

BOARD AND STERNAL ROLL. THIS IS NOW ACCEPTABLE, AND LESS THAN ACCEPTABLE IS NOT NEARLY GOOD ENOUGH FOR A CURE. IT IS AMAZING HOW QUICKLY A CATEGORY ONE PATIENT'S SYMPTOMS DISAPPEAR ONCE YOU MAKE YOUR CORRECTION IN PROPER SEQUENCE AND WITH PROPER TIMING. IF YOU DO LESS, THE RESPONSE IS LESS. IF YOU DO TOO MUCH, THE RESPONSE IS DEFEAT. THIS IS AN APPLICATION OF A SCIENTIFIC PRINCIPLE TO CORRECT A SPECIFIC FAULT. WHEN THAT CORRECTION IS COMPLETED, YOU HAVE ACCOMPLISHED A MIRACLE.

THE PROBLEM IN S.O.T. IS LACK OF COMMUNICATION BETWEEN PATIENT AND DOCTOR AND A NON COMPREHENSION OF BODY LANGUAGE. PROBABLY YOU DO MANY THINGS TO TRY AND CONTROL PAIN. CHIROPRACTORS ARE PAIN CONCIOUS AND PAIN BECOMES THEIR PRIMARY OBJECTIVE. THIS IS ERRONEOUS. PAIN HAS A CAUSE, AND YOU MUST ELIMINATE THE CAUSE BEFORE YOU CAN CONTROL THE PAIN. IT IS PROBABLY A VERY GOOD THING THAT CHIROPRACTORS CANNOT USE NARCOTICS, BECAUSE AS PAIN CONCIOUS AS THEY ARE AS A PROFESSION, THAT WOULD VERY EASILY CREATE ADDICTS.

A CATEGORY ONE PATIENT NEEDS A CATEGORY ONE CORRECTION. IF YOUR INTERPRETATION OF BODY LANGUAGE SIGNS HAS BEEN CORRECT, AND IF YOUR APPLICATION OF S.O.T. HAS BEEN SPECIFIC AND IF YOU JUDGED EACH STEP IN THE PROCEEDURE BY PATIENT NEED, YOU HAVE ACCOMPLISHED WHAT YOU SET OUT TO DO AND THE MULTIPLE PAIN SYMPTOMS WILL BEGIN TO DISAPPEAR ONE BY ONE. THE CATEGORY ONE HAS SPECIFIC NEEDS AND IN ORDER OF CORRECTION THOSE NEEDS CAN BE MET.

HEEL TENSION IN THE CATEGORY ONE IS SPECIFIC AND IT IS A GREAT BREAKTHROUGH IN THE CREATION OF CHIROPRACTIC SKILLS. IF YOU INTERPRET HEEL TENSION CORRECTLY, YOU HAVE ESTABLISHED YOUR VERY FIRST OBJECTIVE IN A CATEGORY ONE PROCEEDURE.

IF YOU MISJUDGE HEEL TENSION, YOU MISJUDGE YOUR FIRST STEP IN A CATEGORY ONE CORRECTION, AND WHEN YOU MISS THE FIRST STEP, YOU MISS ALL STEPS AND YOUR EFFORT BECOMES A TREATMENT OF SORTS.

HEEL TENSION IS A BODY LANGUAGE COMMUNICATING TO YOU THAT THAT SIDE OF THE BODY IS SHORT AND IS UNDER FAR GREATER TENSION THAN IS THE OTHER SIDE. HEEL TENSION IS TO THE CATEGORY ONE PATIENT WHAT BLOOD PRESSURE IS TO THE HYPERTENSIVE PATIENT.

THE 1976 NOTES GO INTO GREAT DETAIL AS TO THE MEANING OF HEEL TENSION AND ITS IMPORTANCE IN THE CATEGORY ONE PROCEEDURE, AND YOU ARE REMINDED THAT HEEL TENSION IS ONLY CONCERNED WITH A CATEGORY ONE PHYSICAL PROBLEM.

