

EDITORIAL THIS ISSUE OF THE BULLETIN BRINGS US TO A CLOSE OF ANOTHER YEAR OF PUBLICATION AND IT SEEMS REMARKABLE HOW QUICKLY TIME HAS PASSED AND HOW MUCH INFORMATION HAS BEEN DISSEMINATED THROUGH THESE PAGES. WE TRUST THERE WOULD BE NO ONE WHO WOULD SAY OUR PRESENTATION HAS NOT IMPROVED AND THE AMOUNT OF INFORMATION AND INTERESTING ARTICLES INCREASED. WITH THE MARCH EDITION WE INCREASED THE NUMBER OF PAGES TO FIVE FOR EACH MONTHLY EDITION AND FOR THIS NEXT YEAR WE INTEND THAT EACH ISSUE WILL CONTAIN FIVE PAGES.

IN THE PAST YEAR WE HAVE PUBLISHED A NUMBER OF LETTERS SENT TO US AND WE WILL CONTINUE THIS PRACTICE PROVIDING YOUR LETTERS JUSTIFY IT. WE WOULD ALSO WELCOME ANY ARTICLES OF INTEREST ON CHIROPRACTIC THAT MAY BE OF COMMON INTEREST. WE INTEND STARTING WITH NEXT MONTHS ISSUE TO PUBLISH RESULTS OF RESEARCH CONDUCTED IN OUR CLINIC. EACH MONTH THERE WILL BE NEW FACTS AS WE HAVE FOUND THEM. WE MAY ALSO BE ASKING ALL OF YOU TO CORRELATE CERTAIN FACTS IN YOUR PRACTICES AND REPORT BACK YOUR FINDINGS AS PART OF RESEARCH PROJECTS MUCH THE SAME AS DR. DEJARNETTE USED TO DO. WE ARE ALSO HOPING IN THIS NEXT YEAR TO OBTAIN THE SERVICES OF A COMPUTER TO HELP IN THIS WORK.

DURING THIS PAST YEAR OUR COLLEGE IN MELBOURNE HAS NOW BECOME ESTABLISHED ON THE FIRMIEST FOOTING AT THE PRESTON INSTITUTE IN BUNDOCKA AND WE CONGRATULATE THOSE MEMBERS OF THE BOARD, DR. KLEYNHANS, THE STAFF AT P.I.T. AND EVERYBODY CONNECTED WITH THE ADVANCEMENT OF OUR INSTITUTION HERE IN AUSTRALIA. AS YOU WELL KNOW KEITH AND MYSELF ARE ARDENT SUPPORTERS OF THE I.C.C. AS WE SEE IN IT THE PERPETUATION OF CHIROPRACTIC IN THE SOUTHERN HEMISPHERE. WE WILL CONTINUE THIS SUPPORT AS MUCH AS WE ARE CAPABLE.

COSTS HAVE RISEN IN THE PAST YEAR SIGNIFICANTLY (WHAT'S NEW) AND WHILST WE LIKE TO COVER AT LEAST THE COSTS OF PRODUCING AND DISTRIBUTION OF THIS NEWSLETTER WE ARE PROBABLY A LITTLE IN THE HOLE OVER THIS PAST YEAR OWING TO THE INCREASED POSTAL CHARGES LARGE INCREASES IN THE COST OF COPY PAPER AND THE INCREASE SINCE MARCH IN THE SIZE OF THE NEWSLETTER FROM BASICALLY 3 TO 5 PAGES. SO YOU WILL HAVE TO DEAR WITH US FOR WE HAVE HAD TO INCREASE THE THE SUBSCRIPTION, HOWEVER WE WILL CONTINUE TO IMPROVE THE QUALITY AND YOU WILL RECEIVE GOOD VALUE. SO PLEASE FILL IN THE FORM AT THE BACK AND RETURN IT WITH YOUR CHECK SO THAT WE MAY CONTINUE TO HAVE YOU ON OUR MAILING LIST.

SIC ENERGOIZATION TECHNIQUE OR BEST IN APRIL I MENTIONED THIS TECHNIQUE AS TAUGHT BY A DR. MORTER AND THE POSSIBILITY OF A SEMINAR OUT HERE. THIS I UNDERSTAND WILL TAKE PLACE JULY 31ST. AUGUST 2ND. FOR THOSE WHO MAY WONDER WHAT IT IS ABOUT HERE IS SOME INFORMATION AS SENT TO ME FROM A FRIEND IN THE U.S.A.

