THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

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X-RAY THE MAJOR PRACTICES THE THEORY that every human being has structural faults that should BE UNDERSTOOD AND ONLY THE UNDERSTANDABLE WAY OF SEARCHING THEM OUT IS BY CAREFUL X-RAY PROCEEDURES. THE MAJOR DOES X-RAY ALL PATIENTS, AND THIS PROVES OF GREAT VALUE, NOT SO MUCH IN PLANNING THE CATEGORY ADJUSTMENT, BUT IN ESTIMATING THE TOTAL CORRECTIBLE STRUCTURES INVOLVED. SOME STRUCTURES ARE NOT CORRECTIBLE AND TIME MUST NOT BE WASTED IN ATTEMPTS AT FUTILITY. THE MAJOR ALWAYS ADJUSTS THE CERVICAL VERTEBRAE SPECIFICALLY BY SPECIFIC X-RAY ANALYSIS, YET A LARGE PERCENTAGE OF ALL CERVICAL PROBLEMS CAN BE OVERCOME BY SKULL ROCKER, THE OCCIPITO-ATLANTAL AND THE STAIRSTEP PROCEEDURES. WHEN THOSE THREE PROCEEDURES FAIL TO PRODUCE TOTAL RESULTS, THE SPECIFIC VERTEBRAL TECHNIQUES ARE DESIGNED ACCORDING TO X-RAY VALUES.

FIFTY HURTS..ONE ADJUSTMENT. EVERY CASE HISTORY SHOWS MULTIPLE AREAS OF COMPLAINT. IT IS SELDOM THAT ANY PATIENT CAN CONFINE HIS COMPLAINTS TO ONE SPECIFIC AREA OR REGION.

THE CATEGORY ONE PATIENT USUALLY HAS BUTTOCK, HIP AND POSTERIOR LEG PAIN, OFTENTIMES WITH NUMBNESS OR TINGLING. THIS SAME CATEGORY MAY BE THE VICTIM OF A SEVERE AND VERY PAINFUL ACUTE LOW BACK, DORSAL OR CERVICAL PROBLEM. THE POINT TO BE REMEMBERED IS THE CAUSE FOR THIS CATEGORY ONE..."THE SACRO ILIAC BOOT PLATES". IF WE REMEMBER THEIR LOCATION AND OUR CATEGORY ONE STEPS AND USE THOSE STEPS AS INDICATED IN PROPER SEQUENCE, A GREAT MAJORITY OF ALL RELATED PAINS WILL DISAPPEAR WITHIN TWENTY FOUR HOURS OF CATEGORY ONE CORRECTION. A VERY PAINFUL TORTICOLLIS OF ALMOST INSTANT OCCURENCE WAS SEEN IN THE OFFICE. THE MAN PROTECTED HIS NECK LIKE IT WAS ALL PRECIOUS STONES OR DELICATE SILKS. THIS POOR FELLOW DREADED THE THOUGHT OF A CHIROPRACTIC ADJUSTMENT, YET HIS PAIN WAS MEDICALLY RESISTANT AND IN DESPERATION HE SOUGHT OUT THE MAJOR'S OFFICE. IT WAS EVIDENT THAT HE WAS A DEFINITE CATEGORY ONE. THAT PROCEEDURE WAS INSTITUTED, WITH THE MAN CONTINUALLY ASKING THAT HIS NECK NOT BE TOUCHED. THE BLOCKS WERE APPLIED FOR A LEFT P.S.S. WITHIN TWO MINUTES THE DOLLAR SIGNS HAD NORMALIZED, THE RIGHT CREST SIGN BECAME THE MAJOR AND WAS ADJUSTED. THE PATIENT WAS ASKED TO COUGH, AND HE DID SO AND KNEW IMMEDIATELY THAT THE PAIN IN HIS NECK HAD DISAPPEARED. THE WHOLE STORY IS EXCITING. THE CATEGORY ONE CORRECTED THAT WHICH HE FEARED MOST...THE NEED FOR A CERVICAL ADJUSTMENT. THIS FELLOW IS STILL AMAZED AND IN TOTAL WONDERMENT TRYING TO FIGURE OUT HOW THE MAJOR FIXED HIS NECK BY DOING SOMETHING TO HIS HIPS. THIS IS A LESSON WE SOMETIMES HAVE GREAT DIFFICULTY IN LEARNING. THE CHIROPRACTOR IS A FIXER. HE FIXES THIS AND THAT AND THE OTHER PLACES THAT HURT, AND NEVER KNOWS WHAT DID WHAT FOR WHAT.

