SOTO AUSTRALASIA

AUTUMN 2010

EXPRESSION

INSIDE THIS ISSUE:

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THORACIC TWO PROCEDURE:

In 1965, Dr. De Jarnette put on a seminar in Omaha, on the subject of the temporal sphenoidal line. The T-S line was a research project. Attended by 95 chiropractors, the one person who took up the challenge of developing the work was Dr. Mel Rees of Sedan, Kansas. In this series of articles we are presenting Dr. Rees' additions to the C.M.R.T. work of De Jarnette. One thing you, the reader, will need to do is to have a copy of the chart of T –S and reflex areas in front of you. Through SOTO Australasia there are two charts available. The older black and white chart contains the line 1, 2 3 relationships, the CMRT major reflex receptor areas and the T – S points. An updated version of this chart has been presented by Dr. Marc Pick and includes some computer graphics which look very impressive and life-like. Either of these charts positioned across from your adjusting table will make your life easier, as you don't have to commit so much to memory.

This article is about the temporal sphenoidal thoracic two bloodless surgery procedure. In the occipital fibre analysis it can be a close call between thoracic one and the thoracic two involvement. However, the coronary and valvular patient give different histories and presentations. As well as this, the temporal sphenoidal T2 area will be active and tender, being spaced well away.

This patient, the T2 reflex, is a person who has heart valve difficulties as a direct result of intra abdominal muscular distortions that cause the heart to structurally change resulting in decompensation.

Background Physiology

Long standing psoas and diaphragm fixation produces a crowding of the heart so that it is distorted in action. To begin with, this distorted heart shows a stenosis or narrowing of the mitral and tricuspid valves. This will be heard as a presystolic murmur. As this is left unattended to, it regresses into further degeneration which is heard and recorded as regurgitation or 'leaking valves'. The muscular walls of the heart have enlarged and thinned which leads to heart decompensation. Decompensation of the heart means it loses its ability to maintain circulation and is recorded in four stages.

Four Stages of Decompensation

There are four stages of decompensation with the fourth stage being the type which has advanced and terminal – the type you are not likely to see in a chiropractic office.

First Stage – is recorded as a mild regurgitation, systolic murmur. The heart is enlarged to a slight degree and this is termed 'minimal decompensation'.

Second Stage – The second stage of decompensation shows much more leakage of the valves with systolic regurgitation. There is a moderate degree of enlargement near to but not over 25% of heart enlargement. These patients show the beginning signs of poor circulation.

Third Stage – This is the severe stage and is known as an hypertrophied heart. The heart is enlarged more than 25% above normal size and the patient will exhibit the dreaded symptoms of dyspnoea, venous engorgement, cyanosis and sederna. Many of these stage three decompensation patients will have been previously diagnosed as asthmatic. These people may be at the point of not return but as the heart is still working you can slow down the decay process and prolong their lives with CMRT work.

(Continued on page 4)

PRESIDENT'S REPORT

Greetings all!

Our seminar series kicks off this month in 5 locations around Australia and New Zealand.

Why not take the opportunity to do a refresher of the series this year? (There is still time to register.)

This year the board has worked hard on updating all the notes and presentations so you can be guaranteed a clear and concise explanation of the technique and principles. Sometimes a revisit locks into place that missing piece of the puzzle that makes all the difference to your patients' health and recovery.

Dr Darren Little

Thank you to all the chiropractors involved with promoting SOT at the Universities in Melbourne, Sydney, Perth and New Zealand recently. We have committed to liaising closely with the SOT clubs this year and hope to support them with their needs as much as we can. If you can help out the students by sponsoring one to attend the seminar series this year or allowing clinical observation, or donate funds to the SOT clubs fund, then please contact Averil. We are striving for an SOT membership that supports and encourages each other, one that is approachable, provides mentorship and has a sense of unity.

