

EX·PRESS·ION

FROM THE PRESIDENT

Dear Colleagues,

Christmas has crept up on me this year and just as I am starting to enjoy the festive frivolities it will be over in days. It will then be full steam ahead into 2012 and the SOT calendar year starts again.

This year, we have enjoyed meeting many new Doctors to SOT at our Seminar Series and hopefully influenced the clinical methods of students and doctors alike.

It was great to reconnect with our South Australian members with the Series and Annual Convention both held there this year. Next year it is back up north to the Gold Coast for Annual Convention so mark it in your calendars now.

Our AGM held in November saw the passing of two resolutions. The first was an increase in our Annual fees with an increase each year according to CPI. The second was a proposal to change the official name of our Organisation from "technique" to "technic". Thank you to all who contributed to discussions regarding these resolutions, in particular Andrew Paul, Ross Gilmore and Suzanne Seekins from SORSI who attended the meeting, sharing the historical perspective surrounding these changes. Also one of our long term Board members and Vice President Dr Sandy Clark stepped down after 9 years of service. He has been a fundamental member of the Executive and I thank him for his contribution to serving SOT over these years. Sandy remains part of our Primary Educating Team for 2012. Our newest Board member is Dr Tory Wright. We always look forward to fresh and enthusiastic members joining the Board and Tory has already contributed by setting up and managing the SOTO-A facebook page. Her role as University Liason delegate will sure inspire many students to attend SOT conferences next year.

Congratulations to those practitioners who passed the SOT Certification exams held over the Annual Convention weekend. You, other SOT members and the public now know you understand SOT to an International Standard and you can now use the International Mark of Excellence in your offices.

Craniopathic Examinations will be held in March and October next year and Basic and Advanced in October only. We have decided to hold them in a capital city for easy access and separate to the Annual Convention for a change. I hope this helps to encourage more of our members to gain certification in SOT and strive for excellence. Please contact Averil if this interests you.

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2011 ANNUAL CONVENTION REVIEW

This year's topic at our Annual Convention was the 'Advanced Paediatrics: The School Aged child' presented by Dr Steve Williams from the UK. This was the third time Steve had come to Australia to present his expertise in SOT and paediatrics.

Dr Suzanne Seekins from the USA also presented a session on advanced CMRT work



Baby Blake Bickley was an ideal 'patient' for Steve & Suzanne's demonstration!

Apart from a minor hiccup with the lost printed notes (which you should have all received by now), the weekend saw plenty of new and old material being covered.

DVDs of this event will be available soon for you to purchase

Discounts apply to those who attended. SOTO-A will also stock Dr Williams's paediatric posters and these will be available through the website.

See you all next year in Kingscliff northern NSW!



2011 CERTIFICATION EXAMS

The gorgeous setting of the Wolf Blass vineyard was where the AGM and Saturday Night function was held. Congratulations to the following doctors for earning their SOT certification: Krystall Ford, Liana Ruggiero, Greer Watson, Julie Kendall and Tory Wright (Basic), Julie Kendall and Tori Wright (Advanced) and Troy Miles (Craniopath).

YOUR 2012 SOTO-A BOARD

Congratulations to Darren Little who was elected President for another year. Also to Sam Culley (Secretary), Gerald Vargas (Vice-President), Jim Whittle (Treasurer), Tori Wright, Kate Stewart and Mary Bourke (Board members)



Pictured from left to right Sam Culley, Tori Wright, Darren Little, Kate Stewart, Gerald Vargas, Mary Bourke and Jim Whittle.



Participants work-shopping new techniques under the watchful Steve Williams

Steve Williams, Sandy Clark, Suzanne Seekins, Gerald Vargas and Darren Little enjoy a break!



Sam Haitsma workshopping new techniques



Workshopping session - 2011 Annual Convention



ADRENAL SYNDROME

Welcome to the summer edition of 'Expression' and here is the next article in the series on the temporal sphenoidal work. We are most fortunate, living in this age and having available the computer generated graphics capable of producing life-like wall charts.

Of course, we are talking about the Occipital – Trapezius, CMRT and Temporal Sphenoidal Reflex chart produced by Dr. Marc Pick's company, Marc Pick Creations.

You need one of these in each of your clinic rooms. You can now order them and all other SOT charts, manuals and products via our website www.soto.net.au.

