

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

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RESPECT S.O.T. AND IT WILL ADMIRE YOU. S.O.T. IS A LIVING, VITAL TECHNIQUE FOR THE CORRECTION OF HUMAN FAULTS. IT IS EDUCATIONAL TO TAKE ONE PATIENT AND HAVE THAT PATIENT LIST IN ORDER EACH AND EVERY SYMPTOM HE HAS ON THE DAY OF THE BEGINNING OF SERVICES IN YOUR OFFICE. HE IS TO LIST THE ONES HE FEELS MOST IMPORTANT AS WELL AS THE OCCASIONAL ONES. THEY MUST INCLUDE EMOTIONAL AS WELL AS PHYSICAL SYMPTOMS.

CATEGORIZE YOUR PATIENT AND DO EXACTLY WHAT YOU ARE SUPPOSED TO DO IN THAT SPECIFIC CATEGORY FIELD. MONITOR EACH MOVE. ON THE THIRD VISIT, HAVE THE PATIENT AGAIN LIST ALL SYMPTOMS PRESENT AS WELL AS ALL PRESENT EMOTIONAL PROBLEMS. COMPARE THE SYMPTOMS LISTED ON THE FIRST VISIT WITH THOSE LISTED ON THE THIRD VISIT AND BE SUPRISED.

EXPERIMENT TAKE ONE EACH OF A CATEGORY ONE TWO AND THREE. DO EXACTLY WHAT THE 1976 MANUAL TEACHES YOU TO DO FOR EACH CATEGORY. DO NOTHING ELSE AND SEE WHAT MIRACLES YOU PERFORM. FAR TO MANY OF YOU GET MENTAL BLOCKS ON PATIENT'S SYMPTOMS. ONE MATCH CAN BURN DOWN A MILLION DOLLAR BUILDING, AND IT CAN START MANY FIRES, BUT IF YOU GOT THERE IN TIME WITH YOUR APPARATUS AND PUT THE FIRE OUT WHERE IT BEGAN, YOU WOULD SAVE THE BUILDING. SYMPTOMS ARE MENTAL IMPRESSIONS OF A SINGLE OBJECTIVE, MAGNIFIED MANY TIMES. YOU HAVE TO LISTEN TO SYMPTOMS AND YOU HAVE TO SYMPATHIZE WITH SYMPTOMS AND YOU HAVE TO RECOGNIZE THE MEANING OF SYMPTOMS, BUT YOU MOST OF ALL HAVE TO KNOW WHERE IT ALL BEGAN, IF YOU WISH TO GET RID OF ALL OF IT.

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CRANIAL TECHNIQUE THIS MONTH IN OMAHA IS THE ANNUAL CRANIAL TECHNIQUE SEMINAR CONDUCTED BY DR. DEJARNETIE. TO THOSE WHO ARE PRIVILEGED TO BE PRESENT ABSORB EVERYTHING YOU ARE CAPABLE OF. I SAY PRIVILEGED FOR YOU WILL BE ABLE TO SEE AND HEAR THE WORLDS GREATEST AUTHORITY ON THE CRANIAL VAULT. LET US FOR A MOMENT DWELL ON SOME WORDS ABOUT CRANIAL TECHNIQUE FROM THE MASTER.

'CRANIAL TECHNIQUE AS A CONTINUATION OF SACRO OCCIPITAL TECHNIQUE PROCEDURE IS A MOST EXCLUSIVE PRIVILEGE IN THE FIELD OF CHIROPRACTIC. YOU WHO ARE IN THIS FIELD SERIOUSLY HAVE ACCEPTED A HIGH CHALLENGE TO BE SOMETHING FAR ABOVE AND BEYOND THE IMAGINATION OF THE MAJORITY OF CHIROPRACTORS. YOU ARE REACHING A NEW PLATEAU IN THE ART OF HEALING, AND IT HAS DEVELOPED INTO A VERY REAL SCIENCE.

CRANIAL TECHNIQUE CAN WELL BE THE SOUGHT FOR ANSWER TO A MULTITUDE OF SERIOUS PROBLEMS WHICH PLAGUE HUMANITY. IT CERTAINLY IS THE ONLY APPROACH KNOWN TO MAN THAT CAN ACTUALLY REACH THE POINTS OF THE BRAIN FUNCTION WITHOUT OPENING THE SKULL. SACRO OCCIPITAL TECHNIC GOES FARTHER IN DEALING WITH MAN'S NEUROLOGY AND PHYSIOLOGY THAN DOES ANY OTHER SYSTEM OF CHIROPRACTIC...ADD TO THIS CRANIAL TECHNIQUE AS DEVELOPED WITHIN CRANIAL TECHNIQUE, AND YOU HAVE A TOTAL PLAN FOR HEALTH RECOVERY.

