

WITHOUT ANY THOUGHT TO PROPER CARE. CATEGORY TWO IS PERHAPS MUCH EASIER TO UNDERSTAND THAN IS CATEGORY ONE BECAUSE THE ARM FOSSA TEST IS EASIER TO MASTER. ONE THING IS ESSENTIAL. YOU MUST BALANCE THOSE ARMS TO THOSE FOSSAE, BECAUSE YOU ARE DEALING WITH A SEPARATION AND ALL TRIANGLES CAN BE DISTURBED THAT ARE RELATED TO THE PELVIS, SPINE AND SHOULDER AND NECK AND OCCIPUT. NOTHING IS SO PRODUCTIVE OF SO MANY DISABLED PARTS OF MAN AS IS THE CATEGORY TWO.

YOUR BLOCK PLACEMENT IS VERY IMPORTANT, AND THE PATIENT'S PELVIC ROLL IN LETTING YOU PLACE THOSE BLOCKS IS IMPORTANT, BECAUSE IT IS BASICALLY THE ADJUSTMENT. PAGE 127 SHOULD BE STUDIED BECAUSE THE TECHNIQUE SHOWN HERE IS VERY IMPORTANT. WE HAVE NOT STRESSED IT IN THE SEMINARS, BECAUSE WE HAD SO MANY THINGS TO CONTEND WITH. THIS STEP IN PARTICULAR GIVES DIRECTION TO THE INCOMINATE IN TROUBLE. (ED. WE ALSO HAVE NOT STRESSED THIS BUT READ IT CAREFULLY IT REALLY DOES SPEED THE CORRECTION)

THE CATEGORY TWO PATIENT SHOULD BE INSTRUCTED TO BEND HIS KNEES BEFORE HE BENDS HIS BACK. THIS IS A PROTECTIVE MANEUVER TO PRESERVE THE POSITION THE BLOCKS HAVE PRODUCED DURING THEIR CORRECTION PHASE. IT IS IMPORTANT TO BALANCE THE CATEGORY TWO PSOAS, THE ANTERIOR ILEOFEMORAL AND THE LEGS...SHOULD BE DONE IN THE ORDER HERE LISTED.

THE CATEGORY THREE PATIENT THIS IS THE MOST CRITICAL PATIENT WE SEE AS CHIROPRACTORS AND HERE EXISTS THE BASIS FOR SOME SERIOUS ERRORS. THE SPINAL COLUMN INCLINE AND THE ACCOMPANYING SCIATICA ARE THE VISIBLE AND VERTEBRAL SIGNS OF A CATEGORY THREE PATIENT, BUT YOU MUST NEGLECT THE TYPICAL S.O.T. ANALYSIS, FOR THE ARM FOSSA TEST MAY SHOW YOU A TRUE CATEGORY TWO PATIENT. ALL OF YOU KNOW THAT A CATEGORY TWO PATIENT DOES NOT HAVE A SPINAL INCLINE AND A POSTERIOR SCIATICA, BUT THE THING YOU MUST REMEMBER IS THAT A CATEGORY THREE PATIENT WHO IS NOT ACUTE, MAY SUFFER AN ACUTE WEIGHTBEARING SUBLUXATION. THE ARM FOSSA IS A VERY IMPORTANT STEP IN YOUR ANALYSIS AND IT OFTENTIMES DOMINATES THE WHOLE CATEGORY SYSTEM.

THE CATEGORY THREE NEEDS THE P.S.S. BLOCK POSITIONS AND BE SURE YOU PLACE YOUR BLOCKS CORRECTLY. THIS PATIENT NEEDS THE S.O.T.O. EVERY TWO MINUTES AND THE POSTERIOR ILEOFEMORAL EACH TIME THE S.O.T.O. IS GIVEN. IF THE SCIATICA OR BACK PAIN INCREASES WITH THE SECOND S.O.T.O., THEN IT IS QUITE OBVIOUS THAT NEITHER THE S.O.T.O., NOR THE BLOCK POSITION NOR THE ILEOFEMORAL ARE THE ANSWER. YOU MAY THEN GIVE THE DISC TECHNIQUE AS SHOWN ON PAGE 41, AND IF THIS GIVES RELIEF, THEN YOU CAN AGAIN ATTEMPT THE BLOCKS, S.O.T.O. AND THE ILEOFEMORAL. WE DO NOT MANUALLY ADJUST CATEGORY THREE, BUT IF YOU DO, REMEMBER, KEEP THE PAIN SIDE DOWN. THIS IS YOUR PROTECTION.

