S.O.T.O. CHIROPRACTIC BULLETIN.

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WHAT IS ON IN 1978? This is a very interesting question. A number of things are currently preventing my publishing our Seminar schedule. Some I can mention and some I cannot however on the whole this looks like a most interesting year and should provide S.O.T. with an ever growing base of fine practitioners and also with the I.C.C. students reaching that point(i.e. the advanced students) in their College career where an exposure to the best chiropractic is taking place. Yes, this year these fledgling chiropractors wil be exposed to S.O.T. and it my earnest hope that these students get their teeth right into it for Dr. DeJarnette's work is the finest the profession has to offer.

In Victoria at the moment apparently an amalgamation is taking place with the U.C.A. and the profession will be speaking with one voice in that State. In N.S.W. however we have been told that such a change is not contemplated by the executive and things will go on as before. So there is a small problem right there. We had decided to hold all this years Seminars in Melbourne and the U.C.A. members would be eligible to attend, however we would then be in the position of allowing only the Victrian U.C.A. members to attend and not those from N.S.W. whilst at the same time A.C.A. members from N.S.W. could attend. So there is one reason.

We are still awaiting definite word from Dr. DeJarnette as to when his 1978 S.O.T.O. membership notes will be available. One year I remember we set dates and the Notes were not ready and we had to prepare our own. Dr. DeJarnette and his wonderful staff have a herculian task each year getting out two sets of Notes and a newsletter each month in addition to answering mail from all over the globe so we will wait until we have definite word from Nebraska.

In this months Newsletter I will outline correspondence received and newsletters received from Dr. DeJarnette re S.O.T.O. now that S.O.R.S.I. has declined to take up the offer to purchase the copyrights for S.O.T. and it's associated techniques.

Also there will be a case outline and as well one of my soapbox perfomances to which you have all become accustomed. We have to make some decisions regarding our annual pilgrimage to Omaha. This year we have made a block booking of accomodation and we must take it up by the end of March.

S.O.T.O. You now number 49 capable, anxious, deserving, willing and eager Doctors of Chiropractic, who grow by instructing others in S.O.T. principles. S.O.R.S.I. couldn't handle the total purchase of all the DeJarnette copyrights and other rights. In fact and truthfully, they made only token acknowledgement that the sale was under consideration. The total solicitation consisted of one field letter. The Major is pleased in many ways that he is still the commander and he hopes his followers are pleased. The total concept of Sacro Occipital Technic is spreading around the world, and without alot of ballyhoo and nonsense, it is gaining total professional respect.

First and foremost the S.O.T.O. Instructors must be dedicated to S.O.T. They cannot be one quarter Kinesiology, one quarter physiotherapy, one quarter acupuncture and one quarter S.O.T. They have to be all S.O.T. and practice as they teach S.O.T. S.O.T. is big enough for the total holistic care of man. The only addition we deem essential is an understanding of nutrition by those who will take the time to qualify in that field.

Those of you who do really believe that Kinesiology adds to your results and prestige as a Doctor of Chiropractic are privilidged to use it in your office, but I feel in all good ethics, we must leave the teaching of Kinesiology to my good colleague and friend, Dr. George Goodheart. Remember if you can that most Doctors coming to you have studied Kinesiology and just about everything else going, so S.O.T. is startling and challenging to them. Keep in mind that S.O.T. is the premier technique in chiropractic today and many in high office know that to be so.

The S.O.T.O. organization consists of the founder, Major DeJarnette, and 49 S.O.T. Instructors, now certified or in traing. The S.O.T.O. is now in a position to offer S.O.T. classes in any part of the world, conducted by certified Instructors. The headquarters for the S.O.T.O. is the office of DR. M.B. DeJarnette, Box 338, Nebraska City Nebraska 68410.

A word of advice...The S.O.R.S.I. did not accept the Major's offer to sell the total S.O.T.O. program. The program is exclusively the property of Dr. M.B. DeJarnette and is controlled by his office. Suggestions for bettering the organization are always welcome. We now have in progress a plan to incorporate the S.O.T.O. and to admit shareholders and individuals without vote and dividends for a period of five years. This is a testing period. Those who prove capable of managing S.O.T. and it's allied services, will then be privilidged to become shareholders with a vote and dividends. S.O.T. and S.O.T.O. will live forever under this plan.

HEEL LIFTS We received a letter the other day from one of our good S.O.T.ers in another state it went as follows :-

' I don't know whether this is original or not - but about that old bugaboo of heel lifts.