YOUR CHALLENGE IS NOT ONLY TO HEAL THE UNHEALABLE, BUT TO KNOW HOW YOU DID THE HEALING... SO RECORDS NOW BECOME A CARDINAL VIRTUE. DO NOT GIVE EVEN ONE CRANIAL CORRECTION WITHOUT COMPLETE RECORDS OF YOUR PROCEDURE. YOU MUST KNOW WHEN, WHY, HOW AND WHAT TO ANTICIPATE. YOU MUST REDEVELOPE AS YOU CORRECT. CRANIAL TECHNIQUE IS NOT A TREATMENT IT IS A CORRECTION...A CORRECTION IS DONE ONCE IF IT IS ACCURATE...A TREATMENT MAY BE DONE HUNDREDS OF TIMES BECAUSE IT IS MEHELY TREATING SOMETHING.

CRANIAL LESIONS DEVELOPE FROM SPHENOID TO OCCIPUT TO TEMPORALS TO FRONTAL. BEGIN WHERE INDICATED AND TRAVEL YOUR ROAD CAREFULLY. DO NOT DO CRANIAL TECHNIQUE JUST BECAUSE SOMETHING LOOKS OUT OF ALIGNMENT. DO CRANIAL TECHNIQUE ONLY WHEN AND AS INDICATED.

YOUR ASSISTANT IS ABOUT 60% OF THE TECHNIQUE...REMEMBER, YOU CANNOT EVEN PLANE A BOARD PROPERLY UNLESS IT IS CORRECTLY HELD IN A VISE THAT WON'T MAR ITS SURFACE. INASMUCH AS THIS IS AN EXCLUSIVE SOCIETY, YOU MUST KEEP IT EXCLUSIVE AND YOU DISCUSSIONS SHOULD BE WITH OTHER MEMBERS. DON'T BE A SHOW OFF BY TRYING TO ADJUST A CRANIUM JUST TO IMPRESS SOME OTHER CHIROPRACTOR. CRANIUMS MOVE SLOWLY, BUT THEY REACT LIKE DYNAMITE.

CRANIAL TECHNIQUE WORKS WITH INTRACRANIAL STRUCTURES AND THOSE STRUCTURES CONTROL MAN'S TOTAL BEING. CRANIAL TECHNIQUE IS NOT A SPECTACULAR TECHNICAL PERFORMANCE WHEREBY THE CRIPPLED THROW AWAY THEIR CRUICHES AND WALK UNAIDED IN A MATTER OF SECONDS. THOSE THINGS ARE

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EMOTIONAL EXPERIENCES. CRANIAL TECHNIQUE IS NOT AN EMOTIONAL EXPERIENCE, BUT A RESTRUCTURING EXPERIENCE OF THOSE PARTS WHICH SHOULD FUNCTION NORMALLY BUT CANNOT DUE TO PRESSURE, MALPOSITION, ALTERED CIRCULATION OR LACK OF BODY RESPONSE TO A DIRECTIONAL, DEMAND STIMULI.

A SUDDEN BLOW TO THE SKULL WITH SUFFICIENT FORCE TO PRODUCE INTERNAL PRESSURE WOULD BE ALMOST INSTANTANEOUS. THE RECOVERY PROCESS, IF IT COULD BE DUPLICATED AT THE TIME OF THE ORIGINAL INCIDENCE, WOULD BE TOTAL REACTION INTO RECOVERY. WE SEE SUCH CASES AFTER A LONG TIME LAPSE. MANY CHANGES HAVE TAKEN PLACE AND MANY CHANGES MUST TAKE PLACE BEFORE WE CAN SEE A RECOVERY. THERE ARE MANY INSTANCES IN WHICH THE RESPONSE TO CRANIAL TECHNIQUE DOES SEEM TO BE INSTANTANEOUS, BUT IN SUCH INSTANCES WE MUST BE CAREFUL TO DRAW A LINE BETWEEN THE RE-STRUCTURING AND THE REACTION TO AN EMOTIONAL EXPERIENCE. CHANGING THE SKULL IS AN EMOTIONAL EXPERIENCE AND IF FORTIFIED BY THE CORRECT CONVERSATION, CAN BE AN EXPLOSIVE REACTIVE RECOVERY. THERE MOST CERTAINLY IS A PLACE FOR SUCH PRACTICES IN CRANIAL TECHNIQUE, BUT WE MUST KNOW WHEN RESTRUCTURING IS NEEDED AND WHEN AN EMOTIONAL REACTION WILL BE BENEFICIAL.

