SOTO AUSTRALASIA

SPRING 2007

EXPRESSION

CATEGORY FIVE – TRAPEZIUS ANALYSIS (PART 1)

To the surprised reader of the above title in this edition of 'Expression' who may not have been following our series of articles, we offer this brief explanation:

In 1970, De Jarnette named a further five Categories — thus Categories four, five, six, seven and eight. These were dropped by *1971* yet they are great topics which currently fit into the three category structure of SOT. (Occipital Analysis (IV), Trapezius Analysis (V), Anterior Subluxation (VI), Oblique Sacrum (VII), Occipito-Atlantal Syndrome (VIII).

The astute reader of the last few articles in this series may have noted the trend and theme arising which is – don't overlook some of the "minor techniques" of the Category system. Thus, hiatus hernia, sacral cups and anterior dorsal have been 'showcased' by receiving an article of their own.

De Jarnette thought that the trapezius fibre analysis was also an overlooked subject when he wrote, in 1981, that: "For some reason or other it has never been a popular technique probably because it is too easy to use or perhaps it is still mysterious to most doctors." [1]

Background and Review

The Trapezius has been one of the Sacro Occipital research projects since 1942[2] and first appeared in De Jarnette manuals in 1947[3]. The 1970 SOT manual was a trapezius milestone as it contained the updated technique which is similar to that taught today at SOT seminars around the world, be it, with SOTO Australasia, SOTO Europe or our US colleagues.

To review, the trapezius technique is the analysis of the trapezius muscle and referred vertebrae, involved in skeletal type pain. The Trapezius muscles are palpated with the patient prone. Trapezius areas are numbered 1 through 7 with area 7 lying lateral to the borders of thoracic 1 spinous.

The thumbs are used to palpate the seven areas. The related thoracic and lumbar areas are selected and tested at the lamina pedicle junction. The adjustment of the selected major vertebral segment was formerly a double transverse pisiform contact[4] and is currently a scoop type inferior to superior thrust[5].

This article is in two parts. The second part, in the next issue of "Expression", will concern itself with the definition, description, discussion, differentiation and development of the trapezius reflex system. For this first part, we have selected a reprint of an article which first came to our notice in the SOTO A/Asia Bulletin of August, 1982. This article was first printed in the SORSI Despatcher in May 1972, entitle "Clinical Observations" – the author being Dr David Denton, a long time SOT instructor and later, the innovator of Cranial vector work. In reprinting Dr Denton's work, SOTO Australasia Bulletin Editor, Dr Scott Parker commented that 'whilst this work does not cover every situation it is most useful'[6]. What more can we say, save, we liked it as well and we hope you will too. So as faithfully as we can reprint it and including some new diagrammatic sketches, here is "The Tong Test" by Dr David Denton.

Dr. Denton introduces us to a variation of trapezius fibre analysis which he has termed the Tong Test to verify occipital findings. As such this topic can serve as a prelude to trapezius analysis or as a link and bridging postscript to the last article in our series, occipital fibre analysis.

Article continued on Page 2

INSIDE THIS ISSUE:

EDITOR:

Darren Little

SURRY HILLS, SYDNEY

(02) 9698 0007

darren@

centraltohealth.com.au

PRESIDENT'S REPORT – DR BRETT HOULDEN

Well what a year for SOT in Australia. We have continued the great work you have asked us to do. Let us know if there are things that you desire of YOUR organization.

There continues to be a wonderful growth in the number of participants that are keen to learn SOT, whether for the first time, or for a refresh, or for those who are trying to pick up the finer nuances of this amazingly comprehensive, deep and thoroughly life enhancing form of Chiropractic care. Perth, Auckland, Melbourne and Sydney all hosted a throughly successful basic series of SOT, and last October we hosted the inspiring Dr Marc Pick with his anatomy and neurophysiology of SOT. Anyone who missed that seminar and would love to catch the great presentation, call Averil for the DVDs.

Our research fund balance is on the gradual increase, please if you cannot spend the time to do some research yourself, support those who are by donating a portion of your income on a regular basis, even just a few visits, say $125 or $150 a month each would make a HUGE difference to our ability to fund research that will further support you in your practice.

