

DO COME TO YOU. THE CHALLENGE IS HOW WELL YOUR FAMILY AND YOURSELF WILL BE ACCEPTED IN COMMUNITY IN WHICH YOU LIVE, AND HOW BIGGER PART YOU PLAY IN THE OVERALL PROSPERITY OF YOUR COMMUNITY.

THE CHALLENGE IS YOUR RIGHT TO OBJECT TO THOSE THINGS YOU DO NOT FIND FAVOURABLE, YET BE TOLERANT OF THE OTHER FELLOWS OBJECTIONS TO THE THINGS YOU DO LOOK UPON WITH FAVOUR.

THE CHALLENGE IS FOR YOU TO BE CALM WHEN YOUR WIFE GOES TO HOSPITAL AND THE NURSE ADDRESSES YOU AS MR. THE CHALLENGE IS TO BE CALM WHEN YOUR 15 YEAR OLD COMES HOME FROM SCHOOL CRYING, AND YOU ASK HER WHAT IS THE MATTER AND SHE SAYS " THE TEACHER SAID ALL CHIROPRACTORS ARE QUACKS AND INTELLIGENT PEOPLE STAY AWAY FROM THEM."

THE CHALLENGE IS NOT TO HATE WHEN YOU ARE REJECTED BY THE LOCAL ROTARY CLUB BECAUSE YOU ARE A CHIROPRACTOR. THIS DID NOT HAPPEN TO ME, BUT HAS TO MY FRIENDS AND SOMETHING IS GOING TO BE DONE ABOUT IT.

THE CHALLENGE IS TO BE GENEROUS WHEN A PATIENT COMES IN AND WANTS TO SUB A CHIROPRACTIC COLLEAGUE BECAUSE HE HURT HER BACK AND SHE HAS BEEN SICK SINCE THE LAST VISIT TO THAT CHIROPRACTORS OFFICE. THE CHALLENGE IS TO BE FORGIVING WHEN THE MINISTER CALLS UPON ONE OF YOUR PATIENTS AND RECOMMENDS THAT A MEDICAL DOCTOR BE CALL ED BEFORE IT IS TO LATE.

THE CHALLENGE IS TO BE CALM WHEN A MEDICAL DOCTOR WHO WEIGHS ONLY 142 POUNDS, TELLS YOUR PATIENT THAT YOU ARE A QUACK AND OUGHT TO BE TARRED AND FEATHERED AND RUN OUT OF TOWN. THE CHALLENGE IS TO BE CALM WHEN SOMEONE, FINDING OUT YOU ARE A CHIROPRACTOR, SAYS, I WOULDN'T SEND A SICK CAT TO A CHIROPRACTOR. THE LAST LAUGH IS ON THE SUCKER WITH THE SICK CAT BECAUSE I DON'T KNOW OF A SINGLE CHIROPRACTOR RECEIVING SICK CATS AS PATIENTS ON A REGULAR BASIS.

THE REAL TEST OF CHARACTER IS TO HAVE SOME 250 POUNDER WALK IN AND ASK FOR A MASSAGE TREATMENT. THE CALMEST THING YOU CAN DO IS NOT TO YELL WHEN SOMEONE COMES IN WITH FIFTY YEAR OLD SPINOGRAPHS AND WANTS THEM USED AS YOUR GUIDE TODAY. EVEN FIFTY YEARS AGO THEY WERE TO DIM TO SHOW ANYTHING. YOU PRACTICE REAL RESTRAINT WHEN YOU CAN STAND STILL WHILE A PATIENT HOLDS HIS HAND ON THE SPOT THAT PAINS AND WON'T REMOVE IT LONG ENOUGH FOR YOU TO DO A PALPATION.

WHO CAN KEEP FROM YELLING WHEN A FAT PATIENT COMES IN AND SAY'S, " I DON'T HAVE ANY FAITH IN YOU BIRDS, BUT IF YOU WANT TO TRY ONCE, I WILL SPEND TWO DOLLARS".

WANT TO FEEL REAL GOOD? A LETTER COMES FROM A PATIENT YOU HAVEN'T SEEN FOR THIRTY YEARS TELLING YOU HOW YOUR ADJUSTMENTS SAVED HIS LIFE, AND HE JUST WANTED YOU TO KNOW HOW GREATFUL HE STILL IS.