THE 'BEST' TECHNIQUE IS BASICALLY AN ENERGY FIELD TECHNIQUE SIMILAR TO THAT WHICH DEJARNETTE USED AND PLAYED WITH LONG AGO (30YEARS AGO). MORTER IS LAYING THE PATIENT PRONE AND PUTTING ONE FINGER ON THE SACRO ILIAC JOINT AND THE OTHER HAND OR FINGER ON THE FORAMEN (OF THE VERTEBRA) AND HOLDING FOR PUSATION AND VARIATIONS THEREOF. DR. DEJARNETTE TESTED THE SAME WITH COPPER PLATES WHEN HE WAS WORKING WITH IT. THE RESULTS ARE GOOD BUT SLOW AS YOU ARE BALANCING THE CEREBRO SPINAL FLUID. (ED. SOUNDS LIKE S.O.T. ONLY SLOWER).

ED. HERE IS AN EXTRACT FROM A LETTER FROM DR. MORTER.

' THE ACTUAL TECHNIQUE WAS DEVELOPED HERE IN MY OFFICE WHEN I REALIZED THAT I COULD NO LONGER IN GOOD CONSCIENCE, FORCEFULLY MOVE A VERTEBRA. HOW COULD I ? I HAD PROVEN THAT IF I DID, ONE OF THREE UNDESIRABLES HAPPENED...IF I CORRECTLY ADJUSTED AN ATLAS, PROVEN CORRECT BY THE GOODHEART CHALLENGE, AND ALLOWED THE PATIENT TO WALK AROUND THE ROOM, EITHER THE ATLAS AGAIN SUBLUXATED, OR THE 5TH. LUMBAR SUBLUXATED OR THE AXIS COMPENSATED. THIS LAW HAS SUBSEQUENTLY BEEN PROVEN TO EXIST ON EACH VERTEBRA OF THE BODY, AT LOGAN COLLEGE.' (ED. THERE IT IS FOLKS. THAT IS ALL I HAVE TO SAY ON THIS SUBJECT. SHOULD DR. MORTER COME HIS WORK WILL OBVIOUSLY RELATE TO S.O.T. AND MAY HAVE A RELATIONSHIP WITH SOME OF VAN RUMPT'S PHILOSOPHY WHO DID WORK VERY CLOSELY WITH DR. DEJARNETTE IN PAST YEARS.)

DR. BUDDINGH'S ARTICLE. A LETTER HAS BEEN RECEIVED NOW FROM THE AUTHOR AND HERE ARE THE IMPORTANT POINTS.

'ONE MUST REMEMBER ONE IMPORTANT FACT THAT MOST OF THE WORK WAS DONE PRIOR TO THE ARM FOSSA TEST. ALL THE INDICATORS WERE USED WHAT I FOUND IN MY OFFICE AS A BORDERLINE CAT. 2. AND

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I NEEDED SOME WAY TO VERIFY MY FINDINGS OTHER THAN THE PLUMB LINE ANALYSIS. THE HYPOGLYCEMIA ASSOCIATION WITH CAT. 2. IS AN ADVANCED WAY TO DETECT THE STRUCTURAL FAULT." DR. BUDDINGH IS TO BE THANKED FOR REPLYING AND HE FURTHER OUTLINED HIS PROCEEDURE FOR HANDLING THE CATEGORY 2. PATIENT WHICH IS FULLY IN LINE WITH THE PROCEEDURES WE TEACH. FURTHER DR. BUDDINGH CONSIDERS THAT 75% OF HIS PATIENT LOAD ARE A CATEGORY TWO.

UNIVERSITY OF COLORADO CHIROPRACTIC RESEARCH PROJECT.

FINALLY DR. SUH HAS RECEIVED FORMAL NOTICE OF THE GRANT AWARD FROM NIH-NHEW. THE MONEY TO BE RECEIVED OVER THE NEXT TWO YEARS TOTALS \$238,235, HOWEVER THIS IS LESS THAN ONE THIRD OF THE ORIGINAL REQUESTED AMOUNT OF \$712,865. IT SEEMS AS THOUGH FINALLY MONEY IS COMING IN THE FORM OF BELATED GOVERNMENT RECOGNITION. AT LEAST IT IS A START, NOW WE HAVE TO GET OUR GOVERNMENT HERE IN AUSTRALIA TO START PUTTING PUBLIC FUNDS INTO CHIROPRACTIC HERE FOR IT IS THE RIGHT OF OUR PATIENTS AND FUTURE PATIENTS THAT THIS BE DONE.