Our membership continues to grow, and for that I have you to thank. Keep letting us know how you would like your organization to move forward. I would love to have you step up with your advice, or your time, even help steer the organization for a while being on the board. You definitely have a great board at the moment, I do think we always need fresh thoughts, ideas and energy. Have your say and share your ideas with like-minded SOT chiropractors.

I thank you for your continued support and, indeed, it has been my pleasure to serve you over the last year.

Yours enthusiastically, *Brett Houlden*

CATEGORY FIVE – TRAPEZIUS ANALYSIS cont'd...

The Tong Test

Several years ago, I began to notice numerous patterns that were always repeated based upon previous research by Dr De Jarnette. It was first noticed that a pinch test to the trapezius such as gripping with ice tongs would always reveal a major nodular muscular bundle at one of the 14 areas (7 bilaterally).

Figure No. 1

This is not to be confused with Dr De Jarnette's trapezius palpation which employs predetermined thumb pressure to each of the seven areas bilaterally. Second, it was found that there was always a nodulation on the posterior aspect of the corresponding cervical segment located midway between the spinous and the transverse process, i.e. Trapezius No 3 to Cervical No 3. This cervical nodulation was always found on the side opposite to the trapezius nodulation.

Figure No. 2

It was then discovered that another sensitive nodulation was located on the anterior side of the cervical vertebra on the same side as the trapezius nodule. It seemed reasonable, correlated with the foregoing, that a corresponding occipital fibre should be present and this proved to be true.

Article continued on Page 4

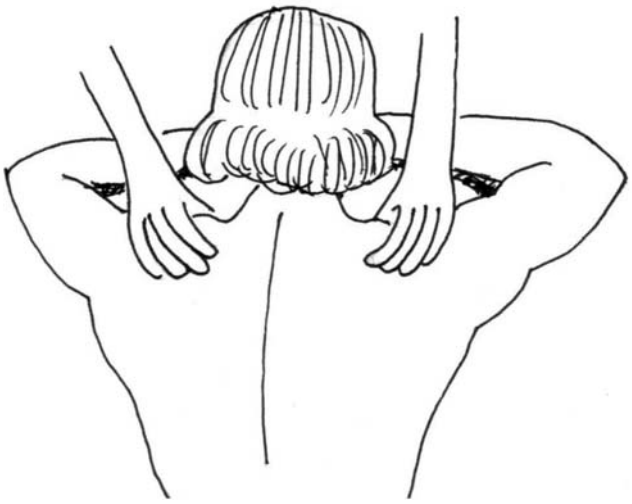


Fig. 1 – The Tong Test using a Trapezius Pinch

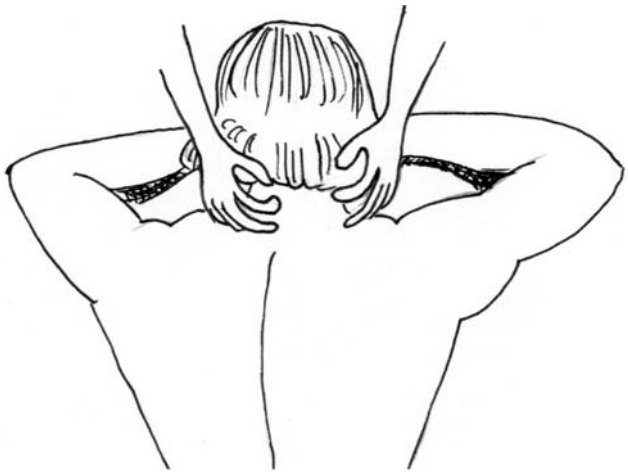


Fig. 2 – Palpating for the Cervical Nodule

FROM THE EDITOR'S PEN

Dear SOT colleagues,

I look forward to seeing those who are attending the AGM and Annual Convention this month. It's an opportunity to stay a little longer and make a family holiday of this event.

There are 3 stages of certification offered at the AGM this year – Basic, Advanced, and Craniopath. Why not challenge your SOT application and knowledge and become certified. A handbook is now available for candidates wishing to sit, with information on prerequisites and guidelines.

I encourage you to contribute to our new "letters to the editor" section of the newsletter. We welcome all members comments and opinions.

