SOTO AUSTRALASIA

AUTUMN 2007

EXPRESSION

The Anterior Thoracic Technique & SOT

The Anterior thoracic was one of the first described chiropractic adjustments. History records that three of DD Palmer's early students Oakley Smith, Solon Langworthy and Minora Paxon beat DD to the boundary line by writing the first chiropractic textbook "Modernised Chiropractic", in 1906, which recognized a 'flattening of the upper thoracic region'. DD Palmer and son BJ were quick to reply with "The Science of Chiropractic" (2) also published in 1906.

Both of these early texts contain descriptions of the anterior thoracic adjustment as do many of the classical chiropractic technique textbooks of the twentieth century such as those of Beatty (3), Janse Houser and Wells (4) and States (5).

Although the technique is most probably taught at all of today's chiropractic faculties and is a part of several technique protocols including those of De Jarnette, Thompson and Pettibon, it is noted that variations exist in the understanding of "anterior D's" *biomechanical nature, its analysis, relative importance and method of delivery. Let's look at each in turn. (*Newer graduates and current undergraduate students may come across the use of the term 'dorsal' in place of 'thoracic' in older texts. Of course, thoracic is the more correct term as 'dorsal spine' is slang when referring to human anatomy. It is noted, later in this article that the term 'anterior thoracic' is also a misnomer).

<u>Biomechanical Considerations</u>

We have borrowed the title of this sub section of the article from a very well-written paper entitled "The Anterior thoracic adjustment" by then-CMCC technique instructor, Dr Bruce Fligg, which appeared in the Journal of the Canadian Chiropractic Association, December 1986 (6). (This article is a 'must read' and is readily available on the journal's web site in downloadable form. All Articles from 1985 to the current issue are available, which has been duly noted, by us, as a great idea for when the SOTO *AI* Asia web site is up and running. SOTO Australasia Expression and its forerunner, the Bulletin, date back to 1974 and contain a wealth of technical tips and other SOT information).

Fligg states that: "The anterior thoracic, by the semantics of its name, has produced some misunderstanding in its clinical application. Historically, the name came from the following two factors (i) the vertebral subluxation felt anterior (spinous) and (ii) the adjustive thrust was applied anteriorly" (7).

On the biomechanical nature of the anterior thoracic Fligg further notes that: "The adjustment is most commonly used to correct a mid-thoracic extension subluxation and flexion fixation. This is determined through static and motion palpation. A Pottengers saucer or a flattening of the thoracic kyphosis is often observed. This being the case, P to A compressive adjustments are contra-indicated, therefore the anterior adjustment is preferred" (8).

Pettibon's understanding of the biomechanical relationships in the production of the 'anterior thoracic' differs to that offered by Fligg. He state that: "From birth until death, the thoracic spine with its attached thoracic rib cage as a unit is essentially fixed and rigid during all anterior and posterior bending movement of the spine. Examination of a thoracic vertebra individually and the thoracic spine as a whole clearly indicated that they are constructed to allow bending between vertebrae but to individually resist either posterior or anterior displacement. Posterior and anterior displacement is further made impossibly by the attachment of the thoracic cage." (9)

The Pettibon model then is that imbalanced forces in the cervical spine above and the lumbo-pelvic below produce a lateral-rotary compensation movement into the thoracic spine resulting in the dorsal saucering known as the anterior thoracic. This explanation is similar to De Jarnette's who stated that the thoracic vertebra cannot rotate in a true direction without a degree of elevation on one side and depression on the other (10).

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INSIDE THIS ISSUE:

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PRESIDENT'S REPORT – DR BRETT HOULDEN

Greetings from me, and from your board of directors.

We are about to have our mid-year meeting, and if there is anything you would like to bring to our attention now would be a great time. It is a time of planning for the coming years, so let us know if you would like anything happening that is not currently on our radar. We are definitely not mind-readers, and we are your representatives, so give one of the board a call and let them know your thoughts.