WHEN YOU DO SOMETHING SPECIFIC AND IT DOES MANY THINGS FOR MANY PARTS OF MAN, YOU KNOW THAT ALL THOSE OTHER PAINS CAME FROM ONE CAUSE, AND UNTIL THAT ONE CAUSE IS CORRECTED, ALL OF THE HAMMERING AND POUNDING AND GOADING AND VIBRATING AND HEATING AND NEEDLE PRICKING AND AURICULAR THERAPY WILL ONLY OFFER TEMPORARY REWARDS. IF ONE IS STUPID ENOUGH TO SPIT INTO THE WIND, HE OUGHT TO BE SMART ENOUG TO EITHER DODGE OR COVER HIS FACE. LAW IS LAW.

THIS BIG FELLOW HAD A VERY PAINFUL SHOULDER...CORTISONE, PHYSIOTHERAPY AND EVEN SUGGESTIVE THERAPY FAILED. ONE DAY HE STOOPED TO PET HIS DOG AND HIS BACK JUMPED OUT OF GEAR AND THAT IS WHEN HE CAME TO SEE THE MAJOR. THE CATEGORY WAS A TWO. THE PROCEDURE WAS A TWO. WHEN THE MAJOR WENT TO DO THE ARM STRETCH FOR THE CATEGORY PSOAS, THE PATIENT SAID HE COULDN'T MOVE HIS ARM, BUT STRANGE AS IT MAY SEEM, THE ARM MOVED AND CAME UP OVER HIS HEAD WITHOUT PAIN. THE MIRACLE OF THE BACK WAS INSTANTLY FORGOTTEN, AND THE MIRACLE OF THE ARM TOOK FIRST PLACE. HE IS STILL TRYING TO FIGURE OUT WHAT THE MAJOR DID AND HOW HE DID IT.

HAVE FAITH ENOUGH TO STOP CHIROPRACTORS HAVE GREAT DIFFICULTY IN KNOWING WHEN THEY HAVE FIXED THE WRONG.

PERHAPS IT TOOK ONLY A MINUTE, YET THE PATIENT IS GOING TO BE ASKED TO SPEND $10.00. THE D.C. WORRIES BECAUSE HE HAS DONE SO LITTLE TO ACCOMPLISH SO MUCH. ALWAYS REMEMBER THE SPLINTER...PULL IT OUT AS QUICKLY AND CLEANLY AS POSSIBLE, AND DON'T DILLY DALLY AROUND PRODDING AND POKING.

BIG PROBLEM PATIENT IN GREAT PAIN...TWO MINUTES AS A CATEGORY TWO AND THE PAIN IS GONE. HEAVEN HELP US, WHAT CAN WE DO NOW TO FILL IN EIGHT MINUTES. WE TOLD THE PATIENT IT WOULD PROBABLY TAKE TEN MINUTES, AND WE ARE THRU IN TWO MINUTES. DISASTER AND CALAMITY? NO.

GREAT KNOWLEDGE COMES OUT OF FRUSTRATION. WHEN YOU MAKE A CORRECTION STOP AND MEDITATE AND THINK WHAT YOU WOULD DO IF YOU DID NOT MAKE THAT CORRECTION AS PLANNED. DURING YOUR MEDITATION, REMEMBER WHAT YOU DID SO WELL SO YOU CAN REPEAT.

IT NEVER TAKES FOREVER S.O.T. GETS SICK PEOPLE WELL, AND IT STOPS HURT PATIENT'S PAINS. IT DOES ALL OF THOSE THINGS BECAUSE OF IT'S BASIC PRINCIPLES. WHEN YOU MAKE A CORRECTION DO NOT REPEAT THAT CORRECTION TIME AFTER TIME. YOU CANNOT CURE A CURE, YET CHIROPRACTORS IN THOUSANDS OF OFFICES READJUST AN ADJUSTED VERTEBRA BECAUSE IT IS LISTED ON THEIR CASE RECORD. YOU DON'T KEEP TAKING THE SAME TONSILS OUT VISIT AFTER VISIT. WHEN THE MAJOR BEGAN HIS CHIROPRACTIC PRACTICE, HE WAS TAUGHT THAT IT MIGHT TAKE MONTHS TO MAKE A CORRECTION. HE WAS NEVER TAUGHT WHAT A CORRECTION WAS OR WHEN SUCH HAD BEEN ACCOMPLISHED. B.J. PALMER WAS THE FIRST TO POINT OUT THE FUTILITY OF ADJUSTING ADJUSTMENTS JUST FOR MONEY. B.J. MIGHT GIVE ONE ATLAS SPECIFIC AND DURING THE NEXT THREE MONTHS NOT TOUCH THE ATLAS. HE ADJUSTED VERTEBRAE NOT DISEASES AND PAINS.

