S.O.T.O. CHIROPRACTIC BULLETIN.
Keith C. Bastian D.C. Published by P.O. Box 238,
Scott D. Parker D.C. April 1978 Grafton N.S.W. 2460.

ORTHOPEDIC BLOCK CORRECTION (some further considerations) by K.B.
Orthopedic blocking has many uses in times of emergency, for pain control and possibly for continuing progress when Category considerations are neutral.

GENERAL. Except in times of emergency, this procedure is not in the forefront of the systematic attack on the patients neurological patterns, but can be a very useful addition to the D.C.'s armamentarium, however on very rare occasions on the first visit the patient will pass all the 4 step analysis, exhibit no heel tension, leg length differential and still have an acute or chronic low back syndrome with or without sciatica.
I f the indicators are present and the correct procedure is applied, dramatic results may be obtained.
WARNING On immediately rechecking, a Category may now be obvious and the appropriate correction made safely and with confidence of a good result. If a Category determination is still not possible, then send the patient home. If acute the patients Category may show as early as the next day. (if it is deemed advisable or practical to recall the patient that early.)

INDICATORS The indicators for orthopedic blocking are the same as that used in the R + C technique, namely 5L with C1., 4L with C2., 3L. with C3,, 2L, with C4, 1L. with C5. Rotation of the lumbar vertebrae(which is all we can be directly concerned with in this correction) causes soreness on the lateral aspect of the spinous (of the lumbar) on the side to which it has pulled.. Correspondingly and more readily checked is the sensitivity on the lateral tip of the transverse of the corresponding cervical. These are the indicators for pre and post checking.

CATEGORY 1 & CATEGORY 3. In Category 1. orthopedic blocking is superfluous WHILE HEEL TENSION IS PRESENT.
N.B. To finish off Category 1. sometimes when heel tension appears negligible or absent and you begin to check the indicators, (e.g. with a patient whose Category 1. listing is R.P.S.S.) sensitivity may be elicited on the opposite side of the atlas transverse tip. i.e. on the left. Go back and recheck for heel tension e.g. do the exhaust cough test - as the heel tension then may be quite obvious and you can do you Category blocking with more effective results than orthopedic blocking.

When the Category 1. correction has proceded to the point where all heel tension is eliminated and in Category 3., when the legs have equalized, it is wise to check the cervical indicators. If an indicator is present, one DeJarnette block is inserted under the acetabulum or just superior on the side of the indicator. Depth of insertion is determined by size and comfort of the patient, but is usually about two thirds. The opposite block may be slightly inserted for comfort and security if necessary. Both blocks are then directly opposite each other and in line.

It was found that frequently a nodulation was found on the posterior transverse of the rotated vertebra (opposite side to cervical indicator) and on searching a nodule was found on the corresponding Line 2. Doing the C.M.R.T. prone procedure (which we refer to as "neutralization") significantly reduces the time needed to clear the indicator and reduces a subsequent likelihood of reoccurrence. On occasion this procedure may be reversed. The patient may be on the blocks, a nodule on Line 2. may be found and if it is proving difficult to "neutralize", check for a cervical indicator. If one is present, reposition the blocks for the

orthopedic correction as previously described and both nodule and indicator should clear readily if analysis is correct. Occasionally the indicator and nodulation etc. seem to be mixed up. Sometimes this is due to a rotatory scoliosis. Recheck carefully. If still uncertain then neutralize without blocking and then recheck all factors for a clear determination.

R + C. This useful technique also enhances the blocking and neutralization if a rotation is indicated or if the tissues are fibrotic.

CATEGORY 2. Orthopedic blocking is not done if an active Category 2.. i.e. if 4 step analysis (especially the arm fossa) shows a Category 2. However on occasions Category 2. indicators are absent, Psoas and Anterior Ilio Femoral indicators are clear but the patient still has low back pain, anterior or posterior leg pain. If a check of the cervical indicators is possible the orthopedic blocking is done as in the S.O.T. Notes with the major block inserted on the SIDE OPPOSITE THE CERVICAL INDICATOR and the other inserted slightly for security.

Contacting the appropriate Post Ganglionic and Trapezius area for the involved vertebra, considerably enhances both the speed and degree of of clearance of all factors concerned. Frequently the clearance of the cervical indicator is virtually instantaneous, but we find it beneficial to continue the hold until acid-alkaline factors balance and moisterization occurs at the trapezius nodule.

There are variable factors with this procedure. If the patient is correctly polarized (refer to Feb. S.O.T.O. A/Sia Bulletin of research done by S. Parker D.C.), the nodulation and Post Ganglionic area are on the same side as the high block (i.e. on the same side as the nodulated transverse), but check both trap. lines and if bilateral areas of Post Ganglionic are possible, e.g. L4. check all possibilities before deciding. The T.S. line is the strongest indicator for the side of trap. contact. Whilst it is most effective if the D.C. or C.A. contacts both areas, it appears to be almost as effective if the patient does the hold. This is also useful if the visceral association is chronic as the patient can then do the same procedure as a follow up at home.