TRY AND KEEP CALM WHEN IN JUST ONE WEEK FOUR DIFFERENT SOURCES SEND YOU LITERATURE ON SALES COURSES THAT WILL INCREASE YOUR BUSINESS FROM NOTHING TO AS MANY AS 67 NEW X-RAY CASES PER WEEK, WHEN ABOUT ALL YOU DO IS BALE YOUR DOUGH AND HAUL IT TO THE BANK. NOT ONE WORD IS MENTIONED ABOUT GETTING SICK PEOPLE WELL OR GIVING A BETTER CHIROPRACTIC ADJUSTMENT. I STILL CLAIM PARKER IS THE BEST SOURCE OF KNOWLEDGE AS TO OFFICE PROCEDURE AVAILABLE TODAY.

TRY AND KEEP CALM WHEN A PATIENT WHO NEEDS TEN S.O.T. ADJUSTMENTS, WANTS INSTEAD PAIN PILLS IN PLACE OF ADJUSTMENTS. TRY TO KEEP CALM WHEN AN M.D. MAKES A MISTAKE AND THE COMMUNITY FORGIVES HIM IMMEDIATELY BECAUSE HE IS SO OVERWORKED.

THE LAST CHALLENGE YOU FACE IS THAT THE CHIROPRACTIC OF TOMORROW WILL BE HAPPY FOR EVERY DAY YOU LIVED AND WORKED AS A DOCTOR OF CHIROPRACTIC.

CHIROPRACTIC TODAY STANDS UPON THE THRESHOLD OF GREAT ACCOMPLISHMENTS THROUGH SACRO OCCIPITAL TECHNIQUE, AND YOU CAN BE PLEASED WITH YOURSELF THAT YOU CHOSE TO CAST YOUR LOT WITH THIS SCIENTIFIC EVALUATION OF CHIROPRACTIC.

THE A.K.L. PHENOMENON K.C.B.

MANY PATIENTS EXHIBIT A VERY TIGHT SACROSPINALIS GROUP EITHER UNILATERALLY OR BILATERALLY. CORRECT BLOCKING OFTEN ELIMINATES OR REDUCES THIS. CREST ADJUSTMENTS AND RETONIFYING TECHNIQUE FOR THE WEAK CREST MUSCLES OFTEN SOLVE THE PROBLEM. IF IT DOES NOT HOWEVER  
WHAT DO YOU DO?

IF YOU KNOW CRANIAL TECHNIQUE YOU HAVE MORE ALTERNATIVES, BUT IF YOU DO NOT AND IT'S AN EMERGENCY SITUATION, MAY I SUGGEST A POSSIBLE ALTERNATIVE.

WHEN EXPOSED TO DR. GILLET'S VALUABLE WORK A FEW YEARS AGO I NOTICED THAT DOING HIS ANTERIOR KNEE LIGAMENT ADJUSTMENT THE HYPERTONIC SACROSPINALIS MUSCLES RELAXED. SO IF YOU HAVE A HYPERTONIC CREST OR A SITUATION AS DESCRIBED ABOVE, WHILE THE PATIENT IS STILL ON THE BLOCKS, GRASP THE ANKLE OR THE FOOT WITH YOUR INFERIOR HAND, AND WITH YOUR SUPERIOR HAND IN THE SUPERIOR PORTION OF THE POPLITEAL FOSSA OF THE SAME LEG ( I.E. HYPERTONIC) OF THE SACROSPINALIS INVOLVED AND FLEX THE HEEL TOWARDS THE BUTTOCKS WITH A SLIGHT PRESSURE HOLDING THIS POSITION FOR A FEW SECONDS. THIS CAN BE REPEATED TWO TIMES.

I HAVE FOUND NO CONTRA INDICATIONS, AND HAVE NOTED FEW RECURRENCES. SOMETIMES YOU HEAR A LOUD REPORT OF AN ANKLE OF KNEE JOINT RELEASING. THIS USUALLY RESULTS IN A DRAMATIC LESSENING OF THE CREST SPASM.

PLEASE ALL OF YOU AS A RESEARCH ITEM THAT WILL CREATE NO STRAINS ON YOU PHYSICALLY OR MENTALLY REPORT TO US IN ONE MONTH IN WRITING!

APPROXIMATE NO. OF CASES.	% OF WORSENING
% OF GOOD RESULTS	% OF RECURRENCE
% OF NO CHANGE	% OF EXTREMITIES RELEASED.