The board is working hard to establish a financial resource to maintain ongoing SOT research, and to that end, we have over $100,000 in our research fund. I would love to see it grow much more, so that we can take up more significant research options that come our way, that at present we are not able to do. As I say regularly, "If we do not fund SOT research, who will?" Please consider supporting our research fund with a regular donation, Averil can even organise a regular debit to your credit card to make things very automated. I donate every year, and I would love you to as well. If we all donated as little or as much as we are able, we could really support some great work. Another thought is to add a clause in your will. I think this is a great way to leave a legacy for this wonderful technique that has helped me achieve so much during my life, to continue to grow after I am gone to the big adjusting room in the sky.

The seminars are continuing to grow, and I thank all the primary and table instructors that make these possible. For those who have not yet sat certification for SOT proficiency, I would encourage you to do so, because then you have to opportunity to learn in even greater detail as part of the presenting team.

Keep up the great work you are all doing, I am proud to be a part of this wonderful organization and this great technique.

Enthusiastically yours, *Brett Houlden*

CALENDAR OF EVENTS: SEMINAR SERIES 2007

Session	Melbourne	Sydney	New Zealand	Perth	Perth
Introduction, Categories I, II & III	April 20, 21 & 22	May 4, 5 & 6	July 7 & 8	June 22, 23 & 24	
CMRT	May 18 & 19	June 1 & 2	August 25 & 26		**This Session now at Novotel Langley August 10, 11 & 12** *
Cranial	July 6 & 7	July 27 & 28			
Venue	***Bayview on the Park*** 52 Queens Rd Melbourne 3004 (03) 9243 9999	***Rydges Nth Sydney*** 54 McLaren St Nth Sydney 2060 (02) 9965 5105	****NZCC*** 15 Margot St Newmarket Auckland NZ +64 9 522 5530	***Hotel Ibis Perth*** 334 Murray St Perth (08) 9322 2844	***Novotel Langley*** 221 Adelaide Tce Perth (08) 9221 1200

**The NZCC is not responsible for the content and does not necessarily endorse the program.*

ANNUAL CONVENTION & SOTOA AGM

Surfers Paradise Marriott Hotel, Gold Coast – **27 & 28 October 2007**

SOT CERTIFICATION EXAMS

Surfers Paradise Marriott Hotel, Gold Coast – **26 October 2007**

FROM THE EDITOR'S PEN

Hi all,

It is with mixed emotions that I come to this edition of Expressions. Just before going to press we were rocked by the sad passing of Dr Lisa Lovett. I was extremely fortunate to have spent many wonderful seminars and evenings partying with Lisa and many of you would have had your first exposure to SOT with Lisa's teachings of the Categories.

Lisa dedicated so much of her life to the sharing of SOT with the profession and we as a board will try to uphold her efforts to increase the knowledge of SOT within the community.

In this issue you will learn some adjusting tips and their development and there are some interesting recent case studies, one in particular from Lisa.

I am looking forward to catching up with you all at one of our events later in the year.

Darren

Lisa Lovett

17th May 1959
– 26th March 2007

It is with great sadness that we announce the passing of Lisa Lovett.

Lisa was born in Davenport, Iowa. She was the first child of Janet (dec) and David Lovett. She graduated from Palmer College of Chiropractic in 1984. Lisa opened her first practice in Kooyong Road, Armadale, Victoria in March 1987. She moved to Bribie Island in 1996 and once again had a very successful practice.

Lisa was a very special colleague and friend, she was a passionate, generous woman who was dedicated to sharing her wisdom with our profession and all who she cared for and worked with. Her dedication to preserving knowledge and disseminating wisdom through her teaching has endowed the SOT community with a great depth of understanding for which we are grateful. She shared her knowledge succinctly and with humour, and was a tireless contributor. She served on the Board of SOTO Australasia from 1989-1994 and again from 1997-2001. She held positions of Secretary, Treasurer and Vice President. In appreciation of her commitment she was made a life member of SOTOA in 2002.

She was an independent, strong woman who was ahead of her time, she authored the book "Immunity, Why not keep it?" and had a paper published in the "Journal of Vertebral Subluxation Research". She was a freethinker and free spirit who loved to travel, explore and experience. Lisa showed tremendous courage throughout her life and her illness was handled with the same strength. Our thoughts are with her parents David and Jan (dec). Her sister Cyndi, Howard, Brogan, Casey and Tarnea. Her brother Marcus and Susannah. Her family nourished her spirit and dreams and were her source of support and love.