Lastly, I would like to take this opportunity to thank the efforts of the board members over the last few months for the hard work and time put into updating our educational media. Your board this year is committed and passionate about creating a quality product for Australia and we are proud of the improvements and amendments to these notes and presentations.

I encourage you all to continue learning in SOT – delving deeper and deeper into the complexities and adaptive brilliance of the human body.

Cheers

Darren Little
President

SOTO AUSTRALASIA—EVENTS 2010

Melbourne
Rydges on Swanston, 701 Swanston Street, Carlton

Categories—April 9, 10 & 11
CMRT—May 14 & 15
Cranial—July 16 & 17

Sydney
The Sebel Surry Hills, 28 Albion St, Surry Hills

Categories—April 30, May 1 & 2
CMRT—May 28 & 29
Cranial—July 30 & 31

Perth
All Seasons Perth, 15 Robinson Avenue, Northbridge

Categories—June 4, 5 & 6
CMRT—August 13 & 14
Cranial—September 10 & 11

Gold Coast Surfers Paradise
Legends Mantra Hotel, Cnr Gold Coast Hwy & Laycock St,

Categories—July 2, 3 & 4
CMRT/Cranial—September 24, 25 & 26

New Zealand
NZ College of Chiropractic

Categories—July 10 & 11
CMRT/Cranial—October 9 & 10

SOT Certification Examinations
Melbourne

November 12

Annual Convention & AGM
Melbourne

November 13 & 14

FROM THE EDITOR'S PEN

Dr Samantha Culley

Hello to All,

It is once again a pleasure to be announcing our seminar series.

Since our last board meeting in November, we have been spending a lot of time re-writing and polishing up the notes and the power point presentations for our 2010 SOT Seminar Series. This was due to some great feedback that we had received in last years series.

Darren Little, Gerald Vargas and Andrew Paul have also done an amazing job of tackling a brand new Cranial manual, that will be an informative, concise learning aid for all you budding Craniopaths sitting the S.O.T. Certified Craniopath exams in the future.

It is a great time now to think about taking your certifications in SOT and if you are unsure how many hours you need to complete any of the Basic, Advanced or Craniopath exams give Averil a call at the office or download the application and handbook straight from our website.

It is great to welcome on board our teaching team new Assistant table educators Lisa Bardy, Jason Glynn, Naomi Gale, Bryan Hornby, Stephanie Willis in Melbourne. These guys have taken the time to master their S.O.T. by sitting and passing S.O.T. Certification examinations in 2009 and are now itching to share their knowledge with you.

I very much look forward to catching up with you all at one of our amazing learning experiences.

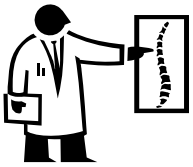
Sam Culley

Editor

UPDATES TO THE 2010 DIRECTORY

Since this year's SOTO Australasia Membership Register & Directory has been published we have had more renewals and new applications. Remember to regularly check our website for SOTOA members in Australia, New Zealand and Locums!

MORE OPTIONS THAN EVER WHEN ATTENDING THE SEMINAR SERIES



Its still not too late to register for this year's Seminar Series. With an extra series this year, making a total of five centres, you have even more flexibility to attend. Did you know that you can attend sessions at a centre to suit you? For instance, if you happen to be from Melbourne and are going to be in, say, Sydney on May 28 & 29 then you can start with the Categories Session in Melbourne and then attend the CMRT Session in Sydney and then back to Melbourne for Cranial. We are only too happy to accommodate your schedules.

"The only way of finding the limits of the possible is by going beyond them into the impossible."

Arthur C. Clarke

✓*Register for S.O.T. 2010 Seminar Series*

THORACIC TWO PROCEDURE (CONTD)

Fourth Stage – The advanced terminal stage you are not going to see unless you make nursing home calls. These patients, with a history of rheumatic fever or long standing hypertension are without hope and waiting to die. You could suppose that at no stage in their history had any practitioner suggested they had a psoas muscle – diaphragmatic cause decompensation.