CRANIAL TECHNIQUE FIRST OF ALL, THE CRANIAL TECHNIQUE THAT DR. DEJARNETTE TEACHES IS NOT SKULL MOULDING OR SKULL BONE ADJUSTING. THIS IS A TRULY SCIENTIFIC APPROACH TO A VERY BIG AND VERY COMPLICATED PROBLEM AREA IN MAN'S TOTAL NEURAL MAKEUP. CRANIAL TECHNIQUE IS NOT FOR THE BONE KNOCKER, THE BONE CRACKER OR THE DOCTOR WHO WANTS TO MAKE A LOT OF NOISE THUMPING PEOPLE ON THEIR SKULLS. CRANIAL TECHNIQUE AS TAUGHT BY DR. DEJARNETTE IS AN APPROACH TO THE TOTAL NEURAL SYSTEMS THROUGH THEIR COVERING, THE MENINGES AND THE DURAL BEDS. WE RE-ARRANGE STRUCTURE AND RECOVER FUNCTION. A SKULL CAN LOOK LIKE IT HAS GONE THROUGH A ROCK CRUSHER AND STILL FUNCTION. JUST FOR A MOMENT VISUALIZE YOUR SKULL BETWEEN THE LEGS OF A WRESTLER WHO WEIGHS 400 POUNDS AND HAS THE STRENGTH OF A ROAD GRADER. SQUEEZING THE SKULL HAS NOTHING TO DO WITH RE-ARRANGING THE CONTENTS OF THE SKULL. A PANCAKE COMING OUT OF A DISTORTED SKILLET, TASTES JUST AS GOOD AND SERVES IT'S PURPOSE JUST AS WELL AS DOES A PERFECTLY FORMED PANCAKE FROM A PERFECTLY NORMAL SKILLET. IT IS NOT HOW THE SKULL LOOKS THAT DETERMINAES IT'S FUNCTION AND IT'S ABILITY TO DO SO. WHEN YOU SEND A CAKE TO A RELATIVE IN VIETNAM, YOU PACKED IT IN FOAM PELLETS. THE FOAM PELLETS HAD NOTHING TO DO WITH THE CAKE, EXCEPT IT KEPT THE CAKE INTACT AND IN PROPER FORM. THE BRAIN IS PACKED INTO THE SKULL BY JUST SUCH AN ARRANGEMENT, BUT UNFORTUNATELY THIS PACKING OFTENTIMES GETS BUNCHED UP AND PLACES PRESSURE INTO DELICATE TISSUES IN DELICATE AREAS. IN THIS INSTANCE THE OUTSIDE MAY LOOK NORMAL, BUT THE INSIDE WON'T FUNCTION.

CRANIAL TECHNIQUE AS TAUGHT BY DR. DEJARNETTE COORDINATES ALL OF MAN INTO ONE FUNCTIONING STRUCTURAL UNIT, EACH PART DOING IT'S FUNCTION AT THE PROPER TIME. CRANIAL TECHNIQUE HAS NO LIMITATIONS OR NO SPECIFIC FIELDS. IMAGINE THE PERCENTAGE OF HUMAN PROBLEMS ARISING FROM 80% OF MAN'S NERVOUS SYSTEM. THAT'S HOW MUCH OF MAN'S TOTAL NERVOUS SYSTEM IS CONTAINED

INSIDE THE SKULL. THE SPINAL DURA CONTAINS ONLY A RELATIVELY SMALL PART OF MAN'S TOTAL NEURAL SYSTEMS, YET LOOK HOW WE CAN CONTROL MAN BY DOING THE CORRECT THING TO INCORRECT AREAS OF HIS SPINE. YES WE HAVE A LOT TO LEARN YET ABOUT ABOUT MAN'S NEURAL SYSTEMS HOWEVER THE DEJARNETTE SYSTEM OF CRANIAL FAULT ANALYSIS AND CORRECTION IS THE FINEST APPROACH YET TO IMPROVE THE LOT OF MAN. FINIS.

OMAHA SHOULD ANYONE BE CONTEMPLATING GOING TO OMAHA THIS YEAR THEN STOP IT AT ONCE AND GET ON THE PHONE TO KEITH OR MYSELF STRAIGHT AWAY OR YOU WILL SURELY MISS OUT ON A GREAT TOUR AND AN UNFORGETTABLE LEARNING EXPERIENCE. AT PRESENT WE HAVE 14 WHO ARE GOING AND THE LAST TOUR COST WHEN ELEVEN WERE INVOLVED WAS \$1196 FOR 13-14 DAYS WITH TWO DAYS IN HAWAII ON THE WAY BACK. THIS WILL BE YOUR LAST CHANCE AS I HAVE IT FROM THE MAJOR THAT PLACES WILL FILL FAST AND IT WILL BE FIRST COME FIRST SERVED. THERE WILL BE UPWARDS OF 600 OR SO IN OMAHA SO IT WILL BE THE BIGGEST HAPPENING EVER.

