

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

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CATEGORY TWO Continued.

Walk down the street and every time you see a person wearing a hearing aid, you see a sacro-iliac joint that separated and was never corrected. Its pain has long since gone, but its ill effects will go on forever.

Category 2 is so very vital. It is so innocent appearing. When the patient has all of the so called symptoms of a sacro-iliac subluxation, yet stands as a Cat.1. you want to hit him on the head with the 1974 S.O.T. Notes, but remember, symptoms are manifestations of many things. A blaze is first a flame, then gases and smoke and ashes. A recent patient had suffered with a painful right knee for months. The knee had been medically drained of fluid. Cortisone had been injected...heat in all forms ... exercise and supports ... the pain persisted and got so it kept the man awake at nights. When you disturb a man's sleep, you disturb his soul, so that is when he came to this office...overweight...angry...frustrated ... golf game shot to pieces ... pains in his shoulders ...headaches ... constipation ... haemorrhoids ... skin eruption ... prostate enlargement...has been told all teeth must be removed...eyesight failing, but the day he came to this office was the morning he tried to get out of bed and was so dizzy he couldn't stand. No one else mentioned De Jarnette for his other troubles, but when his dizziness struck, the whole household remembered the Grandpa of many years ago whom De Jarnette cured of dizziness. Our hero came in, wobbly as a drunken bear... limping badly with a very swollen right knee ... his right shoulder pained like a toothache. Tried to have him stand, but he couldn't maintain his balance ... noticed that the right shoulder was drawn upward ... right first rib head painful to palpation...suspected a sacro-iliac problem...placed patient supine with with a large pillow under skull so he could be a little more comfortable...had to keep his eyes closed to stay on the table...checked fossa. Sure enough, arm was weak on the right upper also painful... thenar pad right painful ...4C. anterior transverse on the left painful ... right medial knee was where all of his pain had been ... right leg way short ... wearing a shoe with a 1 1/2" build-up. Man was 74 years of age. Heavy and strong as an elephant...used the Cat.2. blocks...took 8 minutes and his vertigo stopped. He looked like he had just landed on Mars...belted his pelvis..., sent him off for a brisk 15 minute walk...told him to use ice...wanted all of his other troubles adjusted, especially his knee... told him he had already spent \$35 and he felt that this was as far as he could go with this foolishness...left disappointed because he didn't get the whole thing adjusted. But by the following morning he was singing louder than the birds. The knee swelling had gone and so was it's pain...no vertigo...shoulder pain cleared in two days... wore the belt 72 hours...used ice as instructed...happiest man you ever saw...he still doesn't know what happened, but he sure is glad it happened the way it did.

Then came a boy of nine years...professional bed wetter. The kid could shoot farther than any kid in town and more often...had gone through the medical routine...psychologist...the electric shock bit...then he came here...he was an L.L.L. Left...adjusted manually...too small for blocks and besides I didn't want him wetting on my wall... one adjustment and that ended the nocturnal irrigation problem.

Supposing this writer didn't understand this joint ... the sacro-iliac...suppose to him it was just another bone cracking joint . . . most Chiropractors do not understand this

joint at all. It is complicated because it does not have muscular control. It is many things and does many things. The weight bearing part is part of the mystery. Sure, you put the patient on his side and rolled him and the pain stopped in a day or two, but what else happened? Did you correct a sacro-iliac separation or did you sublunate some other articulation?

90% of humanity have a sacro-iliac joint out of normal weight bearing position and that is why 90% of humanity keep buying mattresses and springs, corsets and exercise machines and take nerve pills and laxatives and buy hearing aids. That is why 90% of all Americans have leg cramps, arm cramps, headaches, back pains, leg pains and foot pains and arthritis and rheumatism. The sacro-iliac cannot be studied by X-ray analysis The X-ray cannot show the parts involved. When you adjust a sacro-iliac by X-ray analysis you are moving something else.

90% of all pelvic films of adults past 50 years of age show some type of calcification spurring, eburnation, ossification and increased density along the sacro-iliac lines. Just think of all the joint diseases involving joint surfaces that begin in the sacroiliac joints...osteitis deformans...Marie Strumpel's disease, osteoblastosis... also associated with prostatic malignancy and all of the degenerative diseases...few sacro-iliac joints are normal past the age of seven years, and that means that if you are now 77 years of age, you have had pains for 70 years...what a blessing aspirin must be. The sacro-iliac joint is within the domain of Chiropractic, yet how many Chiropractors actually do a good job in that region? I know Chiropractors who twist the pelvis every time they adjust a patient. What waste and what abuse. I know Chiropractors who think they can set a sacro-iliac joint by pisaform recoiling the P.S.S. What a farce. I know Chiropractors who think they can set the sacro-iliac by adjusting the atlas. What profession could be so far out and remain respectable? That's like blowing your nose to cure a boil on your behind, and even that is more reasonable than adjusting an atlas to set a sacro-iliac...maybe those same geniuses could set a hip fracture with an atlas adj.

Judgment day will dawn...you will have to be counted. Will your lack of knowledge of the sacro-iliac job keep you from eternal peace? It is so easy to be correct on this phase of Chiropractic. It is so sad to think so many are not informed.