S.O.T. WE DEAL BASICALLY WITH THREE CATEGORIES IN S.O.T. IT IS NECESSARY TO UNDERSTAND THOSE CATEGORIES AND WHY EACH IS DIFFERENT. FIRST OF ALL WE DO NOT HAVE CATEGORIES BECAUSE PATIENTS HAVE SYMPTOMS. THAT IS OLD HAT AND MEDICAL. NO QUARREL WITH SYMPTOMS. NO ONE WANTS THEM AND EVERY DOCTOR TRIES TO GET RID OF THEM. IF YOU BEGIN TO UNDERSTAND CATEGORIES, YOU BEGIN TO UNDERSTAND WHY PATIENTS HAVE SYMPTOMS.

CATEGORY ONE IS BASIC SACRAL RESPIRATORY AND WE DEAL WITH A PELVIS FIXED IN A POSITION OF PRIMARY SUBLUXATION ON ONE SIDE, AND PRIMARY COMPENSATION ON THE OPPOSITE SIDE. TAKE THE "P.S.S.", IF WE HAVE A CATEGORY ONE PATIENT, ONE P.S.S. WILL BE MORE PROMINENT THAN THE OTHER. IT DOES NOT TAKE TOO MUCH IMAGINATION TO KNOW THAT THE PROMINENT ONE IS TOO FAR BACKWARD AND THE OTHER IS TOO FAR FORWARD. THAT POSITION IS NOT HEALTHY, BUT IF THE PATIENT COULD NOT ADAPT INTO THAT PELVIC POSITION, THEY WOULD BE BEDFAST.

WITH THE PELVIS SO DISTORTED, MAN'S RESPIRATION CHANGES AND SO DO THE RESPIRATORY MUSCLES, WHICH MAKES IT NECESSARY FOR THE FIRST RIB HEADS TO HAVE MOTION. IF THOSE FIRST RIB HEADS DID NOT GAIN MOTION, OUR CATEGORY ONE PATIENT WOULD BE PARALYZED WITH PAIN. ANOTHER THING TO REMEMBER ABOUT THIS CATEGORY ONE IS THE STABILITY OF HIS PELVIS, ENABLING THIS PATIENT TO STAND UPRIGHT, WITH SIDE TO SIDE MOTION. THIS LACK OF SIDE TO SIDE MOTION RESEMBLES A NORMAL PATIENT WITH A BAD BACK. HERE IS THE BASIC POINT FOR THIS CATEGORY ONE SELECTION...STAND TO THE PATIENT'S SIDE AND OBSERVE HIS SHOULDER AREA. HE WILL APPEAR TO ROCK SLIGHTLY BACK AND FORTH. THE MORE SERIOUS THE CATEGORY ONE COMPLICATIONS, THE MORE NOTICEABLE THE CATEGORY ONE PROBLEMS AND THE MORE THE ROCKING BACK AND FORTH. THE FIRST RIB HEAD MOTION, THE LOCKED PELVIS AND THE BACK AND FORTH ROCKING PRETTY WELL TELL YOU THAT YOU HAVE TO DEAL WITH A CATEGORY ONE PATIENT TODAY AND FOR SOME TIME TO COME.

MECHANICS THE CHIROPRACTIC STUDENT PRIVILEGED TO STUDY S.O.T. AS AN UNDERGRADUATE IS IN A MOST FAVOURABLE POSITION, AND HE SHOULD TAKE EACH OPPORTUNITY TO TOTALLY MASTER MECHANICS AS THEY APPLY TO MAN'S SURVIVAL. WHEN YOU UNDERSTAND MECHANICS, YOU CAN UNDERSTAND PRINCIPLES. AS AN OLD TIMER IN CHIROPRACTIC, I CAN LOOK BACK AND SEE WHAT WE COULD DO TO ACCOMPLISH RESULTS, AND THE BASIC REASON WAS MEMORISED ANATOMY, PHYSIOLOGY, NEUROLOGY ETC., WITH NO KNOWLEDGE OF MECHANICS, AND THEREFORE NO BASIS FOR UNDERSTANDING PRINCIPLES.

IN MY EARLY RESEARCH IN THE DEVELOPEMENT OF S.O.T., MY YEARS WERE SPENT STUDYING MAN'S MECHANICS. I TAUGHT MYSELF HOW EACH MUSCLE MOVED EACH BONE, HOW THE NERVE MOVED THE MUSCLE, HOW THE LIGAMENTS HELD IT ALL TOGETHER, HOW THE SKULL BALANCES ALL OF MAN, HOW RESPIRATION AFFECTED MAN'S ATTITUDES, WHY A CALLUS ON THE LEFT HEEL MEANT A VIOLATION OF THE BASIC LAW OF WEIGHT DISTRIBUTION. I PRACTICED AND LEARNED ALL I COULD ABOUT GRAVITY. I MADE MORE MACHINES TO TEST GRAVITY THAN I DID TO TEST MAN'S BLOOD PRESSURE.