THE LEG THAT WILL NOT MOVE, YET THERE IS NO DEMONSTRABLE PHYSIOLOGICAL REASON AS TO WHY IT WILL NOT MOVE, IF THE CORRECT CRANIAL CONTACT IS TAKEN, THE CORRECT WORDS SPOKEN IN THE MOST USEFUL MANNER, THE LEG WILL MOVE AND IT WILL FUNCTION. THIS EXPERIENCE COULD NOT BE DUPLICATED BY ANY OTHER MEANS. THE CRANIAL CONTACT CAN BE A TERRIFIC EMOTIONAL EXPERIENCE AND IT CAN BE A TERRIFIC RE-STRUCTURING EXPERIENCE.

IN THE PRESENCE OF AN R.P.S.S., CATEGORY ONE PROCEDURE, SPHENOID REACTION TO CORRECTION, BUILD UP OF ONE DOLLAR SIGN AND NORMALIZATION OF TWO CREST SIGNS, WITH AN S.B. PLUS, THE APPLICATION OF AN OCCIPITAL EXTENSION CAN BE BOTH AN EMOTIONAL AND RE-STRUCTURING EXPERIENCE. THE LINE OF DEMARCATION DEPENDS ONLY ON WHAT YOU WISH TO ACCOMPLISH. THE LEGS MOVE MECHANICALLY FROM THE CENTRES YOU CORRECTED. THE COMMAND COMES FROM THE TEMPORAL AREAS. THE UPPER MOTOR NEURON FROM THE CELLS OF BETZ MUST COMBINE WITH THE LOWER MOTOR NEURONS TO MOVE THE PARALYZED LEG, CORRECTING THE OCCIPITAL EXTENSION DOES THE RE-STRUCTURING, THE COMMAND TO MOVE THE LIMB MUST EXCITE THE TEMPORAL LOBE OF THE BRAIN, AND THE ABILITY TO MAKE THIS MOVEMENT NOW RESTS WITH THE WILL AND DETERMINATION OF THE PATIENT. IF YOU ADJUST THE OCCIPITAL EXTENSION, PLAY DUMB AND OFFER NO COMMAND, THE LEG WILL NEVER MOVE. IF YOU COMMAND THE LEG TO MOVE WITHOUT THE OCCIPITAL EXTENSION ADJUSTMENT, IT WILL NEVER RESPOND. RE-STRUCTURING AND RE-EXPERIENCING THE DESIRE TO FUNCTION, COMMAND A POSITION IN TOTAL CRANIAL TECHNIQUE.

A CHILD OF 14 WHO HAS NEVER SPOKEN, ISN'T GOING TO RECITE HAMLET AFTER ONE CRANIAL ADJUSTMENT NO MATTER HOW ACCURATE THAT ADJUSTMENT. THERE IS A MATTER OF 12 YEARS TO COMPENSATE AND REBUILD. THIS IS EDUCATION COMBINED WITH RECONSTRUCTION.' AMEN.

P.S. WE HAVE RECENTLY RECEIVED THE 1976 CRANIAL TECHNIQUE MANUAL AND IT IS THE MOST AUTHORITATIVE BOOK ON THE CRANIAL FIELD EVER PRINTED. WE ARE MOST FORTUNATE DEJARNETTE IS A CHIROPRACTOR, AND LETTING US HAVE THE BENEFIT OF HIS EXPERIENCE AND RESEARCH.

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ABRAMS SPINAL REFLEXES CONT'D.

LUNG REFLEXES CONTRACTION - BETWEEN 4 -5C - LIGHT AS PATIENT IS USUALLY IN GREAT PULMONARY DISTRESS - THEN 2D.

ASTHMA THERE IS AN OVERACTION OF THE VAGUS AND DEFECTIVE ACTION OF THE SYMPATHETIC. TO COUNTERACT THIS OVERACTION USE THE ABOVE REFLEX (LUNG) - BUT DON'T CONCUSS 7C AS THIS WILL STIMULATE THE VAGUS.

LUNG REFLEXES OF DILATION CONCUSS 7C OR 3 - 8D.

ENDEMIC GOITRE STIMULATE THE THYROID AREA THEN CONCUSS 3,4, AND 2D.

CARDIAC CONTRACTION 7C AND 2D. " ANY HEART WHICH DOES NOT RESPOND IS IN A BAD WAY" CONCUSSION IN THESE TWO AREAS CONTRACTS THE AORTA AND OTHER LARGE ARTERIES - ANEURISMS CEASE TO EXPAND AND "CONTRACT SUFFICIENTLY TO RENDER LIFE COMFORTABLE"

THIS TECHNIQUE HAS BEEN FOUND SPECIALLY VALUABLE IN LARGE FUSIFORM AORTAS - "VESSELS CONTRACT AND WITH THE DIMINISHED SIZE OF THE HEART, THE AMOUNT OF BLOOD THROWN OUT AT EACH STROKE IS LESSENER. OF COURSE OTHER TREATMENT SHOULD NOT BE NEGLECTED."