If you will like to send condolences to the family please email: cyndi@changinghabits.com.au

SOTOA New Members:

Stephanie Crebbin – 3rd Year, Macquarie University

Stephanie Willis – Bacchus Marsh & Ballarat, Vic

Tamara Umali – Atherton & Mareeba, Far North Qld

Harry Sklavanous – Richmond, Vic

Ivo Ahlquist – 4th Year, Macquarie University

Bryan Hornby – 4th Year, Macquarie University

THE ANTERIOR THORACIC TECHNIQUE & SOT cont'd...

Relative Importance

In writing this section of this article, we hope to better "position" the anterior thoracic to SOT practitioners (a brilliant concept we have taken on board since reading Dr Charles Blum's article on the sacral cups) (11) and to compare and contrast its position and importance in other chiropractic technic protocols. Simply stated, anterior thoracic hasn't been given the attention it deserves.

Starting with De Jarnette and SOT, our readers will note that in our current protocol as taught at SOTO Australasia seminars (12) the anterior thoracic is positioned way down the list in the Category II protocol as one of the last things you check in an healing Category II and is equally low on the list with a Category I patient and irrelevant to a Category III.

DeJarnette made the statement in 1981 (13) that: "The Anterior thoracic vertebra is the most common subluxation in chiropractic" and further states that: "The anterior thoracic subluxation is so predominant, yet few among the chiropractic profession recognize it or even give it a second thought. It is second nature for a chiropractor to want to move a vertebra from posterior to anterior that he shuts his thinking to other possibilities.

It is safe to assume that in an ordinary chiropractic practice, 80% of the total patient load will at some time critically need an anterior thoracic vertebral adjustment and if something else is substituted, symptoms and pain will increase. Thousands of chiropractors take annual office procedure and sales courses each year trying to learn how to procure new patients and keep their present patients as boosters. The answer is simply "do not adjust an anterior thoracic vertebra by forcing it further anterior". It is as simply as that, and the addition of thinking along this anterior subluxation is sufficient to enable most chiropractors to successfully handle a greater number of serious problem cases."

A similar stance to that of DeJarnette, is taken by Dr Clarence Prill (Dr Prill, a 1946 graduate of the Palmer School of Chiropractic has an interesting usage of the overarm psoas test as a form of analysis which we can present in a future article).

Prill suggests that: "One of the greatest mistakes that practically all chiropractors make is the continual driving of the thoracic vertebrae toward the anterior just to hear the facets snap. This is the most frequent cause of the failure to correct subluxations relative to aberrant function of internal organs and the return to normal function and health. Many thoracic vertebrae are already subluxated anteriorly exerting tension upon delicate nerve fibres supplying tissue cells, organs and glands creating aberrant function and a variety of symptoms. All too often these subluxations are exacerbated and increased by the failure of the chiropractor to properly analyse them and adjust them. Instead, the chiropractor stupidly pounds the thoracic vertebrae toward the anterior taking great satisfaction in the report made by snapping facets which he thinks indicates a good adjustment. The chiropractor that does this could not be of a greater disservice to his clients." (14)

Now if you think this is a little more caustic than Bruce Fligg's previously stated "P to A compressive adjustments are contra-indicated, therefore the anterior adjustment is preferred" then read this 'drink drive-bloody idiot' admonishing statement also from Dr Prill.