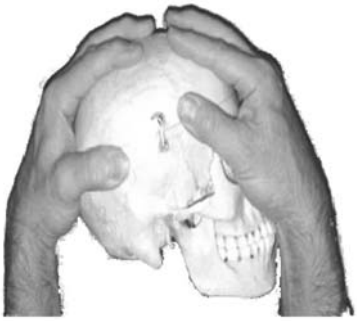
The SOT series returns to the Gold Coast in 2008 alternating with New Zealand so New Zealand participants can make a warm break of this event.

As a Table educator I noticed this year that we have had a lot of keen and talented final year students attending who will be looking for locums and associates next year. If you are interested in expanding your practice or taking on one of these vibrant enthusiastic new graduates who are interested in developing and using their SOT skills, contact Averil for their details or to register any future employment and mentoring opportunities.

Best Wishes

Darren Little

SOTO AUSTRALASIA ANNUAL CONVENTION – ADVANCED SUTURALS & TMJ



Dr. Dan Macock from the US will be presenting Cranial Suturals & Cranial ISO Suturals as well as Dr. Brett Houlden SOTOA president, presenting TMJ Techniques. The Annual Convention will be held at the Surfers Paradise Marriott Resort & Spa on the Gold Coast.

Costs are still $550 for members. The SOTO Australasia AGM will be at approx 5.30pm Saturday October 27 followed by cocktails.

See you all there!!

DO NOT MISS OUT!

SOTO AUSTRALASIA

- **ANNUAL CONVENTION**
- **AGM**
- **CERTIFICATION EXAMS**

OUR CURRENT SOTOA LOCUMS

LISA BARDY 0412 301 465 lisabardy@hotmail.com

~~**JONATHAN BLEIER** SE QLD 0401 082 215 chirojb@gmail.com~~

CHANTAL HENDERSON chantalchiro@hotmail.com

JASON HENDERSON 0432 276 856 thenewfarmer@hotmail.com

DAMIAN LAWGUN QLD, VIC, NSW 0424 327 875 dlawgun@gmail.com

JONATHAN LUBETZKY VIC, QLD, NSW, SA 0401 038 871 jlubetzky@gmail.com

FELICITY MAITLAND SA, VIC, QLD, NSW 0409 719 875 fmaitland@bigpond.com

SCOTT PALMER 02 6672 2760 spinalscotty@yahoo.com

MARCUS SOANE 0429 625 615

BRIONY TEMPLER 0419 517 860 btempler@hotmail.com

CATEGORY FIVE – TRAPEZIUS ANALYSIS cont'd...

Figure No. 3

Therefore, this writer concludes that this completes the occipital, cervical, trapezius portion of the Golgi reflex, plus, of course the lower segmental vertebral levels. Using this procedure on thousands of cases, this writer believes that despite the occasional occurrence of other occipital fibres there is always one occipital major associated with musculoskeletal imbalance.

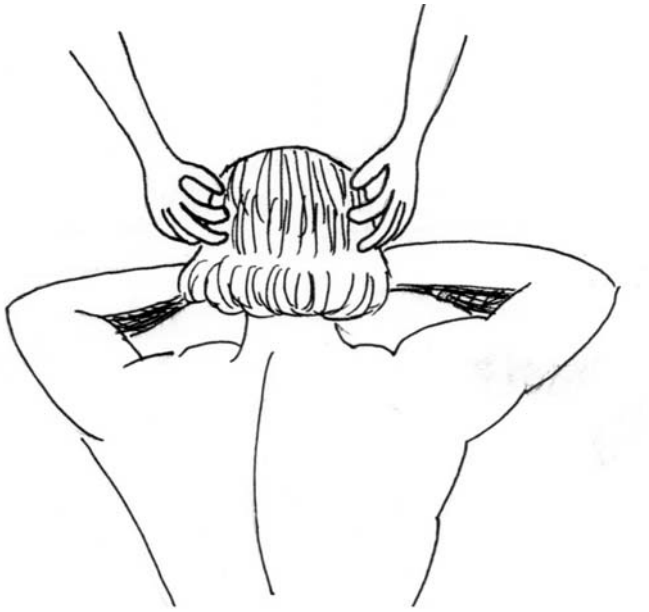


Fig. 3 – Occipital Palpation

The next thing noticed was that while using the De Jarnette Category I procedure (blocks, SB + and SB-, vasomotor, occipital palpation, as above, with vertebral neutralization) following occipital line technic, an area of hyperaemia would appear at a vertebral level that had not been treated, giving the appearance of having been goaded with the finger. While this was interesting the significance was not fully understood.