THE HERBALISTS TREAT CALCAREOUS DEGENERATIONS WITH DECALCIFYING AGENTS. "THIS CARDIAC

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REFLEX STIMULATES THE VAGUS; PROBABLY FROM IT'S CONNECTION WITH A SPINAL CENTRE, HENCE IT IS USEFUL IN ALL DISEASE IN WHICH THERE IS A DEFICIENT VAGUS TONE."

AURICULAR FIBRILLATION THIS CONDITION HAS A VERY HIGH DEATH RATE. ANY PROCEDURE WHICH WILL ARREST AN ATTACK IS WORTHY OF CONSIDERATION AND THE CARDIAC CONTRACTION REFLEX HAS WORKED.

THE NEW YORK MEDICAL JOURNAL, 15TH. FEBRUARY 1922, SIR JAMES BARR SAID OF ABRAMS CARDIAC REFLEXES. " THEY ARE NOT INTENDED TO RESUSCITATE THE DEAD, BUT FOR REVIVING THE LIVING THEY ARE INESTIMABLE."

DESPITE THE THOUSANDS OF LIVES SAVED IN FRANCE AND U.S.A. BY THE CARDIAC RELEXES ALONE ONLY A FEW MEDICAL MEN IN ENGLAND WORKED WITH THEM TO THE ACCOMPANIMENT OF MUCH "VIRULENT VENOM" IN LANCET AND THE BRITISH MEDICAL JOURNAL. (TYPICAL. ED.)

THE SERIES FROM WHICH THIS RESUME WAS COMPILED APPEARED IN "HERBAL PRACTITIONER" PUBLISHED QUARTERLY BY THE NATIONAL INSTITUTE OF MEDICAL HERBALISTS LTD., AT RAYLEIGH, ESSEX., BEGINNING VOL. 7, NO. 3, SEPTEMBER 1953 AND CONTINUING UNTIL VOL. 8, NO. 2, JUNE 1954.

CATEGORIES. S.O.T. IS THE ONLY SYSTEM OF HEALING THAT HAS THE CATEGORY SYSTEM FOR PROPER PROCEDURE. JUST IMAGINE 1000 PATIENTS WAITING TO GET INTO YOUR OFFICE. SUPPOSE YOU HAD TO DIAGNOSE EACH ONE, GIVE A NAME TO EACH PATIENT'S DISEASES, CLASSIFY EACH PATIENT'S PAIN, GO THRU TWENTY NEUROLOGICAL TESTS, TRACE DOWN ALL OF THEIR SYMPTOMS AND TRY TO GET THEM INTO ONE GROUP. IF YOU DID ALL OF THOSE THINGS, AND TOOK THOSE PATIENTS YOU HAVE LINED UP, YOU WOULD FIND THAT THEY ALL COULD BE CLASSIFIED INTO ONE OF THREE GROUPS. IF THAT WAS A LESSON FOR YOU, YOU WOULD HAVE PICKED OUT CLASSICAL SYMPTOMS FROM EACH GROUP AND YOU WOULD FIND THAT THOSE SYMPTOMS FIT ALL PATIENTS IN THOSE GROUPS. A PRODUCTION ENGINEER IN A HUGE FACTORY SOON LEARNS TO CLASSIFY PROCEDURES AND HE COMES UP WITH CATEGORIES WHEREBY LIKES ARE PLACED WITH LIKES.

CHIROPRACTIC IS A TREMENDOUS SYSTEM OF HEALING, BUT IT SURE IS A MESS WHEN YOU TRY TO PUT IT ALL TOGETHER WITH X-RAY, INSTRUMENTATION, PALPATION, PHYSICAL, NEUROLOGICAL AND SYMPTOMATOLOGIES. YOU USUALLY GIVE UP AND POP THEM SOME PLACE. JUST THINK, IF YOU KNEW ALL OF THE TECHNIQUES BEING SOLD TO CHIROPRACTORS TODAY, YOU WOULD SPEND YOUR TIME SOMETHING LIKE THIS. PRAYING 10 SECONDS...SUGGESTIONS...15 SECONDS...SELLING...10 MINUTES...SIGNING AGREEMENTS...15 MINUTES...READING X-RAYS...15 MINUTES...INSTRUMENTATION...10 MINUTES...PALPATION 5 MINUTES... ADJUSTMENT, WHAT ENERGY YOU HAVE LEFT. WHAT DOES THE PATIENT ACTUALLY THINK? WE WONDER SOMETIMES IF THE CHIROPRACTOR WITH HIS PROCEDURES IS ADJUSTING HIMSELF OR HIS PATIENT.