"No vertebra should be forced anterior or posterior or in any other direction unless or until accurate spinal analysis indicates that such an adjustment is necessary and has the potential for benefit rather than harm. There are chiropractors who feel that it does not matter what is done or how. They think that if it does no good it will least do no harm. These people are seriously mistaken and have no understanding of the subluxation and do not appreciate the potential for good or harm in the practice of chiropractic. Just as an applied force can contribute to the correction of a subluxation, it can also contribute to the exacerbation of the subluxation. Such ignorance and stupidity in the practice of chiropractic is in excusable." (15)

Pettibon adds that the fact that forces directly applied on the thoracic spine from posterior to anterior do not meet resistance at the point of force and therefore have no shear force at the point of contact. Pettibon's conclusion is that "the gentle A to P acceleration of the thoracic spine and rib cage against a purposefully placed fulcrum is the mechanically sound way to realign the thoracic spine". (16)

In Thompson technique (17, 18, 19) it is noted that thoracic technique appears way down the list after ilium, sacral and cervical syndrome findings. New York Chiropractic College technique instructor, Dr Dennis Hornack (20) reminds us that Thompson specifies thoracic adjustment protocols only for anteriority! There is no P to a Thompson thoracic technique.

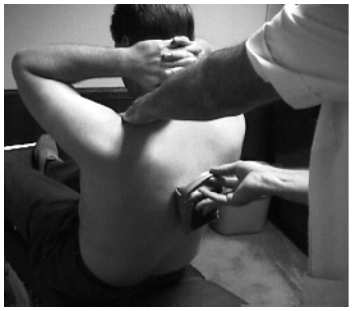
Analysis

The analysis of the anterior thoracic vertebra can be as simple as the question asked to the first year biology student. To the question: 'What is life?', the reply was 'you know it when you see it.'

Oakley Smith's 1906 description of a flattening of a thoracic spine or Pottenger's (21) 1953 description of a "dorsal saucering" suggest observation as in postural analysis is a good place to start.

In SOT notes, the analysis is to locate the most painful spinous process and palpate spinouses inferiorly to find the spinous that is not painful. Similarly, Hornack (22) in writing on the Thompson technique suggests that there be "pain along the tips of spinous processes often occurring with a loss of kyphosis at that segment ("Pottenger Saucer") a phenomenon unique to anterior vertebral subluxations (and for those born before 1960, yes, we did just use the subjunctive in place of the indicative mood). Another way to arrive at the analytical conclusion of anterior thoracic is via the checking of the occipital fibres. Press anterior before superior and you will be able to determine that you need to adjust supine before going the spinal pump.

THE ANTERIOR THORACIC TECHNIQUE & SOT cont'd...



Adjustment and Equipment Variations: As with each chiropractic move that has been developed, the general principle that applies is that there is no need for excessive force. To this end, several variations of equipment and procedure have been developed – the choice is yours.

De Jarnette Method

Dr De Jarnette's method of choice was the use of the anterior dorsal block. Available through SOTO Australasia, the anterior dorsal (thoracic) block has the advantage of comfort in placement, but then again, that could be said for each method. Also for the small-framed chiropractor, the DeJarnette method is much easier in delivery. The procedure as described in current SOTO A/Asia teachings (23) is: 'client seated, arching thoracic spine into a kyphosis with fingers interlocked behind cervicals. Anterior block is placed over the least painful spinous and the patient is reclined so as to lay supine. Patient pulls elbows together, doctor passes hands through patients arms and gently thrusts onto patient's chest.' In practice, if you have the patient interlock their hands behind their cervical spine, draw their elbows together and really flex their neck then you don't need to press onto the patient's chest, rather, the adjustment is a leverage adjustment with patient using his own arms as the levers.

Manual Methods

An important aspect of the proposed bio-mechanics of the anteriors is that there is an extension component, be it actual or otherwise. As we wrote previously Fligg suggests extension fixations, Pettibon suggests a lateral inferior spinous which has a global cause. For the student of biomechanics we suggest attaining the articles by Zachman et al (24), Fracheboud et al (25) and Woggon (26). In any case a flexion prestress position is suggested with the anterior thoracic adjustment and with that goal in mind two methods are worthy of description. First, the method described by CMCC's Dr Alan Grice (27) involves the using of a DeJarnette Pelvic block placed lengthwise as a flexion support for the placing of the doctor's adjusting hand.

