

HEEL TEST This test was developed some twenty years ago, but did not gain wide acceptance. Doctors do not want to spend time testing, when they can spend an equal amount of time adjusting. Chiropractors love to adjust something or anything, but they do not like to be involved in testing and testing procedures. That is why so many chiropractors would never develop into good diagnosticians. Those who are good diagnosticians are oftentimes poor adjusters. Presumably if we had a choice we would take the good adjuster.

HEEL LIFT. This is a standing visual observation of body changes as the one heel is very slowly elevated without a forward shifting of the body weight. You will observe changes in those body areas related to a special level of vertebral subluxation and you will be able to see that vertebral level if you will observe closely.

The first point of movement will be the skull. This will shift right or left or up and down. The shoulder girdle responds before the pelvic girdle. This observation is made by sighting the ears. Wherever you see the vertebral system change position, that makes a subluxation. When you see the total body shift, that is a distortion and is muscular. All distortions are muscular, and all subluxation patterns are osseous.

The heel lift is not used to determine the short or long leg, but to determine which leg has the most control over the body or is the most productive of body skeletal faults. We talk about the short leg because everyone has some understanding of the short leg, but we should talk and write more about the long leg, as this is the culprit in most instances.

DISTORTION ANALYSIS. Distortion analysis used to be taught at DeJarnette seminars and unfortunately there is no longer enough time. Certainly the book 'Spinal Distortions' 1937 by DeJarnette is highly informative as is the supplement published later. DeJarnette was perhaps the first to use infrared photography with the special Wratten filters to study the area of distortion, vascular congestion or blood pooling. Distortion analysis is interesting because as you look you learn and appreciate. All of you would benefit by having a distortion analyzer.

SUBLUXATION PATTERNS. Subluxation patterns are not like distortion patterns. Subluxation patterns are body adaptations to specific levels of vertebral or extra-vertebral subluxations. Every vertebra by controlling specific body muscles, when subluxated, will produce an absolute specific pattern. The Doctor who takes the time to understand those patterns, understands chiropractic mechanics and D.D. Palmer was perhaps the first to make this deduction. Willard Carver was a genius in the study of body or subluxation patterns, and much of his writing dealt with that subject. In the early days of Sacro Occipital research, Distortion Analysis and Subluxation Patterns were the big items. In the study of hundreds of patients, it was provable that the pelvis produced specific patterns, if they were basically muscular then this proved to be a Category One. If they were osseous then they often proved to be Category Two types.

HEEL TENSION. Heel Tension must not be confused with heel lifting. Heel tension is an interpretation of the tendon guard reflex in dealing with the Category One patients compensation in order to

stabilise the pelvis and the upper two cervical vertebrae. Heel tension is atlas or axis tension, and no one can adjust and maintain in adjustment the atlas or axis unless they correct the cause of the heel tension, which is the boot subluxation.

The problem in S.O.T. and chiropractic in general, is our education of the public to the value of chiropractic in back pains. Chiropractic's great value is an understanding of the human being as a total product. Patients may come to us with back pains and headaches, which are the end results of man's involvement in his nervous system's battle to make him function. You adjust and the back pain stops, but the nervous system fights on and the patient battles back with Librium, Valium or Tryptanol, and as well booze and general dissipation. If man understood his nervous system, man would understand man. A politician with a sick nervous system enacts sick laws. No politician should ever be elected to anything until he can pass the S.O.T. examination and the Category tests.

Heel tension then is simply a tendon guard reflex designed to hold the body together until someone comes along who understands Categories and blocks and makes a correction. When you understand Categories and the blocks you need very little else, but because you have to do something you do many things not necessary, but helpful perhaps in some manner or other.

If we would spend more time pulling on the heel tension heel and less time doing other things, we would see some very big miracles.

WHAT IS MOST IMPORTANT IN YOU PERSONAL HEALTH PROGRAM.

I 'The Healthview Newsletter' Volume 1 Number 10 there appeared an article that I think is mighty interesting and is quite short.

"First in importance is your spiritual and emotional development, and your ability to give love. Obviously if you are a self centred, thoughtless person, or if you have an unhappy marriage, or you hate your job, you will never be well regardless of how much you exercise or how well you eat.

Second in importance is the elimination of structural problems. Structural problems would include improper alignment of the cranial plates of the skull, dental stress and displaced vertebrae in the spine.

Treatment for cranial and dental stress is, in our view, more important than nutritional therapy. The reason for this is that the structure of your body determines how your nervous system will function. The function of your nervous system sets the limits of how much nutrition can do for you. (If only all Chiropractors understood this statement, then we would not have Standard Process and Blackmore Labs making such a fortune.)