In both Category 1. and Category 2., be careful of the possible confusing influence of D9. The Atlas indicator may signify either L5. or D9. In Category 1. if on checking the appropriate L5 spinous or transverse area, no sensitivity is elicited, check D9. The D9. transverse on the same side as the C1. indicator is the most usually involved and when neutralized will clear the indicator. No blocking is needed.

In Category 2. if the L5. Post Ganglionic areas are negative, check D9. Post Ganglionic and Trapezius areas and hold for clearance of C1. No blocking is required and the areas involved are usually on the same side as the C1. indicator.

The question of osseous correction of these structures has not been resolved satisfactorily or completely. For the sake of radiation we rarely re-Xray, especially in close proximity. Input from colleagues on this would be appreciated.

TERMINOLOGY CAT. 1.&3. 5L PR & LN - 5L Post.& Right + Neutralized on left.
(no need to indicate prone as neutralization only done prone)
CAT. 2. 5L PR SB&PG - 5L Post.& Right Supine Block & Post Ganglionic

The addition of these techniques can further increase the effectiveness of your already incredible results with S.O.T., but as with all S.O.T. procedures the few simple rules must be observed. As always we would welcome your experience and comments with these techniques.

* * * * * * * * * * * *

This paper has been produced by Dr. Keith Bastian in response to a request from Dr. DeJarnette that all certified instructors present an outline of any original work they are doing in S.O.T. or its allied field. This work is the property of S.O.T.O. A/Sia however S.O.T.O. may use it as it sees fit.

S.O.T.O. A/SIA The first meeting has been held in connection with the official formation of the Sacro Occipital Technique Organization Australasia. It was decided that the groundwork should be layed by a committee which will present its findings to a meeting to take place at the Annual Meeting of the I.C.C.

It was felt by all present that the Profession would gain by having a stable body promoting the principles and works of Dr. DeJarnette. Not only in providing Teachers but in promoting standards and the organizing of Seminars, but providing a focus for all to turn to in future years.

The meeting at the end of April will approve hopefully what the committee has assembled and the first election of officers will take place. It has been envisaged by both Dr. Bastian and myself that an Annual Seminar will be organized along the same lines as the Omaha Seminar where new work may be presented and guest lecturers be invited. Who knows it may fit in well with the Annual meeting of the I.C.C. in future years. Think about it. We look forward to seeing all of you at the first meeting of S.O.T.O. A/Sia at the Annual meeting of the I.C.C.

FUTURE SEMINARS. We have both given an undertaking to the I.C.C. that we will not be producing any more Seminars on an individual basis in 1978. We have said that if S.O.T.O. A/SIA is not formed then we will produce Cranial Reviews. So if you want S.O.T. Seminars in the future folks come along to Melbourne and get S.O.T.O. A/SIA under way.

SO. WHAT's NEW (S.O.T. BULLETIN MARCH 1978 Published by Dr. DeJarnette) ED. I am publishing this for all those who do not receive a copy of the Bulletin published by Dr. DeJarnette. Apparently members of the U.C.A. are sent his Bulletin plus a few others whilst others are left out. It may be the best in the future if everybody gets a copy or nobody gets one then I won't receive some of the complaints I get. Over to you Major.

Theres a big article in January-February Chiropractic Economics on Omaha Cranial Class and S.O.R.S.I. Seminar. All credit is due to Nell Bludworth of El Cajon, California. Nell, you did an excellent job of reporting and publicity...far better than has ever been done before. Thanks not only to a very beautiful lady, but a very dedicated person.

MORE THAT AIN'T NEW. The same issue of Chiropractic Economics carried an article disputing the Major's overarm Psoas test, for psoas problems. Editor claims to have proof that this overhead arm stretch is not valid and he goes into great detail about how the cervical segments correct the psoas and equalizes the short arm in the overhead stretch.

The Major has news for the writer of that article, and it isn't new news by any means. The Major taught that same cervical technique some 45 years ago and it later became the R. + C. system in 1952. Again, what's new?

All of you know that the psoas is innervated from lumbars 2 and 3. All of you know that it is a respiratory muscle, and all of you know that its basic function is to flex the thigh and flex the lumbar vertebral column and bends it laterally. The psoas minor flexes the pelvis and lumbar column, while the iliacus, which is a companion muscle, flexes the thigh.

The companion muscles of the psoas and iliacus would be the rectus femoris, sartorius, tensor muscle of the fascia lata, the pectinius, the adductor brevis and the adductor longis.

Daniels and Worthington, muscle testing, show five muscle testing positions for the psoas. Put all of thos tests together and wipe out the whole thing with one psoas adjustment as taught in S.O.T. That is why we have one position for Category 1. and 3. and another position for Category 2. Think and you will learn that S.O.T. is the prime motivator in all Chiropractic research.

