

## E X P R E S S I O N

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## EDITOR:

**Samantha Culley**

BUDDINA, SUNSHINE COAST

07 5444 3499

s.culley@hotmail.com

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## D1 REFLEX WORK:

## PART 3 (SOME LESSER PROCEDURES)

As "Expression" readers and SOTO Australasia members you would have noticed that the focus over the last year or so has been on the Reflex work. In November, just gone, we had the privilege of having Dr. Joe Unger as guest speaker at our AGM and convention, presenting advanced CMRT. To broaden your understanding, Averil, our Coordinator, has a supply of CMRT reading material at "headquarters." As well as Dr. Unger's, there is Dr. Ned Heese's book, Dr. Charles Blum's synopsis and the two DeJarnette books – "First Aid" and CMRT, 1966 1-6. As is the policy of SOTO Australasia, these are made available to you at an affordable price which includes a SOTO membership discount. Each of the works contains a wealth of information and having them in your reference library allows you to read and reread them.



(Continued on page 4)

## PRESIDENT'S REPORT

Welcome all,

Thanks to all who attended the AGM and Annual Convention at Bondi Beach last month. Your vote and say was important and it was great to see a renewed interest from many for nominations for Board positions. Welcome Jim Whittle to the Board for the first time.

I would especially like to thank Keith Bastian for his entertaining review of the history of SOT in Australia talk at our 35 year celebration Saturday night dinner function. For many there, it was the first time this knowledge has been shared and heard. I feel it created a greater sense of wonder and humility to be part of such an amazing technique organisation.

Congratulations to Linda Power on receiving a well earned Life Membership to SOT.

This next year in SOT in Australia is shaping up to be an exciting one. We have plans for an Advanced Module to be taught in a resort location overseas for those people looking for a warm midyear break. Also the Board is working hard to finish our end of the International Notes Project, a project that will standardise and improve the teaching of SOT around the world. We have a great schedule of speakers for our Seminar series for next year lined up and we will be teaching in more capital cities than ever before.

I would like to wish everyone a Merry Christmas and a healthy New Year!

Cheers

*Darren Little*  
President



Dr Darren Little

# 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

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

**Categories**—July 2, 3 & 4

**CMRT/Cranial**—September 24, 25 & 26

## New Zealand

NZ College of Chiropractic

**Dates to be announced. Visit our website for updated information [www.soto.net.au](http://www.soto.net.au)**

## Advanced Module

July 2010—*Exciting new holiday venue*—To be announced soon! [www.soto.net.au](http://www.soto.net.au) for more!

## Annual Convention & AGM

Melbourne

November 13 & 14

## SOT Certification Examinations

Melbourne

November 12

## FROM THE EDITOR'S PEN

Hello to All,

Hello all and welcome to our Christmas News letter.

Fun was had by all at the SOT dinner in Sydney. Following an amazing 2 days by Joe Unger. For those that attended I know that you would have gained a formidable amount of information to take back to your practices! DVDs of the weekend's presentation are available so call Averil to order your copy—don't forget members receive a copy of the notes along with the presentation!

With Christmas upon us I'm sure a lot of you will be winding down and looking forward to a break, so remember that we have a great selection of locums to choose from so that your people can continue to enjoy the adjustment and you can enjoy the festive season. A current list of our locum members is on page 8 of this newsletter.

Enjoy.

*Sam Culley*

Editor

## EDITOR'S QUIZ

*Here are the answers to our last quiz. If you have interesting facts, then we'd love to hear them!*



### QUIZZ 4—SPRING 2009 NEWSLETTER

1. How many basic articulations does the cranium have?

59

2. How many articulations do the facial structures have?

43

3. Who first pronounced cranial motion in the early 1900's?

Dr. William Sutherland

4. In which year did his hypothesis 'in which neural function within the cranium could be altered'?

1939

5. In which year did DeJarnette further advance cranial analysis?

1933

*If you have anything you would like to see in our newsletter or have an interesting article to contribute, then we would love to hear from you!*



*"Knowledge is power and enthusiasm pulls the switch."*

*Steve Droke*



*Dr Samantha Culley*

## CO-ORDINATOR'S UPDATE

Like many others, I will be taking a break over the holiday season. The office will close Wednesday, December 23 and will re-open Monday January 4, 2010.