WITH THE S.O.T. CATEGORY SYSTEM, YOU HAVE YOU ANALYSIS COMPLETED IN LESS THAN FIVE MINUTES. YOU ACTUAL CATEGORY PROCEDURE MAY REQUIRE TEN MINUTES. THAT IS A TOTAL OF 15 MINUTES AND YOU HAVE DONE THINGS YOU CAN RECORD BECAUSE THEY ARE MEANINGFUL PROCEDURES. S.O.T. IS THE ONLY SYSTEM OF CHIROPRACTIC THAT WORKS ALL BY ITSELF. THE BLOCKS DO AS FINER JOB WHEN ALONE WITH THE PATIENT AS THEY DO IF YOU STAY IN THE ROOM. IF YOU REMAIN IN THE ROOM YOU ARE TEMPTED TO DO OR SAY THINGS BEST LEFT UNDONE AND UNSAID. GIVE THE BLOCKS SOLITUDE AND THEY WILL GIVE THE PATIENT RESULTS YOU WILL BE VERY PROUD TO TAKE CREDIT FOR.

ADJUSTMENT INDICATORS THE HUMAN BODY IS A TOTAL MIRACLE OF CREATION BECAUSE OTHER HUMANS HAVE THE ABILITY TO STUDY AND APPRECIATE HOW MARVELOUSLY MAN IS CONSTRUCTED. LOOK AT ALL THE SAFETY DEVICES YOUR AUTOMOBILE CONTAINS. AS YOU LOOK AT THE PANEL OF YOUR AUTOMOBILE, YOU SEE LITTLE SQUARES THAT HAVE LIGHTS AT THE BACK OF THEM. SHOULD A PART NOT FUNCTION CORRECTLY, THE LIGHT COMES ON AND YOU ARE WARNED. MAN HAS MANY SAFETY FEATURES AND THEY ARE AMAZING IN HOW THEY WORK TO PROTECT MAN'S VITAL FUNCTIONS.

LET'S LOOK AT THE OCCIPITAL LINES AS AN ILLUSTRATION. IF BY CHANCE GOD HAD SEEN FIT TO PLACE A TINY NEON BULB IN EACH OCCIPITAL SPACE, AND CONNECTED THOSE SPACES TO MAN'S NERVOUS SYSTEM, WE WOULD CONSTANTLY SEE THOSE LITTLE LIGHTS BLINK, FOR NO PERSON LIVES FOR EVEN ONE HOUR OF HIS LIFE WITHOUT SOME ORGAN GETTING INTO TROUBLE. FORTUNATELY, A GREAT MAJORITY OF OUR TROUBLES ARE ELIMINATED BY OUR BODY'S GREAT PROTECTIVE MECHANISM, BETTER KNOWN AS THE "SYSTEMIC REJECTION SYSTEM". VOMITING IS PERHAPS ONE OF OUR GREAT DEFENSES. NO DOUBT THIS SAVES LIVES, MILLIONS OF THEM EVERY YEAR THROUGHOUT THE WORLD. THE NEXT GREAT REJECTION MECHANISM WOULD BE DIARRHEA. WE ALWAYS THINK OF DIARRHEA AS A NOISANCE AND AN INCONVENIENCE, BUT IF WE CHEMICALLY ANALYZED ALL THOSE BACTERIA AND GERMS A DIARRHEA TAKES CARE OF FOR US, WE WOULD BE THANKFUL FOR THIS INCONVENIENCE.

ANOTHER AVENUE OF PROTECTION IS OUR AVERSION TO CERTAIN SMELLS AND TASTES. THIS AVERSION IS A GREAT SAFEGUARD. NOT EVERYTHING THAT SMELLS BAD IS BAD, BUT NEITHER IS EVERYTHING THAT SMELLS GOOD, GOOD FOR US. A BOY'S FIRST CIGAR IS AN AWFUL EXPERIENCE, SIMPLY BECAUSE IT IS A TOXIC SUBSTANCE WHICH HAS NO PLACE WITHIN THE BODY.