Third in importance is cleaning out the colon. Normally your body pushes wastes out of your colon in 18 - 24 hours. However when you are not eliminating properly, these wastes may not leave for days, months or even years. Why these deposits can get to be 2 to 3 inches thick and as hard as a piece of black rubber. These deposits are harmful because they interfere with absorption by making it difficult for a number of vitamins and minerals to penetrate the bowel wall and enter

the body, thereby causing a nutritional deficiency no matter how good either your diet is or how many vitamins you poke down your throat. Fecal deposits can also irritate nerve endings in the colon and also as they begin to decay release poisonous gases and toxins which seep out and gradually enter the body, polluting gradually the total body and even preventing the removal of cellular wastes.

Fourth in importance is nutritional and all other therapies. Most people concerned with health place nutrition first, when it is actually fourth in importance. Naturally, this ranking of health factors may vary quite a bit, depending on the individual case.

SEMINAR. The Queensland Branch of the Australian Chiropractors Association have approved the presentation of a series of 3 Introductory Seminars. These will be held in Brisbane on the last weekends in March, April and May. The Seminars are open not only to Association members but to any Chiropractor regardless of Association.

The organiser is Dr. Hart Kennedy 132 Russell St., Toowoomba 4350 and he would be most happy to fill you in on the costs and the venue, and all the necessary details.

The series will be a full presentation on the Basic S.O.T. Technique and those who attend will need to be fully alert. The Seminar will be conducted by certified instructors and will use the 1979 Manual and all participants must own equipment. Details on the availability of the DeJarnette Manual and suitable equipment are available from Dr. Kennedy.

This Seminar is supported by the 'Sacro Occipital Technique Organisation (A/Asia) Ltd.

THOUGHT FOR THE MONTH People who live in glass houses make the most interesting neighbours.

CRANIAL INDICATORS. Many times I have been asked about this subject. Let me state at the onset that the indicators that Dr. DeJarnette uses are accurate provided they are used within the Category system. However they are in my view part of an overall pattern which should all correlate heavily on the side of one physical problem or another relating to the cranial vault. Obviously you are going to have the odd patient who breaks all the rules but then that is the challenge of the discipline called Craniopathy.

Craniopathy is the greatest challenge and few can honestly say that they have mastered all facets of this art. It may be said that for every Cranial Technique properly applied there are probably ten more improperly performed, because not enough study has been done overall, the indicators were not interpreted correctly and there was too much haste to enter the cranium. There is also another important aspect and that is the lack of recognised systems for cross checking the the recognised indicators that have been published or recognised by Dr. DeJarnette as correlating with his systems. This writer is not alone in this claim as others have stated same, although not in print.

It is proper to recognise at this time that Dr. DeJarnette has given us another set of indicators as part of a Research project if you like

in the 1974 Cranial Technique manual. However for one reason or another has never been mentioned again. These indicators have been exhaustively tested time and again in our clinic by both Dr. Bastian and myself and we can find no fault with them. These signs consistently go along with the Category cranial indicators and without this backup we would not perform the cranial indicated for it has been found to often that the problem may well be somewhere else. The same can be said for the other system of indicators which were originated in our clinic and have been used for the last 3 years or so, and will be discussed later in this article.

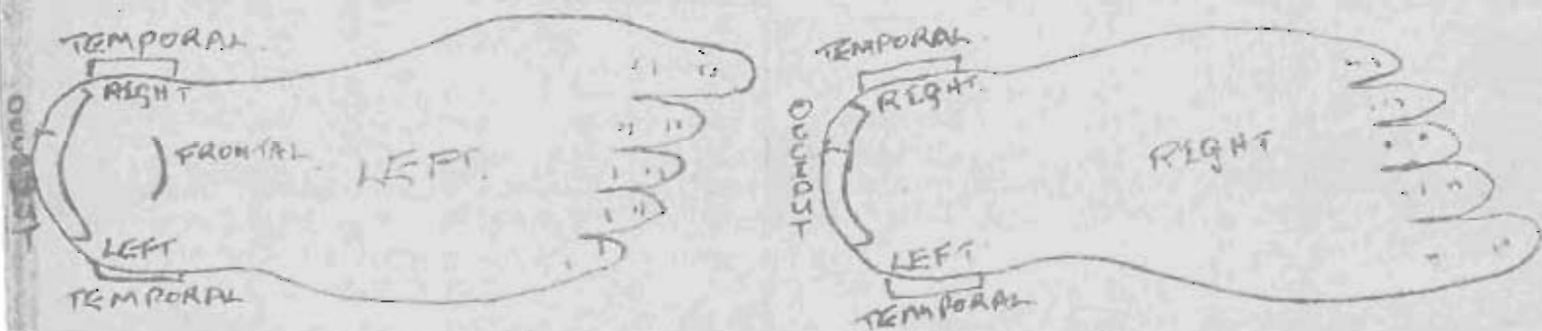
As many of you do not have access to the 1974 Cranial Technique manual it is pertinent to review this material and then present our interpretation developed by clinical testing and since proved by practical application.

INTRODUCTION Man associates the cranium with knowledge and associated abilities, and seldom associated the cranial structures with those of the pedal heel structures. People with so called bad feet have associated multiple cranial problems, and 85% of all adults have foot problems.