RESEARCH WAITS FOR NO MAN'S OPINION. IF RESEARCH IN CHIROPRACTIC HAD TO BE BASED UPON WHAT WAS THEN KNOWN OF PHYSIOLOGY, NEUROLOGY AND ANATOMY AND MECHANICS, WE WOULD BE EXACTLY WHERE DR. D.D. PALMER WAS WHEN HE ADJUSTED HARVEY LILLARD. WE WOULD BE CRACKING VERTEBRAE AND BLOODYING PATIENTS NOSES AND SPRINGING THEIR ABDOMENS.

WAY BACK IN 1925 WHEN DEJARNETTE STATED THAT STRUCTURE AND FUNCTION ARE INTERDEPENDENT UPON EACH OTHER, AND THAT NORMAL STRUCTURE PRODUCED NORMAL FUNCTION, AND ABNORMAL STRUCTURE PRODUCED ABNORMAL FUNCTION, HE WAS LAUGHED OUT OF MANY A CHIROPRACTIC MEETING AND MORE CHIROPRACTIC COLLEGES. THEY SIMPLY COULD NOT ASSOCIATE STRUCTURE AND FUNCTION AS BEING DEPENDENT UPON EACH OTHER. TODAY, STRUCTURE AND FUNCTION ARE HOUSEHOLD WORDS, AND BECAUSE SO-CALLED SCIENTISTS ABOUT 1940 STATED THAT SUCH WAS TRUE.

PYSIOLOGY TELLUS "WHY". ANATOMY TELLS US "WHAT". NEUROLOGY TELL US "HOW". SO WE SHOULD WAIT FOR WHY, WHAT AND HOW FOR BETTER WAYS OF DOING THINGS? IN CHIROPRACTIC RESEARCH ALL THINGS ARE AT FIRST TOTALLY MECHANICAL. WE EXPERIMENT TO FIND OUT HOW TO MECHANICALLY BETTER WHAT WE ARE HAVING TROUBLE WITH IN THE DOING STAGES. WE DO NOT SIT DOWN AND SEE IF PHYSIOLOGY HAS THE ANSWER. WE KNOW DARNED WELL IT DOES NOT ANSWER ANY PROBLEM, UNTIL THE PROBLEM IS FIRST SOLVED MECHANICALLY. MAN AND WOMEN LEARNED EONS AGO THAT CERTAIN MECHANICAL ACTS PRODUCED CHANGES IN THE MOTHER AND AS TIME WENT ON, A CHILD CAME OUT AND THERE WAS A NEW PERSON. IT WAS NOT UNTIL THE TWENTIETH CENTURY THAT THIS MECHANICAL FEAT WAS EXPLAINED PHYSIOLOGICALLY AND SUCH AN EXPLANATION DID NOT IN ANY WAY CHANGE THE MECHANICS OF PROCREATION.

IN SACRO OCCIPITAL TECHNIC THE OCCIPITAL FIBER EXISTED. IT WAS MECHICALLY ASSOCIATED WITH HEALTH AND PAIN PROBLEMS. SOLVING IT'S MECHANICAL PROBLEMS OPENED THE DOOR FOR AN UNDERSTANDING OF IT'S PHYSIOLOGICAL, ANATOMICAL AND NEUROLOGICAL FUNCTIONS. THE GOLGI CORPUSCLES AND MAZZONI'S CORPUSCLES ARE FOUND BASICALLY IN THE PULPY MAKEUP OF THE FINGER-TIPS, BUT THE NEUROTENDINOUS SPINDLES (ORGANS OF GOLGI) ARE CHIEFLY FOUND NEAR THE JUNCTION OF TENDONS AND MUSCLES. THESE ARE NOW KNOWN AS THE INTRAFUSAL FASCICULI. THIS IS SURELY NOT NEW TO OUR GENERATION, BUT THE ADAPTION OF THIS, ANATOMICAL, PHYSIOLOGICAL AND NEUROLOGICAL PRINCIPLE TO THE OCCIPITAL FIBER GAVE US A SAFE BASIS FOR OUR PROCEDURES AND FOR THAT WE ARE UNDENIABLY OBLIGATED TO BROTHER GOLGI, THE ITALIAN PHYSIOLOGIST. KNOWING THIS CHANGED NOTHING MECHANICALLY, BUT IT DID OPEN THE EYES OF THE STICKERS WHO INSIST UPON SCIENTIFIC PROOF OF MECHANICAL PROCESSES.