I HAD TO KNOW HOW MAN DID WHAT HE DID, AND WHY HE COULDN'T DO ANYTHING RIGHT WHEN ONE SMALL THING GOT OUT OF LINE. I TAUGHT MYSELF THAT MAN'S TROUBLES BEGIN WITH ONE THING AND THROUGH FRUSTRATIONS, BUILD AND BUILD TO MANY THINGS...THAT MAN COMPLAINS OF THE LAST CHANGE, NEVER THE FIRST...THAT WE HAD TO UNLAYER MAN TO FIND HIS BEGINNING FAULT. I DID NOT SPEND MY TIME STUDYING A FROGS SCIATIC NERVE. OTHERS COULD DO THAT BETTER THAN I COULD. I DID NOT SPEND MY TIME PIERCING THE DURAL MEMBRANES TO STUDY CEREBRO SPINAL FLUID LEVELS. OTHERS COULD DO THAT BETTER THAN I AND COULD DO IT ON MORE PEOPLE, AND THEY HAD TIME TO SELL, AND I BOUGHT THEIR TIME AND THEIR SKILLS, SO MY MECHANICS COULD BE JIG-SAWED INTO A SERIES OF PATTERNS.

I ONCE SAT WITH BINOCULARS FOR AN HOUR AND OBSERVED A WOOD PECKER PECK A HOLE IN A TREE. I HAD TO KNOW WHY HE COULD DO THAT WITHOUT A HEADACHE OR TORTICOLLIS. I RECOVERED THE WOODPECKER, AND REDUPLICATED HIS MANEUVERS, AND I FOUND THAT HE WAS CONSTRUCTED AS A WOODPECKER, NOT AS A PIGEON. GOD WORKS WONDERS

IF I COULD CHOOSE COULD I HAVE A CHOICE AS TO WHAT I WOULD LIKE TO DO IN S.O.T. FOR MY REMAINING YEARS, I WOULD CHOOSE INFANT AND CHILDHOOD CARE, PLUS THE TOTAL RANGE OF DEGENERATIVE DISEASES. I WOULD LIKE TO SPEND MY REMAINING YEARS WORKING FOR THOSE WHO ARE HOPELESSLY UNRECOVERABLE BY MEDICAL AND CHIROPRACTIC DIAGNOSES. I WOULD LIKE TO WORK IN AN ENVIRONMENT CONDUSIVE TO SUCH CONCENTRATED EFFORT. I KNOW THAT HIS IS A DREAM, BUT PERHAPS SOME OF YOU CAN FULFILL IT FOR ME.

MY PRACTICE LIKE YOUR PRACTICE, IS FILLED WITH BAD BACKS AND LAME HEADS. WE SELDOM HAVE THE OPPORTUNITY TO DEVOTE THE TIME TO SOLVING THE REAL AND TOTALLY OBSCURE PROBLEM, AND IF SUCH A PROBLEM PRESENTS ITSELF, WE DO NOT HAVE THE TOTAL PERSONNEL FOR CORRECT CARE, AND MOSTLY SUCH PERSONS HAVE NO MONEY.