However, with the advent of the 1970 De Jarnette trapezius technic, this area of hyperaemia always corresponded with the segmental vertebral level found on trapezius palpation. This hyperaemic reaction always occurred within 5-20 seconds after the vertebral thrust to the occipital segmental vertebral major and usually is located just a few vertebrae away. For example, occipital 3 line 2 with T4 left transverse process neutralized, results in hyperaemic reaction at T7 left transverse process with a trapezius no. 5 confirmation. (See Figure No. 4)

Next, the questions arose, "Would this check out if the trapezius palpation was done first?" The answer was "yes". Thus proving that the trapezius major and occipital major were related but not coincidental as to segmental vertebral level. A conclusion can be drawn then that the major occipital fibre is associated as the first line of defence to the vertebral level of skeletal imbalance. The trapezius major formerly known as ***the MS** (ruffini reflex) is protective to the vertebral segment of the occipital major complex and reacts when the occipital major is neutralized or released by the vertebral adjustive thrust. The next question that came to mind is "what about the occipital line no. 2 found in organic malfunction when associated with a corresponding trapezius?" The following hypothesis is offered for your perusal.

Injury and tension, in the spine differs very little from any other injury. However, when spinal mechanics are altered, there is a very precise and predictable set of compensatory Golgi tendon reflexes which protect the area of injury. If this is unsuccessful, abnormal reflexes develop resulting in among other things, **disrelationship of the sacro-iliac structure** and **imbalance of the piriformis muscles**. The

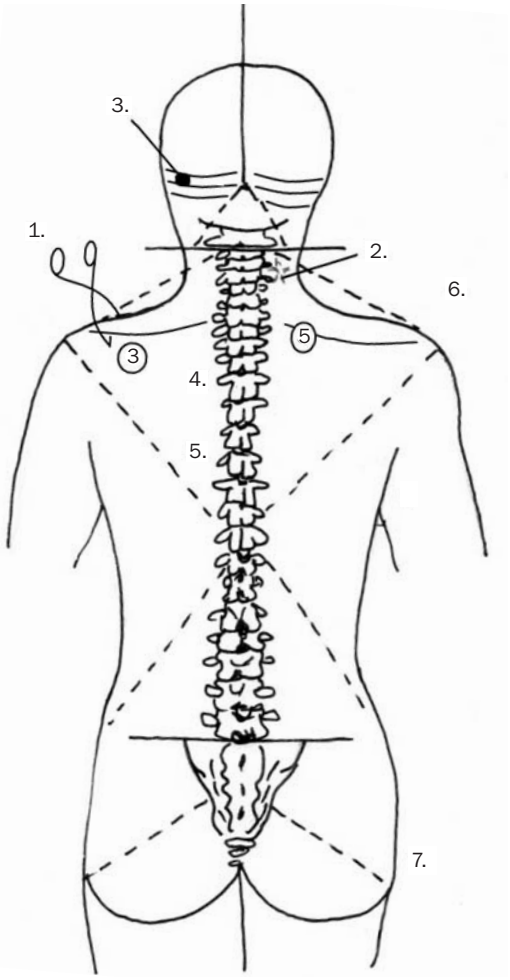


Fig. 4 –

1. Tong Test to Trapezius area.
2. C3 Nodule on side opposite Tong Test nodule.
3. Occipital Area 3, Line 2.
4. Left transverse of T4 neutral.
5. Area of hyperaemia at T7 neutralization. T7 neutralize criss-cross pedicle adjustment.
6. Trapezius test reveals Area confirms T7.
7. Proceed with correction of pattern. Spinal, Extremity.

CATEGORY FIVE – TRAPEZIUS ANALYSIS cont'd...

trapezius immediately tries to compensate. The trapezius comes into play and the ruffini reflex pattern is activated. This is now a local **over motion problem** which tends to trigger postganglionic reactions and organic malfunction. This malfunction results in afferent upset which activates the golgi reflex at that level and begins to reveal itself as a secondary occipital fibre, which if fully developed, will placed the involved area of the spine in splinting fixation. If this process doesn't complete its defensive cycle, the MS will continue as will the organic malfunction and result in eventual pathology. However, if found in time by the understanding SOT'er who employs proper trapezius and occipital technic along with C.M.R.T., the syndrome can be reversed.