HEEL TENSION OVER THE PAST TWO MONTHS I HAVE HAD QUITE A DIALOGUE WITH DR. DEJARNETTE ON THIS SUBJECT. NOT ONLY HAVE I HAD PERSONAL LETTERS BUT IN THE DEJARNETTE BULLETINS MUCH HAS BEEN PUBLISHED. SO THE QUESTIONS THAT AROSE AT THE CANBERRA SEMINAR WERE MOST WORTHWHILE AND HAVE RESULTED IN CLARIFICATION OF THIS SUBJECT FOR ALL. THERE CAN ALSO BE NO DOUBT THAT THERE HAVE BEEN SUBTLE CHANGES IN THE EVALUATION AND PRACTICAL APPROACH WHICH ARE EVOLVING AS NEW KNOWLEDGE COMES TO HAND. FOR ME THIS HAS ALL BEEN VALUABLE FOR IT HAS CLEARED UP A MISCONCEPTION I HARBOURED AND HAS GIVEN ME NEW INSIGHT INTO A COUPLE OF PROBLEMS WE WERE CONFRONTED WITH AND HAS SIMPLIFIED A NUMBER OF THINGS. NOW FROM THE LAST LETTER. 'HEEL TENSION IS A REFLECTION OF THE EFFECTS OF THE BOOT MECHANISM UPON THE ATLAS BY WAY OF THE DURA. NO ATLAS RESPONSE...NO HEEL TENSION (ED. THIS IS THE FIRST TIME I HAVE SEEN THIS STATEMENT). YOU KNOW THAT EQUAL HEEL TENSION IS NO HEEL TENSION. YOU CANNOT HAVE HEEL TENSION WHEN BOTH SIDES ARE EQUAL. "NO HEEL TENSION" ...NO P.S.S., NO CREST, NO DOLLAR SIGN, ONLY S.B. PLUS OR MINUS. IF WE HAVE HEEL TENSION, WE HAVE ATLAS AND CREST OR DOLLAR SIGNS.

I AM NOW WRITING A CHAPTER ON CRANIAL TECHNIQUE 1986 FOR THE 1976 CRANIAL TECHNIQUE BOOK."

DEJARNETTE BULLETIN MAY 1976 THIS IS A SPECIAL EDITION DEDICATED TO ALL S.O.T.O. TEACHERS AND WAS WRITTEN FOR THEIR INFORMATION. THIS IS AN EXTREMELY VALUABLE BULLETIN AND MUCH OF IT IS REPRODUCED HERE FOR YOU.

S.O.T.O. MEMBERSHIPS IF YOU HAVEN'T PAID YOUR S.O.T.O. MEMBERSHIPS FOR 1976, YOU OUGHT TO DO SO. YOU ARE MISSING ALOT OF MIGHTY NEEDFUL TECHNIQUE. S.O.T. HAS ALL YOU NEED, BUT THAT DOESN'T MEAN YOU SHOULD SHUT YOUR EYES TO THE REST OF THE WORLD. WHEN YOU SEE WHAT S.O.T. HAS, YOU WILL APPRECIATE CHIROPRACTIC.

THE FIELD OF CHIROPRACTIC TECHNIQUE DEVELOPERS AND INSTRUCTORS IS PERHAPS THE MOST AMICABLE FIELD IN CHIROPRACTIC. WE ARE ALL SO BUSY DEVELOPING AND TEACHING OUR TECHNIQUE THAT WE DO NOT HAVE TIME TO ARGUE AND QUARREL WITH OTHERS. EVERYONE IS TRYING TO MAKE CHIROPRACTIC BETTER, AND THAT IS THE BEAUTY OF THIS GREAT PROFESSION. ONE OF THE VERY BEST BOOSTERS FOR S.O.T. IS MY LONG TIME GOOD FRIEND GEORGE GOODHEART. OF DETROIT MICHIGAN. IF YOU DON'T KNOW GEORGE AND HIS KINESIOLOGY, YOU SHOULD.

TO ALL S.O.T.O INSTRUCTORS ONLY YOU CAN TELL YOUR AUDIENCE WHY YOU ARE IN S.O.T., AND THAT IS ALWAYS A GOOD WAY TO INTRODUCE YOURSELF.

" I AM AN S.O.T.O. INSTRUCTOR BECAUSE I WISH TO SHARE THAT HAVE COME INTO MY LIFE THROUGH S.O.T. WITH YOU. I AM PROUD TO BE AN S.O.T.O. INSTRUCTOR AND YOU WILL BE PROUD TO BE A STUDENT AND PRACTITIONER OF S.O.T."