I wish each and every one of you a very Merry Christmas and look forward to sharing with you a fantastic 2010!

*Averil*

## CLASSIFIEDS FROM PAGE 8

Dr. Rosemary Keating has moved! Her new practice details are: 7 Ferguson Street, Sunshine Beach Qld 4567 Ph 07 5474 8338

**To DO:**

- 2010 Membership Subscriptions now Due!

**Make a Note of New Bank!**

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## D1 REFLEX WORK (CONT.)

We have found, over the years that reviewing DeJarnette's writings, in light of more clinical experience, gives us a whole new perspective on the work and a continuing deeper appreciation of the scope of his chiropractic knowledge. The works of Blum, Heese and Unger complete the picture by giving you, the reader, insight into their scholarship and ability to clarify certain abstractions you may have had about Bloodless Surgery style procedures.

Give Averil a call for any of the volumes you need to purchase.

Now onto the third part of three on the subject of Coronary Syndrome where we have subtitled the article "Some Lesser Procedure". Perhaps a better title may have been, "Some Lesser Used Procedure" or even "Two simple-to-apply procedures that deserve more attention from the modern day SOT practitioner." These two procedures are the 5-10-2 technic and the oculocardiac reflex. Let us take up each in turn.

### The 5-10-2 Technique

In our SOTO Australasia CMRT notes over the last 35 years, this technique has been listed as the "heart strength test" under the section "other tests you may want to consider." As DeJarnette developed understanding of the occipital fibres, the use of the fibre neutralization, constriction or occlusion work and post-ganglionic control these became preferred methodology for care of the coronary syndrome patient. Yet readers of DeJarnette's chiropractic First Aid<sup>7</sup> or the bloodless surgery works of the 1940s and 50s known as "Bloodless Surgery Compendis" will have gained an appreciation of this easily applied procedure. Another source of enlightenment is the history section at the start of each year's SOTO A'Asia seminar notes which has as its reference source, at least for the first half Dr. DeJarnette's 1958 "The History of SOT"<sup>8</sup> (The second half: 1955 – present is a well-written DeJarnette history from long-time Tasmanian instructor of SOT, Dr. Ken Parker).

We include here the expanded paragraph from DeJarnette. He states: "In 1931, I commenced x-raying chests, abdomens, spines and pelves. I observed that many patients had inequality of the diaphragm. Those same patients always exhibited rib tenderness especially along the sub-costal lines. Observing also that many of those patients showed heavy concentrations of gas in the stomach, intestine and colon, I used to have these patients drink some type of soda solution, then I would x-ray them to see if the gas had been eliminated. I found that these patients would always show tenderness over the right transverse of dorsal five, both transverses of dorsal ten and lumbar two. I started using pressure over those three vertebrae and noted that many diaphragms would equalize immediately.

"I then remembered what my physiology instructor had taught us about CO<sub>2</sub> and Oxygen transfer in the lungs and through the blood vessels. I bought an oxygen container and a CO<sub>2</sub> container and started experimenting with oxygen and CO<sub>2</sub>. Those patients with unequal diaphragms always withstood CO<sub>2</sub> badly, but used oxygen nicely. I reversed this process and by using

collecting bags would have a patient breathe into the bag and measure their CO<sub>2</sub> output. I then discovered that my 5-10-2 technic always produced an increased output of CO<sub>2</sub>, and permitted a greater intake of oxygen. This CO<sub>2</sub> technic, as I named it, would more quickly level the diaphragm than anything I had previously used, and to this day some of my old timers still use the CO<sub>2</sub> technic, and all should use it. I found that every patient with a fever always felt better following the CO<sub>2</sub> technic. Every heart patient responded better following the CO<sub>2</sub> technic."

