be a great improvement on last years speaker. Naturally we aim to present the most interesting segment in the whole program and we will be asking each one of you to play your part in helping others to understand. We may even be able to have a motion passed to invite DeJarnette out here next year.

Here is some DeJarnette wisdom on the VERTEBRAL SUBLUXATION.

Category One Procedure... The patient should not be X-rayed for the first three visits, but should be X-rayed specifically on the fourth visit. The full spine X-ray has no need here. We need only a 14 by 17 of the major vasomotor area and a 10 by 12 of the major cervical area on this 4th visit. The X-ray of the cervical vertebra is to establish it's correction. The X-ray of the vasomotor area is to establish the subluxation, not it's correction. Think on this for a week before you reply in thought or deed.

Category Two.... An X-ray must be made of the lumbar spine and pelvis as well as a sacro lumbar lateral on the first visit. You will establish the exact sacro-iliac weight-bearing subluxation, and you will demonstrate the pelvic correction influence on the lumbar spine.

Category Three.... You need a sacro-lumbar A-P and lateral the first visit. You need to establish position and advisability of manual pelvic or block correction.

(Now I can just see you all saying to yourselves what the heck is the old man talking about. Look at it carefully and we will discuss this in Sydney.)Aurevoir. Scott.