Way back in 1932 the Major pointed out that the atlas is specifically related to the fifth lumbar..the axis to the fourth lumbar..cervical 3. to the 3rd. lumbar..cervical4. to the 2nd. lumbar and cervical 5. to the 1st. lumbar. The psoas is basically innervated from lumbars 2 and 3, so you see cervicals 3 and 4 are profoundly related neurologically to the psoas. There is a very strange coincidence here. You can inhibit cervicals 2 and 3 for a month and they will not correct the postural faults produced by the shift of the pelvis and the lumbar spine in a psoas distortion, but blocking as taught in S.O.T. will correct that fault.

Many years ago a chiropractor by the name of Dillion taught that cervical 3 was the master control of the human body and the universe. Dillion attended his first S.O.T. class in Denver, Colorado about 1938. The good Doctor is long deceased.

S.O.T. is not trying to complicate Chiropractic, but it is researching to prove chiropractic to be a specific approach to holistic health services. We are developing chiropractic to a sound science through the application of established physical and chemical laws.

You do not need more manipulations because most of you cannot correctly use the ones you were taught in College. You need to eliminate most of your adjustive and manipulative practices. Today, S.O.T. refines chiropractic to a science and scientific approach by letting the patient choose the amount of energy he will generate when being correctly blocked.

S.O.T. wastes no time in arriving at conclusions. You do not need more elaborate examination and testing methods. Patients are sick to death of routines and tests. They are looking for help, not tests.

S.O.T. is not a faddish technique. We do not try to incorporate every article written into S.O.T. We do our own thinking and our research. We have to remain within the respectable realms of scientific knowledge with the desire to widen and deepen such undertakings and understandings.

Many years ago when the Major was beginning research that later developed into the Category system, he had the acute, the subacute and chronic distortions. Each had numerous tests and each took time. Today with the basic Category system of 1. 2. & 3., the actual analysis time is less than two minutes per patient. You might not feel that this is sufficient time to properly explore a patients physical system and you keep adding

this test and that test. You go into therapy localization. Remember that the Major did all of that back in the late 1930's and early 1940's. The Major would test this area against that area. There was merit, but it took time and time is earning power. We accomplish the ideal situations today with our Category 1. 2. & 3. procedures. All of the muscle testing in the world won't do a better job and it sure as hell will confuse the brain and man's protective systems. Remember that in much of your muscle testing, the thing performs as you wish it to. This also applies to the arm-fossa test, so always be totally unaware of what you want to happen.

Your preliminary examination, providing you charge for it, can be a routine that requires many tests. This does impress a new patient and it is advisable, but only use those tests which have a reasonable and recognized value. In many States, the D.C. cannot draw blood, and the Major feels that this is a grave injustice. The medics can draw gallons of blood but oftentimes it is a total waste.

Stick to basics in S.O.T. They perform and out perform all other approaches. Remember, if you are a popping addict and cannot resist the "snap, crackle and pop" approach, do all that first, then categorize what is left and then block accurately. This will eliminate many of the traumas your crack, pop and snap produced and will give some lasting benefits.

FIFTY YEARS AGO. In 1926 S.O.T. was just peeping through its placenta and the umbilical cord was still attached. It consisted of using ice on specific areas of the back, alternating with heat. We then progressed to specific areas of cold or heat. Time then taught us that changes in back muscle colouring was indicative of neural pooling, and we used various procedures to eliminate that problem. The mystery of S.O.T.'s growth and developement is that each step was better than the previous step and as a whole, better than anything chiropractic offered at that time. It is truly a miracle of birth and growth, and it is very laborious and it is an expensive journey. The thrill of S.O.T. is that the Major uses it exclusively, combined with Cranial technique, C.M.R.T. and Extremity adjusting. It is pretty difficult not to get results when you put it all together.

S.O.T. Far too many chiropractors have not seen the beautiful forest of S.O.T. because they have hidden behind just one tree.

A young D.C. asked your writer a few days ago what he thought about chiropractors doing castings in orthopedics, incisions and minor surgery and drugs of a limited degree. A young M.D. talked to your writer the same day, and he said, "DeJarnette, you are the luckiest man in the world; you don't have to face up to malpractice every time you close a wound, set a fracture or worry for 21 years while a baby you delivered yesterday gets to be 21 years old.
There, are two opinions. The Major, even in his humble surroundings, didn't get out of bed last night to sew up a drunk or deliver a baby or attend a coronary or stroke victim.
Those who understand S.O.T. understand that we are not practicing or wanting to practice medicine. We only want to help those who need physiological, neurological, anatomical, mechanical, stress and environmental realignment, and of the 220,000,000 citizens in the U.S.A., not one exists but needs some part of S.O.T. right today. If your practice is limited, you better turn on the lights. You have been working with coloured glasses on your optics. ******************************