Summary

The Tong Test and adjustment protocol has seven steps which are as follows:

- S.O.T Category *I* procedure up to VM (vasomotor) technique.
- The Tong Test (figure no. 1) Apply thumb and index finger grasping and pinching the trapezius from the lateral to the medial corresponding to the 7 areas of the De Jarnette trapezius test. Look for one area of muscle tension while the patients arms are allowed to hang freely from the table.
- Palpate the laminal spaces midway between the spinous and the transverse processes bilaterally of the 7 cervical vertebrae. (Figure no. 2). Note, segmental nodulation should occur on the side opposite to that of the trapezius finding and at the corresponding segmental level.
- Palpate the occipital fibres and find one fibre which agrees with the above, i.e. Trapezius 3, cervical 3, occipital 3 (the example in figure no. 3).
- Neutralized the occipital major (as taught at SOT seminar series)
- Observe sign of reactive area of erythermia over the transverse process of nearby vertebrae. Correlate with De Jarnette trapezius test and neutralize with criss-cross adjustment (fig. no. 4).
- Evaluated the subluxation pattern peripheral, spinal or cranial.

Practical Advantages

The Denton Tong Test procedure was stated as having three practical advantages:

a) It aids the beginner to recognize the occipital fibre

b) It makes analysis and adjustment more precise

c) It differentiates the degree of organic involvement from the superficial injury.

MS – Movement Subluxation

As David Denton has pointed out in this article, the trapezius major, as we know it today, was formerly known as the MS or movement subluxation.

The MS, by definition was that area that moves the most with the least stimulation, an area of overcompensation for other areas in the spine involving muscle splinting and fixation.

The MS, by definition was that area that moves the most with the least stimulation, an area of overcompensation for other areas in the spine involving muscle splinting and fixation.

Essentially, palpation of the trapezius muscles and the producing of a reaction at one level indicate that a subluxation exists dependent upon a group of muscles in

Article continued on Page 6

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Costs still are $550 for members.

Saturday October 27 (8.45 – 5.30pm) and Sunday October 28 (9 – 1pm)

The SOTO Australasia AGM will be at approx 5.30pm Saturday October 27 followed by cocktails. We would love to see you there! So catch up with old & new friends.

This is an opportunity to combine a great seminar and to enjoy Queensland's beautiful weather. Why not bring along your family and friends and extend your stay!

CATEGORY FIVE – TRAPEZIUS ANALYSIS cont'd...

a state of contraction and that this reaction is caused by one vertebra in overmotion. Possibly an overlooked fact in Sacro Occipital procedures of the post 1970 period is that a contributing factor to the overmotion is the distortion of the piriformis muscle. The major trapezius demands either, a SOTO (step out turn out), or a COTI (cross over turn in) piriformis movement as well as the neutralization of the movement subluxation![7], [8]

Biomechanical considerations

Have you ever looked at the Occipital line charts and the trapezius reflex chart and wondered why thoracic 9 is the turn around point on the chart? By that we mean trap 1 is to thoracic 1, 2 trap 3 is to 4, 5, up to trap 7 is to thoracic 9.

Structurally, the muscular distortion patterns pull from occiput to sacrum. They tend to pull towards centre and the MS is that area which moves the most with the least stimuli and has a set pattern which changes only when the need is eliminated.

That's fine so far, but how about the fact that the triangle from occiput to shoulders, from shoulders to ninth thoracic and the angle from ninth thoracic to innominates, and from sacrum to femur, all of Pythagorean geometrical proportion, control man's musculoskeletal action.[9] See Fig. 5

In terms of neurology, the spinal cord tracts have a centre of division of the long and short posterior fibres with those fibres arising superior to the ninth thoracic taking an higher origin in the cervical cord and those arising inferior to the ninth thoracic taking a more inferior origin in the cauda equina.