TRAGIC AND NOT FUNNY I SAW A PATIENT YESTERDAY WHO HAS A LOW BACK PROBLEM OF GREAT CONCERN TO HIS MEDICAL DOCTORS, FAMILY AND FORMER FRIENDS. THIS MAN HAS HAD THE TOTAL OFFERED IN TWIST, POUND, TORQUE, ROTATE, PUSH, SHOVE, AND HOPE. HE HAS USED UP ALL OF THE PHYSIOTHERAPY AVAILABLE. HE HAS HAD FORTY ACUPUNCTURE TREATMENTS. THIS FELLOW BEGAN HIS SERVICES WITH A BACKACHE. HE CONTINUED TO WORK UNTIL FIVE WEEKS AGO, SHORTLY BEFORE COMING TO MY OFFICE. HE NOW HAS GREAT DIFFICULTY USING HIS LEGS AND COORDINATING HIS ARMS. WITH THIS TYPE OF HISTORY, ONE WOULD FEEL HOPELESS, BUT SIMPLY STATED HE WAS A CATEGORY TWO...RESPONDED QUITE WELL...WAS GIVEN THE RESPIRATORY TEMPORAL ROCKER TECHNIQUE ADJUSTMENT. HERE IS A VERY CO-OPERATIVE PATIENT AND A PATIENT TOTALLY DEDICATED TO GETTING WELL. IT WOULD APPEAR IMPOSSIBLE THAT WHAT IT TOOK ME A TOTAL OF 14 MINUTES TO ADMINISTER COULD BE EFFECTIVE. HE FELT NO PAIN...SUFFERED NO ATTACKS OF FORCE UPON HIS PERSON. NATURALLY THIS PATIENT EXPECTED A LONG LIST OF DO'S AND DON'TS. HE WANTED ANOTHER ADJUSTMENT THAT AFTERNOON AND HE THOUGHT HE SHOULD REMAIN IN NEBRASKA CITY AND RECEIVE THREE ADJUSTMENTS A DAY. THE FELLOW HAD MONEY, BUT HONESTY AS NIXON LEARNED IS THE BEST POLICY. I HAD TO EXPLAIN THAT HIS BODY HAD TO ADAPT TO THE CHANGES THAT I HAD MADE...THAT HIS CONDITION WAS SUCH THAT IT WOULD REQUIRE THIRTY DAYS TO COMPLETE THIS ADAPTION.

THE PATIENT BELIEVED ME RELUCTANTLY AND DID AS I HAD TOLD HIM TO DO. I SAW THIS MAN AGAIN IN THIRTY TWO DAYS, AND TO HIS SUPRISE HIS BACK PROBLEM HAD GONE SOMEPLACE. HE DID NOT KNOW WHERE IT WENT. HIS LEGS ARE MUCH IMPROVED. THIS ESTABLISHES ONE TRUTH AND THAT TRUTH IS VERY DISCOURAGING TO THOSE WHO MUST SEE PATIENTS DAILY TO EARN A LIVING. WHEN YOU PRODUCE THE CORRECTION NEEDED, THE BODY NEEDS TIME TO RECOVER. IF YOU INTERPOSE ADDITIONAL CORRECTIONS UPON THIS BODY BEFORE IT HAS RECOVERED TO THE LEVEL OF THE OTHER ADJUSTMENT, YOU LOSE 80% OF ALL PROGRESS, BECAUSE YOU HAVE SET IN MOTION MAN'S REJECTION SYSTEMS. TO COMPENSATE FINANCIALLY, THE ONE ADJUSTMENT HAS TO COST AS WOULD THE ANTICIPATED THIRTY ADJUSTMENTS. THE PATIENT UNDERSTOOD AND WAS HAPPY. NOT ALL PATIENTS UNDERSTAND. THE AVERAGE LOW BACK DISABILITY ANTICIPATES A FULL RECOVERY IN FIFTEEN MINUTES, YET HE WILL NURSE A SORE FINGER FOR A MONTH. IF MONEY WERE NEVER AN OBJECTIVE OR A NECESSITY, ALL OF US COULD DO FANTASTIC THINGS IN CHIROPRACTIC

POLITICIAN TO AN AIDE: "ABOUT THAT CHARGE THAT I'M INDECISIVE-DO YOU THINK I SHOULD ANSWER IT, OR LET IT GO, OR ANSWER IT IN PART, OR WHAT?" ABUNDANT LIVING. CURRENCY IS A SUBSTANCE THAT ISN'T CURRENT ENOUGH... VOICE FOR HEALTH

SEMINAR CANCELLED THE SEMINAR SCHEDULED TO BE HELD ON DECEMBER 11th. & 12th. AT NOAH'S HOTEL IN MELBOURNE HAS BEEN CANCELLED. THIS IS BECAUSE OF A CLASH IN DATES WITH A FUNCTION WHICH IS BEING HELD ON THE SAME DAY BY THE VICTORIAN ASSOCIATION. THIS STATE OF AFFAIRS SHOULD NEVER HAVE OCCURED AND IS DUE IN PART TO A COMMUNICATIONS BREAK DOWN SOMEWHERE. THE DAY AFTER I ARRIVED BACK FROM OMAHA (OCT 7th. I CALLED OUR FEDERAL SECRETARY TO CLEAR THE DATE. SHE WAS NOT THERE BUT WAS WITH DR. KLEYNHANS. THE DATE OF THIS SEMINAR WAS NOTED AND I WAS TOLD BY DR. KLEYNHANS THAT SHOULD THE DATE BE TAKEN THEN DR. CHANCE WOULD CALL ME BACK. WE HAVE NOT RECEIVED ANY PHONE CALL. AT THE SAME TIME APPARENTLY THE VICTORIAN ASSOCIATION WERE PLANNING THIS FUNCTION AND WITH A NEW SECRETARY SOMETHING WENT ASTRAY AND THESE TWO EVENTS WERE MIXED UP. LET US PUT ON RECORD THAT WE HAVE AT ALL TIMES ATTEMPTED TO CO-OPERATE WITH THE FEDERAL ASSOCIATION OVER THE SCHEDULING OF EVENTS AS HAS BEEN REQUESTED AND WE HAVE NOW NOTIFIED WELL IN ADVANCE OF DATES WE INTEND PRESENTING SEMINARS IN AUSTRALIA UP TILL JULY 1977. WE TRUST OTHERS SEE THE WISDOM OF CO-ORDINATING FUNCTIONS AND BOTHER TO CLEAR THEIR DATES WITH THE FEDERAL SECRETARY IN THE FUTURE. SO C.M.R.T. 2. IN MELBOURNE IS OFF.