LET US FOR A BRIEF SPAN OF TIME LOOK AT THE PSOAS MUSCLE. YOU CAN TERM THIS THE ILIO-PSOAS IF YOU FEEL BETTER WITH THAT COMBINATION. NO MATTER WHAT THE NAME., THE MECHANICS REMAIN THE SAME. NO MATTER WHAT THE ANATOMISTS WRITE, WHEN THE PSOAS CONTRACTS, IT PULLS THE TORSO FORWARD ONTO THE PELVIS. ITS CONTRACTION IS ALWAYS PART OF THE CATEGORY TWO PROBLEM AS WE NOW UNDERSTAND THAT PROBLEM. THERE ARE AS MANY TESTS FOR PSOAS STRENGTH AS THERE ARE DOCTORS INTERESTED IN THE PSOAS. WE IN S.O.T. ARE NOT AT ALL CONCERNED WITH THE STRENGTH OF THE PSOAS, BUT ONLY WITH ITS GUIDING EFFECTS UPON THE TORSO-PELVIC MECHANICS. WE DO NOT CARE IF THE PSOAS IS STRONG ON THE LEFT OR THE RIGHT BY THE SO-CALLED MUSCLE CHALLENGE TESTS. IN DEALING WITH THE PSOAS, WE ARE DEALING WITH A COMPLEX GROUP OF MUSCLES BY SIMPLIFIED MECHANICS.
THE OVER-THE-HEAD ARM COMPARISON TEST IS STILL THE BEST AND MOST SPECIFIC ANSWER WE CAN

GET FROM THE PSOAS MUSCLE CHALLENGE. FOR CONVENIENCE WE IN THE SACRO OCCIPITAL SEMINAR NOTES 1976, LIST THE PSOAS ON PAGE 37 AS THE SITTING LEG LIFT TEST. THIS TEST REMOVES THE PATIENTS PELVIS AS A TOTAL STABLE PART BY THE USE OF THE PATIENT'S HANDS IN THE BUTTOCK LIFT AS THE TEST IS UNDERWAY. THIS GIVES US AN INDICATION AS TO WHETHER OF NOT THE PSOAS IS CAPABLE OF STABILIZING THE PELVIS AS THE TORSO IS RAISED FROM THE TABLE BY THE SLIGHT HAND LIFT. THIS IS A VERY ACCURATE TEST. STUDY PAGE 149 AND YOU AGAIN READ ABOUT THE PSOAS, THIS TIME IN ITS PART AS A CONTRIBUTING FACTOR IN A CATEGORY THREE. IN THIS INSTANCE BE PREPARED TO DISCOVER THAT WHAT YOU THOUGHT WAS A STABLE CATEGORY THREE, HAS PARTS OF A CATEGORY TWO INTERMIXED. THAT IS WHY A FEW CATEGORY TWO PATIENTS HAVE A CATEGORY THREE SCIATICA.

THE CATEGORY ONE PROBLEM THE CATEGORY ONE PROBLEM IS A VERY SENSITIVE ONE, AND FOR THAT REASON MAKES UP A LARGE PERCENTAGE OF CHIROPRACTIC FAILURES. A CATEGORY ONE PATIENT CANNOT RESPOND WELL TO ANY TYPE OF SIDE POSTURE ADJUSTING, WHICH USES A BODY TWISTING APPROACH. THERE IS A SPECIFIC METHOD OF APPLYING SIDE POSTURE ADJUSTMENTS WITH SPECIFIC LEG ANGLES AND LEG POSITION. PAGES 155,156,&157 &158 COVER THE METHOD FULLY HOWEVER ALL SHOULD BE REMINDED THAT THE PATIENTS SHOULDER SHOULD NEVER BE ROTATED MORE THAN 15 DEGREES TO THE POSTERIOR FOR FEAR OF INTRODUCING BODY TWISTING. INCLUDED HERE IS A COMPLETE LIST OF THE LEG ANGLES TO BE OBSERVED FOR MANUAL ADJUSTING AS THESE ARE NOT FOUND IN THE 1976 NOTES.