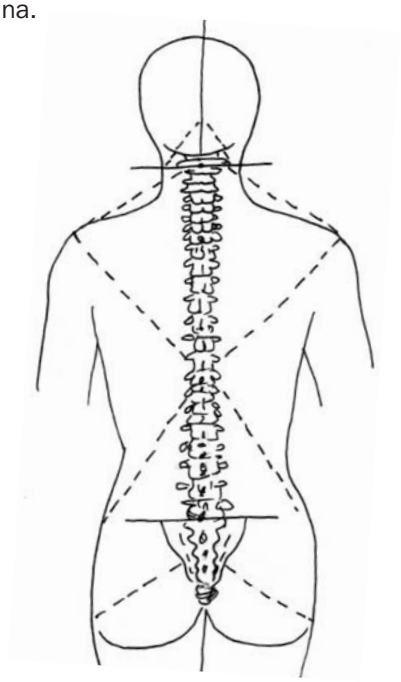


Fig. 5 – De Jarnett's System of Biomechanical & Neurological Triangular Relationships (Ref: MBDJ 'Spinal Distortions' 1936)

The significance of thoracic 9 both neurologically and biomechanically, is not an empirical one but is based on reflex action in the spinal cord.

The facts of the matter are:

1. The spinal column makes radical changes in the shape of the vertebrae from the ninth thoracic down.
2. The centre of gravity of the spinal column from sacrum to occiput is at the ninth thoracic.
3. The centre of muscle pull for those muscles arising at the sacrum and innominates and going superior is at the ninth thoracic.
4. The centre of spinal movements rests from the ninth thoracic superior and inferior.
5. All shock transmitted through the spinal column passes through the ninth thoracic plane as a division of spinal gravity pull.
6. The ninth thoracic, so to speak, is a switch terminal for impulses travelling up and down the spinal cord from extremity.

Conclusion and after word

In the latter years of SOT category development, the Category II and its adjustment protocol emerged. At the time of the 1970 Trapezius technique, Category II was known, of course, but more emphasis was placed on the Category I procedures. De Jarnette's trapezius work as now taught in Category II is for skeletal pain, is **reactive** and is a most useful procedure. It must be remembered that it is a method of choice in a patient of any category who is experiencing musculo-skeletal pain, not of visceral origin (occipital fibre analysis) or of an articular nature (to be discussed in a future article).

Denton's trapezius work with the Tong Test does serve as a good back-up procedure for the Occipital work and may enhance the findings of the trapezius or lumbar segment found on occipital fibre analysis via criss-cross adjustment and can serve as a good source of enquiry.

Until the next article from the Kyneur brothers we remain,

Peter J Kyneur – Toronto, Newcastle NSW
John S Kyneur – Haberfield, Sydney NSW

References

1) De Jarnette MB; The Philosophy, Art and Science of Sacro Occipital Technic, 1981
2) De Jarnette MB; Pas p.32
3) De Jarnette MB; Sacro Occipital Research Bulletin, Vol13
4) De Jarnette MB; SOT Manual 1970
5) Parker K (editor); SOTO Australasia Manual 2007
6) Parker S (editor); SOT Australasia Chiropractic Bulletin Aug 1982
7) DeJarnette MB; SOT Manual 1970
8) DeJarnette MB; SOT Manual l971
9) De Jarnette MB; SOT Manual 1970
10) De Jarnette MB; Spinal distortions (book six in the Sacro Occipital series) 1935

LETTER TO THE EDITOR

Dear Darren,

Congratulations on your editorship of the newsletter. The professional approach and 'meaty' articles certainly make for interesting reading. It was refreshing to read Ken Leyonhjelm's letter to the editor in the last edition and it got me thinking of the early days of SOT A'Asia., which may be of interest to some.

In the early 1970's we were fortunate to have had the opportunity to take extracurricular classes in SOT at Palmer College. Passing the Basic and CMRT courses meant that we could practice SOT in the College Clinic and we even had our own rooms and interns. The SOT 'movement' flourished in Palmer and it even saw industrious students creating businesses out of making blocks and boards so that other students could run their dodgy little (illegal) home practices.

Our trips to the annual SORSI seminars in Omaha, Nebraska saw 10 students staying in a single Motel 6 room (in the days when it did cost $6 per night). We hung on every word and soaked up the wisdom of DeJarnette, Denton, Bloodworth, Cote, Buddingh and the like. It was at Omaha in 1974 that I met Dave Lovett who saw fit to offer a poor New Zealand student not only a meal that night, but an opportunity to work with him in Australia. Both of these offers were eagerly accepted.