The second approach was Pettibon's inclusion of flexion in the design of the adjusting table which slanted to 30 degrees similar to a Grostic leg check table. This allows for easier positioning of the thoracic spine yet for those without a Pettibon bench a simple solution could be to use a large padded foam wedge or simply to keep the patient in a flexed position. Another clinical tip that Dr Pettibon introduced us to so many years ago was the use of a piece of dowel held across the fingers which helps to form the needed fulcrum for the adjustment thus: (28) 'To purposefully direct a force into the thoracic spine, one must first erect functional fulcrums. This is best done by purposefully positioning one's hand so that a force can fulcrum from it, and cause the spine to torque away from the spine posterior-centrally" (28)

On the subject of doing the best anterior adjustment two factors are important. The first is to visualize what you are trying to achieve (this helps also if you are playing golf or basketball or in fact mostly any skill you would like to name including writing articles for "Expression") and the second factor is that breathing co-ordination is important. The compressive thrust is applied with the patient exhaling.

The Tepperwedge

As we have mentioned with De Jarnette's anterior block, it may be easier on the chiropractor if they are small-framed. Pettibon suggested a piece of dowel that not only forms the frame of a fulcrum but also protects ones knuckles. In the early 1980's another device emerged – the Tepperwedge, (29) which protects your hand and wrist. The raised "ribs" of the Tepperwedge do the work that would have been done by the hand fulcrum. The Tepperwedge is a great idea that continues today as Tepperwedge II (Barrington equipment and supply in Illinois are a good supplier and no we do not have a vested interest).

The Waller

A variation of the supine anterior thoracic adjustment is to do the same adjustment standing. The patient has their arms on opposite shoulders, you position your fulcrum hand, using dowel pin or tepperwedge if you like, have the patient's neck in flexion and use the breathing cycle. One disadvantage of the "waller" is that you are actually supporting some of the patient's body weight and it can be quite difficult for the smaller framed doctor (or the large framed patient for that matter). The advantage of the waller is that some chiropractors feel the adjustment is better under gravity-bearing conditions. For those who don't like their hand being crushed against the wall of their office room, we suggest a hand towel encircling your hand, i.e. overlying the dowel pin or tepperwedge and for those who regularly use the waller adjustment, Pettibon (30) or Harrison's supply companies, on their websites, are the places where you can check out their padded and covered waller plates.

Mechanically-assisted methods

There are two methods of delivery using a drop piece mechanism for the anterior thoracic. Thompson, as part of the Thompson protocol has an anterior thoracic adjustment involving a special device and more recently Pettibon (33) has developed an anterior thoracic drop that can be placed on the bench.

Article continued on Page 7

CASE STUDIES

CASE STUDY NUMBER 1

Normalization of Blood and Urine Measures Following Reduction of Vertebral Subluxations in a Patient Diagnosed with Early Onset Diabetes Mellitus: A Case Study

Blum CL

Introduction: Diabetes mellitus is a serious condition which affects the broad spectrum of chiropractic patients.

Objective: A case history of a patient successfully treated with chiropractic manipulations, dietary modification and exercise for altered glucose levels secondary to diabetes mellitus.

Intervention: Treatment consisted of sacro occipital technique, occipital fiber diagnosis and treatment, and bloodless surgery or chiropractic manipulative reflex technique (CMRT) for the pancreas and adrenal glands.

Results: Within one month of treatment his glucose blood and urine levels had normalized and remained stable.

Conclusion: Future research is necessary to determine what percentage of patients with diabetes mellitus might benefit from a combination of chiropractic care, dietary modifications and exercise. [Journal of Vertebral Subluxation Research, Dec. 7, 2006:1-6.]

CASE STUDY NUMBER 2

Behavioral and Learning Changes Secondary to Chiropractic Care to Reduce Subluxations in a Child with Attention Deficit Hyperactivity Disorder: A Case Study

Lisa Lovett, D.C. & Charles Blum, D.C.
[October 4, 2006, pp 1-6]

Objective: Attention Deficit Hyperactivity Disorder (ADHD) is extremely subjective in both diagnosis and treatment. No single cause has yet been determined for this disorder nor has there been a single treatment plan that is effective in a majority of cases. This paper proposes a possible etiology for some cases of ADHD with respect to concentration and hyperactivity along with a possible positive association with chiropractic adjustments.