S.O.T. IS A TOTAL SYSTEM OF CHIROPRACTIC AND IT CONSISTS OF THE FOLLOWING PARTS.

S.O.T. PROPER IS THE CATEGORIZATION AND BLOCK CORRECTION OF SPECIFIC FAULTS. IT IS THE UTILIZATION OF MAN'S OWN LEVERS TO CORRECT MAN'S OWN FAULTS. A LEVER MUST ALWAYS BE USED TO INTERRUPT A TRIANGLE, SO A LEVER MUST BE EMPLOYED TO CORRECT THAT DISTORTED TRIANGLE. THERE ARE THREE BASIC MUSCLES IN THE BODY THAT FORM MAN'S TRIANGULAR SUPPORTS, NAMELY, THE PIRIFORMIS WHICH STABILIZES OR SUBLUXATES THE PELVIS, THE PSOAS WHICH INTERRUPTS THE DIAPHRAGM AND LUMBAR SPINE...AND THE LATISSMUS DORSI WHICH CONNECTS MAN'S NEURON SYSTEMS. WHEN YOU MANAGE THOSE THREE MUSCLES PROPERLY, YOU HAVE TOTAL CONTROL OVER MAN'S SYSTEMS.

S.O.T. IS THE UTILIZATION OF APONEUROTIC FIBERS TO UNDERSTAND THE GOLGI ORGAN TENDON REFLEXES WHICH CAN AFFECT ALL SUPPORTIVE SYSTEMS OF MAN WHICH DEPEND UPON THE C.N.S. FOR FUNCTION. THIS THEN IS THE OCCIPITAL LINE AND FIBER PART OF OUR STUDY.

S.O.T. UTILIZES THE TRAPEZIUS FOR TWO PURPOSES. NUMBER ONE IS LOCATING THE SKELETAL SEGMENTS WHICH INTERRUPT MAN'S VERTEBRAL SYSTEM. THIS IS THE ACTIVE, PAINFUL FIBER PART OF THE TRAPEZIUS. WE USE THE REACTIVE PART OF THE TRAPEZIUS TO WARN US OF DANGER DUE TO METASTASIS. THE OCCIPITAL FIBER IS ALWAYS DEFENSIVE. ON LINE ONE IT IS FUNCTIONAL. ON LINE TWO IT IS VISCERAL AND MAY BE PATHOLOGICAL. LINE THREE IS PATHOLOGICAL. THE OCCIPITAL AND THE TRAPEZIUS FIBERS ARE NOT RELATED, BUT MAY CORRELATE AT TIMES BECAUSE THE BODY MAY NEED TO USE BOTH THE DEFENSIVE, REACTIVE AND ACTIVE SYSTEM TO SUPPORT MAN IN HIS TRIALS.

WE USE C.M.R.T. AS A SUPPORTIVE MEASURE FOR OCCIPITAL LINE TWO PROBLEMS. WE USE EXTREMITY TECHNIQUE TO CARE FOR THOSE PROBLEMS RELATED TO LOCALIZED JOINT TRAUMA. WE USE CHIROPRACTIC FIRST AID TO SUPPORT A CRITICAL PATIENT WHILE WE ARE DEVELOPING A PERMANENT SUPPORTIVE SYSTEM OF CORRECTION. CRANIAL TECHNIQUE IS EMPLOYED TO GIVE US A TOTAL SYSTEM FOR MAN'S DYSFUNCTIONS. CRANIAL TECHNIQUE OF ITS OWN COULD WELL OCCUPY A MAN'S LIFETIME AND IT COULD WELL BE A TOTAL SYSTEM OF RESTORATION, BECAUSE THE INTERNAL CRANIAL VAULT IS INVOLVED EVERYWHERE THERE IS TROUBLE. NO TECHNIQUE HAS ALL THAT S.O.T. HAS AND IF YOU HAVE GOT ALL OF S.O.T., YOU HAVE ALL YOU WILL EVER NEED TO BE THE TOP HONCHO IN CHIROPRACTIC.

CHIROPRACTIC IS BLESSED WITH MANY TECHNIQUES AND THAT IS A HEALTHY SITUATION, BUT IT IS ALSO A CONFUSING SITUATION, BECAUSE IT BRINGS TO OUR VIEW SO MANY DIFFERENT APPROACHES TO A HUMAN SUBJECT THAT ONLY NEEDS ONE SPECIFIC APPROACH.

