

S.O.T.O. CHIROPRACTIC BULLETIN.

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THE EDITOR. We are often reminded and sometimes rather forcefully that the list of practitioners that we keep of who practices S.O.T. is woefully inadequate. Whilst this is not an uncommon problem because we are sure it happens to good S.O.T.ers the world over.

Major publishes from time to time a list of the current members of S.O.T.O., the number of Seminars attended, addresses and the number of manuals purchased. I am sad to relate that experiences with both the S.O.T.O. list and our own leave alot to be desired. Doctors who have attended many S.O.T. seminars may be expected to use S.O.T., however this has not proved to be so by any means.

When our patients travel either on business or holiday we provide them with a list of practitioners along the route who we believe use S.O.T. Naturally in case of emergency or if continuing care is required it is necessary to do so. We usually provide a card with listings, however we are not absolutely pure and have missed doing this on the odd occasion. We have been happy to note that some patients when referred to us come complete with Xray's and a listing card and this in our opinion reflects a true professional responsibility on the Doctors part.

The stories that return with some patients are enough to make ones hair stand on end and sadly S.O.T. is not used in many offices and on a few occasions a serious deterioration in the patients health has ocured because a severe Category 2 has been created because pelvic side posture work has been attempted. Always from time to time we get some wonderful reports back and this does balance things somewhat.

Recently we had a young family back from a 9 month trip around Australia. It is sad to report that the care they received was an extremely mixed bag, but they were happy beyond measure at the care received at the last Chiropractor they visited in their long trip around our continent. They had been sick on and off until the last lap and their visit to Charles Keynes in Albury was a joy. They had visited many Chiropractors from the lists we had given them, but it was not until Charles gave them proper S.O.T. testing and the DeJarnette blocks properly applied that the true potential within each one of this family had been released. Yes many along the way had popped blocks under them but it was not until Albury had the proper tests so painstakingly developed by Dr. DeJarnette been performed. Thankyou Charles Keynes and for the information of all you may refer patients to this Doctor and S.O.T. will be practiced in the most professional manner.

At every Seminar we present, we either teach or review the arm fossa test. There should be no excuse for at least that test not being performed. It surely must be one of the most definitive and informative tests in all of Chiropractic. Yet many or dare I say most were not even using it or perhaps had forgotten how. You never forget to put balance due or or collect your professional fee. You don't forget to fill your car with gas or lock it when you leave it yet you forget to perform this simple test. Some we hear whip in wack a few things about and are gone in one and a half minutes flat into the next room, and by contrast others seem to fiddle about trying to find the spine.

In one office we were astounded to learn that a machine was used(not Pettibon) on the back and in another a vibrator was used to relax things before any

action took place. These things are not advocated nor do they produce anything other than making the patient feel good at the time - THEY DO NOT LOCATE OR REMOVE SUBLUXATIONS other than by chance. Practice of this nature reduces Chiropractic from a Science and Art back to the shotgun methods of yesteryear. We are also suprised at the number of patients who drop in on holidays etc. and they come from practitioners whom we thought used S.O.T. and when the patient is asked to lie down on the table face up look at us in rank astonishment. This certainly let's the cat out of the bag doesn't it?

So to help clear up some of this muddle in Australasia, there is enclosed with this Bulletin a form to be filled out giving you an opportunity to express how you would like to be listed. The results will make up the basis of a list which will be issued to you next month. This will surely be a help to all and certainly if you use S.O.T. only 20% of the time others would like to know just as surely as you would like the same information at hand when making referrals. It would also be a help if we all had knowledge of each others basic expertise. This form will indicate only how much you use certain approaches and it is not in any way to interpreted as a measure of your competence. In this way a list of as many practitioners as possible may be established to be used as a guide to all chiropractors in Australasia. If your response is good (and we don't see why it shouldn't be) we would consider doing a similar dossier of all chiropractors and making it available to the profession. PLEASE FILL OUT THE FORM AND RETURN IT TO US IN THE ENVELOPE PROVIDED.

There are three questions to answer. The first is self explanatory. The second requires a tick alongside every technique of which you have some working knowledge. The term 'My own' refers to your own personal technique developments with which you have been credited with. The third question asks you to give an approximate percentage of the type of practice you operate. This question really does not relate to question 2. in that you may have knowledge of some depth of 6 different techniques, yet in your practice you may noly use for the most part 2 techniques e.g. Gonstead 85%, S.O.T. 15% and this is the type of answer (clear cut) we are looking for. Yes, sure you may use bits and pieces of them all in any one day or week however just the main techniques are all that is required.