THE HEEL The lateral margins of the heel structure corresponds to the Temporal bones of the skull...the posterior heel structure to the Occipital bone, and the sole part of the heel to the Frontal bone. By palpating the heel with the thumb and index finger squeeze, pain is elicited on the lateral sides when the Temporal bones are in subluxation...the posterior rim of the heel, when the Occipital bone is in subluxation, and the Os Calcis Astragalus articulation when the Frontal bone is subluxated.

The value of the heel analysis in association with a study of the human cranium is manifold. Patients by the thousands spend hours trying to find relief for heel pains. Oftentimes a gentle manipulation to the involved heel structure sets many things right within the cranial structures.

The human heel is the protector of man's neural bed systems. The human heel, more than any other structure, controls and monitors man's neural bed functions. Patients die from above down, and the heels seem to die last, yet they most often complain first.



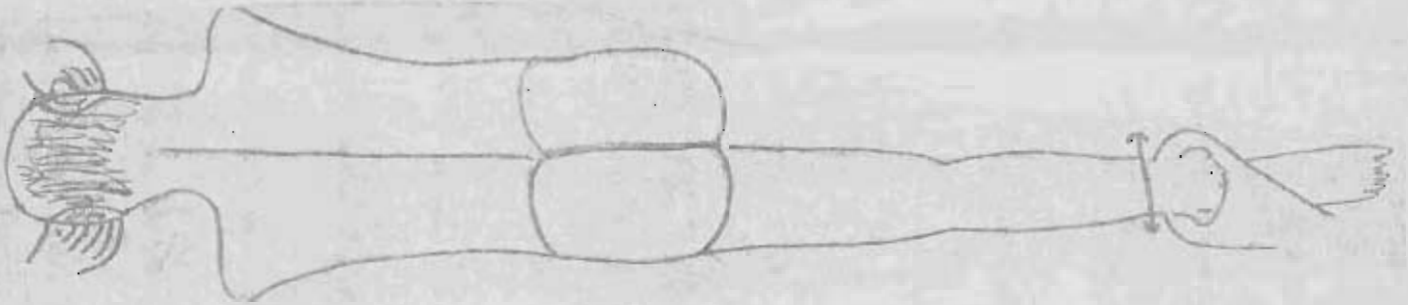
Normally, cranial structures move through the reciprocal tension membranes and by forced respiration. Normal respiration moves only the sphenobasilar. During rest, the cranial structures also rest, and

for that reason, respond only to forced respiration brought on by effort.

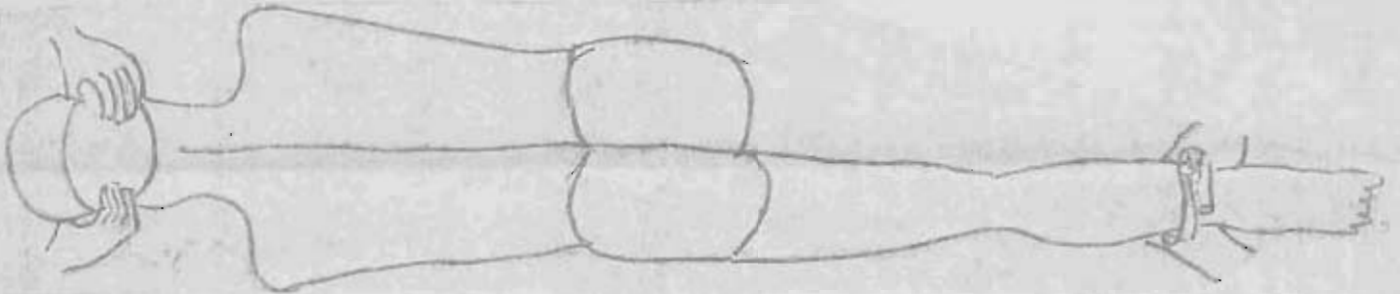
When cranial structures do not move or move in an abnormal direction, the cerebrum-cerebellum co-ordination is partially lost and specific functions become abnormal.

Normally, motion applied to specific parts of the heel structures in a predictable direction. When such structures will not respond to specific direction heel motion, they are subluxated.

TESTING FOR CRANIAL MOTION. For the temporal use a light finger contact to the temporal rim. Light tong contact to the left heel. Move in a side to side direction, while under light traction. The left heel thus moved will move the right temporal at it's periphery. If there is a temporal subluxation on the right the temporal will not respond with motion. Repeat the test on the right heel and the left temporal.



To test the Occiput you place a double thumb contact to the os calcis. Double hand pull and then twist to the right and left. The twisting will move the lambdoid suture of the Occipital bone on the opposite side if normal. If the Occipital bone is subluxated, this test will not produce movement



For th Frontal contact with bilateral thumb contact to the anterior(sole) os calcis articular line with cuboid and scaphoid, with side to side movement, this will move the orbital arches of the Frontal bone(index one side,middle other side). If movement does not occur on either side, the Frontal is subluxated.