WHEN WE ANALYZE A CATEGORY ONE PATIENT WE SEE A PATIENT WHO HAS A MULTIPLICITY OF PROBLEMS AND THEREFORE MOST TECHNIQUES WILL OFFER HIM SOME DEGREE OF RESULTS. ONLY S.O.T. CAN OFFER THE ONLY COMPLETE ANSWER. THIS PATIENT WILL RESPOND TO MUSCLE TESTING AND POLARITY TESTING AND EVEN MENTAL THERAPY, BECAUSE THIS IS THE TYPICAL PATIENT WHOSE PRIMARY SYSTEM IS INVOLVED, AND THAT MAKES HIM A SUSCEPTABLE TARGET FOR ALL APPROACHES.

WHEN THE C.S.F. IS INVOLVED AS A PRIMARY TARGET CAUSE, ITS RESPONSE TO MANY DIFFERENT APPROACHES IS TOTALLY DEFENSIVE, BECAUSE, MAN BEING A SYSTEM OF TRIANGLES, HE MUST CONSTANTLY GUARD THE TARGET TRIANGLE. IF THE TRIANGLE COLLAPSES, MAN IS DEAD RIGHT NOW. IF YOU CAN SUSTAIN THE TARGET TRIANGLE IN A DEFENSIVE MANNER, THEN YOU CAN DO MANY THINGS TO THIS MAN WHICH WILL APPEAR TO BE HELPFUL, BUT ARE ONLY PARTIALLY SO BECAUSE THEY ARE MAINTAINING HIS DEFENSIVE POSTURE ONLY, AND NOT HIS CORRECTIVE POSTURE.

TAKE A SMALL MOMENT OF TIME AND THINK SERIOUSLY ABOUT "HEEL TENSION" AS IT RELATES TO THE CATEGORY ONE PATIENT AND THEN ASK YOURSELF THIS QUESTION. WHY DOES ONLY THE CATEGORY ONE PATIENT HAVE HEEL TENSION? THINK SERIOUSLY AND YOU WILL UNDERSTAND THAT MOST OF THIS CATEGORY ONE PATIENT'S DIAGNOSTIC REFLEXES ARE ABNORMAL. THE HEEL TENSION IS SIMPLY AN ANCHORING STRETCH REFLEX INVOLVING MUSCLES WHICH AND RESPOND TO THE PELVIS AND ITS SYSTEM OF TRIANGLES. INASMUCH THAT HEEL TENSION OCCURS 98% ON THE SHORT LEG SIDE, WHY THEN DO NOT THE CATEGORY TWO AND THE CATEGORY THREE PATIENTS HAVE HEEL TENSION? YOU WILL SURELY ANSWER THAT QUESTION IF YOU WILL DEVELOPE SOME THOUGHT TO IT.

THE CATEGORY TWO PATIENT DOES NOT HAVE A C.N.S. OR C.S.F. INVOLVEMENT, BUT DOES HAVE AN OSSEUS, CHONDRAL, FIBROUS SEPARATION OF A SUPPORTING ARTICULATION, WHICH INVOLVES ALL OF MAN BECAUSE IT INTERRUPTS THE TRIANGLES SUPPORTED BY THE LATISSMUS DORSI. THE SHORT LEG IN THE CATEGORY TWO IS RELEVANT ONLY FOR BLOCK POSITION. THE ACTUAL LEG DIFFERENTIAL MAY BE THE LONG LEG IF THE SIDE IS SUBLUATED. THE SHORT LEG IN A CATEGORY TWO IN A CATEGORY TWO IS NOT THEN A HEEL TENSION PROBLEM, BECAUSE THERE IS NO NEED FOR THE STRUCTURE OF THE LEG AND ITS STRETCH MECHANISM TO PROTECT THE SACRUM, THE DURA AND THE MENINGEAL STRUCTURES. THE CATEGORY THREE PATIENT HAS A SHORT LEG, NOT BECAUSE OF A PRIMARY BOOT SLIPPAGE, BUT BECAUSE OF A PSOAS MUSCLE CONTRACTION WHICH HAS INTERRUPTED THE TRIANGULATION SYSTEMS OF THE LUMBAR SPINE AND DIAPHRAGM. HEEL TENSION HERE WOULD ONLY BE CONSEQUENTIAL BECAUSE IT IS POSSIBLE THAT THE CATEGORY THREE PATIENT WAS PRIMARILY A CATEGORY ONE, BUT AT A CRITICAL MOMENT HIS DEFENSES WERE INADEQUATE TO THE SITUATION AND A LUMBAR VERTEBRA OR A SEGMENTAL DISC STRUCTURE FAILED TO PROTECT THAT MAN OR WOMAN.