SEMINARS FOR 1977 IN RESPONSE TO MANY REQUESTS WE ARE TRANSFERRING SEMINARS TO N.S.W. FOR THE FIRST HALF OF 1977 AND INTEND TO PRESENT A COMPLETE INTRODUCTORY SERIES IN SYDNEY ESPECIALLY FOR THOSE WHO MISSED THE SERIES IN MELBOURNE EARLIER THIS YEAR AND TO ACCED TO THE MANY WHO HAVE ASKED COULD WE PLEASE COME A LITTLE CLOSER TO HOME AS THE COSTS OF TRAVEL TO MELBOURNE ARE SIMPLY TO HIGH ESPECIALLY FOR THE HUSBAND AND WIFE TEAMS. WE HAVE BEEN VERY HAPPY IN MELBOURNE AND HAVE ENJOYED THE HIGH STANDARDS YOU HAVE DEMANDED OF US, AND YOU ARE ESPECIALLY WELCOME AT THE SYDNEY SEMINARS WHERE WE WILL BE PRESENTING THE LATEST FOR 1977.

THE SEMINARS WILL BE PRESENTED AT THE GLEN VIEW MOTEL 194 PACIFIC HIGHWAY ST. LEONARDS AND WE ARE TOLD BY GEOFF RYMER WHO INSPECTED THE FACILITIES THAT THIS LOCATION IS MOST SATISFACTORY INDEED AND THE ACCOMADATION IS EXCELLENT.

THE DATES FOR THE SEMINARS ARE AS FOLLOWS:

FEBRUARY 5TH & 6TH	CATEGORY TWO	MAY 28TH. & 29TH.	C.M.B.T. 1.
MARCH 5TH. & 6TH.	CATEGORY ONE	JUNE 25TH. & 26TH.	C.M.R.T. 2.
APRIL 2ND. & 3RD.	CATEGORY THREE	JULY 23RD. & 24TH.	COMPLETE REVIEW.

NOW FOR MELBOURNE WE HAVE SCHEDULED ON MARCH 19TH. & 20TH. ANOTHER CRANIAL REVIEW AND CRANIAL ASSISTANTS COURSE, THIS WILL BE HELD OF COURSE AT NOAH'S HOTEL WHERE WE HAVE BEEN VERY WELL LOOKED AFTER IN THE PAST. IN ADDITION WE HAVE OFFERED NEW ZEALAND THREE DATES DURING THIS PERIOD AS WELL WHEREBY WE ARE WILLING TO HELP THEM BRING THEMSELVES UP TO DATE AND IN ADDITION INTRODUCE S.O.T. TO THE MANY WHO ARE INTERESTED. WE WILL BE VEY BUSY AS YOU CAN SEE AND WE WILL BE SPENDING MANY WEEKENDS AWAY FROM OUR FAMILIES BUT IF YOU WANT TO IMPROVE YOUR CHIROPRACTIC THEN WE ARE WILLING TO HELP.

WE HAVE NOT SCHEDULED ANYTHING AFTER JULY BECAUSE WE MAY BE TO TIED UP WITH CANBERRA TO GET AWAY AND THEN AS WELL WHEN THE DEJARNETTE INSTITUTE IS COMPLETED WE WILL HAVE AMPLE SEMINAR FACILITIES AS WELL AS CATERING ARRANGEMENTS RIGHT THERE IN THE CLINIC. AMPLE ACCOMODATION WILL BE AVAILABLE AT THE TRAVLodge MOTEL 2 DOORS DOWN THE ROAD SO WE WILL NOT BE DOING SO MUCH TRAVELLING IN THE FUTURE. WHEN THE POSITION BECOMES A LITTLE MORE CLEAR THE REST OF THE YEAR WILL BE SCHEDULED.

