

THE AUSTRALASIAN SACRO OCCIPITAL TECHNIQUE BULLETIN.

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YOUR THING No matter how diligently a technique is developed and how perfect it may be, it usually requires about two weeks for students to find new ways of doing things incorrectly. About the only things people don't change is the T.V. and the family car. If Chiropractors were surgeons, they probably would do an appendectomy from the posterior just to be different. The human body is a beautiful, fearful, complicated and contrary organization of part upon part, connected to a central system for function and supported by structures far too complicated for the average person to comprehend. You could study the knee joint for ten years, and it still would have functions you could not explain.

Man functions because he has a framework, and that framework is his own personal thing. If this framework does not function upon command and also involuntarily, then man needs framework help. Man has a visceral system which is dependent upon many things, but basically, position. If that position assigned is lost, then someone must restore. Man has ligaments and cartilage for support, but basically as alarm monitors for encroachments. The ligament and cartilage system contains the pain alarm systems and they holler like mad when traumatized. Man has muscles which respond to nerve impulses and position. Those muscles must move man about by using his ligaments, tendons, cartilages and other supportive parts. Man goes where his muscles take him. If he goes in the wrong direction, some muscles are being misdirected.

Man's muscles are intimately connected to his nervous system through his brain and muscles are brain partners, and that is why we can use leverage controlled structures to test man's mind for a solution to his problems. Because man's muscles will virtually talk, muscle testing and mind testing through muscle response hold tremendous promise for the future diagnosticians. Man has special senses, and they are important and oftentimes are the red light that some cranial fault has developed. No matter what one discovers that corrects man's skeletal systems, in less than two weeks someone will find a point on the body that is supposed to monitor that fault. In fact, if your mind thinks parietals, you can touch almost any place and if the parietals are subluxated, the place touched will be painful, and if you correct the parietals, the place you touched will go away. It is mind control from you to the patient and it is mind reading by you from the patient. I have a patient who has an artificial limb. When his parietal slips, that artificial leg almost lights up like Christmas and always on a certain spot, but only in my presence.

Sacro Occipital Technic development was essential to enable the D.C. to have a formulated procedure for specific faults and thus rid himself of many complications. For instance, every human being has a vertebral blockage. Call it a vertebral subluxation and make it legal. How you eliminate that blockage is oftentimes a problem, but if you remember basic rules, you lessen your problem. In the Category two, we correct far too easily and that is our handicap. We accomplish too much too fast and our minds cannot comprehend the dramatic changes we make with no effort. We simply will not let our minds believe. You say to your mind, there is no way I could do so much with so little effort in ten seconds, so you proceed to complicate the picture by doing your usual failure techniques, and because the Category two is so powerful, your failure techniques of the past seem to function, but they do not help correct. The Category two blocking will not let you pop a hip, but if you have adjusted anything, you have unadjusted many things. The Anterior Dorsal subluxation is an obsession with many, especially the Thenar Pad operators. Thank God, only a few can make them pop. The Dorsal Block corrects without popping and it doesn't damage. If you must adjust

Anterior Dorsals, and you should, do it before you do a category analysis or correction, not following the blocking. The Cervical Stairstep is a basic procedure and every human being needs it, so do it as part of your initial examination.

S.O.T. is the only technique that lets man readjust himself by a specific pattern. The blocks place his body in a state of correction, and his body adapts to that corrected position...No torn tissues...No hemorrhage...No insult or assault upon delicate tissues. You accurately and simply float man back to where he belongs. Thank God for the Categories and the blocking techniques. Do you think they came easy? Why didn't some genius develop them before De Jarnette?

Along the way to the categories, we explored hundreds of possibilities. We explored Chromotherapy, Polarity, Magnets, Nutrition. You name it and we explored it. All were found wanting when we developed the categories and the blocking techniques. Magnets have been around for thousands of years. Let's use the new and bury the old. The old deserve to be not disturbed. S.O.T. will stand alone. It does not need support from other techniques. The more you know about S.O.T., the less you need to know about all of the others.

Remember, Technique and even S.O.T. has to be communicated to your patients. Tell them what you do and how painless it is. Go to Parker's next seminar. Jim will tell you what you need to know to keep yourself respectfully prosperous through conscientious services.

CATEGORY TWO. This must be to many of us the most obvious of any Category, however it is so often missed. We have the 5 step analysis and if properly carried out should result in no Category Two being missed. The arm-fossa test is the most often abused and it is the most positive test yet developed by Dr. DeJarnette to determine a Category Two. He writes:-
'Be positive as to y ur Category diagnosis.

I have seen the arm fossa test done by dozens and dozens of fine Chiropractors and each seems bent on doing his own interpretation of a positive physical test. There is no reason in the world why this valued test cannot be done precisely by everyone who uses it. The test is terribly important, and is perhaps the most important test now known in the healing arts. This test for the very first time brings into play man's total neural systems and in both an interpretive and defensive manner. It looks like the medical profession would have discovered this test with all their millions, but it remained for a fellow from a small Nebraska town to develop this valued test. Wonder if a huge monument showing this test on a patient will ever be erected in Nebraska City? It surely should.