IN YOUR CATEGORY ONE PROCEEDURE THE FIRST MINUTE IS THE CRITICAL TIME. IN THAT MINUTE YOU HAVE POSITIONED THE BLOCKS CORRECTLY, AND THE ADJUSTMENT HAS BEGUN. THE FIRST POINT TO FEEL THE IMPACT OF THAT ADJUSTING CORRECTION WILL BE THE DOLLAR SIGNS, SO THEY BECOME YOUR PRIMARY OBJECTIVE FOR THAT FIRST MINUTE. IF THE BLOCK POSITION HAS BEEN CORRECT, AND THAT OF COURSE HAS BEEN FREDICATED UPON YOUR HEEL TENSION FINDING, THE DOLLAR SIGNS SHOULD RESPOND FAVOURABLY. A FAVOURABLE RESPONSE MEANS THAT NEITHER THE RIGHT OR LEFT DOLLAR SIGN LOSES TENSION. IF THE DOLLAR SIGNS SURVIVE FOR THE FIRST THIRTY SECONDS, THEY USUALLY RESPOND NICELY AND ALL WILL BE AS SMOOTH AS SILK. IF DURING THE THAT FIRST THIRTY SECONDS, ONE DOLLAR SIGN SHOWS LOSS OF TENSION, YOU BEGIN THE SPHENOIDAL TECHNIQUE WITH YOU ASSISTANT TRACTIONING THE HEEL ON THE SIDE OPPOSITE THE FAILING DOLLAR SIGN. I HAVE OBSERVED S.O.T.ERS TRYING TO DO THIS SPHENOIDAL TECHNIQUE WITHOUT AN ASSISTANT AND IT IS AN ERRONEOUS TECHNIQUE. IF YOU TRY THIS WITHOUT AN ASSISTANT YOU HAVE NO WAY OF MONITORING THE SPHENOID AND YOU HAVE SIMPLY GONE THROUGH MANEUVERS WHICH HAVE NO MEANING. THE AVERAGE S.O.T.ER DOES NOT TAKE TIME TO UNDERSTAND THE MEANING OF DOLLAR SIGNS, BUT WHEN HE READS THE 1976 S.O.T. NOTES HE WILL GAIN A NEW AND PROVEN NEUROLOGICAL AND PHYSIOLOGICAL BASIS FOR THIS IMPORTANT STEP IN CATEGORY ONE PROCEEDURE.

IF THE FAILING DOLLAR SIGN IS NOT BUILT UP TO ORIGINAL TENSION BY THE SPHENOIDAL TECHNIQUE, THEN THE CATEGORY ONE PROCEEDURE MUST BE TERMINATED, BY SELECTING THE OPPOSITE DOLLAR SIGN AS THE MAJOR AND PROCEED TO ADJUST BOTH DOLLAR SIGNS AND STOP THE BLOCKS IMMEDIATELY. IF S.O.T.ERS COULD ONLY LEARN THIS VALUABLE TECHNIQUE, THEY WOULD BE AMAZED AT THE IMPROVED RESULTS THEY PRODUCE. SO MANY S.O.T.'ERS THINK THEY HAVE PATIENTS JUMPING FROM CATEGORY TO CATEGORY, AND THEY KEEP CHANGING AND ADDING THING OR THAT TO COMBAT SYMPTOMS. WHAT THEY NEED TO CORRECT IS THEIR OWN THINKING AND TECHNIQUE.

ANY PROCEDURE AS ACCURATE AS S.O.T. MUST BE USED WITH FINESSE. ANYONE CAN SLOP THOSE BLOCKS INTO POSITION AND THEY WILL DO THE BEST THEY CAN, BUT THEY CANNOT THINK. S.O.T. DEMANDS THOUGHT.

THE MAJOR HAS TERMINATED A CATEGORY ONE PROCEDURE AT THIRTY SECONDS AND PRODUCED MARVALOUS RESULTS. THAT SAME PATIENT WOULD NOT RESPOND TO ANYTHING ELSE, SO WHY KEEP TRYING EVERYTHING YOU CAN THINK OF, WHEN ALL THEY NEED IS THE EXACT DOSE OF THE EXACT CATEGORY ONE PROCEDURE. MAYBE THE TECHNIQUE IS TOO SIMPLE. IN ALL OF OUR YEARS IN CHIROPRACTIC, NO ONE HAS EVER DEALT WITH A FORCE AS POTENT AS ARE THE PROPERLY POSITIONED DE JARNETTE BLOCKS ON A STEFFENSMEIER TABLE BOARD. THE BLOCKS CANNOT BE PROPERLY POSITIONED UNTIL YOU HAVE MADE AN ACCURATE AND CORRECT CATEGORY ANALYSIS. IMPROPER POSITION OF THE BLOCKS DEPRECIATE THEIR ABILITY TO CORRECT. THE BLOCKS USE GEOMETRICAL LINES OF FORCE TO DO THEIR CORRECTION. IF YOU HAD TO COMPUTE THOSE LINES OF FORCE BY EQUATIONS EACH TIME YOU SAW A PATIENT, YOU WOULD NEED A ROOMFUL OF COMPUTERS. THE BLOCK MUST BE EXACT AND THEIR POSITION IN RELATION TO THE PATIENTS ANATOMICAL LANDMARKS MUST BE CORRECT. SLOPPY TECHNIQUE HAS TO PRODUCE SLOPPY RESULTS.