EVERY SPINE NEEDS CHIROPRACTIC CARE.

THE MORE A CHIROPRACTOR KNOWS ABOUT CHIROPRACTIC, THE LESS HE NEEDS TO KNOW ABOUT OTHER THERAPIES. THE MORE HE KNOWS ABOUT THERAPIES, THE LESS HE KNOWS OF CHIROPRACTIC. THE CHIROPRACTIC SUBLUXATION IS PART OF EVERY HUMAN'S LIFE. SOME ENDURE IT UNDER VARIOUS DIAGNOSTIC TERMS, OTHERS HAVE IT CORRECTED BY CHIROPRACTORS, USING CHIROPRACTIC PRINCIPLES.

MAN'S NERVOUS SYSTEMS ARE THE BASIC CULPRITS IN THE PRODUCTION OF MUSCULAR CONTRACTIONS AS A RESPONSE TO STIMULI, AND AS A CAUSE OF VERTEBRAL MOTION INTO A STATE OF SUBLUXATION. THE VERTEBRAL SUBLUXATION IS A PRODUCT OF MOTION OUT OF CONTROL AND OUT OF PLACE IN A NATURAL ENVIRONMENT.

WITHOUT MOTION, WE LACK STIMULI, AND STIMULI IS ESSENTIAL TO LIFE, AND THE RESPONSE TO STIMULI IS LIFE IN VARYING DEGREES OF EXPRESSION.

USE YOUR EYES BEFORE YOUR FEET WHEN YOU CROSS THE STREET B.J.



1976. WITH THIS DECEMBER ISSUE 1976 IS BROUGHT TO A CLOSE AND MORE CHIROPRACTORS THAN EVER ARE PRACTICING S.O.T. IN AUSTRALIA. THERE WILL BE MANY MORE IN THE YEARS TO AS S.O.T. IS SEEN IN IT'S TRUE PERSPECTIVE AS THE MOST LOGICAL AND SAFE APPROACH THAT CHIROPRACTIC HAS TO OFFER. THE STANDARD OF S.O.T. PRACTISED BY THOSE WHO HAVE ATTENDED THE REGULAR SEMINARS CONTINUES TO RISE AND WITHOUT DOUBT YOU AS A GROUP IN S.O.T. CAN BE LOOKED UP TO BY CHIROPRACTORS ANYWHERE. FOR THOSE WHO HAVE NOT ATTENDED REGULARLY FOR ONE REASON OR ANOTHER OR WHO THINK THEY KNOW IT ALL, MAY WE IN 1977 INVITE YOU TO HAVE ANOTHER LOOK AND FIND OUT JUST HOW FAR YOU ARE BEHIND AND HOW MUCH MORE YOU CAN OFFER YOUR PATIENTS BY BECOMING MORE EFFICIENT.

THIS PAST YEAR WE HAVE BASED ALMOST ALL OF OUR SEMINARS IN MELBOURNE AND AS A RESULT WE FEEL VICTORIA HAS VERY FINE PRACTITIONERS INDEED AND WE COULD WANT NOTHING LESS FOR THE STATE THAT HAS GIVEN LIFE TO AND NURTURED THE INTERNATIONAL COLLEGE OF CHIROPRACTIC.

THIS YEAR SAW THE INTRODUCTION OF THE CERTIFICATION PROGRAM AND IT WAS IMPRESSIVE TO OBSERVE THE SERIOUSNESS OF ALL WHO ATTEMPTED THE FIRST EXAMINATIONS. YES YOU WENT STOICALLY THROUGH IT ALL. AFTER ALL THE FLAK HAD DIED AWAY WE HAD FOUR PRACTITIONERS WHO WERE PRESENTED WITH A PHASE ONE CERTIFICATE AND THIS WAS SIGNED AND PRESENTED BY DR. DEJARNETTE HIMSELF IN OMAHA. WE WISH TO CONGRATULATE ALL THOSE WHO SAT. NEXT YEAR WE WILL ANNOUNCE A NEW EXAMINATION DATE AND WE KNOW THAT THERE ARE AT LEAST 14 MORE POTENTIAL APPLICANTS WHO WISH TO HAVE THEIR KNOWLEDGE TESTED. IT IS NOT EASY NOR IS IT MEANT TO BE. WITHOUT DOUBT THIS PROGRAM IS WELL WORTHWHILE AND YOU WILL BE VERY PROUD OF THE CERTIFICATES YOU EARN.

