S.O.T.O. CHIROPRACTIC BULLETIN.
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EDITORIAL 1979 will be a big year for Chiropractic in the Southern Hemisphere. In the State of New South Wales here in Australia there will be a Registration Board set up to administer the new Chiropractic Act. The Act itself will no doubt serve as a model for other States and Territories in the Commonwealth of Australia which do not have legislation. They (The Board) will have the highly responsible job or role of defining Chiropractic and setting the standards for the years ahead.

In Melbourne the International College of Chiropractic will graduate the first Doctors of Chiropractic trained in the Southern Hemisphere. This big event will occur over Easter and will be attended by Jim Parker of Parker Seminar fame. It is most unfortunate that these fine young Doctors have had very little exposure to S.O.T. other than through the occasional S.O.T. Doctor who has visited the College and the Introductory Seminar held in Melbourne shortly before christmas. Some of these new graduates have had individual encouragement to look at S.O.T. and no doubt we will see them in our future series of Seminars. I have little doubt that the very high standards set at the I.C.C. will enable these Chiropractors to carry on and later take the advantage of the fine programs being iniated by S.O.T.O. A/Sia Ltd. for the dissemination of the works of Dr. DeJarnette.

We will also witness in this country the beginning of a three year specialist training program of a small group of Doctors, in Roentgenology at the highest level. These Doctors will be guided by Dr. Terry Yocum a Diplomate in Roentgenology and who is the resident Roentgenologist at the International College. No doubt this project is the beginning of a College in Roentgenology here in Australia similar to the A.C.A. College in the U.S.A. X-Ray standards in this country are high, thanks to the pioneering work of Dr. Felix Bauer of Sydney, so standards in the future will be further enhanced by such an arduous course at the highest level. Our right to take X-Ray must never be in jeapody and this program deserves the highest commendation.

At the end of last year a meeting was held in Melbourne to establish a College (as it were) in S.O.T. I am most happy to inform you that this College has now been registered in Victoria and the revised Memorandum as voted on last year will be available with a few weeks. This organisation of which I am the interim Chairman will oversee teaching and examination of Doctors in the overall techniques pioneered and developed by Dr. DeJarnette of Nebraska City. Research projects will be encouraged and as well future teachers will be certified to allow for expansion of future programs.

This 'College' is a first for the Chiropractic profession in Australasia and will serve as a future reference of standards for the profession, the I.C.C. and it's accrediting bodies.

This year will see an extension campus of the I.C.C. established in Sydney and a full clinic facility will be provided under the guidence initially of Dr. Ray Sherman formerly Clinic Director at the Canadian Memorial College.

Dr. DeJarnette has released the 1979 S.O.T. Notes and these will be the basis of this years teaching programs. This years Notes, I have

perused briefly and have come to the conclusion that these are the best layed out to date. Major has put alot of work into them and this year photographs are included and I must say the text overall will serve as the finest possible reference for S.O.T.ers throughout the world.

Some changes are noted and whilst many of them have been in use at our Clinic in Grafton for some years now, they will enhance every Doctors results if he or she will diligently apply them when indicated.

No one will ever know just how much effort goes into preparing such a text unless one has attempted something like it before. There are many new pages and many of the old drawings appear to have been redone. It simply staggers me how a 79 year old can continue to get better year after year. Assembling the 79 Notes has been a massive task and the $70 membership that Dr. DeJarnette charges to join S.O.T.O is a mere pittance compared to the information contained and it is hardly recompense for the time and effort that has been put in by this giant of a man. My only question is, what are we going to do when he quits? Think about it.

Yes 1979 will be a great year for Chiropractic Down Under.

CRANIAL INDICATORS (cont'd)

Page 92 then goes on to show the Doctor testing the lateral heel by squeezing with pressure. If pain is elicited then the temporal is involved. Pressure testing of the os calcis astragalus circle with the thumb. Pain indicates a Frontal. Testing of the heel border with thumb pressure. Pain on pressure denotes Occipital Lesion.

We started with these signs as the core and have proved quite conclusively that they are valid. We do not use the motion test, just the pressure test, and the following signs indicate cranial problems.