A word about your available resources, if you are a new reader or new to the SOT fraternity, SOTO Australasia has been publishing a newsletter since the early 1970's and as our good friend and one of the early Australian SOT practitioners, Dr. Ken Leyonhjelm put it in a letter to the editor a few years ago: 'these are chockers full of useful information.' Also available to you is the online reprinting of the 1930 to 1984 DeJarnette manuals at the Rose Ertler Memorial library hosted and maintained by Dr. David Roseboom.

The TS research 1965 manual is the one you will want to delve into to give you the background for this series. Dr. Mel Rees of Sedan, Kansas was the chiropractor who rose to the occasion of developing the T-S line and correlating it to DeJarnette's bloodless surgery procedures following his attendance at the 1965 Convention.

Now, the T9 work.

If your patient's temporal sphenoidal thoracic nine is active and painful to palpatory pressure then you will know that your patient has adrenal gland function irregularity.

These patients have blood pressure abnormalities because the adrenal medulla has vasomotor nerve control as part of its glandular duties. You will observe a weak and fatigued patient with a stooping posture because cardiac output and general body metabolism is partly controlled by the adrenal glandular activity.

It is of interest to note that sympathetic nerve fibres pass from the spinal cord at the ninth thoracic level and pass without synapses through the sympathetic chain and on through the splanchnic nerves to go directly into the adrenal medullae and end in special cells that secrete adrenalin and nor adrenal hormones which have to do with arterial tone and general metabolism.

The temporal-sphenoidal T9 reflex directs your attention not only to the adrenal medulla but also to the adrenal cortex

with its cortico-steroid hormone problems. This portion of the adrenal is under different neural control so it is like you are performing two separate bloodless surgery procedures.

Corrections

DeJarnette starts all CMRT work with occipital fibre and spinal level neutralisation. In many cases this work can be quite painful. This is where Rees' usage of TS9 point for adrenal and the receptor block area serves to not only alter physiology so that the work can take effect but also to be more comfortable for your patient.

Step 1, then, is locating and contacting the T.S. and the receptor block areas for adrenal. The anterior abdominal areas are found about two to three inches below the rib cartilage, lateral and slightly superior to the umbilicus. A receptor block area is like a pendulum, it keeps right on going until you stop it. In other words, this receptor block reflex arc keeps oscillating until you put the brakes on it. Here's how if the right receptor block is painful, you simply hold the right temporal sphenoid T9 and the receptor block area for two minutes. This means you have stopped the reflex arc short circuit so you can now attempt to start repairs to the damaged vital function. If both T – 9's were painful you must use the same technique on both sides to remove the receptor block that has kept the reflex arc in abnormal oscillation.

Step 2

Not part of Dr. Rees' procedure, but the first step of Dr. DeJarnette's 1966 standardisation of the protocol comes in here. Of course, we are talking about the neutralisation of the occipital line 2, area 7 and the ninth thoracic vertebra. The promise of the TS and receptor area calming contacts you have just performed is that this is now much more bearable to this nervy, stressed-out adrenal patient.

Step 3

This is taking the patient's blood pressure. If the systole is low – 95 to 140 you are going to use low blood pressure adrenal CMRT. If 140 and above, you will use high blood pressure adrenal technique.

Step 4

This is the cranial contact procedure used for improvement of adrenal cortico-steroid hormone production. This involves pituitary gland stimulation for the low blood pressure people and calming holding pressure contact for the more common high blood pressure adrenal major.

Dr. Rees used a variation which combined temporal sphenoidal work, so let's describe both.

Dr. DeJarnette's pituitary gland technique is thumbs contacting the vertex of the skull with fingers bilateral on the anterior margins of the temporal plates.

Dr. Rees' approach was to place the thumbs on bilaterally on the most tender areas located by palpation on the parietal bone straight above the ears to the sagittal suture. These

are easy to find areas as the patient will tell you where your pressure hurts. You now place a finger of each hand on the 9th dorsal TS area and the 4th dorsal TS area (which lies above it on your chart). The technique is an alternating pressure of about five pounds at the temporal then at the parietal contacts. And now you have two procedures for the adrenal cortex.