RESEARCH LAST MONTH WE PROMISED YOU THAT WE WOULD RELEASE NEW INFORMATION IN BITS AND PIECES EACH MONTH AND PERHAPS SOME WORK YOU COULD DO FOR US TO GET THINGS ROLLING QUICKER. WELL WE ARE HAPPY TO PUT FORWARD A PROJECT FOR ALL OF YOU WHO ARE ACTIVELY WORKING IN S.O.T. AND WHO WANT TO HELP INCREASE OUR OVERALL KNOWLEDGE.

THE SUBJECT CONCERNS THAT GREAT MYSTERY AT TIMES THE CATEGORY TWO PATIENT. SOME TIME BACK KEITH NOTICED THAT ON MANY OF THESE PATIENTS AS WE HAVE SHOWN BEFORE HAD PAIN ALSO AT THE ANTERIOR OF FOURTH CERVICAL AND OF COURSE PAIN ON THE LEFT LAMINA WHICH IS ONE OF OUR PAIN PALPATION INDICATORS. WELL THIS STARTED US THINKING AND BY CHECKING MANY CATEGORY TWO PATIENTS WE FOUND THAT MANY OF THEM ALSO HAD PAIN ON THE RIGHT ANTERIOR OF 4C. AS WELL OR JUST ON THE RIGHT ONLY. WE CONSIDERED THAT THIS MUST BE AN INDICATOR FOR A PSOAS, FOR OFTEN ON DOING A CATEGORY TWO PSOAS THE SIGN DISAPPEARED. HOWEVER THIS SIGN DID NOT DISAPPEAR CONSISTENTLY UPON COMPLETING THE PSOAS ADJUSTMENT. WE STARTED TESTING DIAPHRAGMS WITH BREATH RETENTION AND ADJUSTING AND FOUND THAT IN NEARLY ALL CASES THE SIGN WENT. ON THE OVERARM PSOAS TEST WE FOUND MANY TIMES THAT THE SHORT ARM WAS ON THE OPPOSITE SIDE TO THE NEW INDICATOR AND UPON CORRECTION OF THE PSOAS THE INDICATOR STAYED ON 4C. AND IF THE PATIENT WAS KEPT ON THE TABLE THE THE SHORT ARM ON THE OVERHEAD PSOAS RETURNED, YET WHEN THE DIAPHRAGM WAS ADJUSTED THIS APPEARED TO CLEAR THE MATTER. WE HAVE ALSO NOTED THAT MANY OF OUR STUBBORN CATEGORY TWO CASES CLEARED UP IMMEDIATELY AND WE HAVE EVEN HAD SERIOUS DOUBTS THAT THEY WERE EVER A CATEGORY TWO AT ALL. FOR IT IS EASY TO SUBLUXATE A CATEGORY ONE INTO A CATEGORY TWO BY INCORRECT BLOCKING AND TO KEEP THEM THAT WAY BY CATEGORY TWO BLOCKING. ONE CAN THEORIZE THAT THE SCOLIOSIS WILL GO TO THE SHORT ARM SIDE BECAUSE OF AN APPARENT CONTRACTION OF THE PSOAS ON THAT SIDE, HOWEVER ON TESTING THE PSOAS WE FOUND THE OPPOSITE TO BE THE CASE AT TIMES AND WITH THE DIAPHRAGM ADJUSTMENT THE ARM FOSSA RETURNED TO NORMAL THE PSOAS MUSCLES RETURNED TO BALANCED THE OVERARM CHECK BECAME NORMAL AND ALL TWO INDICATORS DISAPPEARED, YES EVEN THE RIB HEAD SIGN AS WELL AS OUR ANTERIOR 4C. DIAPHRAGM SIGN. WHILST WE HAVE NOT TOLD YOU ALL THAT HAS BEEN FOUND THERE IS AMPLE INFORMATION PROVIDED HERE FOR YOU TO GO TO WORK AND START RECORDING INFORMATION PERTAINING TO THIS SUBJECT.

NEXT MONTH WE WILL SEND OUT A FORM FOR YOU ALL TO FILL OUT AND RETURN FOR US TO CORRELATE. THIS WILL CONTAIN QUESTIONS OF MANY KINDS. I.E. WHAT PERCENTAGE OF PATIENTS DEMONSTRATED THE ANTERIOR 4C. SIGN? HOW MANY % APPEARED CORRECTED AND DID NOT NEED CATEGORY TWO BLOCKING? HAVE YOU DISCOVERED ANY NEW FACTS? ETC.