A CHIROPRACTOR IS ABOUT TO GIVE A PATIENT AN ADJUSTMENT. HE HAS CAREFULLY LISTED THE VERTEBRAE HE IS GOING TO ADJUST. HE HAS STUDIED THE X-RAYS BY SOME SYSTEM SOMEONE HAS TAUGHT HIM. HE HAS PERHAPS USED SOME TYPE NERVE PRESSURE DETECTION DEVICE HE NO DOUBT HAS PALPATED THE VERTEBRAL SEGMENTS. PERHAPS HE IS AN S.O.T.'ER AND HAS DONE THE INDICATED TESTS. NO MATTER WHO THE CHIROPRACTOR MAY BE, HE STILL IS GOING TO FORCE CHANGES INTO THAT BODY, WHICH THE BODY MAY REJECT. THIS REJECTION PROCESS IS TO BE RECKONED WITH, FOR IT NOT ONLY SAVES LIVES, BUT OFTENTIMES MAKES A PERSON VERY SICK IN THE PROCESS. SUPPOSE ONLY ONE VERTEBRA IS SUBLUXATED. THIS ONE VERTEBRA IS PRODUCING A NEURAL INTERFERENCE AT SOME CORD OR NERVE ROOT OR DURAL PORT SEGMENT. THE CHIROPRACTOR CAN BE IN ERROR TWENTY THREE TIMES OUT OF TWENTY FOUR IF HE ISN'T CAREFUL. IF HE ADJUSTS TWO VERTEBRAE AND ONLY ONE IS SUBLUXATED, HE HAS PRODUCED A PROBLEM OF GREAT MAGNITUDE THAN HAS THE CORRECTION OF THE ONE VERTEBRAL SUBLUXATION OVERCOME. THE MAL-ADJUSTMENT IS ALWAYS A DISASTER. IT DEMANDS GREAT ADAPTIVE ABILITY BY THE BODY. IT DEMANDS A REJECTION MECHANISM REACTION. IT PRODUCES A SOURCE OF IRRITATION BETWEEN THE GOOD AND THE BAD. BOTH CANNOT WIN. THE REJECTION MECHANISM DEMANDS FAR MORE ENERGY TO OPERATE THAN DOES THE ACCEPTANCE MECHANISM. SUPPOSE, JUST TO BE A GOOD FELLOW AND TO TRY AND DELIVER A REAL SERVICE, THE CHIROPRACTOR ADDS THIRTY MINUTES OF PHYSIOTHERAPY. SUPPOSE NONE OF THE PHYSIOTHERAPY IS ACCEPTABLE. WE CANNOT LOGICALLY ANTICIPATE THAT THIS PATIENT WILL BE OVERCOME WITH JOY AT THE HAPPENINGS WHICH TAKE PLACE IN HIS BODY. THE CHIROPRACTOR MIGHT TRY TO SQUIRM OUT OF HIS BAD SITUATION BY TELLING THE PATIENT IT HAS TO GET WORSE BEFORE IT CAN GET BETTER, BUT THIS IS NEVER TRUE. WHEN THE CORRECT ADJUSTMENT IS MADE, THINGS GET BETTER NOW AND NEVER GET WORSE.

LET'S GET A LITTLE MORE INVOLVED. SUPPOSE OUR PATIENT HAS A TENDENCY TO A MALIGNANCY AND SUPPOSE WE ADJUST A VERTEBRAL SEGMENT THAT LIES WITHIN THE NEURAL BOUNDRIES OF THE MALIGNANCY, BUT SUPPOSE WE WRONGLY ADJUST THE VERTEBRA. WE HAVE NOW SET UP A REJECTION MECHANISM, WHICH CALLS UPON THE MALIGNANT TISSUE FOR HELP. WHAT KIND OF HELP CAN THEY GIVE? CERTAINLY NOT THE KIND OF HELP WE WANT. HOW WILL WE KNOW WHEN SUCH HAPPENS? IF YOU HABITUALLY PALPATE THE TRAPEZIUS AREAS BY THE WEIGHT PRESSURE TECHNIQUE BEFORE AND AFTER EACH ADJUSTMENT, YOU SOON DISCOVER SOME SHATTERING EVIDENCE OF WRONGDOING. THAT TRAPEZIUS WHICH YOU FELT TO BE MILDLY REACTIVE, IS NOW MADLY REACTIVE, AND THE MALIGNANCY MAKES ITSELF FELT BY PAIN. IF PER CHANCE YOU HAVE A KNOWN MALIGNANCY AND YOU PALPATE THE TRAPEZIUS FOR REACTIVE FINDINGS AND CAN LOCATE ONE VERTEBRA, AND IF YOU DO THE X ADJUSTMENT AND AGAIN PALPATE THE TRAPEZIUS, YOU MIGHT BE SURPRISED TO FIND IMPROVEMENT NOT ONLY IN THE TRAPEZIUS AREA, BUT IN THE PATIENT SYMPTOMATOLOGY.

THE DOLLAR SIGNS ARE PERHAPS OUR MOST ACUTE INDICATORS OF GOOD AND BAD REACTIONS TO CHIROPRACTIC ADJUSTMENT PROCEDURES. THE DOLLAR SIGNS ARE PERHAPS THE MOST SENSITIVE VITALITY AREA ON THE HUMAN BODY AND THEY CAN TELL US EXACTLY HOW MUCH A PATIENT WILL ACCEPT OF ANYTHING WE OFFER, AND THEY CAN TELL US WHEN THE REJECTION PROCESS BEGINS.