1. Pain on either heel around the posterior border identifies an Occipital problem, either extension or flexion. At the present nothing really specific presents itself to differentiate between either extension or flexion other than the cough test or the finger polarity system which we use in Grafton.

2. Pain in an area inferior of the the malleoli and on the calcaneus, either medial or lateral, signifies the following with unerring accuracy:-

(a) On the lateral aspect indicates an Internal Temporal on the same side. ie. Pain beneath the malleoli on the right heel indicates a Right Internal Temporal. Pain on pressure to the lateral aspect of the Left Hell indicates an Internal Temporal on that side.

(b) Pain on the medial aspect of the Right Calcaneus beneath the malleoli indicates a Left External Temporal. Sensitivity on the left medial malleoli indicates a Right External Temporal

3. Pain on pressure to the centre of the heel signifies a Frontal subluxation. You must however use the cough test or the polarity indicators to determine Internal or External rotation.

We find that a little searching and heavy pressure must be used for the

Occipital indicator and sometimes the Frontal signs. The Temporal signs are extremely sensitive so watch it.

To be continued.

BACK TO BASICS

On page 1. of the 1979 S.O.T. Notes, Dr. DeJarnette writes the following. 'You should know by now that you do not mix categories. You do not correct as a category one today, and as a category two tomorrow. Each category has its specific subluxation and healing requires time patience and therapy'.

This paragraph is a rather loose one to toss in particularly on the first page. The new Doctor to S.O.T may be influenced by it and those good Doctors who follow everything to the letter may well be thrown by it, for if the middle sentence is taken at face value it will not stand up to critical examination.

Page 1. it must be recognised is a page of general statements and that is fine however two statements definitely require further discussion or clarification. This discourse will confine itself just to the above statement for the sake of brevity.

The very basis of the physical approach in S.O.T. is the Category system, and if all the sick and injured patients in the world were lined up, all could be placed in one of three specific categories or combinations of those three. There are exceptions and these are those with specific localised fractures, dislocations or open wounds.

The Category One then is a Sacro Iliac boot problem with accomanying stress vasomotor subluxations and specific Cranial problems. So then if the synovial part of the Sacro Iliac joint slips, it places an immediate stress into the dura and the Primary Respiratory cycle is disturbes and we have a Category One patient.

The Category Two is a weight bearing failure of the Sacro Iliac joint. The weight bearing part or hyaline part of the Sacro Iliac joint is seperated and has slipped either anterior or posterior. This is an actual interosseus fibre type separation and since it is there is a developing wetness of the hyaline membrane with expansion and tearing. This disturbs man's total bio-mechanical system.

The Category Three is a complex problem. The patient is generally antalgic with sciatica however may have sciatic pain and be quite upright. Intense pain however is the general characteristic. The problem can have a number of causes such as a vertebral subluxation in the lumbar spine with foraminal occlusion producing nerve root compression. All manner of disc problems from narrowing, and tearing to rupture of the nucleus pulposis, nerve root traction, psoas muscle contraction and even the pirifomis muscles trapping the sciatic nerve in the area of the sacro-sciatic notch.

It is obvious from the above outline that there are three distict categories but many patients may at times be mixtures or combinations of these. Generally a patient will exhibit a dominance of one Category over the others when the patient is initially tested.

As a general rule it is most unwise to mix categories and so the first

part of the statement is a sound judgement and is backed up in clinical practice.

'You do not correct as a Category One today, and as a Category Two tomorrow'. If we take this statement literally it simply means if you correct the patient in one Category on one visit or the first visit to your office then you do not turn the patient around and do something else that is not in accord with what has gone on before. At least this is what I believe Dr. DeJarnette really mean't to convey, however we have many Doctors both new and old who may feel something else was said and it seems to this writer that there is a probable area for confusion to exist on such an important point. In clinical practice this statement could easily be disproven and so in the practicing Doctors mind as opposed to the Researchers mind there does seem to exist a gap and this point thus assumes tremendous importance.

If the statement had read:- 'You do not correct as a Category Two today and as a Category One tomorrow'., then it is doubtful whether even an eyebrow would have been raised, for that is a much more reasonable statement from a clinicians viewpoint.