THE CATEGORY ONE PATIENT WHO DOES WELL THE FIRST MINUTE ON THE BLOCKS BY HOLDING AND IMPROVING THE DOLLAR SIGNS, WILL RESPOND MARVELOUSLY TO THE NEXT FIVE MINUTES OF BLOCK CORRECTION. THAT SAME PATIENT COULD PERHAPS RESPOND FURTHER WITH FURTHER TIME ON THE BLOCKS THIS PARTICULAR DAY. WHEN DOLLAR SIGNS DO NOT HOLD DURING THE FIRST MINUTE OF A CATEGORY ONE BLOCK APPLICATION, YOU TERMINATE THE BLOCKS AS SHOWN ON PAGES 115-116-117-118. TO GAIN AN UNDERSTANDING OF THE "FAILING DOLLAR SIGN", STUDY PAGE 202.

AGAIN REPEATING A MOST IMPORTANT FACT REGARDING A CATEGORY ONE PATIENT....A GREAT MANY CATEGORY ONE PATIENTS ARE BORDERLINE BETWEEN A TWO AND A ONE, THE ARM FOSSA TEST IS THE DETERMINING FACTOR. THE ARMOSSA WEAKNESS ALWAYS RULES SUPREME, PROVIDING THE LATISSMUS DORSI MUSCLES ARE NORMALLY ACTIVE BY MUSCLE TESTING. IF YOU ANTICIPATE THAT THE ARM IS EXTREMELY WEAK, IT IS WELL TO DO THE LATISSMUS DORSI MUSCLE TEST SHOWN ON PAGE 86 OF THE S.O.T. 1976 NOTES.

IN SOME CASES, THE BUTTCKS FEEL WEAK AND FLABBY. TO DETERMINE THEIR MUSCLE STATUS, DO THE TEST SHOWN ON PAGE 197.

YOU MUST ALWAYS REMEMBER THAT CATEGORIES ARE SUPREME IN DIAGNOSIS. ONE DAY WE WILL HAVE CLASSIFIED ALL OF THE DISEASES FOUND IN EACH CATEGORY. THEN THE MEDICALLY ORIENTED CHIROPRACTOR CAN COMFORTABLY PRACTICE S.O.T.

IN CATEGORY ONE PROCEDURE, THE MONITORS AS YOU KNOW ARE THE CREST AND DOLLAR SIGNS. STUDY THEM WELL IN THE S.O.T. 1976 NOTES. THEY ARE ANATOMICALLY AND NEUROLOGICALLY RESPONSIBLE FOR MAN'S DAILY HEALTH CONDUCT. THE EXCITEMENT OF THE CATEGORY TWO UFTENTIMES OVERSHADOWS THE IMPORTANCE OF THE CATEGORY ONE PROCEDURE. THE CATEGORY ONE NEEDS AS CAREFUL CONTROL AND TECHNIQUE AS DOES THE CATEGORY TWO. JUST ENOUGH OF ANYTHING IS ALWAYS CORRECT. A LITTLE TOO MUCH IS ALWAYS WORSE THAN A LITTLE TOO LITTLE.

THE MAJOR HAS FAR MORE RESPECT FOR THE CREST AND DOLLAR SIGNS THAN DO MOST S.O.T.'ERS BECAUSE HE HAS SEEN THE NEED FOR RESPECT. IF YOUR HOUSE HAS A FIRE ALARM SYSTEM, AND IT SOUNDS OFF, YOU ARE PRETTY STUPID TO STAY IN BED AND BET THAT THE FIRE ALARM IS IN ERROR. THE CREST SIGNS MONITOR MAN'S MYOLOGICAL FUNCTIONS, WHILE THE DOLLAR SIGNS MONITOR MAN'S NEUROLOGICAL SYSTEMS. WHEN WE HAVE LEARN'T TO RESPECT THE POTENCE OF EACH, THEN WE HAVE MADE GREAT STRIDES IN THE MASTERY OF CHIROPRACTIC THROUGH S.O.T.