The list will be published next month and obviously if you feel the idea has merit then your answers will come in thick and fast. It is over to you.

FINGER POLARITIES (S.F.)

In the early part of last year I noticed something which appeared strange. Some of the patients appeared to react to pain more when I touched them with the index finger than say the second finger, whilst the other fingers had similar patterns. On further investigation I found that consistently the patient reacted to the second finger than to the index finger. This appeared to roughly coincide with the percentage of patients who were SB+ and those who were SB-. Further checking confirmed that this phenomenon was no mere coincidence. Here now was another method of telling whether a patient was an SB+ or an SB- merely by asking the patient the difference in the severity of pain on any chosen specific point of pain. For example you could use a Trap. or a Radius for this purpose. Certainly everybody has had very difficult cough tests to interpret and the SB index could be one or the other. This is now one more confirmation test you can apply simply and easily. This naturally brought to mind a number of queries relating to some of the work I was doing with the

piezo electric effect, and appeared to give some answers to other problems.

This test raises the old matter of finger polarities. It has been postulated by many including Free, Walker and van Rumpf that the fingers are biomagnetically polarised hence it becomes clear as to why Dr. DeJarnette insists that we use four fingers into the fossae in Category Two testing and in some of the cranial work. Obviously three fingers could easily give a false arm fossa test because the finger polarities would not be neutral. Similarly it is not logical to touch the patient with a single finger when palpating unless it is the correct finger for the SB listing e.g. SB+ 2nd. finger, Thumb or little finger. SB- 1st. finger, or third finger.

This fact goes a long way to explaining why some patients respond one time and not another when apparently exactly the same adjustment is given. You have applied the wrong finger or combination of fingers when making tissue contact with the patient during the visit and this changed polarity (whether it is in the aura pattern or a tissue change I am not sure yet) and had a long lasting detrimental effect hence the lack of patient response.

You may easily verify this statement simply in a Line 2. Occipital fibre. Contact the transverse nodulation and the fibre as well with the incorrect finger for the cough test. Then try it with the correct finger. You will note the difference in both the pain and there will be a changed much more speedy response. In my experience contacts made on the patient are best if they are neutral contacts. Use either two or four fingers together. Obviously two finger contacts are the easiest using either the thumb and first finger or the first and second fingers. It is especially important to make contact with the dollar signs in this manner, particularly when using Dollar sign Technique (B stimulation) or the tap test. For the crest sign I use the first and second finger.

Further this postulation of mine helps explain something which had puzzled me for some five years. How many of you have had a beautiful crest major on one side or the other and the pain side under your thumb contact was on the same side as the crest sign. However that was not the complete explanation. On studying page 197 of the 1976 cranial notes I noted that Dr. DeJarnette has a little drawing showing the cranium polarised + and - on each side and I reasoned also that the body could possibly show the same relationship and be polarised similarly. Hence there would be some explanation for an SB- patient reacting to thumb pressure on the crest sign side, in one instance and an SB+ patient also reacting on the crest sign side should the body become sectionally polarised. On further checking this was found to be correct hence the pain reaction on the crest sign side when a + thumb contact is made. The same applies to dollar sign testing so you should use two finger contacts for both testing and dollar sign technique.

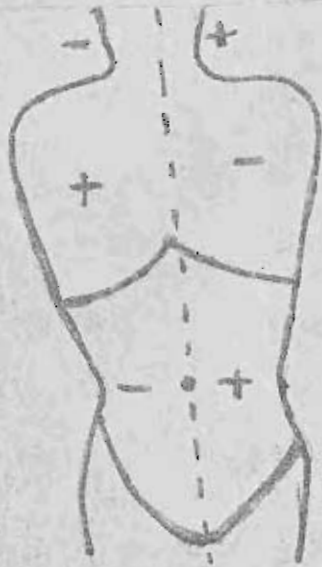


Finger Polarities.

Turning our minds further to the whole of Chapter 14 in the 1976 Cranial Notes on the subject 'Cranial Technique and Mind Language', you are in a whole new ball game. You will find that each individual you check could be different in that polarities sometimes differ so you

would be wise to run individual tests and then alter the patterns to normal before progressing. Certainly less than satisfactory results will be obtained unless this is done. Polarity variations in the cranium most decidedly affect the overall result. Provided the pattern is normal then there is no evidence to suggest other than good results providing neutral contacts are made. Noteworthy is the fact that there is a normal pattern of man when in sickness and when that pattern is not present or you do not place man in that pattern, then your results will be extremely variable.