Rees Marking Procedure

Dr. Rees' procedure involved marking the palpatory pain areas in a syndrome with a skin pencil. This served as a pre and post check. In dorsal 2 – myocardial valvular syndrome, there are eleven areas to check.

Mark the most painful (left or right) T.S. T – 2.
Mark the mitral valve painful reflex areas
On the anterior left chest in line with the xiphoid process and under the left nipple area.
In the left axillary region at about the 5th – 6th rib interspace.
On the posterior left chest just medial to the point of the inferior angle of the scapula. These are also 'auscultory' points for the mitral valve.
Mark the tricuspid painful reflex which occurs at or near the xiphoid process (ensiform cartilage).
Mark the aortic valve pain area if present. This will usually occur at the 3rd rib interspace on the right anterior of the chest about 1 – 2 inches (50mm) from the sternum.
Mark the pulmonary valve pain area if present, which will occur at the 3rd rib interspace on the left anterior chest about 1 – 2 inches from the sternum.
Mark the myocardial reflex on the anterior chest wall which will be found between the 2nd and 3rd ribs close to the sternum.
Mark the myocardial reflex on the posterior thorax at the 2nd and 3rd thoracics between the transverse-processes.
Mark the distal end of the deltoid muscle, if tender, meaning this syndrome is setting up a pulmonary hypertension and you will also pick up an enhanced diastolic sound over the pulmonary valve.
Mark the coraco-clavicular union, if tender, meaning this syndrome is setting up asthmatic symptoms.
Mark the top side of the clavicle near the sterna junction, if tender, meaning the recurrent branch of the vagas nerve is 'impinged'. In this case it may be that metabolism is becoming abnormal due to thyroid malfunction. If the sternum is tender at the 2nd rib function, it is already a fact.
Now, palpate the general path of the psoas muscle and mark the side and area of most pain. This is your temporal sphenoidal T – 2 pain control area.

Procedure

Let us first review the De Jarnette protocol you would have learned in CMRT seminars. The De Jarnette procedural steps are:

Neutralize D2
Check for psoas shortening and diaphragm fixation
Adjust the psoas
Do an intercostals arch lift
Post-ganglionic.

Rees explorations into De Jarnette's T.S. line resulted in the use of T.S. and receptor areas for 'chiropractic anaesthesia'. Case in point: In CMRT work, the first procedure is to do the occipital fibre work, thus neutralise the fibre of concern. But have you ever had a patient who couldn't stand more than a few seconds of this work due to sensitivity? We have, and we are sure so did Dr. Rees. Rees describes in his procedure, the usage of chiropractic anaesthesia so that the patient may find the diaphragm adjustment and/or psoas adjustment more acceptable. Another variation introduced by Rees is the repositioning of the post ganglionic work so that it is performed before the psoas and diaphragm adjustments.

'Certainly, our experience in the SOT, CMRT and Cranial work is that a review of basics, attending seminars and reading the various DeJarnette volumes often will lead us to realise there is some procedure we can better apply.

Our thought on this is that to many the post ganglionic technique seems to get slighted. Maybe, it is due to the fact that it is listed last in CMRT notes or perhaps it is the fact that it is a holding and working procedure whose value is not appreciated. Certainly, our experience in the SOT, CMRT and Cranial work is that a review of basics, attending seminars and reading the various De Jarnette volumes often will lead us to realise there is some procedure we can better apply. Here are the five Rees steps of his thoracic two bloodless surgery.

Step 1

In that the intra-abdominal work can be quite painful, the first order is to get the chiropractic anaesthesia going so your patients can tolerate your work. Your left hand finger tip contacts the most palpatory tender temporal sphenoidal two are on the supine patient as your right hand uses a flat hand gentle contact over the painfully marked psoas muscle. Simply holding the both contacts for two minutes will reduce the pain index to minimal in the psoas muscle.