Step 5

Now we turn our attention to the adrenal medulla. DeJarnette's approach is found in your CMRT seminar notes. This is the double thumb contact two inches inferior of the Xiphoid with your fingers on the patient's lower rib cage, either side, which has been nicknamed 'the butterfly contact' due to your hands and thumbs positions. It's a hold and release approach for the high blood pressure adrenal patient and a rapid thumb to fingers flutter for the low blood pressure patient.

It probably comes as no surprise to you the regular reader of this series, that Dr. Rees used a variation. Remembering that he learned bloodless surgery procedure way back in 1952; it seems that DeJarnette had modified some of the contacts for 1966. The question of whether one is better than the other is for you to be the judge. Of course, we don't expect you to turn up to your certification examinations and do anything else but what is in your seminar manual.

Dr. Rees' approach to putting adrenal vasomotor controls back in action was to place a thumb on each 9th rib costal cartilage and the fingers on the lateral rib cage so as to contact over the 9th rib. So you have different 'anchor points' for the contacts of DeJarnette (early to late) but the action of holding and alternating pressure for a slow count for the high blood pressure person and doing the '101' butterfly flutter for the low BP patient remains the same. This is like artificial respiration for the adrenal medullar. Whether high BP or low BP, the procedure lasts for two minutes.

Step 6

You now have the adrenal gland functions back on track and you are ready to 'start the motors'. This is usage of our old friend, the pre-ganglionic with adrenal umbilical contacts, that is; your hold contact point is one inch superior and two inches lateral to the umbilicus – the receptor block area, the area you 'work' is the mid-sternal area. Your seminar notes suggest no longer than a two minute application. Dr. Rees' suggestion was to simply and lightly rub out the pain area. In previous articles with use of the preganglionic, you will note he suggested about ten clockwise circles. This is about the right number of repetitions tolerable to your average patient in that this area can be very sensitive. A gentle tapping of the sternal area with your index finger is another excellent approach.

Step 7

We have included this very important step which Dr. Rees tended not to use, that is, the post-ganglionic control. This procedure with shoulder contact hold and adrenal receptor block working is one you will need to educate your patient into doing as a home procedure. It is performed several times a day until the blood pressure normalises for a month.

The last word on patient management for the adrenal patient concerns dietary corrective supplementation. These are stressed out people, so you need to get them onto their vitamins B, C and E. Dr. DeJarnette suggested the usage of calcium lactate. These days there are several calcium / magnesium supplements available which are proving efficient.

Dr. Rees was firmly in favour of the usage of standard process glandulars such as drenamin and drenatrophin.

We have two more years of articles to follow in this series in which we cover the usage of TS work with your CMRT.

Hope you enjoy the summer and festive season.

Until next issue, all the best.

John S. Kyneur
Sydney, NSW

Peter J. Kyneur
Newcastle, NSW

CALENDAR OF EVENTS

JANUARY 2012

Happy New Year!

FEBRUARY 2012

MARCH 2012

Certification Examination Re-Sits
12 March

APRIL 2012

Easter Sunday
8 April

Introduction & Categories Seminar
Melbourne
Saturday & Sunday 14-15 April

Introduction Categories Seminar Sydney
Saturday & Sunday 28-29 April

MAY 2012

CMRT Seminar Melbourne
Saturday & Sunday 12-13 May

CMRT Seminar Sydney
Saturday & Sunday 19-20 May

Introduction & Categories Seminar
New Zealand
Saturday & Sunday 26-27 May

JUNE 2012

Study and exam weeks all colleges
2-17 June

Introduction & Categories Seminar Perth
Saturday & Sunday 23-24 June

Introduction & Categories Seminar
Gold Coast
Saturday 30 June - Sunday 1 July

JULY 2012

Cranial Seminar Melbourne
Saturday & Sunday 7-8 July

Cranial Seminar Sydney
Saturday & Sunday 21-22 July

CMRT Seminar Perth
Saturday & Sunday 28-29 July

AUGUST 2012

SOT Retreat (TBC)
3-5 August

CMRT Seminar New Zealand
Saturday & Sunday 4-5 August

CMRT Seminar Gold Coast
Saturday & Sunday 18-19 August

SEPTEMBER 2012

Cranial Seminar Perth
Saturday & Sunday 15-16 September

Cranial Seminar Gold Coast
Saturday & Sunday 29-30 September

OCTOBER 2012

Cranial Seminar New Zealand
Saturday & Sunday 6-7 October

NOVEMBER 2012

Annual Convention and AGM
Kingscliff NSW
Saturday & Sunday 10-11 November

DECEMBER 2012

Merry Christmas!