HEEL TENSION IN A CATEGORY THREE WOULD BE MEANINGLESS BECAUSE IT WOULD ALWAYS BE ON THE SHORT LEG SIDE.

THE CATEGORY ONE PATIENT IS OF COURSE OUR PROBLEM CHILD IN CHIROPRACTIC, BECAUSE HE HAS SO MANY THINGS WHICH APPEAR TO BE WRONG, WHEN IN REALITY, HE HAS ONE THING IN ERROR AND THAT IS THE SACROILIAC BOOT STRUCTURE. UNFORTUNATELY THE CATEGORY ONE PATIENT ALWAYS RAISES PARTICULAR HECK WITH HIS ATLAS, BECAUSE THE VERY SECOND THE HEEL SETS IN TENSION, IT ALSO SETS THE ATLAS AND THE PATIENT NOW HAS THE TYPICAL PAIN IN THE NECK, OCCIPUT, SHOULDERS AND BACK. YOU CAN ALWAYS DEMONSTRATE AN ATLAS SUBLUXATION ON EVERY CATEGORY ONE PATIENT AND YOU CAN ALWAYS RELIEVE SOME OF HIS COMPLAINTS BY A CORRECT ATLAS ADJUSTMENT, BUT YOU CANNOT STABILIZE THE ATLAS UNTIL YOU CORRECT THE SACROILIAC BOOT POSITIONS, AND CAN ONLY BE ACCOMPLISHED BY CORRECT USAGE OF THE DEJARNETTE BLOCKS AND THEIR SUPPORTS. THE CATEGORY ONE PATIENT IS ALWAYS A PRIME SUBJECT FOR MUSCLE TESTING AND POLARITY TESTING BECAUSE HIS BODY IS ALWAYS LOOKING FOR HELP IN ANY FORM. ALL HEALING BY FAITH HAS TO BE CLASSIFIED AS A CATEGORY ONE RESPONSE.

YOU CAN CHANGE A CATEGORY ONE PATIENT BY SIMPLY MOVING HIS HEAD FROM POSITION TO POSITION AND IN SO DOING, STRENGTHEN OR WEAKEN MUSCLES AT WILL. YOU CAN CHANGE HIS DOLLAR SIGNS BY HAVING THE PATIENT PLACE HIS OWN HANDS ON THOSE SIGNS AS YOU TEST HIS LEG EXTENSORS. I DO NOT OPPOSE SUCH PROCEDURES AND IN FACT ENCOURAGE THEM. SEE PAGE 197, S.O.T. 1976. THE PATIENT HAND CONTACT TO THE DOLLAR SIGN AREAS WHILE MUSCLE TESTING THE LEG EXTENSORS MAY APPEAR TO BE AN ANSWER TO A FAILING DOLLAR SIGN, BUT IT IS ONLY A DEFENSIVE SUPPORT NOT A CORRECTIVE SUPPORT. IT DOES NO HARM, AND OFTENTIMES IS EXCITING TO USE. THE STANDING PATIENT ALWAYS HAS MUCH BETTER DOLLAR SIGN STRENGTH THAN DOES THE RECLINING PATIENT, BUT IN ANY INSTANCE THIS IS NOT SO, YOUR PATIENT IS TERMINAL AND NEEDS MUCH MORE THAN A NORMAL OFFICE CAN SUPPLY.

THE CREST SIGNS ARE NOT VITAL SIGNS IN RELATIONSHIP TO HEALTH AND DISEASE, BUT ARE SIGNS OF VALUE IN CORRECTING YOUR CATEGORY ONE PATIENT. THE STRONG CREST SIGN IS USED AS YOUR MAJOR, BECAUSE THE CREST OR DOLLAR SIGN ADJUSTMENT IS RELATIVE TO HOLDING YOUR BLOCK CORRECTION. USING THE CREST OR DOLLAR SIGN TECHNIQUE INDEPENDENT OF THE P.S.S. BLOCK CORRECTION WOULD HAVE NO RELATIVE MEANING IN THE HEALING PROCESS.