REGARDING ADJUSTING THE DIAPHRAGM BE GENTLE ON THE OLDER FOLK AND YOU WILL SURELY FIND MANY PATIENTS WHO HAVE A HIATAL HERNIA AND WHO DEMONSTRATE THE HIATAL SIGN ON THE ANTERIOR LEFT CHEST WALL. THE ADJUSTMENT IS BEST ATTEMPTED AT THE END OF AN OUTWARD BREATH WITH YOUR THUMBS ANGLED SUPERIORWARDS AND Laterally. WELL THERE IT IS FOLK, PLEASE GO TO WORK AND WHEN WE SEND THE FORMS OUT NEXT MONTH FILL THEM OUT AND RETURN THEM FOR WE FEEL WE MAY BE STARTING TO UNRAVEL SOME MYSTERIES PARTICULARLY IN UNDERSTANDING MORE ABOUT THIS UNILATERAL RIB MOTION THING IN RELATION TO CATEGORY TWO AND WHO KNOWS ALL THIS MAY JUST GET SICK PEOPLE WELL.

DR. HELEN DELUE. THIS WONDERFUL LADY HAS SENT KEITH AND MYSELF COPIES OF ALL THE EARLY DESPATCHER'S ALONG WITH TWO VOLUMES OF THE REFERENCE GUIDE AND REVIEW QUESTION OF S.O.T. 1958 - 1967. THESE TWO VOLUMES WERE PREPARED BY DR. DE LUE UNDER THE AUTHORITY OF DR. DEJARNETTE AND REPRESENT A GREAT AMOUNT OF WORK. MANY OF THE QUESTIONS POSED IN THESE MANUALS WILL

FIND THEIR WAY INTO OUR CERTIFICATION PROGRAM. THESE MANUALS AND THE DESPATCHERS WILL BE PLACED IN THE COLLECTIONS WE HAVE OF THE WORKS OF DEJARNETTE AND WHICH ARE ARE PROUD TO SAY ARE THE LARGEST OUTSIDE OF THE MAJOR HIMSELF. WE THANK DR. HELEN DE LUE FOR HER THOUGHTFULNESS AND HAVE AWARDED HER A YEARS FREE SUBSCRIPTION TO THIS BULLETIN.

PARKINSONS DISEASE. ACCEPTED AS INCURABLE BY MOST AUTHORITIES; HOWEVER WITH A STRICT PROGRAM OF CHIROPRACTIC AND EXERCISE IT CAN BE CONTROLLED INDEFINITEITELY.

N.B. 1. MAKE CERTAIN THE PATIENT TELLS YOU AS SOON AS POSSIBLE OF ANY MUSCLE SPASM, OTHERWISE THE MUSCLE MAY CONTRACT AND BECOME USELESS.

2. IT CANNOT BE STRESSED HOW IMPORTANT IT IS TO HAVE CONSTANT SUPERVISION AND ADJUSTMENTS FOR FAILURE TO DO SO COULD RESULT IN PERMANENT DISABILITY.

EXERCISES

1. DON'T AVOID ANY ACTIVITY - GET OUT OF BED, WASH, BUTTON SHIRT ETC., LACE SHOES AND SO ON. THESE SHOULD ALL BE DONE BY THE PATIENT REGARDLESS OF TIME.

2. DO OVERHEAD PULLEY EXERCISES FOR AT LEAST 15-20 MINUTES A DAY. (THOSE EXERCISE PULLEYS AS ADVERTISED ON T.V. ARE MOST SUITABLE) IF TIME PERMITS 2-3 TIMES A DAY IS IDEAL.

3. BEND THE FINGERS BACKWARDS AND FORWARDS, WRITE AND DRAW, PICK UP SMALL BEADS OR DRIED PEAS, SQUEEZE SOFT RUBBER BALLS ETC.

4. SWIMMING IS GOOD AND ANY OTHER EXERCISES THAT KEEP THE JOINTS AND MUSCLES LOOSE. IN THIS REGARD THE EXERCISES AS OUTLINED BY DR. MARSH MORRISON IN HIS BOOK "DOCTOR MORRISON'S MIRACLE BODY TUNEUP FOR REJUVENATED HEALTH" IS VERY GOOD. (PARKER PUBLISHING CO. INC. P.O. BOX 472, WEST NYACK, NEW YORK 10994)