THE CREST SIGNS ARE NOT AS ACUTE AS ARE THE DOLLAR SIGNS, BUT THEY DO HAVE A MESSAGE FOR ALL OF US. WHEN A CREST SIGN FAILS TO RESPOND, WE CAN BEGIN LOOKING FOR A DEGENERATIVE DISEASE OF SOME TYPE. THE CREST SIGNS BASICALLY REPRESENT MAN'S MYOLOGICAL SYSTEM AND ONE SINGLE MUSCLE OUT OF ADJUSTMENT OFTENTIMES CAN INTERRUPT A NORMAL CREST SIGN. THAT IS WHY WE MUST BE SO CAREFUL IN OUR CATEGORY ANALYSIS. IF WE MISS A CATEGORY TWO AND USE A CATEGORY ONE PROCEDURE, WE DO INSULT MAN'S MUSCULAR SYSTEM AND WE DO UPSET HIS CREST SIGNS.

JUST THINK FOR ONE MINUTE ABOUT THE MECHANISM WHICH ENABLES MAN TO STAND UPRIGHT BECAUSE THAT MECHANISM LOCKS HIS PELVIS. WHEN YOU THINK ABOUT THAT DEVICE, THEN YOU GAIN RESPECT FOR IT. KNOW WHAT IT IS?

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TODAY'S CHUCKLE - HUMOR IS THE HOLE THAT LETS THE SANDUST OUT OF A STUFFED SHIRT.

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MELBOURNE C.M.R.T. 1. SEMINAR. AN IMPORTANT EVENT AS FOR THE FIRST TIME FOR MANY OF YOU THE MORE ADVANCED WORK WILL BE INTRODUCED AND YOU WILL BEGIN TO UNDERSTAND WHY SO MANY OF YOUR PATIENTS HAVE NOT RESPONDED IN THE PAST TO ANY TECHNIQUE YOU HAVE USED. THIS IS ALSO THE LAST SEMINAR FOR TWO MONTHS IN MELBOURNE. THIS SEMINAR WILL BE ESPECIALLY IMPORTANT FOR THOSE WHO WANT TO GET ON IN THE CERTIFICATION PROGRAM. WE LOOK FORWARD TO SEEING A GOOD GROUP OF KEEN CHIROPRACTORS WHO WANT TO BE THE BEST. THE SEMINAR WILL BE CONDUCTED BY MYSELF (SCOTT) AS KEITH WILL STILL BE ON VACATION AT LORD HOWE ISLAND. THERE WILL ALSO BE A VERY FULL REVIEW OF THE FIRST THREE BASIC SEMINARS. THIS SEMINAR SHOULD TIE UP ANY LOOSE ENDS AND MAKE MUCH BETTER PRACTITIONERS OF EVERYBODY.

PHASE ONE OF THE CERTIFICATION PROGRAM ALL RESULTS HAVE BEEN CORRELATED AND ALL APPLICANTS HAVE BEEN INFORMED OF THEIR PERFORMANCE. WE FRANKLY WERE PRETTY DISAPPOINTED. WE EXPECTED FAR BETTER PERFORMANCES. THE WRITTEN PAPER WAS NOT ESPECIALLY DIFFICULT AND ANYBODY WITH A GOOD KNOWLEDGE SHOULD HAVE FLOWN THROUGH. THE PRACTICAL EXAMINATION WAS SIMPLY A TEST OF THE PRACTICAL APPLICATION OF S.O.T. AND BASIC ATTENTION TO DETAIL AND ATTENTION TO PATIENT COMFORT. NOT A SINGLE APPLICANT PASSED ALL EXAMINATIONS AND THIS WAS DISAPPOINTING TO US AND SHOWED QUITE A FEW OF YOU UP AS NOT HAVING DONE ENOUGH STUDY AND YOUR PRACTICAL APPLICATION WAS MOST SLOPPY. (WE SINCERELY HOPE YOUR OFFICE PROCEDURE HAS IMPROVED AS A RESULT OF THIS TEST.) NOW SOME OF YOU CAME VERY CLOSE TO A PASS AND A RETEST IN THE PRACTICAL WILL BE HELD ON THE NIGHT OF SATURDAY THE 11TH. FOR THOSE. (THOSE WHO ARE ELIGIBLE HAVE BEEN NOTIFIED) THOSE WHO FAILED ANY SECTION OF THE WRITTEN TEST WILL SIT ANOTHER EXAMINATION TO BE ANNOUNCED AT ANOTHER DATE. WE ARE PLEASED AT YOUR ATTITUDE TO THIS TESTING AND SOME OF YOUR COMMENTS AFTERWARD. WHY ONE EVEN TOLD ME HE WENT RIGHT HOME AND HIT THE BOOKS AGAIN. GOOD. IT SHOULD BE MENTIONED THAT NO CERTIFICATE WILL BE ISSUED UNTIL AN APPLICANT HAS PASSED TO OUR SATISFACTION ALL SECTIONS OF PRACTICAL, AND WRITTEN IN ALL THREE CATEGORIES. THE STANDARDS HAVE BEEN SET AND WILL NOT CHANGE. ALL WHO SAT THE WRITTEN EXAMINATIONS WILL HAVE AN OPPORTUNITY TO SEE THEIR PAPER AND THE MARKS FOR THE LAST TIME ON THE SATURDAY NIGHT. SOME OF YOU ARE IN FOR A SUPRISE ESP. B.Mac.