THE CRITERION FOR MANAGEMENT OF ALL CATEGORY ONE PATIENTS WILL ALWAYS BE "HEEL TENSION". IF YOU WILL TAKE ONE MINUTE TO ACTUALLY LOCALIZE ONTO THE HEEL PROPER AND RELEASE IT, YOUR P.S.S. BLOCK CORRECTION WILL BE MUCH MORE SATISFACTORY. IN FACT MANY FAILING DOLLAR SIGNS ARE RELATIVE TO HEEL TENSION THAT WILL NOT RELEASE, BECAUSE THE FIXATION IS SO FIRM THAT LOCAL TECHNIQUE IS DEMANDED. WE MAKE A PRACTICE OF RELEASING THE HEELS BEFORE WE APPLY THE BLOCKS. THIS MAY BE TOO MUCH TROUBLE FOR SOME, BUT IS FAR MORE LOGICAL THAN TRYING TO POLARIZE THE PATIENT BY HAND POSITIONS. HEEL TENSION TESTING IS THE TRUE ANATOMICAL STUDY AS TO THE RELATIVE POSITION OF THE ATLAS IN RELATIONSHIP TO THE BALANCE OF THE SPINAL VERTEBRAL SYSTEM. HEEL TENSION TESTING USUALLY FINDS THE TENSION ON THE SHORT LEG SIDE BECAUSE AN ATLAS SUBLUXATION WILL ALWAYS SHORTEN THE LEG. WHEN YOU DO HEEL TENSION TESTING, REMEMBER THE ABOVE, AND IT WILL BRING INTO YOUR TECHNIQUE THE NECESSITY OF TRUE VALUES.

PAGE 98 OF THE S.O.T. 1976 MANUAL SHOULD BE STUDIED UNTIL YOU UNDERSTAND ITS TOTAL IMPORTANCE. IT STATES THAT HEEL TENSION MAY BE CORRECTED THE FIRST VISIT AND IF SUCH HAPPENS, YOU DO NOT CHANGE TO THE OPPOSITE SIDE THE NEXT VISIT. THE MEANING IS THERE. HEEL TENSION THE FIRST ADJUSTMENT IS OBVIOUS, BUT UPON THE SECOND VISIT YOUR PATIENT IS GREATLY IMPROVED SO THE HEEL TENSION IS JUST AS MUCH IMPROVED AND WHEN YOU TEST BOTH HEEL THAT VISIT, IT APPEARS THAT THE OPPOSITE ONE IS MORE RESTRICTED. IT IS POSSIBLY SO, BUT ONCE AGAIN, YOU DO NOT CHANGE TO THAT SIDE IN BLOCKING FOR TO DO SO IS TO REPLACE YOUR PATIENT BACK TO THE STATE OF HEALTH THAT HE DID NOT ENJOY THE FIRST VISIT. YOU MERELY ACCEPT WHAT YOU FEEL AND IF YOU FEEL NORMALCY, YOU HAVE NORMALCY.

98% OF ALL CATEGORY ONE PATIENTS HAVE A SHORT LEG ON THE HEEL TENSION SIDE. ANATOMICALLY YOU HAVE TO HAVE A SHORT LEG ON THE HEEL TENSION SIDE. PHYSIOLOGICALLY YOU DO NOT, SO NOW WE HAVE AN ARGUMENT BETWEEN ANATOMY AND PHYSIOLOGY, SO NEUROLOGY STEPS IN AND SETTLES THE ARGUMENT...BY TELLING YOU THAT NOW YOU CAN MOVE THE HEEL MORE EASILY BECAUSE THERE IS LESS CAUSE FOR DEFENSIVE ACTION BY THE PATIENT. HEEL TENSION IS DEFENSIVE TENSION.

TO BE CONT'D NEXT MONTH DON'T MISS IT .

OMAHA HAVE RECEIVED THIS LETTER TODAY FROM DR. DEJARNETTE. IT IS SELF EXPLANATORY. THOSE GOOD AUSTRALIAN S.O.T.'ERS, PLANNING TO COME TO OMAHA FOR SEPTEMBER 27-28-29-- SHOULD GET THEIR RESERVATIONS IN AS SOON AS POSSIBLE. THIS SEMINAR WILL BE ANNOUNCED IN THE JUNE BULLETIN AND THEN WE WILL SEND THE RESERVATION SLIPS WITH THE JULY S.O.T. BULLETIN. THERE IS A GREAT DEMAND THIS YEAR, AND THAT IS WHY WE ARE GIVING ALL FOREIGN S.O.T.'ERS THIS ADVANCE NOTIFICATION.

THE TOTAL COST WILL BE \$120.00. HAVE DECIDED TO INCLUDE THE NEW CRANIAL TECHNIQUE 1976 WITH THIS PRICE. THOUGHT AT FIRST WE COULD NOT, BUT THE GOVERNMENT TOOK ALL MY MONEY, SO WHAT THE HECK."