Perhaps medicine's greatest discovery of all time will be a proper recognition of the sacro-iliac joint with all its parts and functions, and the first medically authored book on that subject, using the DeJarnette blocks will be a bestseller and people will holler Hallelujah, the lord be praised. But the lord will know the truth and many hands will be warty.

M.B. DeJARNETTE, 1972

The above finishes an article written by DeJarnette which has been presented to you in - three parts. Various parts have been brought up to date with current knowledge by me but on the whole this is an unusual man thinking. Now put all three articles together and read them as one, if there are no pearls of wisdom for all then I will be surprised. Scott.

ANSWERS • to questions from September Bulletin.

1. You will find this happening quite often and we may not have covered this point in the seminars to date. However a little thought on your part would have provided a satisfactory answer. Grasp both heels with the patient pulling with both hands; just go through the application of a sphenoidal. Then recheck the patient if all pain has not gone then it will have localised to one side, carry on from there as for a normal sphenoidal.

2. Firstly hands up who has heard of a condyle lift? For those who have not here is an explanation. On the weak sign side turn the patient's face to that side...place the knife edge of your hand (on the same side) beneath the mastoid (uppermost) of the

patient and give a short sharp thrust superiorwards. You will often find the pain and the sponginess has gone from the weak side establishing normalcy. Now to answer the question. A left condyle lift on a strong sign is not indicated because a condyle lift is only ever applied on the weak sign side. Its purpose is to stretch and untwist the dura thereby restoring normal cerebro-spinal fluid flow.

QUESTION You have a patient with a short left leg...no category 2 signs...cough test makes the left leg longer...heel tension seems very definitely on the right. How would block this patient? Answers please by return. Let us see just how well you understand this material.

FEDERAL CONFERENCE.

On Thursday 24th. Keith and myself will be on hand all day to give a complete review of the S.O.T. presented to you all so far. There will be no charge, and we want you all to have the most complete grasp possible before advancing to more complicated fields. This will be the last review until we start another group, so all of you please be there.

OMAHA. A most thrilling experience. A tremendous amount of new work was released and a number of Australians were on hand to see the release of this new material. They were Bob Scott (Perth) Irene Evans, Graham Morris (Adelaide) David and Jan Lovett (Bendigo) and myself. There were 364 Chiropractors present and a great number were turned away. A most significant development was the gratifyingly large number of students from the colleges present. Palmer College and Columbia institute having the largest numbers. About 6 New Zealanders and 1 Australian College student were present. SOT is making giant strides at PCC and a number of rooms in the clinic have been set aside exclusively for the use of SOT. Student Doctors have new Patients come in and ask for SOT Doctors and our future Chiropractors are receiving referrals from the practitioners of other techniques in the clinic. GREAT. At Omaha new block placements were taught for Category 1 & 2. and Category 2 procedures and testing have been improved immensely. When we teach you this new work your abilities will improve 50% and so will your results.

MELBOURNE. We have booked one of the convention rooms on Thursday the 24th October for a special presentation of SOT to you all and including the new work. Unfortunately we will not be presenting any of the cranial work for we feel you should be exposed personally to the Major himself before using it. Cranial work is so potent for good and if used incorrectly or in the wrong set of circumstances or without proper and expert training can be extremely potent for bad in a patient. Those eligible are those who have been a member of Groups 1, 2, & 3 only. To those who have only taken one seminar we urge you to take advantage of this for the new work in Category 2 is a revelation. We will also welcome Dr. John Loveday from New Zealand to our one day Seminar. John was the first SOT practitioner in NZ and has now interested another colleague to practise SOT there. We will take this opportunity to bring NZ SOT up to date and give encouragement to John who appears to be fighting against prejudice and ignorance to keep SOT in NZ. Rumour has it that as the NZ Association has no one advanced enough on the Examining Board to understand SOT then the possibility that SOT practitioners may be unacceptable remains. Wake up NZ, Chiropractic survives because of the beautiful simpleness of the Philosophy which designates what a Chiropractor is, not how he should practise. Two Chiropractic approaches which have advanced the ability of the Chiropractor to aid the sick are SOT and Goodheart Applied Kinesiology and it behoves any Board in examining the eligibility of anyone to have a fundamental knowledge of both for graduating Chiropractors in 6 overseas Colleges are somewhat proficient in one or both of these fine techniques. Keep the Philosophy just as it is, but heaven help our profession and its future if great researchers like Goodheart and DeJarnette are not listened to.

Back to Melbourne. There will be no charge but donations to our College building funds will be accepted. All we request is that all 37 of you be there at 10.00am on Thursday

24th in the Annual convention hotel.

EQUIPMENT AND BOOKS. Included this time is a price list of equipment and books. Get your orders in promptly so we may have a chance to bring them to Melbourne with us. We have had supply problems over the equipment but hope to have these solved now. Next year we will offer a new kind of block. One which will prove even more effective in your offices.

Dr. DeJarnette has asked that all orders be placed through one source to save confusion and we have agreed to continue as before. Please send your remittance to Keith or Myself and we will do the rest.

RECORDS It was very apparent at the Omaha Seminar how insistent all instructors were and particularly Dr. DeJarnette as to the keeping of good records. Record everything you do in order on each visit. When you refer a patient send his complete records along with the X-Rays of everything you have done to the patient. This calls for you to do a proper job write clearly and concisely and have a complete history, to go back on in case of malpractice or in trying to trace what you may have done incorrectly.