FUTURE RESEARCH ALL THINGS NO MATTER HOW GOOD CAN BE MADE BETTER. THE CREST AND DOLLAR SIGNS MUST BECOME A MAJOR FIELD OF STUDY, FOR HERE IS A WEALTH OF UNUSED INFORMATION AND FROM THIS INFORMATION, A WHOLE NEW CONCEPT OF TECHNIQUES WILL DEVELOPE, THE DOORS ARE WIDE OPEN FOR INVESTIGATION. THESE ARE DE JARNETTE'S WORDS. BUT REALLY ALL PHASES OF S.O.T. SHOULD BE APPROACHED IN A SIMILAR MANNER AS WELL AS CRANIAL AND THE REST OF THE ASSOCIATED WORK THAT DR. DE JARNETTE HAS DONE. ON PAGE 123 OF THE 1976 NOTES THE WORDS 'IN OVER SEVEN YEARS OF COMBAT WITH THIS CATEGORY TWO PATIENT'. NO HINT OF FINALITY HERE BUT A STATEMENT WHICH INDICATES QUITE A BATTLE HAS GONE ON AND IS STILL GOING ON. IN FACT THIS IS AN AREA WITH MANY QUESTIONS STILL TO BE ANSWERED. THIS IS AN AREA WHICH WE ARE LOOKING AT OURSELVES AND WE HAVE DISCOVERED MANY THINGS. WE ARE SCRATCHING THE SURFACE

SEMINAR. WE ARE PLEASED TO ANNOUNCE A NEW SERIES OF INTRODUCTORY SEMINARS, TO BE HELD AT MONTHLY INTERVALS STARTING IN MELBOURNE, THEN TO SYDNEY AND THEN TO CANBERRA. THIS SERIES WILL COMMENCE ON JUNE 5,6, AT NOAH'S HOTEL IN MELBOURNE. ONLY ONE SUBJECT WILL BE DISCUSSED AT EACH SEMINAR SO THAT THE TOTAL SUBJECT CAN BE FULLY COVERED. APART FROM THE INTRODUCTION AND THE BASIS THE MELBOURNE SEMINAR WILL COVER THE 5 STEP ANALYSIS AND CATEGORY TWO. THE SYDNEY SEMINAR WILL COVER ONLY CATEGORY ONE AS WELL AS A REVIEW OF THE WORK PRESENTED AT THE MELBOURNE SEMINAR AND THE CANBERRA SEMINAR WILL CONSIST OF A REVIEW UP TO DATE AND CATEGORY THREE. A FURTHER SERIES OF SEMINARS WILL BE ANNOUNCED AT A LATER DATE FOR THE PRESENTATION OF MORE ADVANCED WORK AND EVERYTHING TAUGHT WILL IN LINE WITH THE CERTIFICATION PROGRAM RECENTLY ANNOUNCED.

THE OTHER SEMINAR DATES ARE JULY 3,4, AND AUGUST 7,8. WE HAVE IN THE PAST TAUGHT ALL THE BASIC TECHNIQUE AT ONE THREE DAY SESSION AND FROM SUBSEQUENT EXPERIENCE FIND THAT MOST OF YOU TRULY DID NOT GET THE MESSAGE AND HAD TO COME BACK AGAIN. HOWEVER IN OUR RECENT CANBERRA SEMINAR WE COVERED BASICS ONLY WITH MOSTLY OUR ADVANCED MEMBERS PRESENT AND WE HAD THE MOST INTERESTING TIME FINDING OUT HOW MUCH WE KNEW. SO THERE ARE AN AWFUL LOT OF CHIROPRACTORS WHO RECEIVE THIS BULLETIN WHO ARE SADLY OUT OF TOUCH AND WHO USE THE BLOCKS THINKING THEY ARE DOING A GOOD JOB WHEN IN REALITY THEY ARE NOT.