ED. FILL IN THE FORM AND MAIL IT DIRECT TO DR. DEJARNETTE WITH YOUR REMITTANCE. DON'T POST IT TO US. ALSO FORMS WILL BE SUPPLIED NEXT MONTH FOR THE ASSOCIATED S.O.R.S.I. SEMINAR.

MELBOURNE SEMINAR. A MOST SIGNIFICANT SEMINAR.

FOLLOWING TALKS WITH DR. KLEYNHANS AND PHONE CALLS TO KEITH REGARDING THE SHIFTING VENUES AND THE DIFFICULTIES MANY OF YOU WILL FACE IN ATTENDING WE HAVE DECIDED TO HOLD THE FIRST THREE OF THIS SERIES IN MELBOURNE AND COMMENCE A SEPARATE SERIES OF SEMINARS IN ANOTHER CENTRE, PROBABLY SYDNEY. THE SUBJECTS TAUGHT WILL BE AS PREVIOUSLY ADVISED, SO THOSE OF YOU WHO HAVE BEEN HOLDING BACK BECAUSE OF THE PREVIOUS DIFFICULTY NOW CAN MAKE ARRANGEMENTS TO ATTEND AND HAVE AN EDUCATIONAL FEAST. IN PREVIOUS SEMINARS WE HAVE ACCEPTED PATIENTS FOR CORRECTION DURING THE SEMINAR AS THEY WERE USEFUL FOR DEMONSTRATION AND WE WERE ABLE TO BE OF GREAT HELP IN SOLVING MANY DIFFICULT HEALTH PROBLEMS. THIS IS NOW NO LONGER POSSIBLE DURING SEMINAR HOURS BUT PROVISION OF TIME WILL BE MADE FOR TIME OUTSIDE SEMINAR HOURS ON SATURDAY EVENING. THE FEE IS A DONATION TO THE I.C.C. BY THE PATIENT OF \$25.00. IN FUTURE OUR SEMINARS WILL NOT RUN INTO THE EVENING SESSION AS IN THE PAST BUT WILL RUN TO SIX O'CLOCK ON THE SATURDAY. GET YOUR FORMS IN AS THE PLACES AT THE SEMINAR ARE FILLING FAST AND WE HAVE SET A MAXIMUM.

S.O.T. SEMINAR MELBOURNE

- DATES JUNE 5TH, 6TH.
- VENUE NOAH'S HOTEL, EXHIBITION ST. MELBOURNE.
- COSTS REGISTRATION FOR TWO DAY SEMINAR BASIC 1. \$50.00
- TEXT 1976 S.O.T. NOTES. (MANDATORY) \$60.00
- EQUIPMENT REQUIRED FOR ALL FIRST TIME DOCTORS. \$42.50

NAME: _____ STREET OR BOX NUMBER: _____
 CITY: _____ STATE: _____ POST CODE: _____

ENCLOSED IS MY REMITTANCE FOR THE MELBOURNE SEMINAR. \$ _____

MAKE YOU CHEQUE OUT TO S.O.T. SEMINAR AND RETURN THIS FORM IMMEDIATELY TO BOX 238, GRAFTON NSW. 2460.

SUBSCRIPTION RENEWAL S.O.T. BULLETIN 1976-77.

NAME: _____ STREET OR BOX NUMBER: _____
 CITY: _____ STATE: _____ POST CODE: _____

RATES: AUSTRALIA \$10.00. N.Z. \$12.80. CANADA \$17.50. USA. \$17.50. AUSTRALIAN CURRENCY. SEND YOU REMITTANCE TO S.O.T. BULLETIN BOX 238, GRAFTON NSW. 2460 AUSTRALIA.

CRANIAL SEMINAR. OMAHA. SEPTEMBER 27-28-29.

VENUE: NEW TOWER HOTEL COURTS OMAHA NEBRASKA.
COSTS: US \$120.00 FOR REGISTRATION
TEXTS: 1976 NOTES WILL BE SUPPLIED. OWNERSHIP OF THE 1976 S.O.T. MANUAL (MANDATORY) DON'T REGISTER FOR THIS SEMINAR UNLESS YOU OWN THE 1976 S.O.T. NOTES
 NAME: _____ STREET OR BOX NO.: _____
 CITY: _____ STATE: _____ POST CODE: _____

REMIT US \$120.00 WITH THIS FORM TO DR. DEJARNETTE BOX 338, NEBRASKA CITY NEBRASKA 68410. N.B. IF YOU WISH TO ATTEND THIS SEMINAR AND DON'T OWN THE 1976 S.O.T. NOTES WRITE ME NOW.