5. SIT ON A CHAIR WITH FEET ON ONE ANOTHER. ALTERNATE THIS IF SITTING FOR SOME TIME.

6. WALK WITH LEGS SPREAD. THIS GIVES EXTRA WORK TO THE MUSCLES AND PREVENTS TRIPPING.

7. GOOSE STEP AT LEAST THREE TIMES DAILY.

8. KEEP THE LIMBS WARM AT ALL TIMES. E.G. BEDSOCKS, GLOVES ETC.

OUR PATIENTS IT HAS OFTEN BEEN SAID WHERE WOULD OUR PATIENTS BE WITHOUT US? VERY TRUE. HOWEVER PLEASE GIVE THOUGHT TO THE PATIENTS POINT OF VIEW (ALTHOUGH IT IS UNSAID) WE WOULD NOT EVEN HAVE A PRACTICE WITHOUT THEM LET ALONE A PROUD PROFESSION WHICH IS THE LARGEST DRUGLESS APPROACH IN THE WESTERN WORLD. DO WE GIVE ENOUGH REAL THOUGHT AND CARE TO OUR PATIENTS, DO WE KEEP CHIROPRACTIC IN MIND, DO WE TREAT THEM.. IN A MECHANICAL WAY AS JUST A JOB TO DO, DO WE TREAT THEM AS ANOTHER DOLLAR TO FILL THE BANK ACCOUNT? WE HAVE AN OBLIGATION TO CARRY OUT CHIROPRACTIC CARE TO THE VERY BEST OF OUR ABILITY WITH NO OTHER THOUGHT IN MIND THAN THE PATIENTS WELFARE. IF A PATIENT NEEDS MORE TIME SPENT, THEN DO IT AND DON'T SHORT CHANGE THE NEXT FEW PATIENTS TO CATCH UP JUST BECAUSE YOU WANT TO GO HOME OR YOU WANT YOUR LUNCH ETC. OF COURSE IF ALOT OF TIME MUST BE SPENT IT SURELY MAKES GOOD SENSE TO SCHEDULE YOUR PATIENT IN AT ANOTHER. TIME. HERE ARE FOUR THOUGHTS TO KEEP IN MIND WHICH MAY HELP US ALL TO SERVE OUR PATIENTS NEEDS A LITTLE BETTER, WHEN WE ADJUST THEM.

1. CONSIDER GENETICS OR HERIDITARY FACTORS.

2. THE PATIENTS GENERAL ENVIRONMENT.

3. THE INTELLIGENCE OF THAT BODY WORKING THROUGH THE MATTER OF THAT BODY.

4. IS THERE AN INTERFERENCE WITH THE INTELLIGENCE TO DO IT'S JOB.

(WE WOULD WELCOME ANY CONTRIBUTION RELATING TO ANY ONE OF THESE SUBJECTS FOR WE SHOULD ALL HAVE A GREATER UNDERSTANDING OF THEM.

CHIROPRACTIC IS BIG. IT IS VERY DIFFICULT TO RECOGNIZE AND REALIZE THE HUGENESS OF TOTAL CHIROPRACTIC. MEDICAL INDOCTRINATION IS SO TOTAL IN MOST COMMUNITIES THAT OFTENTIMES THE SERVICES OF THE CHIROPRACTOR BECOMES A LAST RESORT. THIS LAST RESORT SERVICE SHOULD COST MORE BECAUSE IT DOES MORE. IT WOULD BE NICE IF THERE WAS A MAJIC FORMULA BY WHICH THE INDIVIDUAL CHIROPRACTOR COULD KNOW POSITIVELY JUST HOW MUCH HIS ADJUSTMENT ACCOMPLISHED AND JUST HOW MUCH HE SHOULD CHARGE FOR THAT SERVICE. YOUR WRITER HAS GIVEN ADJUSTMENTS THAT ACCOMPLISHED \$500.00 WORTH OF CORRECTION, WHILE OTHERS DIDN'T ACCOMPLISH \$1.00 WORTH OF CORRECTION. THERE IS A DIFFERENCE OF \$499.00 BETWEEN THE TWO ADJUSTMENTS, YET TO THE CASUAL OBSERVER THE TWO ADJUSTMENTS APPEARED TO LOOK ALIKE.

THAT ADJUSTMENT WHICH NAILS DOWN THE TRUE CAUSE OF NEURAL FAILURE AND RETURNS THAT NEURAL FAILURE TO 100% EFFICIENCY, CANNOT BE APPRAISED IN DOLLAR VALUES. THE CHIROPRACTIC ADJUSTMENT IS ALWAYS A CRITICAL CORRECTION. IT IS THE APPLICATION OF FORCE IN VARYING DEGREES TO PRODUCE MOTION IN VARYING DEGREES IN TISSUES OF VARYING DEGREES OF ACCEPTABILITY

AND REJECTION. LOCATING THE EXACT AREA OF NEURAL FAILURE IS OFTENTIMES A TRYING, TIME CONSUMING AND EXHAUSTING SEARCH. THE SKILLS EMPLOYED IF ITEMIZED ONE BY ONE WOULD ADD UP TO A SIZABLE SUM, YET THEY ARE ALL LUMPED TOGETHER IN ONE WORD, ANALYSIS OR PERHAPS SOME WOULD USE DIAGNOSIS.