Clinical Features: A case history is presented of an 8-year-old child with many learning and behavioral disorders that are associated with ADHD and temporally related to a fall incurred 18 months prior to being seen at this office. Physical examination revealed limited cervical ranges of motion, radiological examination noted a cervical base angle of 23 degrees, and sacro occipital technique examination had findings consistent with a sacroiliac hypermobility syndrome (category 2).

Intervention and Outcome: For the first two months of care the patient was seen once a week with every adjustment consisting of SOT pelvic blocking procedures and cervical adjustments. While prior to care the child's symptoms had been stable for 18 months, following two months of care his mother noted positive changes in behavior and reduction in his complaints of headaches and neck pain symptoms. During the two month period of treatment, reports from his teachers at school remarked on the positive changes in his behavior and improvements in academic performance. There are many causes to ADHD as well as other learning and behavioral disorders; therefore conclusions cannot be conclusively drawn by a single case study. A possible conclusion that can be drawn in this case is that adjusting spinal lesions (e.g., subluxations) appeared to reduce the child's pain and discomfort, which allowed him the ability to concentrate, learn and "sit still". Further studies with controls need to be conducted in this area to determine the effectiveness of chiropractic care in aiding the symptoms of children who are classified as ADHD.

Conclusion: There are many causes to ADHD as well as other learning and behavioral disorders; therefore conclusions cannot be conclusively drawn by a single case study. A possible conclusion that can be drawn in this case is that adjusting spinal lesions (e.g. subluxations) appeared to reduce the child's pain and discomfort, which allowed him the ability to concentrate, learn and "sit still".

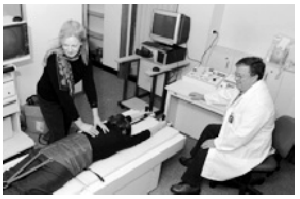
Further studies with controls need to be conducted in this area to determine the effectiveness of chiropractic care in aiding the symptoms of children who are classified as ADHD.

MACQUARIE UNIVERSITY SOT CLUB UPDATE

The University year is just getting warmed up and the SOT club is gradually generating members. A successful introduction to Sacro Occipital technique was presented by Andrew Paul and Darren Little at the University last week. There was particular interest from the class in paediatric adjusting and cranial techniques with kids. Approximately a dozen people have shown interest in doing the Seminar Series this year. We would love to have any SOT practitioners who are willing to share their thoughts, expertise, or ideas to come and talk to us so if this is you please contact Averil for my details. We hope to hold some technique revision after the first Sydney Categories Seminar to hone our skills.

I would like to thank SOTOA for their continued sponsorship committment. This support really helps those students who can't afford this seminar. Based on the first SOT Uni lecture I am really looking forward to further establishing the Macquarie University SOT club.

Cheers, Natasha Sharp



THE ANTERIOR THORACIC TECHNIQUE & SOT cont'd...

In terms of SOT practice, it is our experience that a Thompson table isn't the table of choice, in terms of the table board placement and block placement, yet, we are aware that some of our SOT seminar attendees may develop 'amalgam' or 'hybrid' techniques and we welcome your correspondence if you have done so.

The piece of equipment used with a Thompson table is called a 'dorsal blocker': Dr Pettibon's (34) recently developed device is called the DUD Thoracic Adjuster, DUD standing for dorsal upper dorsal.

Conclusion

We have presented several variations of the anterior thoracic adjustment and have discussed two adjusting concepts which we have found useful in practice: that of visualizing what you are trying to achieve in your adjustment as you are doing it and the usage of the patient's breathing cycle so as to deliver what BJ termed – the adjustment with "something extra".

In our article series so far, we have covered basic concepts, analysis and adjustment methods contained in the Category II and I protocols mostly. We have barely touched on the subject of Category III and there is much to be written on various CMRT and Cranial topics.

For the most part, we try to present something that you will not only find interesting, but of practical application. We stick to that which is factual and proven yet where and when our "opinions" may surface, we hope you, our SOT Expression reader will be able to appreciate the difference between fact and opinion. Responsibility for everything is entirely ours (except "typos" – for those, blame the editor! We always do!)