INFERIORITIES:-		ROTATIONS:-	
L5 INF.	90 DEGREES.	L5	70 DEGREES FOOTWARD
L4 INF.	70 " FOOTWARD	L4	60 " HEADWARD
L3 INF.	60 " "	L3	70 " "
L2 INF.	50 " "	L2	80 " "
L1 INF.	PATIENT PRONE, PILLOW UNDER PELVIS, DOUBLE PISAFORM ON THE MAMMILARY.	L1	PATIENT PRONE, PILLOW UNDER PELVIS, GENTLE THRUST ON POSTERIOR TRANSVERSE SIDE.

IF YOUR PATIENT WHO IS NOW GOING TO RECEIVE A CATEGORY ONE PROCEDURE HAS BEEN ACCUSTOMED TO TWISTING PELVIC TYPE ADJUSTMENTS THEN IT COULD WELL EXPLAIN WHY HE HAS FINALLY COME TO YOU AND IT WOULD BE WELL TO EXPLAIN WHAT YOU DO TODAY IS NEW AND DOES NOT INVOLVE OLDER SIDE POSTURE ADJUSTING METHODS. DR. DEJARNETTE DOES NOT ENCOURAGE SIDE POSTURE ADJUSTMENTS BECAUSE OF THE LACK OF CONTROL AND THE GRAVE POSSIBILITY THAT TO MUCH FORCE MAY BE USED WITH SUBSEQUENT DAMAGE TO THE LUMBAR SPINE, PSOAS SYSTEM AND THE AORTA. HOWEVER IF YOU MUST USE MANUAL METHODS MAKE CERTAIN THE PAIN SIDE IS DOWN AND APPLY THE TECHNIQUE EFFICIENTLY AND WITH AS LITTLE BODY TORQUEING AS POSSIBLE.

THE CATEGORY ONE PATIENT HAS A BILATERAL SACRO-ILIAC BOOT SUBLUXATION IN WHICH ONE SIDE IS THE SUBLUXATION SIDE AND THE OPPOSITE SIDE IS THE COMPENSATORY SIDE. TO ATTEMPT ANY TYPE OF BODY TWIST OR ROTARY ADJUSTMENT IS SURE TO INSULT ONE SIDE OF THIS PELVIS AND CAUSE YOUR PATIENT TO RESPOND VERY BADLY.

THE TOTAL CATEGORY ONE PROCEDURE IS PAINLESS. IT READJUSTS STRUCTURES MECHANICALLY THAT NO HUMAN SKILL COULD EQUAL BECAUSE IT UTILIZES THE PATIENTS OWN WEIGHT AND MUSCLE ACTIVITY WITH WHICH TO MAKE THE DESIRED CORRECTIONS. IT IS THE ONLY PROCEEDURE IN THE HEALING ARTS THAT LETS MAN READJUST HIMSELF EXACTLY IN THE SAME MANNER THAT SUBLUXATED HIMSELF AND BY THE SAME INNATE MECHANISMS.

WE ASK THAT THOSE MANUAL LUMBO-PELVIC ADJUSTMENTS NOT BE DONE TO A CATEGORY ONE PATIENT. WE ALSO SUGGEST THAT THEY NOT BE DONE TO ANY TYPE CATEGORY PATIENT UNLESS YOU CAN SPECIFICALLY TYPE OUT A CATEGORY TWO FOR MANUAL CORRECTION OF THE WEIGHT BEARING SACRO ILIAC, OR A CATEGORY THREE FOR A SPECIFIC LUMBAR ADJUSTMENT. IN NO INSTANCE MUST A CATEGORY ONE, TWO OR THREE PATIENT BE PLACED SUPINE, THE KNEE ON THE SIDE OF A SO-TERMED SHORT ARM-PSOAS BE USED AS A LEVER TO ROTATE THE SPINE AGAINST THE HAND INTO THE PSOAS. WE HAVE TAUGHT FOR YEARS THAT THE KNEE IS NOT PART OF THE PSOAS LEVER, RATHER, THE ONLY LEVER YOU CAN USE IN A CATEGORY TWO PSOAS ADJUSTMENTIS THE REACH AROUND THE THIGH AND A CONTACT INTO THE INGUINAL AREA. WE DO NOT DIG SEVERELY INTO THE BELLY TO SEPARATE OR STRETCH THE PSOAS WITH THE FREE HAND, RATHER WE MERELY TORQUE THE PSOAS TOWARDS THE HIP. THE CATEGORY ONE AND THREE PSOAS ADJUSTMENT INVOLVES BRINGING THE KNEE MEDIAL WITH THE FREE HAND PRESSURE LATERAL WITH THIS FORCE BEING DIRECTED FROM THE LINEA ALBA THUS THE KNEE IS NOT USED AS A LONG LEVER. IF YOU PERSIST IN USING THE KNEE AS A LONG LEVER IN THE

PSOAS ADJUSTMENT,YOU ARE ROTATING THE SPINE AND PELVIS, AND THIS WE MUST NOT DO. I CAN THINK OF NOTHING THAT IS CAPABLE OF PRODUCING SUCH A DRAMATIC AORTIC TUG AS·WOULD THIS KNEE-PSOAS LEVERAGE. WHILE YOU MAY SEEM TO BE FREEING THE PSOAS WITH SUCH A LEVERAGE, YOU ARE SURELY DOING MANY THINGS ADVERSELY TO THEIR TRUE RANGE OF FUNCTION.