This would include D1 coronary patients and D2 myocardial patients. DeJarnette also suggested the 5-10-2 technic as being most useful with the colic patient, the gall bladder patient and as an emergency asthma procedure.

Here is a description of 5-10-2 as a test, emergency procedure and regular visit procedure.

### Test

Take the patient's blood pressure. Apply 10 seconds pressure to thoracic 5 right transverse, thoracic 10 bilateral transverse and lumbar 2 bilateral transverse. Retaking the blood pressure with the blood pressure falling indicates normal cardiac compensation. If the blood pressure rises, then this patient's cardiac compensation is breaking or broken.<sup>9</sup>

### Emergency Procedure

It would be fair comment to state that most chiropractic clinics are engaged in relief, correction and reconstruction care. Yet probably in every chiropractor's experience, there will be an emergency or crisis condition which arises.

Here in NSW, the medico-legal and compensation situations got way out-of-hand in the 1990s. back in the 1970s, the California situation was summed up in a joking manner as "have a nice day, see you in court" which may have been amusing save for the fact that by the 1990s, NSW was the third region or state in the world (after California and Texas) for "see you in court" activity. This situation was so bad that the general advice for any health care provider was that if you saw a motor vehicle accident and someone was lying on the side of the road in trouble, you kept driving. In the late 90s, the then-premier Mr. Bob Carr learned of this deplorable situation and introduced a "compassion clause" whereby any "first-aider" could stop and help at an accident scene without fear of fault or blame.

Why we have mentioned this is that we have both had one of those emergency situations, in fact, both early in our chiropractic careers, the early 1980s, and we were appreciative of the fact that for some reason the 5-10-2 had made an impression on us in class. In each case it was a "wake-up call" to learn, SOT, CMRT and cranial technique better and to become table instructors and attend the series yearly and go for certification (and to become Expression article contributors). 5-10-2 is a simply-learned procedure. DeJarnette suggested it could be taught to a friend or relative of the coronary acute patient as a home

In 1931, I commenced x-raying chests, abdomens, spines and pelves. I observed that many patients had inequality of the diaphragm.

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care application.

We will discuss the simplicity and speed of application in the next section on routine usage of 5-10-2.

#### Routine Procedure

We have found the 5-10-2 to be a compatible procedure in a healing Category II. In SOT, everything is timing and it is important to follow protocol. In the first 42 days of Category II care, you have plenty to do in the way of psoas, diaphragm work, hiatal care, blocking, sacral cup work and the musculoskeletal care indicated by the trapezius fibre analysis or the anterior dorsal indicators.

In a previous "Expression" article (Summer 2006) we introduced the concept of the hidden Category II. The "trap for young players" with SOT is to try and hurry the process along and the hidden Category II procedure of working on the temporal and "reactivating" the underlying Category II serves as a procedure to show us that the instability of structure and function is still present. Don't switch to your Category I blocking and procedures too early.

Having stated that, we find that introducing the 5.10.2 procedure to a "progressing" Cat II (arm fossa test negative, including hidden Category II) to be acceptable. This is applicable to the stressed-out patient, running on adrenaline, the one who would find it hard to take a deep breath; the type you notice has tensioned-quivering eyelids when they close their eyes as you set up for an RTT or an FFJ.

Simply locate D5 right and apply a single pisiform contact pressure for two breaths and then proceed to D10, L2 – here bilateral pisiform contact same time on each.

#### Oculocardiac Reflex

Although not a uniquely chiropractic observation, this reflex was part of the tachycardia notes in the early 1980s. There were two physiologists who observed this process in the early twentieth century, whereby compression of the eyeballs produces a decrease in pulse pressure. Thus, it has been termed the Aschner-Dagnini reflex; also the Aschner reflex, the Aschner phenomenon and the oculovagal reflex.