FUTURE SEMINARS. WE HAVE BEEN ASKED BY QUITE A NUMBER WHEN ARE YOU GOING TO START A NEW SERIES OF BASIC SEMINARS, IN ANOTHER LOCATION SAY SYDNEY. WE HAD PLANNED TO HOLD JUST SUCH A SERIES IN SYDNEY STARTING IN OCTOBER. OUR HOPE WAS THAT THE I.C.G. HAD WORKED THINGS OUT AND WE COULD PRESENT THIS SERIES UNDER THE AUSPICES OF THE COLLEGE. WELL SO FAR WE HAVE NOT HEARD A SINGLE WORD AS TO WHAT THE COLLEGE IS DOING ON THIS MATTER AND WE REALLY ARE PAST THE TIME IT TAKES TO ORGANIZE SUCH A SERIES STARTING IN OCTOBER. SO WE HAVE THE CHOICE OF STARTING A SERIES IN NOVEMBER THAT WILL NOT CLASH WITH THE BIG SEMINAR TO BE HELD IN MELBOURNE FOR CHIROPRACTIC ASSISTANTS AND A REVIEW OF THE CRANIAL SEMINAR AT OMAHA FOR THOSE WHO ATTENDED DURING THE LAST TWO YEARS, OR STARTING ANEW IN THE NEW YEAR SAY IN FEBRUARY. THE NEW ZEALAND ASSOCIATION WILL ALSO HOLD A SEMINAR ON 12TH TO THE 14TH. OF NOVEMBER AND ONE OF US MAY ATTEND JUST TO SEE WHAT IS GOING ON OVER THERE. SO THAT LEAVES NOVEMBER 20TH AND 21TH. FOR A BASIC 1. SEMINAR (CATEGORY TWO) WITH THE SECOND AND THIRD IN THE SERIES TO BE HELD IN THE NEW YEAR. A FINAL DECISION WILL BE MADE AS SOON AS KEITH GETS BACK FROM VACATION.

WE HAVE ALSO BEEN APPROACHED BY AN ASSOCIATION TO PRESENT A SEMINAR NEXT YEAR TO THEIR ASSOCIATION MEMBERS HOWEVER WE HAVE BEEN UNABLE TO MAKE ANY DECISION REGARDING THIS PENDING SOME SORT OF DECISION FROM THE I.C.G. WE HAVE BEEN MOST PATIENT OVER THESE MATTERS AND SO HAVE ALOT OF CHIROPRACTORS, HOWEVER OUR PATIENCE IS WEARING THIN, AS IS YOURS. SO LOOK FOR SOME IMPORTANT NEWS AND DECISIONS IN THE NEXT BULLETIN REGARDING SEMINARS AND THE FUTURE VENUES.

WHAT'S NEW? YOU WILL RECALL THAT TWO MONTH'S AGO I OUTLINED TO ALL THE DIAPHRAGMATIC TECH. AND IT'S APPARENT RELATIONSHIP TO CATEGORY TWO TECHNIQUE. AT PRESENT I HAVE NOT GOT DOWN TO DESIGNING AN ANSWER FORM BUT LOOK FOR IT NEXT MONTH AFTER I GET BACK FROM OMAHA. ONE THING IS CERTAIN THE MORE WE USE IT THE BETTER THE RESULTS.

NOW HERE IS A LITTLE THING I HAVE FOUND CONCERNING THE ILEOCECAL PROBLEM. MANY OF OUR PATIENTS HAVE THIS SYNDROME AS DO YOUR OWN PATIENTS. I HAVE FOUND ALMOST INVARIABLY THAT THE SIDE OF THE TRANSVERS NODULATION IS ON THE SUPERIOR TRANSVERSE SIDE AND IF AFTER YOUR SACRAL NEUTRALISATION AN ADJUSTMENT IS GIVEN EITHER PRI-M OR PLI-M (GNSTEAD) BEFORE MOVING ONTO PERFORMING THE REFLEX TECHNIQUE THE PATIENT RESPONDS QUICKER THAN IF THE ADJUSTMENT WAS NOT GIVEN.