THE STRAIGHT SPINE IN THE EARLY YEARS OF OUR S.O.T. RESEARCH, ALL ADJUSTMENTS WERE JUDGED BY THEIR ABILITY TO STRAIGHTEN THE SPINE AND PELVIS. THIS WAS THE ERA OF DISTORTION ANALYSIS DEVELOPEMENT. IF AN ADJUSTMENT STRAIGHTENED THE SPINE AND IMPROVED THE PATIENTS POSTURE, IT WAS JUDGED TO BE EFFECTIVE. NO MATTER WHAT TYPE OF EXPERIMENTS ONE MAY BE DOING, YOU MUST HAVE CRITERIA BY WHICH TO BASE JUDGEMENTS. THOSE WERE THE DAYS OF THE I.B.A.,THEI.A. AND THE I.B. CONTACTS. THOSE WERE THE DAYS OF THE R.S.I.M.D. AND THE L.S.I.M.D. WE WERE PIONEERING MUSCLE CONTROL OVER BONES. NO BETTER WAY COULD BE FOUND. MONEY WAS SCARCE,TIME OF THE ESSENCE,AND ALL IN ALL, THE STRAIGHT SPINE THEORY WORKED AND WORKED WELL,AND DID ALL IT WAS INTENDED TO DO.

THE DISTORTION ANALYZER AND TECHNIQUES FOR ANALYSIS GAVE S.O.T. THE CATEGORY SYSTEM, WHICH WE NOW USE SPECIFICALLY IN ANALYZING ALL TYPES OF PATIENTS. THE ADVENT OF THE P.S.S. SYSTEM OF BLOCK CORRECTION IN 1964 GRADUALLY ELIMINATED THE STRAIGHT SPINE THEORY. THE BLOCKS WERE DOING MECHANICALLY WHAT NO ONE COULD EVER ACCOMPLISH BY MANUAL MEANS. THE STRAIGHT SPINE THEORY WAS GRADULLY BEING REPLACED BY MONITORS, AND THESE MONITORS WERE BASED UPON THE RESTORATION OF NEURAL BALANCE RATHER THAN MUSCULAR BALANCE. THE MONITORS ARE THE DOLLAR SIGNS,CREST SIGNS,S.B. PLUS AND S.B. MINUS, PLUS HEEL TENSION..ATLAS CATEGORY ONE.

THE PHYSICAL EXAMINATION AS NOW USED IN S.O.T. REQUIRES TEST FOR VISUAL MOTION...TEST FOR SUPINE LEG LIFT...TEST WITH SKULL COMPRESSION AND LEG LIFT...ARM FOSSA,AND LASTFIRST RIB MOTION. VISUAL MOTION IS VITAL. THIS CAN BE DONE WITH OR WITHOUT THE DISTORTION ANALYZER. WE GENERALLY USE A CHAIR, FOR IT IS GOOD ONCE IN A WHILE. IN A CATEGORY ONE, THE SIDE VIEW MOTION IS VERY INFORMATIVE.

LEG LIFT IS ONE OF THOSE THINGS BASED PHYSICALLY AND MONITORS NEURAL FLOW TO LIFTING MUSCLES AND REFLEX GOLGI TENDON ORGAN TENSION-MUSCULAR INHIBITORY ACTION. THIS TEST WAS DEVELOPED IN S.O.T. ABOUT TWENTY YEARS AGO AS THE "INNOMINATE MENINGEAL TEAR TEST".

THE CRANIAL SQUEEZE AND BILATERAL LEG LIFT SERVES TO BRING INTO FOCUS THOSE WHO CAN LIFT THEIR LEGS WITHOUT THE SKULL SQUEEZE. THIS IS AN ADMIXTURE OF CRANIAL CATEGORY TWO, THE CATEGORY TWO COMING FIRST. WITHOUT THIS TEST, WE WOULD PROCESS THOSE PATIENTS AS CATEGORY ONES, AND THEY WOULD ONLY PROGRESS JUST SO FAR AND STOP.