Step 2

This is the post – ganglionic receptor reflex step. As was stated above, we have observed that Rees upgraded the post ganglionic work in including it at this point. Also, whereas DeJarnette's post ganglionic receptor areas is the left anterior thorax, Rees holds the

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four valve areas for about 30 seconds while holding the shoulder contact. What you are doing is this. If you are facing the patient you have contacted their right shoulder with your left hand. Your contact is a calming, holding contact which is taking out the sensory overload which has spilled over into the shoulder region via trapezius and the spinal accessory nerve. For approximately 30 seconds each you make the contact at each of the mitral, tricuspial, aortic valve and pulmonary valve sites. Your holding contact will feel warmth and a pulsing or thrill occurring which signals that you have neutralised the sensory demand factor of the heart valve that is overworking that area.

Step 3

Rees' third step was to check for psoas involvement, but we see no reason why you couldn't neutralise D2 at this point as per De Jarnette protocol. Psoas testing and adjustment is one of the first things you learn in SOT and is an important structure in the Category II and the Category I/III systems. In the myocardial patient, you need to correct the diaphragm restriction. In the current system of SOT, you have categorised your patient and have checked for psoas. You are doing the same overhead psoas test here, checking for the restricted side.

Step 4

You previously palpated the general path of the psoas muscles. The side of the abdominal soft tissue that exhibited the short arm side will usually be the side of adjustment. We say usually, because sometimes you can get a bilateral psoas involvement and on occasion a psoas restriction and subsequent diaphragm fixation on the opposite side.

In any case, the psoas muscle to be adjusted has pulled to the abdominal midline. Your task is to remove the contracture which occurs from the umbilicus and midline of the body out to the Soturator canal. Of course, it is impossible to go deep enough into the average abdomen to directly contact the psoas, so the work is, in effect, with the tissue overlying the psoas.

There are actually a few ways to produce the stretching of the psoas and it is personal choice as to which one you use. You can use the palm of your hand, or the finger tips along the course of the psoas muscle. The contact is painful but tolerable to the average patient, but for those who would find this unbearable we refer to the previously described Rees chiropractic anaesthesia contacts. At the end of the stretch period, Dr. Rees used a sharp quick thrust thus evoking the dynamic stretch reflex and we have found that this feels like the right thing to do (with apologies to those chiropractors who want a science-evidenced based answer to everything).

Step 5

Dr. Rees used a further stretching procedure or completion step for the psoas correction which was to contact the psoas midline and use the knee as a lever, thus a half circle movement of moving the psoas into your fingers or palm. Its your choice, clinically, we have found the psoas correction to be effective in levelling the finger tips with just the first step of the three part correction but like to add the second step to add dynamic stretch to the body.

So that is Dr. Rees procedure for D2 reflex work. Two salient points are that you have the T – S contact to ease psoas and the postganglionic work introduced at an earlier level. The psoas is the important procedure of the T2 patient and in learning psoas testing and adjustment procedure you really have the ability to help thousands of people in your chiropractic career.

Kind regards and until next issue we are:

John S. Kyneur — Haberfield, NSW

Peter J. Kyneur — Toronto, NSW

IMPORTANT DIRECTORY UPDATE

There is an incorrect entry in South Australia listings for ***Amber Laris*** *so please note the correct Details are:*

Dr. Amber Laris

Room 205, Level 2

33 Pirie Street

Adelaide

Ph: 08 8221 6100

For those who pay *SOTOA accounts by direct deposit*, our *NEW* bank details are on the screen below!

CLASSIFIEDS

Locums

LISA BARDY 0412 301 465 lisabardy@hotmail.com

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BRIONY TEMPLER 0419 517 860 btempler@hotmail.com

Positions Available

Sutherland Shire Sydney. A great opportunity exists for an associate position in a family orientated wellness clinic. Principle going on maternity leave and retuning limited hours. Huge potential to build on existing patient base. Must be self motivated, willing to learn and well presented. Must also have a passion for wellness care and love working with babies, children and pregnant women. Techniques used include SOT, diversified, activator, drop and cranials. Please contact clair@chfc.com.au or 0418499991.