OMAHA THIS YEAR WAS THE BEST ORGANISED AND MOST THRILLING CHIROPRACTIC EXPERIENCE WE HAVE YET ATTENDED AND WITH IN EXCESS OF 500 PRACTITIONERS PRESENT FROM ALL ROUND THE WORLD IT HAD TO BE THE GREATEST YET. WE WERE ALL THERE TO LEARN CRANIAL TECHNIQUE AND THE LATEST WORK AS WELL AS S.O.T. AND ALL THE OTHER ASSOCIATED DEJARNETTE DEVELOPMENTS OVER THE YEARS. YES, I BELIEVE DEJARNETTE WILL LIVE TO SEE HIS DREAMS COME TRUE. WE WILL CERTAINLY CONTINUE TO HELP ANY CHIROPRACTOR WHO CARES FOR THE SICK TO BE A BETTER CHIROPRACTOR THROUGH S.O.T. WE LOOK FORWARD TO 1977, AND LATER IN THIS BULLETIN WE WILL ANNOUNCE OUR SEMINAR SCHEDULE THROUGHOUT TILL JULY.

1976 HAS SEEN THE ANNOUNCEMENT BY ROBERT MITCHELL, KEITH AND MYSELF OF THE LARGEST CHIROPRACTIC TEACHING, RESEARCH AND PRACTICE CLINIC IN THE SOUTHERN HEMISPHERE AND IT WILL BE CALLED THE DEJARNETTE CHIROPRACTIC INSTITUTE. PLANS ARE WELL IN HAND AND WE WILL IN FORM YOU IN FUTURE BULLETINS OF THE PROGRESS OF THIS FACILITY.

WE ARE ALSO HAPPY TO ANNOUNCE THE ACQUISITION BY DAVE LOVETT OF THE OLD BANK BUILDING IN THE CENTRE OF TOWN BENDIGO, FOR THE SETTING UP OF A MAGNIFICENT S.O.T. CHIROPRACTIC CLINIC. FROM THE DAY OF HIS FIRST S.O.T. SEMINAR DAVE HAS GONE FROM STRENGTH TO STRENGTH, FIRSTLY ENLARGING HIS CLINIC THEN WHEN THINGS WERE GETTING TO BRISK DAVE WAS MOST FORTUNATE TO OBTAIN THE SERVICES OF A FINE CHIROPRACTOR IN MARK POSTLES AND NOW MARK IS ASSOCIATED WITH DAVE IN THIS VENTURE. THIS GREAT ANNOUNCEMENT DESERVES EVERYBODY'S CONGRATULATIONS AND WE KNOW THAT S.O.T. CHIROPRACTIC WILL NOW BE MORE AVAILABLE THAN EVER TO THE PEOPLE OF BENDIGO AND IT'S SURROUNDING AREAS.

KEITH AND I WISH ALL A PLEASANT CHRISTMAS SEASON AND A GREAT NEW YEAR, WHICH WE LOOK FORWARD TO SHARING WITH YOU ALL.

#### THE CHIROPRACTIC CHALLENGE Cont'd.

EVERY PATIENT CHALLENGES YOU WITH QUESTIONS SO IMPORTANT THAT THEY HAVE REHEARSED TIME AND TIME AGAIN BEFORE BEING PRESENTED TO YOU. TAKE YOUR TIME AND ANSWER EACH QUESTION AS CAREFULLY AS YOU WOULD GIVE A THRUST TO A SPECIFIC VERTEBRA IF SOMEONE'S LIFE DEPENDED UPON THAT PROPER VERTEBRAL ALIGNMENT. EVERY PATIENT KNOWS FROM THREE TO TEN PERSONS WHO WILL JUDGE YOU BY WHAT YOU DO NOW FOR THIS PATIENT. THE JUDGEMENTS IN YOUR FAVOUR MAY BE YEARS IN ARRIVING, BUT IF FAVOURABLE, THEY WILL ARRIVE AS NEW PATIENTS. IF YOU ARE JUDGED UNFAVOURABLY, RESULTS WILL BE NOTICEABLE MUCH SOONER. THE CHALLENGE IS NOT THE NUMBER OF PATIENTS AVAILABLE, BUT YOUR ABILITY TO HANDLE PROPERLY THOSE WHO