WE IN S.O.T. HAVE A MUCH BETTER WORD "CATEGORIZATION". A DIAGNOSIS DESCRIBES THE SUMMATION OF TESTS AND VALUES INTO A NAME. THE WORD ANALYSIS IS REALLY MEANINGLESS BECAUSE ALL STEPS IN ANALYSIS ARE STEPS IN DIAGNOSIS. THE WORD "CATEGORIZATION" HAS MEANING AND AT THE END RESULTS IN A TOTAL PROCEEDURE FOR THE CORRECTION OF BASIC AND SPECIFIC FAULTS. WHEN YOU DO SPECIFIC STEPS IN A DIAGNOSTIC PROCEEDURE AND THEY TOTAL UP TO ESTABLISHED STANDARDS, YOU HAVE ARRIVED AT A CATEGORY SPECIFIC. WHEN YOU HAVE A SPECIFIC CATEGORY YOU HAVE AN AUTOMATIC SPECIFIC STEP BY STEP PROCEEDURE OUTLINED FOR YOUR USE.

THE CATEGORY SYSTEM AS USED IN S.O.T. IS NOT A COMPLETE DIAGNOSTIC SYSTEM, RATHER IT IS A PLANNED CORRECTING SYSTEM, BASED UPON STEP BY STEP PROCEEDURES.

CERTIFICATION PROGRAM THE SYLLABUS FOR PHASE ONE IS NOW AVAILABLE AND A VERY COMPLETE HISTORY OF S.O.T. AND DR. DEJARNETTE IS INCLUDED. SHOULD ANYMORE BE REQUIRED THEN SEND \$5.00 TO US AND WE WILL DO THE REST. THE TESTS WILL BE FAIR AND YOU WILL BE EXAMINED ON THE PRESCRIBED MATERIAL. THOSE WHO ARE SUCCESSFUL CAN HOLD THEIR HEADS HIGH FOR YOU WILL HAVE PROVED YOUR ABILITIES AND WILL NO DOUBT PRACTICE ACCORDING THESE STANDARDS. IT HAS LONG BEEN CONTENDED THAT JUST BECAUSE YOU HAVE GRADUATED FROM AN APPROVED COLLEGE AND CAN NOW WAVE THE DIPLOMA FROM YOUR COLLEGE ABOUT THAT YOU MAY NOT PRACTICE TO ACCEPTABLE STANDARDS. THIS HAS BEEN A COMMON CONCERN THROUGHOUT THE WORLD IN ALL PROFESSIONS. THE IDEA THAT ONE SHOULD HAVE A LICENCE TO PRACTICE FOR LIFE IS BEING LOCKED UPON WITH DISFAVOUR WORLDWIDE. THUS WE HAVE LICENCE RENEWAL SEMINARS IN THE U.S. (WHETHER THEY DO ANYTHING FOR THE CHIROPRACTOR IS BESIDE THE POINT) SO THERE IS CONCERN ON THE PART OF LEGISLATORS AND THE ADMINISTRATORS OF THE PROFESSION. THIS PROGRAM WE HAVE SET OUT WILL PROVE FAR MORE VIABLE AND WILL HAVE THE DOCTOR BE RETESTED EVERY FIVE YEARS. WHO KNOWS THIS PROGRAM AND OTHERS OF IT'S TYPE WILL BECOME THE STANDARD HERE IN AUSTRALASIA FOR LICENSURE WHEN WE FINALLY GET LEGISLATION FOR IT WILL BE THE ONLY APPROACH IN CHIROPRACTIC HERE WHICH HAS CLEARLY DEFINED STANDARDS. WE HAVE DESIGNED AN EXTREMELY FINE CERTIFICATE THAT WILL ENHANCE ANY CHIROPRACTORS OFFICE AND ALL WHO PASS EACH PHASE WILL BE EXTREMELY PROUD TO DISPLAY IT, FOR IT DEMONSTRATES AN ACHIEVEMENT OF EXCELLENCE IN CHIROPRACTIC.