HOPEFULLY WE CAN COLLABORATE WITH THE COLLEGE IN THIS SERIES BUT A FEW DETAILS HAVE TO BE IRONED OUT YET. HOWEVER FROM THIS SERIES A ROLL CHECK WILL BE TAKEN FOUR TIMES DAILY AND EXAMINATIONS OF COMPETENCE IN THE PRACTICE OF S.O.T. WILL BE COMMENCED. A COMPLETE SYLLABUS WILL BE AVAILABLE AT A LATER DATE. IT WILL BE A VERY WISE CHIROPRACTOR WHO WISHES TO TAKE FULL ADVANTAGE OF WHAT WE ARE OFFERING FOR IT IS POSSIBLE THAT FUTURE COMPETENCE TO PRACTICE AND BE REGISTERED IN AUSTRALIA MAY WELL BE ASSOCIATED WITH A PROGRAM SUCH AS OURS. IN THIS WAY WITH A PROGRAM WHICH WILL BE APPROVED BY THE A.C.C.E. AND OUR COLLEGE, WE CAN BEGIN TO PROMOTE THE HIGHEST STANDARDS OF PRACTICE AND STANDARDS WHICH ARE LEGALLY DEFENSIBLE PROVIDED THE CHIROPRACTOR IS PRACTICING WITHIN HIS LEVEL OF COMPETENCY. REGISTRATION IS COMING WHETHER WE LIKE IT OR NOT AND IT IS FAR BETTER FOR US TO SET OUR OWN STANDARDS AND MAINTAIN THEM THAN TO HAVE SOME POLITICIAN SETTING OUR STANDARDS FOR US. SO WE INVITE YOU ALL TO JOIN WITH US IN MAKING THIS SERIES THE BEST AND THE BEGINNING OF A CERTIFICATION SYSTEM TO PROVE OUR COMPETENCY IS OF THE HIGHEST STANDARD.

PROBABLY AT THE SECOND SEMINAR IN SYDNEY AN ADVANCED CLASS WILL BE CONDUCTED FOR THE COMPETENT CHIROPRACTORS IN S.O.T. AND WILL ENABLE THOSE WHO HAVE CERTIFICATION UP TO LEVEL THREE TO HEAD FOR HIGHER HURDLES. FOR THOSE WHO DO NOT WISH TO ENTER THE CERTIFICATION PROGRAM BUT WHO WISH TO GO ON TO ADVANCED WORK WILL BE ABLE TO AFTER BEING ASSESSED.

S.O.T. SEMINAR MELBOURNE

DATES: JUNE 5TH, 6TH.

VENUE: NOAH'S HOTEL, EXHIBITION ST. MELBOURNE.

COSTS: REGISTRATION FOR TWO DAY BASIC SEMINAR 1. \$50.00.

TEXT: 1976 S.O.T. NOTES MANDATORY (AS IS A SET OF EQUIPMENT) \$60.00.

EQUIPMENT: REQUIRED FOR ALL FIRST TIME DOCTORS. \$42.50

NAME: _____ **STREET OR BOX NO.** _____

CITY: _____ **STATE:** _____ **POST CODE:** _____

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

MAKE YOUR CHEQUE OUT TO S.O.T. SEMINAR AND RETURN THIS FORM IMMEDIATELY TO BOX 238, GRAFTON. N.S.W. 2460.

P.S. IF YOU KNOW OF ANYBODY INTERESTED IN LEARNING S.O.T. PLEASE GIVE THEM A COPY OF THIS FORM IN ORDER THAT THEY MAY SHARE IN OUR LEARNING EXPERIENCE.

BELTS TROCHANTER BELTS ARE NOW IN GOOD SUPPLY. THE COST IS \$5.00 A BELT AND PLEASE INCLUDE AN EXTRA \$2.00 TO COVER POSTAGE AND PACKING.

MULTIPLE SCLEROSIS DIET BOOKS WE NOW HAVE RECEIVED ANOTHER SUPPLY AND THE COST IS \$1.00 EACH INCLUDING POSTAGE.

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

Keith C. Bastian D.C.