For the patient with tachycardia, there are actually three procedures that can be applied.

#### (a)The Vagus Technique

This is the procedure described in the current SOTO Australasia CMRT seminar notes. The doctor's right thumb is pressed to the mid-posterior of the patient's left clavicle while the patient elevates the left arm to the horizontal for a period of twenty seconds.

#### (b)Frontal Eminence Holding

The double hand contact of the patient to the frontal eminences, which is held for a few minutes, makes for an easily-learned home procedure, as does:

#### (c)The Oculocardiac Reflex

In the clinic, the chiropractor sits at the top of the adjusting bench and uses thumbs. At home, it is easier for the patient to use the thenar pads. The upper inner eyelid is the target and a

light six ounce pressure (tolerably light) is applied. This pressure is held for 15 to 30 seconds and then repeated. It is easily learned by both the new chiropractor and the patient. Long before Aschner and Dagnini's observation, light pressure to the eyelids applied by the palms has been a part of the ancient Chinese exercises – Qi Gong. The method is also found in yoga and was part of the Bates eye-strengthening procedures of the 1920s.

In short, we like using this procedure when indicated. It carried a succinct description in the class notes of the early 1980s, which was: "light thumb pressure to both eyeballs. Hold until heart rate slows." We thought our "Expression" readers would be most delighted to read the following description from a paper written by a professor and his associates at a Nepalese University. They write:

"The Oculocardiac reflex slows the heart action, giving extraordinary rest to this vital organ. It stops decay in outer and inner organs, enabling the body cells to brim over with life force. The calming effect on the heart switches off the energy in the five sense-telephones of touch, smell, taste, hearing and sight. It also reduces breathing to a minimum. Hence its repeated use is conducive to longevity. It helps soothe and give rest to the nerves. It frees the mind, or attention to concentrate on any particular problem. It destroys the identification of the soul with the breath and body. The subject experiences joy as ever-existing, ever-conscious and ever-new bliss."

It sounds like they like using the technique somewhat.

Until next issue,

We remain,

*John S. Kynear*  
Haberfield, NSW

*Peter J. Kynear*  
Toronto, NSW

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*www.aaimedicine.com*

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# Annual Convention Dinner



*Congratulations to Dr. Linda Power—  
Life Membership!*



*Dr. Brett Houlden receives an award from Dr. Joe Unger on behalf  
of SORSI—Congratulations Brett!*



*Not sure if this was the camera-operator  
or the subjects???*



# SNAPSHOTS FROM THE DINNER



Joe Unger & Darren Little



## CLASSIFIEDS

### LOCUMS

LISA BARDY 0412 301 465 [lisabardy@hotmail.com](mailto:lisabardy@hotmail.com)

RACHEL EDWARDS Melb. Met. Area 03 9825 3322

[DrRachelEdwards@gmail.com](mailto:DrRachelEdwards@gmail.com)

BRYAN HORNBY – 0422 289 948 [central\\_connectivity@hotmail.com](mailto:central_connectivity@hotmail.com)

JONATHAN LUBETZKY MELB AREA ONLY 0401 038 871 [jlubetzky@gmail.com](mailto:jlubetzky@gmail.com)

KATE STEWART 0402 423 212 [katemcraestewart@gmail.com](mailto:katemcraestewart@gmail.com)

MARCUS SOANE 0429 625 615

BRIONY TEMPLER 0419 517 860 [btempler@hotmail.com](mailto:btempler@hotmail.com)

DOMNA LOVATT [domnalovatt@hotmail.com](mailto:domnalovatt@hotmail.com)

TROY MILES (From January 2010) 0407506612 [chirotroty@yahoo.com.au](mailto:chirotroty@yahoo.com.au)

CATHERINE METCALF & SAM LOWE (From February) South-east Queensland [sam.cath@mac.com](mailto:sam.cath@mac.com)