When I arrived in Australia in 1975 there was considerable interest in SOT as Scott Parker and Keith Bastian had begun teaching the work several years previous. It wasn't long before SOTO A'Asia was formed. One of the initial drivers in setting up this organization was to ensure that the work of DeJarnette was taught in its purest form. There had been examples in the US of individuals teaching 'SOT' with their own 'improvements' and we were unanimous in the fact that, where possible SOTO A'Asia would teach only the Major's work. This required stringent standards being agreed to by all and we were very quick to create our certification and diplomat exam structure. It is pleasing to see that this policy has been preserved over the last 30 plus years. In recent years I have directed by attention from teaching SOT to coaching and mentoring chiropractors in the application of their techniques and the growth of themselves and their practices.

I am constantly grateful for the gift that is SOT and the resoluteness that SOTO A'Asia goes about serving the profession. The current board along with the dedicated and talented instructors, table instructors and newsletter contributors will ensure that SOT continues to thrive.

Keep up the good work. Mark Postles, Buddina QLD 4575

EDITORS COMMENT

To our SOTOA readers who may not know, Dr. Mark Postles, a Diplomate of SOT, was one of the first seven chiropractors to be certified by SOTO Australasia (the others being Drs. Neville Creed, Trevor Creed, David Lovett, Bill Macpherson, Graeme Pierra and Bill Logan).

The written and practical examinations wet by Drs. Scott Parker and Keith Bastian in the late 1970s were in fact, the first time SOT examination and certification were offered anywhere in the world.

A SPECIAL SURVEY FOR SOTO AUSTRALASIA MEMBERS

We are asking our members if you would be interested in purchasing the soon to be new published.

SOT Compendium of Peer Reviewed Literature 2000-2005 published by SOTO-USA

This will be offered at a discounted price for SOTOA members which will be confirmed before orders are processed. We are only asking for expression of interest at this stage. **Once sufficient interest is shown, you will then be contacted to place your order.**

Other books available include:

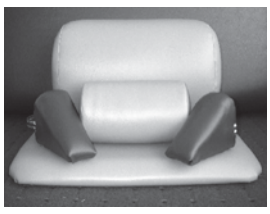
- New 2006 SOT Manual
- The SOT Compendium 1984000

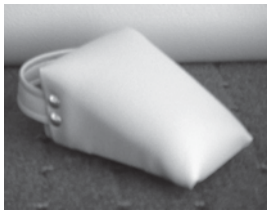
For us to order the **SOT Compendium** we need to know how many are interested in purchasing this book, so please contact Averil at sotoa@bigpond.com **or** phone (07) 5442 3322

WELCOME TO OUR NEW MEMBERS

Scott Palmer – Locum
Nischal Singh – Dentist, Sydenham, Vic.
Steven Doig – Mona Vale, NSW

SOT EQUIPMENT





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ADULT BLOCKS	$99
SOT PELVIC BOARD	$70
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SOT BLOCKS CHILD	$75
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Locums Available

Dedicated SOT locum available from July 2007. Melb metro preferred, but also VIC, QLD, SA, NSW. Associate and locum experienced. Primary technique: SOT. Also skilled in STO, activator, diversified, drop, upper cervical and other low force techniques. NZCC graduate. Contact Jonathan Lubetzky by mobile 0401 038 871 or email jlubetzky@gmail.com

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Dedicated SOT Locum Available September 2007 onwards. Metro Melbourne, VIC and SA. 2004 NZCC Graduate. Associate and extensive Locum experience in Aust & NZ. Skilled in various low force manual techniques, activator, diversified and NET. Long and short term locums available. Contact Damian Lawgun 0424 327 875 dlawgun@gmail.com

Positions / Associates Wanted

Associate required – Queensland. Desperately seeking SOT practitioner. An energetic associate, dedicated to Chiropractic Care, is required at our family oriented clinic located on the Gold Coast. You will join 3 other full time practitioners in a clinic bursting with patients !! Contact Gill on 0412 963 106 or email asi@smartchat.net.au