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LETTER TO THE EDITOR. SCOTT & KEITH,
WITH REFERENCE TO MARCH NEWSLETTERS ARTICLE BY DR. CURTISS BUDDINGH. I WOULD BE INTERESTED TO KNOW IF ANYONE ELSE HAS CHECKED THE OCCIPITAL FIBERS ON CATEGORY TWO PATIENTS - I HAVEN'T BEEN ABLE TO CORRELATE THAT A CATEGORY TWO PATIENT WOULD HAVE NODULATION ON LINE TWO AREAS 4 & 6 BOTH LEFT AND RIGHT AS DR. BUDDINGH INDICATES. (I.E. IF YOU DON'T HAVE THE OCCIPITAL FIBERS IN ALL FOUR AREAS YOU DON'T HAVE A CATEGORY TWO)

HE ALSO STATES SEVERAL TIMES ABOUT LEG LENGTH EQUALIZING IN CATEGORY TWO PATIENTS. THIS IS NOT SO EITHER IN PRACTICE, OUR PAST TEACHINGS, OR IN THE APRIL NEWSLETTER.

THESE POINTS COULD CAUSE SOME CONFUSION TO THOSE TRYING TO UNDERSTAND THE BASICS OF S.O.T. WOULD BE INTERESTED TO HEAR YOUR VIEWS PARTICULARLY ON THE FIRST POINT.

W. Macpherson D.C.

ED. WE ARE TRULY DELIGHTED THAT A CHIROPRACTOR OUT THERE IS REALLY THINKING THEM PUTTING PEN TO PAPER AND SO OTHERS WILL LEARN. YOUR LETTER BILL HAS BEEN REFERRED TO DR. BUDDINGH AND HIS THOUGHTS. NOW YOU HAVE ASKED ME FOR MY VIEWS AND WHAT I INTEND DOING IS TO ANSWER YOUR QUERIES AT DIFFERENT SECTIONS OF THIS NEWSLETTER. UNDERSTAND THIS THOUGH YOU WILL HAVE TO STUDY THIS NEWSLETTER CAREFULLY. YOUR SECOND POINT RE THE LEG LENGTH HAS BEEN VERIFIED BY THE APRIL NEWSLETTER WHEN I QUOTED DIRECTLY FROM THE WRITINGS OF DR. DEJARNETTE AS OF MARCH 1976. REMEMBER ALSO THIS PAPER WAS WHAT THE AUTHOR FOUND IN 1973.

CATEGORY TWO (Here are some jottings on rib head motion and the latissimus dorsi)
FIRST MONITORS BETWEEN PELVIS AND SHOULDER GIRDLE, THEN OCCIPITAL AND FINALLY CRANIAL.

WHEN FIRST RIB HEADS HOLD FIRMLY THEY RESPOND ONLY TO RESPIRATORY MOTION FROM THE DIAPHRAGM. THEREFORE THE PELVIC GIRDLE HAS TO BE EQUAL OR IN ADAPTION. IF NO MOTION OCCURS AT THE FIRST RIB HEADS IN A BLAT SLIPPAGE SEPARATION SUBLUXATION, THE PATIENT BECOMES AN INSTANT CATEGORY THREE AND DOWN THEY GO. IF BOTH RIB HEADS RESPOND BECAUSE OF ADAPTION, THEN BOTH RIB HEADS GO INTO MOTION AND THE DIAPHRAGM STABILIZES THE BEST IT CAN, AND THE PSOAS AND ILIACUS ARE ENABLED TO LET MAN STAND UP AND FUNCTION TO A DEGREE.

THE LATISSIMUS DORSI IS A SHOULDER STABILIZER BETWEEN PELVIS AND SHOULDER. WHEN WE HAVE AN ACTUAL WEIGHTBEARING SLIP, FORTUNATELY IT IS USUALLY ONE SIDED, SO THE LATISSIMUS DORSI ON THAT SIDE ONLY LOSES SHOULDER PELVIS CONTROL, AND WE HAVE AN ARM FOSSA WEAKNESS. THE LATISSIMUS DORSI DOES NOT MOVE THE FIRST RIB HEADS. THE DIAPHRAGM MOVES THEM IF THEY MOVE AND THE DIAPHRAGM IS HAPPY AND MAN IS FUNCTIONAL.

ANSWERS I SEE THAT IN THE FEBRUARY BULLETIN AND THE APRIL BULLETIN THAT THERE ARE QUESTIONS BUT NO ANSWERS.