A reliable guide so far as I can tell:-

1. If after blocking,legs quickly return to a short leg, but S.B. test is normal and crest and dollar signs are okay - a heel lift is usually required.
2. Also about 10% of legs level during some of the pre-category cranials. Is this usual? Pre-category cranial number 5 (Occipital Moulding) seems most effective on this so far. '

Let me say at the onset that if Dr. DeJarnette considered heel lifts to be important in conjunction with S.O.T. there would be a chapter in each years Notes about this subject. However to answer the question directly we must consider what has been written. 'If after blocking a short leg quickly returns! Let us stop right there. I assume that the patient is a Category One but would point out in capital letters that A SHORT LEG IS NOT A CRITERIA FOR S.O.T. BLOCKING. Heel tension is the one and only test which indicates the Category One blocks should be used and provided the heel tension is on the side of the original listing. It may also be perfectly normal for that patient to have a short leg and how do you know it is not the long leg involved. I am quite sure it often is the long leg and much harm is done many patient by many well meaning practitioners around the world. It is terribly important that we realise that we approach the patient with the thought paramount in our minds to remove interference to the expression of life be it either input or output. Dr. DeJarnette has given us a logical system of Categories and signs and procedures for us to achieve this aim. That is Chiropractic.

We are not in the spine straightening or the foot leveling business, that is not Chiropractic and to suggest that a heel lift is usually required is not provable until proper statistics are provided. I do know that Dr. DeJarnette has stated that unless a heel lift is worn 24 hours a day

a patient is treading on thin ice indeed and is likely to set up ideal conditions for a heart attack at a later date. This is apparently caused through tugging on the descending aorta with changes caused by a patient being on the heel lift one moment then a short time later, off it.

We personally stay away from heel lifts and our results speak for themselves. The occasional gross case comes our way and we do look into the heel lift situation, however to attempt to set a rule(even of thumb) as has been suggested by our correspondent would be sheer folly. Nature has the most fantastic powers of adaption, just find the subluxation, adjust it and leave it alone.

The answer to the second part of the letter is'yes'of course. However I do not think that the correction by using the pre-cranials directly always removes heel tension, but rather it is by and indirect route. Obviously the type of patient referred to is a Category One as they are the only type to display heel tension. Heel tension developes when the synovial or boot part of the Sacro Iliac joint becomes out of alignment on one side and there is a compensation action or reciprocity on the other side.

The dura goes into extension or flexion, and this afects the dura which torques or warps as it were affecting spinal nerves and even the cranium. It should be noted that any compensation action in the spine is recorded on the Occiput and in some cases these pre-cranials directly affect this tie up so when the patient turns over from supine to prone the boot mechanisms may no longer be stressed and become normally functional again thus there is no heel tension on testing again. This type of correction is possible following a pre-cranial because the sacrum gradually loses it ability to maintain normal function the more the dura becomes involved in compensation action. Ultimately the choroid plexuses become involved and there is a reduction in C.S.F. production with a consequent loss of pressure. It is like a dog chasing it's tail.

Heel tension is transmitted by the tendo calcaneus ligament and the posterior leg muscle fascia, the fascia lata, the glutei, the boots and thence to the dura. Heel tension is a defense holding mechanism. Heel tension is specific right or left. Heel tension monitors the sacrum and in particular the boot mechanism . HEEL TENSION DOES NOT RELATE TO LEG LENGTH. When you contact and pull on the calcaneus the force travels up the leg, excites the dural membrane reflex, testing first the sacral respiratory function. The force then excites the buttock muscles, the dura (sleeves) and the following cranial bones in this order, the spheno basilar, the occipital condylar, the temporal and then the frontal. If all respond normally, there will be no difference between right and left heel tension. So it should be easy to see why the pre-cranials can affect heel tension.

There is nothing in these answers that has not been presented at our Seminars. Also there is quite sufficient works of Dr. DeJarnette available to be studied that give all the answers you will ever need and then some. I commend them to you all,but there is not much use buying them if you don't study them. In the main that is how we have learn't and the way is open for everyone else also.
(These comments are directed to everybody everywhere, who participate in the practice of S.O.T. not just the good man who took the trouble that few ever do and that is to write to us. If a few more did that,my task in assembling this Bulletin would alot easier. Thankyou.)

OMAHA This year is going to be a big one as far as Keith and I are concerned. We are both going this time together. Yes we consider going to Omaha this important, so we are going together to be for a while with the worlds greatest living authority on Chiropractic.

We have reserved rooms for 20 at the New Tower Motel Courts and they desire an answer by the end of March. So you Australian S.O.T. ers we need a commitment from you now that you are going. The recipients of this Bulletin are getting the first opportunity both this month and next month. In March if you haven't filled our party we will open it to others.