Notice to members

We wish to advise that there is a new pricing structure from 1 January. Orders will no longer have a postage and handling fee. Visit our on-line shop to obtain member discounts for your purchases. Visit our website to see the full range of SOT supplies and prices!

From the President (Continued)

SOT Retreat Planned for 2012!

SOTO-A is planning to hold another mid year retreat off our shores in August again so I will keep everyone informed as things progress with this. If Fiji is anything to go by, it will be another great gathering of friends and families in SOT.

The Seminar Series is now taught as an International Standard presentation. Please revisit these revised and refined notes in the near future, especially if its been a long time since learning the basic principles of SOT.

SOT International News

In a first for the International SOT community, the SOTO-International annual meeting was held outside the USA this year. In a major coup for SOTO-A, it was held at the Annual Convention in the Barossa last month. In attendance was Steve Williams (SOTO-E President), Suzanne Seekins (outgoing SORSI President), Sandy Clark, Gerald Vargas and myself. One of the many topics discussed was the role SOTO-A has played in leading the SOT teaching protocol around the globe. Your Board has achieved many great advancements in SOT of recent years and I feel that SOT is in a much greater united and strengthened position than ever before. I was honoured to be voted President of SOTO-I for this following year. My first task is to support and help develop the emerging SOTO organisations in Chile and Brazil. Next year's International meeting is to be held in Tokyo Japan, hosted by PAAC, the SOT organisation there. PAAC have agreed to develop a new organisation, SOTO-Japan, in keeping in line with the global rebranding of the International SOT Alliance.

Congratulations

I was honoured to present our past President Dr Brett Houlden with a Life membership to SOTO-Australasia at the Saturday night function at Wolf Blass vineyard. Whilst this was not unexpected by most, Brett was taken by surprise and was left speechless for once. Well deserved and congratulations again.

Early next year, SOTO-A plans to host a training day for all SOT Educators. It has been many years since we have put on a "Train the Trainer" workshop and they are imperative if our standard of education is to maintain its high level of excellence. Becoming an exceptional presenter takes time, practice and proper tools of the craft. I do encourage all Table, Assistant Table, and Primary Educators to endeavour to be there. Particularly those wishing to join our Primary Educating Team.

Merry Christmas and stay well,

Darren Little

REMINDER: 2012 MEMBERSHIP
SUBSCRIPTIONS DUE JANUARY 1!

NEW PRODUCT PRICES FROM 1 JANUARY!

Visit our website to see new prices.

2011 Annual Convention with Drs. Steve Williams & Suzanne Seekins DVD sets now available! Call Averil to order your set.

THE CLASSIFIEDS

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Locums Available

Practicing for 14 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 777 224

Wayne Jennings Locum Service. Now resident in Brisbane. Available Australia Wide. 30 years private practice. SOT Certified / Diplomate. Entrust your patients to experienced hands. 0457 931 377 wyrox@bigpond.net.au.

Associates / Locums required

motivated 2011 graduates and newly established practitioners looking to join a strong visionary team. We are looking for energetic self-starters who put their patient's health goals above their ego, want to work in a supportive team environment, are keen to develop their diagnostic skills and are keen to become a spokesperson for health within their community. If you are passionate about making a difference in people's lives and being heard in healthcare in Australia then email us. We are looking for an expansion of our team for 2012 and want to find the right person to join us. Please email your full resume and interest to speak about this opportunity to Jacqui Gibbs, Business Development Manager at Hands On jag@handsonsydney.com.au

Practice For Sale

Suburban Practice North Brisbane. Established 16 years. Solid patient base. Primarily SOT. Email chiroj@y7mail.com.

General Notices

Learn the world renowned Neural Organization Technique from the source with Dr. Julie Russell Clark DC. Learn Dr Carl Ferreri's procedures to reprogram the reflex systems. 19-20 May 2012, Helena Valley Natural Health, 3b, 160 Scott St, Helena Valley, WA. Call to register 0400 635 231.

Advertising Rates

Qtr Page – \$165.00

Half page – \$275.00

1 Page – \$495.00

A4 tri-fold insert –
\$165.00

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advertising for
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