MELBOURNE SEMINAR AUGUST 7th & 8th. THIS IS THE THIRD IN OUR SERIES OF BASIC SEMINARS. THE SUBJECTS WILL BE A REVIEW OF THE FIRST TWO SEMINARS AND THEN CATEGORY THREE. CERVICAL WORK WILL ALSO BE INCLUDED. THIS WILL BE A MOST IMPORTANT SEMINAR FOR THE CERTIFICATION PROGRAM WILL BE RUN IN CONJUNCTION WITH IT. THOSE SITTING THE CERTIFICATION PROGRAM ARE NOT REQUIRED TO REGISTER FOR THE SEMINAR BUT ARE REQUIRED TO FILL OUT THE FORM SUPPLIED WITH THE SYLLABUS AND RETURN IT TO US WITH THE PRESCRIBED FEE. THE SEMINAR WILL COMMENCE AT 9.00 AM. SHARP ON THE SATURDAY MORNING. THE CERTIFICATION PROGRAM WILL COMMENCE AT 9.30 AM SHARP IN A SEPARATE ROOM ALSO ON THE SATURDAY MORNING. THIS WEEKEND WILL NECESSITATE US BOTH BEING IN MELBOURNE SO WE LOOK FORWARD TO SEEING A BIG TURNOUT OF YOU ALL. FOR THOSE TAKING THE CERTIFICATION PLEASE SEND IN YOUR APPLICATION AS SOON AS POSSIBLE IN ORDER THAT WE CAN HAVE THE PAPERS ALL READY FOR, WE WILL BE BRINGING NO EXTRAS. FOR YOU OTHERS PLEASE HAVE THE DECENCY TO REGISTER FOR THE SEMINAR BEFORE THE ABOVE DATES, IT DOES HELP US IN PREPARATIONS AND IN BRINGING ENOUGH HAND OUT MATERIALS.

S.O.T. SEMINAR MELBOURNE

DATES: AUGUST 7TH & 8TH.

VENUE: NOAH'S HOTEL, EXHIBITION ST. MELBOURNE. (MAKE YOUR OWN RESERVATION)

COSTS: REGISTRATION FOR TWO DAY SEMINAR BASIC 3. \$50.00.

TEXT: 1976 S.O.T. NOTES MANDATORY \$60.00.

NAME: _____ STREET OR BOX NO. _____

CITY: _____ STATE: _____ POST CODE: _____

ENCLOSED IS MY REMITTANCE FOR THE BASIC 3 MELBOURNE SEMINAR.

CHEQUE TO S.O.T. SEMINAR. RETURN WITH FORM TO BOX 238, GRAFTON, N.S.W. 2460.

P.S. MULTIPLE SCHLEROSIS BOOKS AVAILABLE \$1.20 EA. WE NOW HAVE PLENTY OF BELTS AVAILABLE

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

Keith C. Bastian D.C.
Scott D. Parker D.C.

Published by
July 1976

P.O. Box 238,
Grafton NSW. 2460.

EDITORIAL WELL HERE WE ARE IN OUR THIRD YEAR OF PUBLICATION AND GETTING BIGGER AND BETTER ALL THE TIME. THERE IS LITTLE DOUBT THAT IN CHIROPRACTIC HERE IN AUSTRALASIA WE ARE FACING AN IMPORTANT YEAR. NEXT MONTH SEES THE INTRODUCTION OF OUR S.O.T. CERTIFICATION PROGRAM. THIS WILL BE A FIRST IN THE HISTORY OF S.O.T. AND WILL DEFINITELY RAISE THE STANDARDS OF THE PRACTICE OF CHIROPRACTIC. YOU ARE TO BE TESTED ON YOUR KNOWLEDGE AND COMPETENCY IN THE PRACTICE OF S.O.T. AND WILL BE CERTIFIED BY S.O.T. A/ASIA AS COMPETENT TO THE LEVEL YOU HAVE REACHED AND WILL BE ABLE TO BE SUPPORTED LEGALLY SHOULD ANY OCCASION ARISE IN THE FUTURE. THIS WHOLE PROGRAM OF FIVE PHASES COMPRISING EIGHT LEVELS IS BEING SUBMITTED FOR APPROVAL TO THE A.C.C.E. AND WILL ALSO BE SUBMITTED TO THE I.C.C. FOR SIMILAR APPROVAL OF THE ATMS AND COMPETENCY REQUIRED TO PASS THESE EXAMINATIONS.

WE ARE HOPEFUL IN THIS COMING YEAR THAT NEGOTIATIONS CAN BE COMPLETED FOR THE HOLDING OF SERIES OF SEMINARS UNDER THE AUSPICES OF OUR COLLEGE THE I.C.C. AND THEIR CONTINUING EDUCATION PROGRAM. THIS WILL NOT ONLY BE A BOOST TO THE COLLEGE FINANCIALLY BUT WILL BE A GOOD START IN PROVIDING ADVANCED CHIROPRACTIC EDUCATION.

DURING THIS PAST YEAR AT LEAST ONE CHIROPRACTOR WAS BARRED FROM PRACTICING IN NZ BECAUSE HE USED S.O.T. WE TRUST IN THE COMING MONTHS ENLIGHTENMENT WILL COME TO OUR COLLEAGUES ACROSS THE CREEK AND A SERIES OF SEMINARS WILL BE AUTHORISED BY THE NZ AUTHORITIES IN ORDER THAT CHIROPRACTIC WILL ADVANCE BY PLACING MORE KNOWLEDGE IN THE HANDS OF NZ CHIROPRACTORS. WE APPLAUD THE NZ'ERS WHO ARE FIGHTING FOR S.O.T. AND WE HERE IN AUSTRALIA SUPPORT YOUR EFFORTS.