THE ARM FOSSA IS WELL UNDERSTOOD BY ALL OF YOU AND IS ONE OF THE REAL BIG DISCOVERIES IN S.O.T. IN RECENT YEARS. S.O.T. TODAY IS BASED UPON MONITOR CONTROL OF FUNCTION, AND FUNCTION IS NORMAL ONLY WHEN STRUCTURE IS NORMAL. STOP AND LOOK TO SEE HOW MUCH STRAIGHTENING YOU HAVE DONE...IF THAT PLEASES YOU...BUT IT ADDS LITTLE TO YOUR ACTUAL SKILLS...OFTENTIMES A STRAIGHT SPINE BECOMES A PAINFUL SPINE.

CERTIFICATION PROGRAM THE FIRST EXAMINATIONS WERE CONDUCTED IN MELBOURNE AND SEVEN CONSIDERED THEMSELVES PROFICIENT TO TAKE THE FIRST THREE STAGES COMPRISING PHASE ONE. THERE WERE THREE WRITTEN PAPERS OF AN HOURS DURATION AND A RATHER PROBING PRACICAL EXAMINATION. THE RESULTS HAVE NOT BEEN CORRELATED YET BUT WE WERE DEFINITELY SUPRISED AT THE PERFORMANCE OF ALL IN SOME ASPECTS. ALL CANDIDATES TOOK THESE EXAMINATIONS VERY SERIOUSLY AND SO DO WE. ALL CANDIDATES WILL BE NOTIFIED PERSONALLY OF THEIR RESULTS. THOSE WHO ARE SUCCESSFUL WILL BE PRESENTED WITH A VERY FINE CERTIFICATE(I HAVE JUST RECEIVED WORD FROM DR. DEJARNETTE THAT HE WILL HONOUR US BY SIGNING THEM)WHICH YOU WILL HANG IN YOUR OFFICE WITH A SENSE OF SUPERIOR ACHIEVEMENT.

ABRAMS SPINAL REFLEXES.

EQUIPMENT PLEXIMETER - SLIGHT CONICAL CORK 1½" LONG 1-1¼" DIAMETER AT LARGE END.

PLEXOR - SMALL MALLET 7" 1-1½ OZ. OR THE KNUCKLE OF THE SECOND FINGER.

AFTER EVERY REFLEX WE APPLY 30 MODERATELY RAPID SHARP TAPS ON 2D. TO PROLONG THE EFFECT OF THE REFLEX. THE EFFECT WILL LAST FOR AN HOUR OR TWO. IF THE REFLEX WAS SEVERE THEN THE REFLEX SHOULD BE REPEATED SEVERAL TIMES A DAY HOWEVER ORDINARILY MORNING AND EVENING IS SUFFICIENT....THE TECHNIQUE IS SIMPLE APPLY 30 MODERATELY RAPID SHARP TAPS OVER THE INDICATED VERTEBRAE, THEN WAIT A HALF MINUTE AND REAPPLY. WAIT A HALF MINUTE THEN APPLY THE TAPS TO 2D. TO PROLONG THE EFFECT.

STOMACH REFLEXES (ALSO GOOD FOR MORNING SICKNESS)
5D. AND 2D. RELAXES THE PYLORUS AND ENABLES THE STOMACH TO QUICKLY EMPTY. THE PERCUSSION IS FLATTER OVER 5TH. DORSAL THAN OVER 4TH. OR 6TH. 5D. ALSO STIMULATES THE SPLANCHNIC NERVES. IF THE STOMACH IS OVERLOADED AND THE CONTENTS WON'T GO UP OR DOWN, THEN ONE OR TWO GLASSES OF WARM WATER FOLLOWED BY TAPS TO 5D. 7C. AND 2D. SCHOULD BRING THE ~~desired~~ DESIRED RESULT. THE 7C. STIMULATES THE VAGUS - AND HASTENS THE EVACUATION REFLEXES TO THE STOMACH.

ACUTE DISTENSION OF THE STOMACH - AFTER ABDOMINAL OPERATIONS WHERE THE SPLANCHNIC NERVES HAVE BEEN CUT. TAP IN THIS ORDER 5D. 7C. 2D. 1-3L. ALSO CONTRACT THE AREA BUT MAY ALSO PRODUCE SIDE EFFECTS.