Queensland Brisbane. A position awaits for an energetic associate to walk into an established patient base at our Everton Park or Ferny Hills clinics. You will be joining two chiropractors in a very busy well run practice. We are looking for a motivated enthusiastic chiropractor to join a wonderful supportive team. X-ray facilities are on site. SOT, diversified, drop piece are preferred techniques. Please call 07 3354 3111 or email nthbrischiropractic@westnet.com.au.

An opportunity exists for a motivated and innovative associate to buy into a busy practice in Balmain as the Principal of the practice has other commitments. The successful applicant will be enthusiastic, hardworking, a good communicator, be keen to develop the practice further and take on more of a management role. Must have 3 years' experience, be skilled in NET/ AK or SOT, and have an interest in nutrition. *Contact*- Kiera (02) 97988991 or info@metabolics.com.au.

Practices for Sale

Caloundra. Excellent opportunity to purchase a well established (18yrs) family wellness practice on the beautiful Sunshine Coast. Techniques include SOT, activator, diversified, NET, ABC. Trained CAs, efficient operating systems. Please e-mail Christine at clang.ccc@gmail.com for further information

Spa Country Victoria. Practice for sale in great location in wine and spa country, only 1hr from Melbourne CBD. This is a massive growth area with great food and lifestyle. Modern clinic with 2 large adjusting rooms plus yoga/seminar room (also suit open plan if desired). Priced to sell. Moving interstate. Contact Joanne 0410 668 070 or joanne@beinonepeace.com

Locums Available

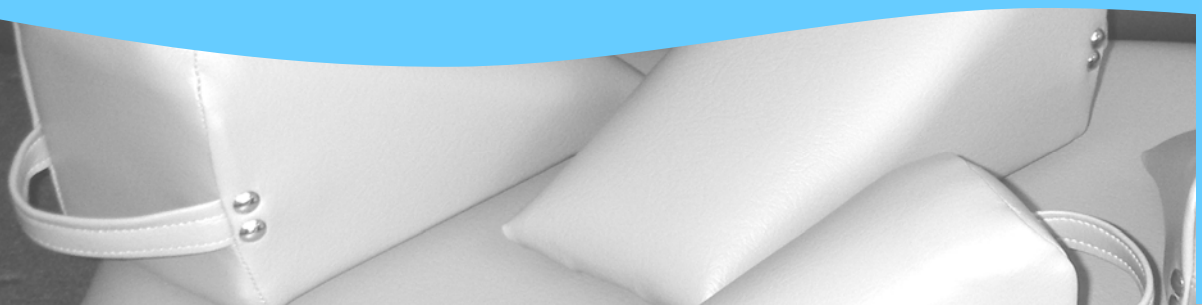
Practicing for 13 years (RMIT graduate). Techniques—SOT, Diversified, Some Drop Piece. Availability—Brisbane/Gold Coast and Melbourne. Available for short and extended periods. Contact Dr. Domna Lovatt, domnalovatt@hotmail.com - 0423 777224

Experienced SOT Locum. *Dr Kate Stewart.* Already registered QLD, NSW, ACT, VIC and SA. SOT Advanced Certified, Currently completing ICPA Certification. Referees Available. Please contact via email on katemcraestewart@gmail.com or 0402423212.

From August, 2010. Willing to travel nation-wide. S.O.T. Basic Certified (undertaking Advanced level in Nov, 2010). N.E.T. Certified. References Available. *Contact* Steve Doig 0401 012 873 hdoige@hotmail.com.

Experienced Wellness SOT Locums available. Sam Lowe & Catherine Metcalf available for locum cover in *South-East Queensland* from start of *February 2010.* 13 years locum and practice experience throughout Australia & England. Please email & we will be happy to contact you to discuss your needs. Email: sam.cath@mac.com

S.O.T. Locum Available. Dr. Troy Miles. SOT Advanced Certification. Available Australia



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