Until next issue, we remain

John S Kyneur – Haberfield NSW
Peter J Kyneur – Toronto NSW

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CLASSIFIED ADVERTISING

Locums Available

- Locum/Associate available in Sydney. 2005 graduate. Techniques include: SOT, NET, AK, Acup, Diversified, TRT. Please contact Luke on 0403 947 063
- Locum available from Jan 2007. All states (QLD, VIC, NSW preferred). Available for short and long term locums. Associate and locum experienced. Primary technique: SOT. Also skilled in STO, activator, diversified, drop, gonstead, upper cervical and other low force techniques. NZCC graduate. Contact Jonathan Lubetzky by mobile 0401 038 871 or email jlubetzky@gmail.com
- Dr Rosemary Keating advises that she is commencing practice at Coast Chiropractic Kawana from February 5th 2007. Thank you to everybody for the locum opportunities over the past few years.
- The phone number for Briony Templer in the 2007 directory (Locum Listing on Page 50) should be **0419 517 860**
- Dr. Brett Hill available as a locum Tuesdays, Thursdays and Saturday mornings in Adelaide and surrounds. I utilise SOT, activator, drop piece, diversified and a little NET. Phone 0400 126 856 or (08) 8390 0219
- Locum available mid July to mid Sept 2007. VIC, QLD, SA, NSW preferred, but will consider other states. Associate and locum experienced. Primary technique is SOT. Also skilled in STO, activator, diversified, drop, gonstead, upper cervical and other low force techniques. NZCC graduate. Contact Jonathan Lubetzky by mobile 0401 038 871 or email jlubetzky@gmail.com

Locum Required

- We need a locum to cover the period 16th May to 7th June 2007. Accommodation and transport can be made available as part of the package. The clinic is located in Kirrawee which is a suburb in the south of Sydney, minutes from the beach with the National Park quite literally on your doorstep and 40 mins to the heart of Sydney itself. The primary techniques used at our practice are SOT, NET and AK. Locum need not be proficient in all of these but a general understanding would be considered an asset. I can be contacted by email hogan_michelle@hotmail.com – mobile 0413 387 851 or at the clinic (02) 9521 5400

Continued overleaf...

CLASSIFIED ADVERTISING cont'd...

