

CATEGORY TWO Continued.

Why is it so tough to accept the inevitable? If you don't accept him as a category 2, sooner or later he is going to make a misstep or stumble or something and jerk that sacroiliac together and just as suddenly his arm, hand and shoulder are going to stop hurting. Why not give up and face reality? You are faced with a solvable problem. Why delay the application of the remedy?

You place the patient onto the table.... table board in position...belt on the stand beside your table...you are all ready...down he goes and he hollers, but you stand firm. You measure his legs and as you are pulling like mad, he stops hollering. Something has happened already and neither you or the patient knows what. The right leg is short. You pick up a block and insert it under the right ilium. The other block you place under the opposite ischium. Now you wait for the blocks to begin moving the sacroiliac back into position. First effect...arm on short leg side will appear longer than the opposing arm. First minute involved fossa becomes very sensitive to touch. This decreases each minute providing category is correct. Second minute.. arms equalize ..no change in short leg pattern...fourth minute on blocks...fossa tension lessens... sensitivity lessens...leg length unchanged...arm test against fossa shows arm strength improving...sixth minute on blocks...leg begins slowly to lengthen...arm test to fossa shows increased arm strength...eighth minute on the blocks...legs have levelled or very close to it...fossa normal...arm strength near normal...your patient is now ready to get up. During this period the patient feels like his pelvis is being separated and the sacrum left to float in thin air. If you do not have a belt then a man's pants belt will do. Bring the belt quite tight. Now have the patient begin to walk from three to five minutes...just around the waiting room or your adjusting room. This is to adapt all of his muscles to their new positions and to relocate the tension of the involved ligaments. If this is not done, pain will recur from muscle fatigue and it almost paralyzes the patient

For the next seventy two hours the patient should avoid sitting for any period of time. It is very important that immediately following the belting of the patient that he walk for fifteen minutes, then he should go home, then as soon as possible, lie down and have ice applied every hour for twenty minutes. Three applications are sufficient.

As an illustration, if your patient has this category 2 technique used, it is the only procedure that actually moves the sacro-iliac weightbearing joint and it is very important then to stop that movement when correction is complete...legs even, fossa normal, arm strength normal. Apply the belt, then immediately reduce the swelling and exudation by the use of ice applied to the involved joint. If this is not done, and let us assume the patient goes into the restaurant for a meal immediately or within two hours following your office correction, and sits for thirty minutes or an hour, he will have great difficulty arising and of course this is very discouraging.

The manual side posture commonly used for the sacroiliac sprain doesn't move the weight bearing joint at all, and cannot correct it's faults, but it does have an advantage. It doesn't do the shoulder any good and it doesn't cause pelvic pairs. About the only time it is of value is to combat a strain or sprain, except in the young, where if properly applied does produce a correction by ligament compression.

Have faith enough in what you have just accomplished to stop and be grateful for the knowledge you have just exhibited. Why continue to wreck a suffering human being by trying a side posture pelvic twist? Why try jerking on the legs? Why do muscle testing and bruise your patient? Why to control pain by pressure when it isn't caused by lack of pressure where you are pressing?

If you were an orthopedist and I had a sacroiliac joint separation and the orthopedist said, "Get on your back and I'll put it back into place ", you wouldn't ask him how or why, and you wouldn't ask him to do a complete spinal with bilateral cervical rotary movements, plus cranial correction. Just do what is indicated and do it well.

Your writer is no tiny person. He probably weighs as much as any of his readers, yet supposing he asked one of you who, let(s say weighs 160 pounds to put his right sacroiliac back into position.(DeJarnette weighs about 15-16 stone) It simply could not be done. The odds are all with the sacroiliac staying where it is. Let your body be the judge of how much force is needed. Place the blocks and stay still. Your body will direct the weight necessary to the spot where it belongs. It surely is uncanny how a Category 2 responds when the technique is followed to the letter, and it is also a disaster to see what happens when the technique is just half used. A fire cracker has a fuse. Light it and throw it as far as you can, then listen. If the fire cracker is properly made, if the fuse attaches to the powder and if you light it properly, bang it goes. That is the sacroiliac joint. It doesnt bang coming out. It doesnt bang going back in, so when you pry on a hip and hear a bang, it isn't a joint of the pelvis, rather it is perhaps the sacrolumbar spine. In the young, as you know the sacriliac joint is moveable and of course it will pop, but we are writing about the older person.

***** To be continued.

SYDNEY. Keith did the seminar and despite union attempts to stop it you were all there. Well nearly all. It was a great success and we are sad Graham that you couldn't come but we understand. Lawrence, well there is an unlucky fellow.

Bulletins. Very pleased to hear that some of you have actually read these Bulletins and have enjoyed them. Bud and John were the only ones to answer the Category 2 Question. Remember these Bulletins are done for your benefit not ours in the hope that you all will be better informed and have a common contact. Maybe there are other Chiropractors who would subscribe to our newsletter. Ask and see. The more who subscribe then the more pages will come out each month.

QUESTION 1. You have a Category 1. patient (4th. visit) with pain at both \$ signs at 60 secs. What do you do ?

QUESTION 2. You have a strong left \$ at 6 minutes with no response from sphenoidal or \$ sign correction. Would a left condyle lift be a logical step ?

Reply immediately it will only take 2 paragraphs. Now THINK. Answers next time.

EXPERIMENT. Challenge any Chiropractor to make as many distinguishable changes with any method he chooses in 6 minutes as you can make in that 6 minutes with the blocks alone. Now add that one minute at the beginning of the block technique for the Category 1,. with heel tension, sphenoidal correction, and no one can even come within shouting distance of producing the changes you have produced. S.O.T. time has come. The spasms of birth are long past. The trials of growth are being conquered. Proof of need exists. Proof of accomplishment is recorded. We are ready to go to work seriously to convert Chiropractic to S.O.T... S.O.T. has to go into our College. It alone can make their Chiropractic complete. The words have to be spoken, your mouth and your speech are the tools needed.

We have proven S.O.T. to those who will listen. Have your colleagues order the current notes. (we can't do it all). Let's all get busy. The more you help others, the more you help Chiropractic and isn't that our role on this earth.

SOME THOUGHTS. We must stress the necessity for a structure to heal. Surely no one can make you believe that you can move a vertebra by force and not traumatize tissues. If you can move a vertebra by force, then those traumatized tissues must heal. That sure knocks the devil out of intensive day care where the same vertebra is shocked unconscious by a blow many times a day. What must the vertebral union think of that money making plot. A LOT MORE PATIENTS ARE KEPT SICK BY OVER ADJUSTING THAN BY UNDER ADJUSTING. Patients come into the office and ask that we feel there and here because they have been told that chiropractors can feel if their vertebrae are subluxated. A chiropractors can feel, but he sure as heck cannot tell you that a vertebra is subluxated by using palpation as his criterion.

Dr. DeJarnette has given full support to Keith and myself to demonstate anything we feel will be of benefit at the Annual Convention in October.