Leaving the cranium for a bit and going inferior as far as the pelvis, I have illustrated these body patterns and they are the same for both anterior and posterior. The mid-line is one dividing point and the rib margin the other. Generally reverse fields are not common and the procedure to normalize the pattern is too ponderous for this brief paper however should a unilateral change be needed the procedure for this is simple. Should say the lower left quadrant be polarised negative, you will find the other zones on the same side mixed up as well, whilst the right may be completely normal. You change polarities into like zones. e.g. lower left quadrant into cervical on the same side. Use two finger contacts into the abdominal zone and the cervical zone on the same side. In this case we would contact the left. Another point to note when dealing with these fields is that you do not cross the body. Always stand on the same side for both testing and contacts. This sounds very familiar doesn't it. Dr. DeJarnette has said on many occasions just that. He has dealt quite extensively in the body force fields and this is evidenced by the booklet entitled 'Tension Technic' 1941 from which I have quoted in a past Bulletin.



Body Patterns.

Cranial polarities have similar patterns to Dr. DeJarnettes figure 1. on page 197 but there are additions. Fixing the faults in the system is done differently and many hidden body language patterns are uncovered subsequently. If the cranial patterns do not neutralize then specific polarity adjustments can be made providing there is no extensive sutural jamming. It is becoming increasingly apparent to me however that no system regardless will supplant the DeJarnette cranial correction system. We will always have to come back to that whether we use Sutural Technique, the external cranial techniques, Goodheart, Massner, this approach that I have outlined or the good old wack on the side of the neck. But this system can restore normalcy to the C.S.F. system and the nervous system without doubt and is extremely useful.

Testing is done in both the body areas and the cranium with a neutral 2 finger contact and using braeth testing. You should also never confuse the results from the arm fossa test and this test as they could give you completely opposite results. So don't confuse the tests as they are looking for different faults.

By this point some of you will possibly think that this is a new system and supplants S.O.T. and the blocking. Nothing could be further from the truth. All abnormal body fields need correcting, however the major point I wish to make is this. IN THE SB NORMAL, TESTING WILL ELICIT NO BODY PATTERN. What I have termed the normal body pattern is normal only

things before any

an that it indicates the body's response to the subluxation is normal. If the normal polarity response is present then an accurate determination of Category and responses during adjustments will ensue. There have been occasions when application of the techniques developed have resulted in an S.B. Normal but these cases are in the minority, but still they are significant. Corrections to abnormal cranial vault patterns are especially useful in showing up a Latent Category Two. Also with the Category Two I am using a Basic Two type adjustment by using neutralising type body contacts and with a much better holding pattern into the S-I joint. This adjustment also takes care of any abnormal sacral polarity patterns as well.

This work complements S.O.T. in the same manner as all the work that Dr. DeJarnette has developed. It should be easy for all to understand the system when it is demonstrated and explained and could be easily looked on as another branch of S.O.T. in the same manner as C.M.R.T., Extremity Technique or T.S. Line work. Without the blocks S.O.T. Cranial Technique and all the other DeJarnette developments this work cannot stand on it's own, but significant benefits can result from it's use.

I, with this Newsletter requested time on the S.O.R.S.I. program at Omaha this year. If time is granted then there will be an opportunity to unfold the system for your judgement as well as other developments should time permit.



Dr DeJarnette recently in a message to his certified Instructors said :- All certified Instructors are requested to present a 1500 word typed outline of any original work they are doing in S.O.T. or its allied field. This is not mandatory, but is a terrific beginning experience. All such manuscripts become the property of S.O.T.O. etc. etc. Major this is my contribution, it is the property of S.O.T.O. A/Sia however S.O.T.O. may use it as it sees fit. Next month it is hoped to publish an original manuscript by Dr. Bastian which will fulfill the same requirement that this work has done.

OMAHA Vacancies are filling fast and there appears to be 5 places left in the party. Last month I overlooked including a form to fill out on Omaha however the letters came thick and fast. There is a form this time. For those who have let us know you have no need for further communication. The good news is that the travel agency tells me the trip will cost about the same as last year. (\$1400)

SEMINARS Making any firm policy at this point is difficult. Dr. Bastian has formerly applied to the International College of Chiropractic for a position on the staff and should this eventuate it would be expected that some of the Basic S.O.T. Seminars would be conducted through the College. Obviously the teaching of S.O.T. should be handled by qualified Instructors or supervised by those at that level. So now you know folk.