Positions/Associates Wanted

- We urgently need an additional chiropractor for our very busy health centre in Mittagong in NSW Southern Highlands. You would be working with our existing chiropractor, with a full support staff, plus complementary therapists such as massage. There are clients ready and waiting to for you. The Southern Highlands is one hour south west of Sydney airport via the M5/Hume Highway, 40 minutes to Campbelltown and 45 minutes to Wollongong and Nowra. We have won "Best Health Service" award two years running and strive for excellence. We specialise in low force chiropractic such as SOT, NET, drop table and activator and receive many referrals for our care. In addition we offer nutritional supplementation and wellness programs and frequency specific microcurrent. We will provide full training to a new graduate and work with you to build your clinical expertise and client base. Position can be either part time or full time with you choosing your own hours plus excellent working conditions and remuneration. Please call Marti on (02) 4871 1828 to further discuss this opportunity.
- An Associate position is on offer in Sunny, Beachside Newcastle, NSW! We here at Mackee Chiropractic are a strongly paediatric focused practice, with a passion for helping kids, babies & families achieve optimal health! We have a very happy and busy centre, however, we are currently in the exciting position of having more patients than our chiropractor has time!! As such, we are in keen need of an associate, and are looking for a wellness minded Chiropractor who loves working with kids to join us!! We are a close knit team who regularly attend conferences and seminars together, and who are passionate and experienced in our respective roles. Our Chiropractor uses a combination of SOT, Activator, Drop, Diversified and Upper Cervical Techniques, however, we would happily welcome different styles of practice from an associate, as that only offers a greater choice to our clients. Please contact us directly for more information. Mackee Chiropractic (02) 4987 7987 macchiro@bigpond.net.au
- Associate required for our expanding SOT / Upper Cervical practice at Haberfield. A sound understanding of SOT and interest in upper cervical adjustments would be an advantage. Enquiries to Gabriella at gabriellak@ozemail.com.au or (02) 9799 9995.
- Associate Needed for Bribie Island Practice. Part time – 2 days a week or there about (negotiable). MUST HAVES: Working knowledge of SOT. Experience (at least 1 year) . Subluxation based, Wellness orientated. Queensland registration. Enthusiasm for the practice of chiropractic. Please ring (07) 3408 6700.
- Part Time Associate Required for SOT Practice in Brisbane Northern Fringe. Contact 0408 035 565 – Use SMS If No Answer or chiroj@bigpond.com
- Mary Beth Bauer is moving to Port Hinchinbrook in Far North Queensland and needs an SOT practitioner to take over her Whitsunday practice. She can be contacted on 0417 753 184.
- Chiropractor wanted, pref SOT practitioner with experience in cranial work. To work with Eastern Suburbs dentist 1-2 days a week in beautiful new rooms. Room to build own business. Call Peta at Integrated Dentistry on (02) 9389 8697 and check out our website www.idental.net.au. If you already have a business in the Eastern Suburbs and are considering new rooms, this may be an excellent opportunity.
- A unique and exciting opportunity of a lifetime awaits a committed and enthusiastic Chiropractor. All the hard work has been done for you and has been done right. All you have to do is walk in and start. Enjoy all of the delights of a country lifestyle with all of the benefits of a fast growing and vibrant regional city situated within one and a half hours from Melbourne. A central location with an excellent climate. We have an amazing team. Everyone in our team has created a mission and long term vision. The team are inspired to not only help clients but help other Doctors to achieve the same results we have been able to achieve. For more information contact adesposito@ozemail.com.au.
- An excellent opportunity exists in our busy family wellness practice in Sale, Victoria. One of our current associates is finishing in June to travel O/S and will handover a patient base of 90 – 100 ppw. Excellent support and mentoring in a well established practice with flexible working hours and conditions. Techniques utilised are S.O.T, Manual and Activator. Contact Drs Jason & Meaghan McMillan. Mobile 0412 60 66 57 Email mcmchiro@bigpond.net.au
- Part Time SOT practitioner required for busy low force practice in the Hills in WA, good remuneration: email saron31@bigpond.net.au for further details.
- Unique opportunity to join a great team in an established practice, as well as to assist in creating a family based wellness practice opening in a rapidly growing country town only 1.5 hours from Melbourne in Phillip Island area. Call (03) 5956 7881.

Practices Wanted

- Practice Wanted – (within 40mins of Melbourne CBD). Established practice wanted. It must have a minimum of 100 patient visits per week, trained CA's, good lease, preferably SOT based, with steady flow of new patients. Contact practice2buy@optusnet.com.au with details of your practice and your contact details

Practice for Sale

- Indulge your passion for Chiropractic and Life – Own your Own Practice Now! Busy SOT Practice overflowing with Generations of Patients: Children, Families and extended Community. Established over 25 years with steady growth yet Potential to expand further – the Affordable Opportunity of a Lifetime. Highly Visible & easily Accessible, Excellent CBD location in City of Mount Gambier, epicentre of South East SA. Fantastic Staff dedicated to Optimal Chiropractic Care utilising simple systems that work. Two Practitioner Practice or solo – you choose. Secure long term Lease. Transition assistance available. Region rich in fantastic diversity of National Parks, beaches, rivers & lakes, fabulous fishing, endless recreation, award-winning Wineries, Culture and History. Why not combine a Tree Change with a Sea Change for the Best of Both Worlds!!! Contact kirocentr@bigpond.com or phone 0417 804 741.

Omission from Directory

- Melbourne (CBD), Rowen D'Souza, Suite 712, 365 Little Collins Street
  PH: (03) 8676 0599 FAX: (03) 8676 0598 rowen@rdsc.com.au
  13 Years using SOT, Practices Categories, CMRT & Cranial regularly.

SOTO AUSTRALASIA

SOTO CO-ORDINATOR &
SOT SUPPLIES
AVERIL CREBBIN
PO BOX 276, WOOMBYE QLD 4559
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