Does the patient understand what you are going to do? If the patient does not understand what is going to occur, he cannot co-operate. First off, this is not a contest and it is not for the physically strong. this is a universal test for all patients. If the patient being tested is so physically weak that he cannot participate, you can always use an intermediary or third person.

THE PATIENTS PART. The vertical arm is not something for you to challenge and overpower and use trickery only non understanding Doctors do that. The vertical arm is noted by the patients memory centres and the brain centre tries to recall past events of this type. It is unusual that this is a secondary experience for most patients.

The vertical arm is gently grabbed by the wrist with the Doctor's hand and the Doctor explains what will take place. The patient will feel the Doctor lightly touch the pelvis (fossa) and at the same instant will

command by word of mouth "hold" and in that split second will pull upon the wrist in a foot ward direction. The patient must not pull backward or have the arm tensed before the command "hold". The Doctor pulls simply to see if the arm can resist. This is not a tug of war or a wrist wrestling match. The Doctor does not giggle or wiggle the arm before the command "hold and pull". There are no false starts. A simple pull and that is it. If there is a weakness of the sacroiliac articulation comparable to the fossa area touched, the arm will weaken no matter how brutally strong the patient may be. You must explain to the patient that this is a valid test to determine if the pelvis is subluxated or is not subluxated.

The arm fossa test is repeated every 60 secs. during the blocking and the instant the arms or arm has regained it's strength, the blocks are removed.

The Category Two is a very rapid first adjustment response and for that reason the patient needs alot of counseling. Just because the pain is gone is no criterion by which to judge recovery. With the very best care possible, it requires six weeks for the Category Two to repair and heal. During that six weeks, don't do obvious things you should not do. Do not be an adjustment pain chaser. Pain disappears gradually, but under proper care, totally. It is safe to assume that less than 25% of all Category Two patients in the world are adjusted carefully and totally without adding many things the Category cannot handle.

This is an instance your writer observed. In doing the arm fossa test, the Doctor sawed back and forth and then took off. It looked like he was trying to gain momentum for the final leap. The fossa fingers jabbed to a depth of at least one inch, when all that is needed is a tender touch, like a baby's kiss on the cheek. The Doctor lifted the pelvis for block placement, and did not do the arm fossa for at least three minutes. He forgot the psoas and the iliofemoral, but did do a couple of cervical rolls, and then turned the patient prone and drove a couple of miles up and down the spine. He called that a Category Two. I call that monkey business or worse. What I really called it cannot be printed here.

HEEL LIFTS We do not use heel lifts. If you block a Category Two and then use a heel lift, you are going to beat that Sacroiliac into a pulp.

OMAHA 1977 September 26,27,28....New Tower Motel Courts and Peony Park. There will be two divisions.....

BEGINNERS AND INTERMEDIATES...Fee is US\$100.00 for Doctors and \$50.00 for students. Requirements....first of all there is membership in S.O.T.O. (ownership of the 1977 S.O.T. Notes) Second requirement is the 1976 Cranial Technique manual. You will be taught this 1976 manual page by page. If you haven't mastered the 1976 Cranial Notes you have no business in the advanced class.

ADVANCED GROUP...If you have attended Cranial Technique two or more years one of which was either 1975 or 1976, and if you have a knowledge of what you were taught, then you can be admitted to the advanced section, which is the final section in Cranial Technique. section demands that you understand the cranial and facial structures as taught in 1975 and 1976 and the text is 1976 Cranial Notes. The Fee US\$200.00 for Doctors, which includes the 1977 Cranial Notes. Students US\$125.00.

TEACHER TRAINING SESSION Sept....22,23,24,25. Taught by Dr M.B. DeJarnette

and will be for advanced and Intermediate instructors.

An invitation has been issued to members of S.O.T.O Since it is an instructors class, it is deemed necessary that you must have been in attendance at the Omaha Cranial Seminars in 1975 & 76 to be eligible to attend. If you qualify in that respect, and if you can invest \$400.00, you are invited to participate in the 4 day Instructors class and that will also include the regular three day session...a total of seven days cranial technique. Those interested, other than S.O.T. Instructors, please advise Dr. M.B. DeJarnette Box 338, Nebraska City, 68410 without delay for the quota will fill rapidly. DON'T SEND ANY MONEY YET. (Those Australians who qualify and wish to go let us know pronto so that the accomodation can be organised).

AUSTRALIAN OMAHA TRIP ..A suggested itenerary has been received and is as follows. Depart Sydney Wed. 21st Sept. @ 8.30 pm. via Honolulu to San Francisco (arriving at 7.05 pm Wed.). Accommodation at either a DeLuxe or Superior First Class Hotel. Various Tours of scenic and historical spots will be included &/or a night life tour thru Chinatown at no extra charge. Depart Sun. 10.50am to Omaha arrive at 3.45pm. where the week is spent fruitfully. We leave earlier from Omaha than previously 12.35pm Sat. (prev. 4.00pm.) & arrive Honolulu 6.25pm Sat. (probably via San Francisco but we may be able to change that to L.A. if sufficient request it). All day Sun. & Mon. in Hawaii (with tour). Leave Tues. 12.15am. arrive Sydney 6.25am. on Wed. 5th. Oct. so you can catch early flights home and be back in practice if you so desire.