STEVE DOIG (From March 2010) [hdoige@hotmail.com](mailto:hdoige@hotmail.com)



### POSITIONS AVAILABLE

**Rare opportunity to learn on the job and either be paid well, or be paid while you buy your way into a well established SOT practice!** Get hours and hours of one on one tutorial from a master practitioner of SOT who understands the psychology of both the practice and the conditions that patients bring into your rooms! This is a boutique practice that still boasts 6 adjusting tables and caters to all patients—from new born to 90 plus and all on the ground floor for easy patient access. It's a delightful health care practice where patients like to come in early just to enjoy the energy of the place. And all of this in beautiful Woollahra, only a 1 minute walk from the Bondi Junction train station and in the heart of the Eastern Suburbs of Sydney. Only 3 minutes walk gets you to one of the largest shopping centres in the southern hemisphere, yet it's an easy walk to Centennial Park, or Bondi Beach, and only 8 minutes by train to the CBD of Sydney. We would like you to start as soon as possible and welcome all inquiries to Linda Power on 0414 739 994.

**A Sydney based team practice is seeking an Associate to join us!** We have three practices: Circular Quay, Winston Hills and Leura. We are seeking a motivated chiropractor who wants to make a difference. If you have proven communication skills, enjoy educating people about chiropractic with a willingness to grow within a team environment this could be the right position for you. Join a practice that has developed over 28 years with much experience through the many healthcare techniques and practice management seminars that we have attended; offers a chiropractic philosophy of educating all to maximize function and minimize stress in their nervous system; supports each client in setting and achieving health goals; has an established reputation in female and male health concerns, client education and health coaching, family care, pregnancy, child growth assessment and development, relationship issues, weight control, stress management and individual sports performance; offers tailored programs of chiropractic adjustments, exercises, nutritional and emotional work with regular re-assessment; Practices with a clinical combination of SOT, spinal adjustments, cranial work, A.K.A., Activator Method, Thompson table techniques, X ray analysis adjusting, Drop Piece, NET, sports injury adjusting and peripheral postural re-integration techniques. Has an established multidisciplinary team approach and a strong chiropractic philosophy of healthcare. The associate may arrive with an established area of practice interest and proven abilities and /or decide to learn more! Please send your resume to [sem@handsonsydney.com.au](mailto:sem@handsonsydney.com.au)

**An associate position** will become available early in the New Year at Buderim Chiropractic on the Sunshine Coast. The successful applicant will have SOT experience, an interest in NET and be a team member who is willing to educate & support clients towards better health & wellness. The position will replace our existing associate who has built & maintained an enviable patient base over the last 2 years. Our team is supportive & effective and we look forward to meeting our newest team member. Please contact Gabriella on 0409 637 737 if you are interested in applying.

**Associate Chiropractor(s) Required.** The team at Mackee Chiropractic, Newcastle, are searching for a passionate chiropractor to join our crew. Already in need of a third chiro to cope with growing demand, we have sadly learned that our associate of 2 years is leaving us to move interstate, and require an associate to care for her 160 – 180 clients per week (and growing!)

If you love kids & babies, working in a fun but professional environment, and being part of a caring and experienced team, this could be the future you're looking for! Contact [alina@mackeechiropractic.com.au](mailto:alina@mackeechiropractic.com.au) for more details.

### LOCUM AVAILABLE

Experienced Wellness SOT Locums available. Sam Lowe & Catherine Metcalf available for locum cover in South-east Queensland from start of February. 13 Years locum and practice experience throughout Australia & England. Please email and we will be happy to contact you to discuss your needs. [sam.cath@mac.com](mailto:sam.cath@mac.com).

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PO BOX 276

WOOMBYE QLD 4559

P / F: (07) 5442 3322

[sotoa@bigpond.com](mailto:sotoa@bigpond.com)

[www.soto.net.au](http://www.soto.net.au)