The itenerary will be the same as last year but you will be offered and alternative and that is instead of going through San Francisco and staying from Wednesday till Sunday you can go to Los Angeles and tours through Disneyland etc, and the Grand Canyon are on. I believe that this years Seminars will take place September 25th - 30th. and this being so we leave Sydney on the Tuesday night 19th. of September arriving on the American West coast the same night. You stay there or go where you will until Sunday the 24th. when you set off for Omaha. We stay in Omaha until Saturday the 30th September then leave for Honolulu arriving later that same night. We will stay at a fashionable Hotel till about midnight on the Monday the 2nd. October then return to Syndey overnight arriving early on Wednesday morning the 4th. October. The cost last year was close to $1400 for the whole trip and that included all accomodation and travel but did not include meals and drinks. I cannot imagine that the cost has dropped so we can expect a small increase perhaps in the region of 6 - 8% (it sounds less that way doesn't it.). We will let you know the estimates in next months Bulletin.

Included with this Bulletin is a form to fill out indicating you wish to go with our party. We want you with us because we are proud of you all and feel such an opportunity is to good to be missed.

FOLLOW UP Last month I outlined a telephone conversation I had with a misguided Doctor from New Mexico regarding some reducing powder in the form of organic protein. I stated that the products or samples had not arrived. Well I spoke too soon. They have turned up but I couldn't get them because they are a prohibited medical import. I have had to make a special application for permission to import prohibited medicinal preparation for my personal use only etc. etc. If this is refused then these samples will be returned from whence they came.

The A.M.A. here is all powerful too and laws regarding the importation of virtually anything in relation to food stuffs or vitamins or drugs apply. So a word of advice to our overseas colleagues don't send products like this out too us or other Australians without having the situation checked out before hand. Anyway we really have little need for same when we use good S.O.T. Chiropractic and encourage the patient to eat good food. I will let you know whether an import licence is received in next months Bulletin.

CASE HISTORY Occasionally a case comes to notice which has all the trappings of a tradgedy surrounding it. Just such a lady came into our clinic a week or so ago. Apparently some many years ago she had had an accident and she had been under Chiropractic care for the last 25 years with a number of practitioners and more recently in the last 3-4 years under the care of a practitioner in a large city in this State.

It appears she had been married but being constantly sick some two years or

so before he had absconded with some other woman and now this patient was not only sick but resentful and bitter as well. She had had a right radical mastectomy and a partial gastrectomy. Standing on the feet for much more than 20 minutes at a time was sheer hell. Sitting was even worse and driving a car was utter torture after more than a few miles. She was bloated by water retention and constantly painracked, and a constant headache greeted her every day if she even was able to sleep.

Apparently she had driven her mother and herself up our way for a holiday and had fallen apart. This woman had been receiving adjustments 3 times a week for years from another Chiropractor who used another technique entirely and a mixture of this and that. She had come to us on recommendation of one of our patients as she had been given no names by her practitioner. So there she sat when I entered the room, pallid and in considerable pain.

In our office we use S.O.T. always so we went through what we call the five step analysis.(Plumbline, Rib testing, Leg Raiser, Arm Fossa and Cervical Compaction.) Before deciding what to do with this poor soul. She failed all tests miserably so obviously was a Category Two. Occipital Pump was first carried out first and this had a remarkable effect. Pain lessened and the patients face lost alot of it's obvious distortion and the facial tissue took on a florid complexion. All this from one simple procedure. Probably for the first time for years some of the potential of this patient was being released.

Next came Category Two blocking. It was most difficult to even get a proper reading on the arm test the woman was so weak however we did and a gradual strengthening occured. Next was applied the new Basic Two Chakre work and there was a tremendous change. The psoas was checked, the ilio-femoral and the leg length. We then rechecked the arm strength again with the new sacral test and found it wanting a little help, then R.T.R.T. and Basic Three. The patient was belted(trochanter) and given the usual instructions re. walking, sitting and icing, and given and appointment for the next day.(We had only 3 days with the patient)

The next day you had to blink twice to make sure you were looking at the same person. She told me she had been up half the night on the toilet losing copious amounts of fluid and a large percentage of the pain was gone. She was still somewhat dizzy however and some swelling was present in the extremities. She was able to get of the chair unaided as well. This day arm fossa tests were normal and fairly strong and she was even able to think about raising the legs a bit. Occipital spread followed and I made a decision much ahead of normal to touch the spine in Category Two cases. I neutralised D 12. and sent her home to return the next day.

The next day there was a similar improvement. It seemed a miracle was taking place. All Category Two tests were fine. So just for curiosity I checked the dollar signs, and then the crests. They were negative. Well what was the heel tension like? NONE! SB+ was the cough test and on standing up there was a high right mastoid and ear. What would Major do? If he were instructing you,he would tell you to wait I thought. Somehow I reasoned that in the circumstances that Major would adjust that Frontal and that is what I did. After the adjustment the patient just started to relax for the first time in years. I have since heard from her and she is beginning to live again. She has lost the fluid and the pain continues to lessen. (Please tell a colleague about S.O.T. IT'S GREAT)