DUODENAL ULCER A.M. & P.M. 1 -2 GLASSES OF HOT WATER, TAP 5D. AND 2D. BUT ALSO IF NECESSARY 7C. WHEN THE STOMACH IS NOT EMPTYING QUICKLY ENOUGH. IN P.M. 1 - 2 TABLESPOONS OF OLIVE OIL. THIS IS USEFUL IN HYPERCHLORHYDRIA OR DUODENAL ULCER. IN ENTEROPTOSIS 11D. CONCUSSION IS USEFUL.

SPASTIC CONSTIPATION RELAX THE INTESTINE BY CONCUSSION TO 12D. 1ST. 2ND. AND 3RD. LUMBAR. THIS CONTRACTS THE STOMACH, INTESTINES, LIVER AND SPLEEN - IT ALSO LESSENS HEMORRAGE ASSOCIATED WITH UTERINE FIBROIDS. THE PRINCIPAL LUMBAR REFLEX IS FROM 2L.

SPLENIC STERILIZATION USE IN ALL INFECTIOUS DISEASES.
1. CONCUSSION BETWEEN 3D. AND 4D. - " DILATES VESSELS AND GETS GERMS OUT OF DARK CORNERS."
2. CONCUSS 7C. AND 2D. TO DILATE SPLEEN AND GATHER IN THE MICROBES AND TOXINS.
3. IN THE COURSE OF A COUPLE OF HOURS CONCUSSION OF 2L. TO CONTRACT THE SPLEEN AND THIS DRIVES THE ANTIBODIES AND MICROBES OUT INTO THE BLOOD STREAM AND SO FURTHERS BACTERICIDAL ACTION BY THE BODY.

*N.B. THIS DISCOURSE WILL BE CONTINUED NEXT MONTH. HOWEVER WE WOULD HASTEN TO POINT OUT THAT THESE REFLEXES ARE PRESENTED FOR YOUR INTEREST AND THEY ARE NOT NECESSARILY CONDONED OR OPPOSED BY THE EDITORS.

NEXT SEMINAR WE HAD PLANNED ON HAVING THE NEXT SEMINAR IN MELBOURNE ON THE 18TH. and 19TH. OF SEPTEMBER, HOWEVER WE FIND THAT THE DATE HAS ALREADY BEEN CLAIMED FOR THE X-RAY SEMINAR SO WE WILL HAVE IT THE WEEK BEFORE ON THE 11TH. AND 12TH. THE SUBJECTS COVERED WILL BE A REVIEW OF THE FIRST THREE BASIC SEMINARS THEN WE WILL COMMENCE ON TO CHIROPRACTIC MANIPULATIVE REFLEX TECHNIQUE(C.M.R.T.). FOR THOSE WHO WISH TO IMPROVE THEIR SKILLS IN THE PRACTICE OF CHIROPRACTIC THIS REFLEX WORK IS A MUST, FOR WITH THIS WORK YOU WILL DEVELOPE SUPERIOR ANALYTICAL SKILLS AND PERFORM A SERIES OF SOFT TISSUE ADJUSTMENTS WHICH ALL CORRELATE IN GETTING THAT SPINAL COLUMN BACK TO NORMAL AGAIN FOR AFTER ALL THAT IS WHY WE ARE CHIROPRACTORS. THE QUESTION IS: ARE YOU READY TO RAISE YOURSELF ABOVE THE REST?

DIAPHRAMATIC TECHNIQUE. IN LAST MONTH'S NEWSLETTER I OUTLINED A SIMPLE RESEARCH PROJECT DESIGNED TO ELICIT INFORMATION ON THE INCIDENCE AND YOUR RESULTS IN USING THIS TECHNIQUE PARTICULARLY IN RELATION TO CATEGORY TWO PATIENTS. AT THE RECENT SEMINAR IN MELBOURNE I WAS AMAZED TO FIND THAT MOST OF THOSE PRESENT HAD NOT EVEN TRIED IT LET ALONE DONE ANY CORRELATION. SO WE WILL WAIT ANOTHER MONTH, AND PLEASE GO BACK TO LAST MONTH'S NEWSLETTER AND READ IT CAREFULLY. IF THERE IS A GENERAL LACK OF INTEREST IN THIS SORT OF THING THEN WE WILL TERMINATE INFORMING YOU OF WHAT IS NEW AND WHAT IS GOING ON IN OUR MINDS. THIS SORT OF THING IS TYPICAL I SUPPOSE AND IT IS NO WONDER THAT DEJARNETTE SAYS "ITS LONELY, AND A MISERABLE STINKING EXISTANCE BEING INVOLVED IN RESEARCH. GO TO IT FOLK.