Q. WHAT THREE MAJOR SIGNS INDICATE A CATEGORY ONE PATIENT?

- A. 1. NORMAL PELVIS IN SO FAR AS A-P MOTION IS PRESENT WITHOUT SIDESWAY.
2. THERE IS HEEL TENSION.
3. THERE IS A CREST OR A DOLLAR SIGN. (ALTERNATIVELY YOU MIGHT HAVE PUT SB+ OR SB-)

NOW THE QUESTIONS FROM LAST MONTH.

- A. 1. COXA SENILIS MALUM IS OSTEOARTHRITIS OF A HIP JOINT, CHRONIC OLD AGE TYPE.
2. INFECTIOUS ARTHRITIS ATTACKS THE JOINTS FIRST AND EATS EVERYTHING.
RHEUMATOID ARTHRITIS ATTACKS THE PERIARTICULAR STRUCTURES, HOWEVER IT LEAVES THE SPINAL DISC INTACT.

SEMINAR OFF IN A PREVIOUS BULLETIN I MENTIONED THE POSSIBILITY OF A SEMINAR IN NZ. THIS SEMINAR HAS BEEN CANCELLED SO I WILL NOT BE GOING TO NZ TO PRESENT THE FIRST FULL TEACHING CLASS THERE. UNFORSEEN CIRCUMSTANCES HAVE NECESSITATED A POSTPONEMENT TILL ANOTHER TIME. WE HOPE THE NEW ZEALANDERS' CAN GET IT ALL TOGETHER SOON.

ANYTHING THAT YOU DO THAT THE MAJORITY DO NOT DO IS "QUEER". QUEER ISN'T IT ? B.J.P.

CERVICAL COMPACTION AND HEEL TENSION. (I AM GOING TO SHARE WITH YOU EXTRACTS FROM A PERSONAL LETTER RECEIVED FROM DR. DEJARNETTE RE QUESTIONS FROM THE CANBERRA SEMINAR.) "IF YOU ARE ASKING IS PAGE 70 S.O.T. 1976 CORRECT, THE ANSWER IS YES. IF YOU ARE ASKING ARE PAGES 8-9 C.T. 1974 CORRECT, THE ANSWER IS YES. YOU MUST REMEMBER THAT S.O.T. 1976 PAGE 70 IS PURELY A MECHANICAL TEST TO ARRIVE AT A MECHANICAL ANSWER.

CT 1974 WAS A NEURAL TEST TO ARRIVE AT A NEURAL CRANIAL PROBLEM. THE 1974 CT TEST LED US TO THE INTERPRETATION OF THE 1976 S.O.T. TEST, AND IS SIMPLER.

IT IS NEVER WISE FOR AN INSTRUCTOR TO COMPARE YEAR TO YEAR, BECAUSE BOTH MEANING AND ACTION CHANGE AS NEW FACTS COME TO LIGHT. IF THAT WERE NOT SO, EACH YEAR WOULD SEE THE SAME PAGES IN PRINT, AND THAT IS THE BIG PROBLEM IN CHIROPRACTIC TODAY.

PATIENT WITH CERVICAL COMPLAINT LYING SUPINE WITHOUT CERVICAL COMPACTION CANNOT LIFT LEGS, BUT WITH COMPACTION CAN. THIS IS A CERVICAL MOTOR LOOSENING PROBLEM DUE TO TORN FASCIA, LIGAMENTS, ETC.

PATIENT WITH CERVICAL COMPLAINT CAN LIFT LEGS WITHOUT CERVICAL COMPACTION. UPON CERVICAL COMPACTION, CANNOT LIFT LEGS. THIS IS A CATEGORY TWO PROBLEM, BECAUSE THE CERVICAL COMPACTION WEAKENED THE SIDE OF WEIGHT BEARING SLIP.

HEEL TENSION IS EXACTLY AS I HAVE WRITTEN IT. IT IS THE COMMON DENOMINATOR OF CATEGORY ONE PROBLEM. IT REQUIRES MUCH TIME TO LEARN HEEL TENSION AND PRACTICE. I NOTICE THAT 95% OF THE DOCTORS DOING HEEL TENSION ACTUALLY PULL ON THE LEGS. THAT IS ABSOLUTELY NOT HEEL TENSION. HEEL TENSION TESTING IS MANUALLY MOVING THE HEEL WITHOUT MOVING THE LEG OR THE PATIENT. LEG MEASUREMENT IS LEG PULLING.