This itinerary is an amalgam of wishes of those who expressed any interest in the matter & should be basically acceptable to all. Other suggestions must be received within two weeks to be considered. Side trips are your own responsibility. There are some S.O.T. ers who do not receive this Newsletter so please spread the word, the more going the cheaper it is. We have already have had indicated some wives, parents C.A.'s etc. and you should be able to arrange these as a tax deduction etc. The cost still appears to be about \$1400.00 all inclusive except for meals. i.e. if we can guarantee 16 in the party.

N.B. In view of the dates set by Dr. DeJarnette for the Instructors Seminar we may have to leave a day earlier on the Tuesday.

At the present information has not been received on the S.O.R.S.I. Seminar conducted immediately following the Cranial Seminar. Information on this will be in next months Newsletter.

MAY WE BOTH URGE YOU ALL TO MAKE OMAHA YOUR TARGET THIS YEAR. THERE WILL NEVER BE A FINER TIME TO HONOUR THE MASTER DR. DEJARNETTE.

S.O.T. SEMINAR HELD RECENTLY IN AUCKLAND N.Z.

This was attended by 17 dedicated NZ Chiropractors and was a great success in that this was the first officially sanctioned S.O.T. Seminar held in that country. The Seminar was conducted by S.P. and covered Categories one and two fully. The standard and conduct of the Chiropractors present was a credit to N.Z. and this Instructor was most satisfied at the probing questions asked and the dilligence of everyone present. May we urge all those present to form study groups and invite your colleagues along and in so studying together so will your skills in S.O.T. develope. We look forward to hearing from those in N.Z. and your progress.

STUDY GROUP A letter has been received from Dr. N.G. Creed of MT. Gambier S.A. In it he informs us of a study group those in South Australia have set up. They meet at monthly intervals at different locations throughout the state and already they are noticing an improvement in their standards and efficiency. Congratulations to Neville and the group.

C.M.R.T. 1. SYDNEY Enclosed with this Bulletin will be found a form for this Seminar which will be held on 28th. and 29th of May at the Glen View Motel Sydney. This Seminar is the first of the advanced Series of which there will be two to be followed by a full review of all work presented at the July Seminar. It is most unfortunate the Mr. Fraser and company have to hold the referendums at the same time but so be it. This will be a most important Seminar for all who attend. I promised something special and on the Sunday I will give you considerable food for thought. This Seminar will be of extraordinary interest to those who attended a Seminar held in Noah's Hotel on March 26th & 27th. I will say no more but look forward with to seeing the lot of you there. There are a number who have taken S.O.T. before but who no longer receive this Newsletter but who would find this Seminar intensely interesting. Dean Lines and Paul Sykes are two names which spring to mind who should be present but may not get this message. C.M.R.T. 1. will be an S.O.T. happening plus something special. See you there.

SACRO OCCIPITAL TECHNIC All Chiropractic...and all the Chiropractic any Chiropractor needs. When you understand S.O.T., you understand man.

The big problem with the many using S.O.T. is that they use it along with many other tid-bits they have picked up here and there, and about all they accomplish is one heck of a mix-up in the patient's receptor and rejector systems. In spite of this confusion, many wonderful Chiropractors do stay within the realm of S.O.T. and they do get marvelous results. Chiropractors are always looking for the something that lurks around the corner. The Alpha and Omega and the all powerful that does everything quietly and simply. It is good to keep looking, but you will never find it, for man is the most complicated being ever created and he is even more complicated because of all the polutions, pollutants, sprays, disinfectants, dyes, preservatives, gases, artificial light, such as the T.V. tube emits. Man is exposed daily to emotional bombardments from fear mongers. Even your own hair (if you are lucky enough to have any) may prove to be carcinogenic.

Man in this simplest form is a Category problem, and all Doctors of the near future will observe man as such. When you learn to segregate man into proper and specific Categories, and then apply only that which that Category can use, you begin to arrive at a destination you are happy to live in.

When man has to apply magnets to a man to change his polarity or have him wear copper insoles and some other metal in the other foot to get back in tune with the infinite, man is defying nature, because nature put those metals in the ground and they are absorbed naturally into our foods.

Man is a product of many things and many things must combine to make him function. The spinal column is basically man's monitor of his well being. When the spinal column feels good man feels good. There simply isn't anything that can go wrong with man, that doesn't in some manner affect his spinal column. Every ache and every limitation of movement in that spinal column means something, yet man can live for many years with spinal column pain and almost total loss of spinal column movement.

Man's nervous system is his communication mechanism, yet that nervous system within itself only carries messages. The nervous system is totally upon man's mechanical put-together to function and the C.S.F. system supports it. Pinch a nerve anywhere in your body, and it interferes with many nerves everywhere in your body. To be cont'd.

Get all the Chiropractic you can; can all you can get; and you will have more in your can than a physi-can can in his can. D.J.