Associate wanted for immediate start in well established clinics on the Sunshine Coast, Queensland. These are S.O.T. based practices which incorporate some manual adjusting techniques. Applicants need to be self-motivated with a positive caring approach. *Send CV to:* The Office Manager, Rasura Chiropractic Centres, PO Box 634, COOLUM BEACH QLD 4573, Ph: 07 5443 8772

A busy Ashgrove clinic situated on the north side of Brisbane requires a **Part-time Associate**. This position would suit a family-orientated person. Principle chiropractor wishes to spend more time with her children. Please contact Paulette Walker Ph: 0438 660 081

We are looking for an experienced SOT practitioner, with preference to anyone who is trained in STO, to take on a very busy (and still growing!) practice in Inner West Brisbane. Initially an associate position is available with the option to take over/purchase in the future. As the associate will take on some existing business and all new business with the aim to eventually take over, we are looking for somebody who is interested in this long term. Please contact Scott on 0405 905 484 if you are interested.

What do you want from your chiropractic career? Do you love to have fun when you work? Is your aim to work with families and wellness based patients and to educate them on the wonders of chiropractic and their body? Is your focus on wellness care and education to help create a better world of healthier people? Do you want great support, a friendly and professional working environment? Would you love working in a dynamic and expanding practice? Are you well versed in low force techniques, especially SOT, or would you like to be? Would you like to take care of an existing patient base, who already love chiropractic and understand wellness care? Would you like to have every Friday afternoon and all weekend off? YES! Then call Liana, on 08 8725 6291 because we'd love to have you working with us. Or email, harmon88@ozemail.com.au Position available from end October 2007

Beautiful Mornington Peninsula. Associate required from September, 2007. Supportive, fun, family wellness practice on the move. *Contact Carmel or Diane.* Ph 03 5977 2123

Three lady Chiro team looking for fourth associate to join us!!! We are looking for a part time chiropractor to work in a newly refurbished busy hills practice in Glen Forest. If you are activator and sot proficient you will fit in with the team beautifully. Some experience is necessary and owning your own activator is a benefit to your application. The hours will be no more than 20 per week to begin and a locum position is available in the near future to begin your integration into the practice. Remuneration is 50% on all services given and minimum of two years contract is on offer. Please check our website on www.hillsnaturalhealth.com.au and email your resume to Dr. Julie Russell Clark principle chiropractor on liforce@bigpond.net.au

Practices For Sale

Clinic for sale – 5 km north of Brisbane CBD. Upmarket and desirable area, great location. Clinic established just over 4 years ago. Around 50 patient visits per week. Regular stream of New Patients. $120k gross clinic income last year. Income from room rented to associated Therapists. They run their own business and pay fixed rental. Hassle-free income. Front desk software. Part Time CA. Tasteful fit-out. Great Signage. Chiropractor works approx 3.5 days per week. Chiropractor relocating interstate. Priced to sell @ $50k all in. Enquiry welcome from interested parties only. If you are not ready to buy please do not respond. Email yournewclinic@optusnet.com.au or call 0416 115 189.

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 041 780 4741

The Practice – The Practice has a 15+ year history and strong community recognition for offering quality family wellness care. With its solid foundation to build on, this could well be the practice of your dreams. The systems and procedures are state of the art, high patient retention and very low stress with lots of vacuum. Strategically located in the heart of town with easy access and easy parking. Beautifully adapted 1950's character home, specifically designed for patient comfort and efficient flow. Over $20 000 in professionally designed improvements has created. A modern, professional yet warm atmosphere. Strong emphasis on family and wellness care. Experienced, fully trained, enthusiastic CAs provide all the necessary support for you to simply come in and adjust patients. Currently SOT and Activator with some Manual Adjusting. Gross Income over $400 000 with one DC. Practice is designed and capable of providing a lucrative income for one or more DCs, looking for lifestyle. Current DC is committed to enable a seamless takeover, maintaining existing patient volume and even practice growth during the transition. Email your address to gcwellness@bigpond.com and we'll send you a "must see" presentation CD describing the opportunity in full.

SOTO AUSTRALASIA

SOTO CO-ORDINATOR &
SOT SUPPLIES
AVERIL CREBBIN
PO BOX 276, WOOMBYE QLD 4559
Ph/Fax: (07) 5442 3322
Email: sotoa@bigpond.com