IN SEPTEMBER A LARGE GROUP OF US WILL SET OFF ON THE ANNUAL PILGRIMAGE TO OMAHA TO BE WITH MAJOR WHEN HE WILL HOST THE ANNUAL CRANIAL SEMINAR AND WE WILL BE ATTENDING THE SUBSEQUENT S.O.R.S.I. SEMINAR. THIS IS A GREAT EVENT ON THE CALENDAR AND THOSE WHO HAVEN'T DECIDED TO GO HAD BETTER DECIDE QUICKLY OR YOU WILL MISS OUT. THE COST OF THE TOUR WILL BE ABOUT \$1196 WHICH IS MOST REASONABLE. THE THOUGHT HAS OCCURRED TO US MORE THAN ONCE THAT WE SHOULD HAVE OUR OWN ANNUAL HAPPENING HERE IN AUSTRALIA SAY IN MARCH AND WE SHOULD MAKE IT A WORLD WIDE INVITATION. WHY NOT MAKE AUSTRALIA THE HUB OF S.O.T. IN THE YEARS TO COME. WE HAVE VERY HIGH STANDARDS AND WITH THE NEW RESEARCH PROGRAMS MUCH NEW KNOWLEDGE WILL BE FORTHCOMING. WHY I START A COURSE IN COMPUTERS NEXT WEEK IN PREPARATION FOR THIS FUTURE WORK AND WHO KNOWS WHAT MAY COME NEXT, AND AS I STARTED THIS SENTENCE WHY I AM BEGINNING TO WONDER WHY.

LATER THIS YEAR THE FEDERAL ENQUIRY INTO CHIROPRACTIC WILL COMPLETE ITS WORK, THEN COMES THE WAIT FOR THE REPORT. THAT WILL BE THE TIME WHEN WE CAN ALL SIT BACK AND COME TO SOME CONCLUSIONS AS TO WHETHER OUR EXECUTIVE CHOSE THE RIGHT COURSE IN ITS SUBMISSION TO THE COMMITTEE. YES THIS IS A VERY BIG YEAR FOR US HERE IN AUSTRALASIA.

DEJARNETTE MAY BULLETIN CONT'D HEEL TENSION IS MAJORED ON BECAUSE IT IS SO RELEVANT TO THE ATLAS FUNCTION. YOU MUST MAINTAIN THAT ATLAS IN A TRUE LEVELING POSTURE IF YOU ARE TO HAVE THAT PATIENT ACCEPT YOUR BLOCK TECHNIQUE. ABOUT 50% OF YOUR CATEGORY ONE DOLLAR SIGN FAILURES ARE DUE TO IMPROPER HEEL TENSION TESTING AND HEEL TENSION RELEASE.

YOU CAN POSITION YOUR CATEGORY ONE BLOCKS BY LEG LENGTH ALONE IF YOU DO NOT HAVE THE ABILITY TO DO PROPER HEEL TENSION TESTING, BUT YOU WON'T HAVE THE ABILITY TO DO ANYTHING PROPERLY UNTIL YOU LEARN TO DO THE PROPER HEEL TENSION TECHNIQUE. REMEMBERING THAT YOUR HEEL TENSION IS RELEVANT TO THE SUPERIOR INTERNAL MALLEOLI, YOU CAN FROM VISIT TO VISIT JUDGE THE NEED FOR P.S.S. POSITIONING OF THE BLOCKS BY THE INTERNAL MALLEOLI... REMEMBER ALWAYS, THAT IF YOUR FIRST SELECTION WAS CORRECT, YOU DO NOT HAVE TO CHANGE THE SIDE.

THOSE DOCTORS WHO SUPPORT THEIR CATEGORY ONE PATIENTS WITH THE PROPER CRANIAL TECHNIQUE ARE OF COURSE THE OUTSTANDING DOCTORS IN OUR FIELD. THOSE WHO DO NOT AS YET HAVE CRANIAL TECHNIQUE CAN IMPROVE THEIR RESULTS BY CLOSE ATTENTION TO THE HEEL TENSION PROBLEM.

CATEGORY TWO THIS IS THE GLAMOUR CATEGORY OF THE THREE. IT IS AMAZING HOW QUICKLY THIS VERY BIG PROBLEM APPEARS TO BE SOLVED, BUT WAIT A MINUTE, BECAUSE IT HAS TO HEAL, AND HERE IS THE PROBLEM. GIVE A MAN A NEW BACK AND HE THINKS IT WILL DO ANYTHING HE WANTS IT TO DO