Let us enlarge then and clarify as to why the above modified statement would have been more suitable in this most important area of basic knowledge of S.O.T. in practice as distinct from a textbook statement which obviously can be interpreted out of context, or in a different manner from that which the author intended.

It is certainly true, that if a patient is adjusted as a Category Two on the first visit to close a separation of the sacro-iliac joint, then it would be utter stupidity on the next visit that the patient makes to your office to block the patient as a Category One. In our experience at least it is the wisest course to wait a full six weeks before attempting to block a patient as a Category One following the last Category Two blocking. To block the patient on the next visit after the Category Two blocking would promptly reverse the good the had been done.

Likewise if the patient was a Category Three on the first visit, it would not generally be good practice to switch immediately to a Categoy Two or a One approach on a subsequent visit. The Category Three follows a rather set pattern and generally the less that is done the finer the result, provided the rules are adhered to, and one of the rules is you don't switch Categories.

So for the present, everything covered supports the statement on page 1. however there is one large area to which that statement does not apply and we meet this problem daily in practice so further elucidation is in order.

I think a statement made earlier 'many patients are at times mixtures of categories', covers the problem. Many a patient has tested out as a Category One on the first visit, and been adjusted as a Category One using the blocks only to find that on the next visit three days later the analysis indicates that we have a Category Two. Now if the statement made on Page 1. were followed then nothing but disaster would follow for the poor patient should the Category One blocks were used or some other approach because the primary subluxation

(S/I slippage) would have been ignored. The patient needs the Category Two blocking that day and that is the beginning and the end of it. This type of situation is quite common and one may begin to wonder if the original testing was suspect. This I do not believe is the case for the body has inbuilt defense mechanisms to enable the human body to continue in some form resembling health. It is therefore reasonable to expect a patient to have protective mechanisms operating that could quite easily test out as a Category One and then with the ensuing blocking have those defense mechanisms nullified to such an extent that by the time of the next visit the true picture emerges. It would not be unusual for this situation to make itself known within hours, a day and at the very most three days.

Similarly a Category Three can become a Category Two and with the correct blocking you create a miracle. This particular situation is not a frequent occurence but it does occur nevertheless. A Category Three can become a Category One but then one may seriously question the original analysis but still it is possible.

If the intent of the statement was merely a general observation which served to warn of the dangers of chopping and changing then this writer feels it could have been made more clearly with supporting brief explanations for as it stands at present it would only serve to confuse the dilligent Doctor who follows the Masters work to the letter.

The final sentence is explicit and to the experienced S.O.T.er has real meaning. All healing requires the time factor and in these days of fast food, fast cars, and in fact fast everything not enough cogniscence is taken of this vital factor. We all need patience and the correct approach through S.O.T.

SEMINAR. Brisbane will be the venue of the first S.O.T. Seminar of the year. Not only is it the first time for us in Queensland but this is a most important seminar for it is the first seminar series in this country organised by other than myself. We have to thank Dr. Hart Kennedy of Toowoomba and the Queensland Branch of the A.C.A. for their foresight in arranging this series of three seminars.

It is also my understanding that an invitation has been extended to the U.C.A. members and this is most pleasing for the opportunity is now available to all to experience S.O.T. as taught by certified instructors. For all concerned this will be the most exciting series for years. Also attending will be three highly qualified S.O.T.ers from Victoria, to assist, to observe and to improve their skills at communication of this precise work to others.

The format of the seminar is being changed inorder to make the work much more readily understandable and thus generate greater enthusiasm amongst those attending. Dr. Kennedy would welcome Doctors from out of State and this is a good opportunity for a great number of you to brush up your approach. S.O.T. has been continuously improving and evolving since you last attended a seminar and thus is now more efficient than ever. International participation is encouraged so tell your colleagues and thos who are interested in S.O.T. that Brisbane is the place to be at the end of this month. Future seminar dates have not been established however we do project a Sydney series. Melbourne for S.O.T. and Cranial will be set soon. Look for news from S.A. & W.A. soon.