IF THE RIGHT HEEL IS THE SIDE OF TENSION TODAY AND IN TWO MORE DAYS, THE LEFT HEEL IS THE SIDE OF TENSION, IT SIMPLY AND REASONABLY MEANS THAT HEEL TENSION IS CORRECTED, AND ALL YOU ARE FEELING ON THE LEFT IS A NORMAL SITUATION. IF YOU CHANGE TO THE LEFT THAT DAY, THEN YOU PLACE THE PATIENT EXACTLY WHERE THEY WERE THE PREVIOUS VISIT.

IF THERE IS NO HEEL TENSION, THERE IS NO NEED FOR P.S.S. BLOCK CORRECTION. IT IS FORTUNATE THAT THE AVERAGE HEEL TENSION IS ON THE SUPERIOR INTERNAL MALLEOLU SIDE, OR MAYBE IT IS NOT FORTUNATE. THE DOCTOR FEELS DEFEATED IF HE CANNOT USE THE BLOCKS EACH VISIT TO EQUALIZE A SHORT LEG. IF YOU WILL REMEMBER THAT THE P.S.S. BLOCK CORRECTION ACCORDING TO THE HEEL TENSION IS CARRIED THROUGH, THAT THE PATIENT DOES NOT GO THROUGH MANY REVERSALS, BUT DOES GAIN HEALTH AND FREEDOM FROM PAIN VERY RAPIDLY. THAT IS WHY THE FIRST BLOCK CORRECTION IS THE MOST BEAUTIFUL AND ENJOYABLE. IF THE D.C. COULD MAKE HIS FORTUNE WITH ONE S.O.T. ADJUSTMENT PER PATIENT, AND HE COULD IF HE BELIEVED, HE WOULD BE WORLD FAMOUS IN ONE YEARS TIME.

WHEN HEEL TENSION NORMALIZES THE FIRST OR THOUSANDTH VISIT, YOU ARE THEN READY FOR THE COUGH TEST, AND THAT IS THE REAL GET WELL POINT IN THE PATIENT VISIT.

THE HEEL TENSION IS A FINE LINE TEST. THERE ARE DEGREES OF TENSION AND THE DOCTOR MUST LEARN THAT AS LONG AS THE PRIMARY SIDE OF OF HEEL TENSION REMAINS RESTRICTED, THERE IS HEEL TENSION EXISTING, ALTHOUGH AT THIS TIME, THE OTHER HEEL MAY SEEM MORE TENSE." THIS LETTER ALSO POINTED OUT TO ME ERRORS THAT CAN BE MADE IN TEACHING. WE MUST TEACH OUR DOCTORS TO DO WHAT IS INDICATED AND NOT WHAT IS TAUGHT AS ROUTINE. AMEN.

S.O.T. 1976. ALL THINGS NO MATTER HOW GOOD CAN BE MADE BETTER. THERE IS A BRAND NEW ERA COMING INTO CHIROPRACTIC, AND IT IS THE ERA OF "BODY LANGUAGE". S.O.T. IS THE FIRST TECHNIQUE TO GAIN A REAL APPRECIATION OF THAT FUNDAMENTAL FACT.

BODY LANGUAGE IS UNIVERSAL. YOU NEED NOT SPEAK A NATIVE TONGUE TO UNDERSTAND A NATIVE'S BODY LANGUAGE SIGNS...COMMUNICATION IS NOT VERBAL BUT ACTION WISE.

THE CATEGORY ONE PATIENT HAS A PERFECT SYSTEM OF COMMUNICATING HIS NEEDS TO YOU IF YOU COMPREHEND BODY LANGUAGE. HIS PELVIS TELLS YOU IT CANNOT MOVE SIDWAYS. HIS BODY ROCKS BACK AND FORTH. THOSE THINGS ARE SO EVIDENT THAT ALL CATEGORY ONE PATIENTS ARE SET APART FROM ALL OTHER HUMANS. THEY HAVE THEIR OWN BODY LANGUAGE, AND UNLESS YOU UNDERSTAND THAT LANGUAGE, YOU CAN X-RAY, BLOOD TEST AND ASK QUESTIONS UNTIL YOU ARE EXHAUSTED AND YOU COME UP WITH STANDARD ANSWERS. THE CATEGORY ONE IS A TOTALLY MECHANICAL PROBLEM DEMANDING A MECHANICAL ANSWER IN THE FORM OF THE DEJARNETTE BLOCKS AND STEFFENSMEIER TABLE