

EXPRESSION

CHIROPRACTORS, DENTISTS AND THEIR CRANIAL CONNECTION

By Dr. Tony Simeone

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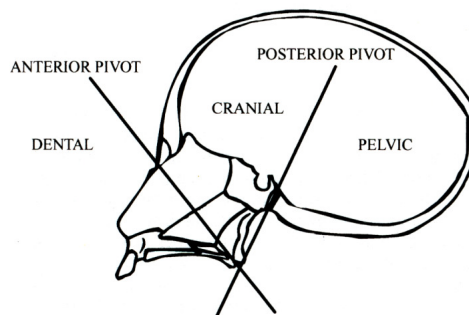
There are Dentists who look beyond the teeth. As one such Dentist, I routinely look at Temporomandibular Joints, muscles, the structures of the jaws and skull and how these structures interrelate with the rest of the body, the body posture and even the feet! I realise that the teeth and jaws are just a few components of the very sophisticated and complex human organism. I appreciate that to make changes to the teeth there is going to be inevitable changes to the rest of the body as a result.

In the 1930's, Dr Major DeJarnette, the founder of the Sacro-Occipital Technique showed that there were minute rhythmic motions of the skull which were synchronized with palpable sacral motion. He developed a model which placed the sphenoid bone as the keystone of the bony cranium. The sphenoid supplies the driving force which is transmitted to the rest of the cranium via its articular relationships with the occiput, temporals, parietals, frontal, ethmoid, vomer, palatines and zygomae. The sphenoid also influences the maxillae by way of the vomer and palatine bones. It is obvious from this model that a force which moves the sphenoid must necessarily cause motion in all the bones it articulates.

The cranium is similar to other weight bearing bones, such as the pelvis, in that the forces placed on it need to be dissipated in a healthy manner. The forces of the dental occlusion can generate pressures up to hundreds of psi during function and even higher during parafunction (subconscious grinding and clenching). The direction of these forces in the cranium is of major importance for proper cranial function.

"Angulation of the posterior roots(teeth) establishes a vector of force that focuses toward the vomer. The posterior bicuspid and molar axial root planes are directed within a range of the sphenobasilar symphysis. Forces generated during swallowing and chewing are directed via the vomer to the sphenobasilar area and enhance flexion" Gerald H. Smith, *Cranial Dental Sacral Complex*, 1983.

The sphenobasilar synchondrosis of the occiput forms a posterior pivot in the cranium and is highly influenced by pelvic instability. The pterygoid plate of the sphenoid and the maxillary tuberosity of the maxillae bone form a similar pivot anteriorly which is affected by dental malocclusion.



Anterior and posterior pivots of the cranium

The cranium is influenced by pelvic distortions and the pelvis can be influenced by dental malocclusions. Chiropractic stabilization of the cranium may produce muscular changes which affect the mandible in its relationship with the maxillae but a dental malocclusion will not automatically be balanced by chiropractic treatment alone. Conversely, correction of a malocclusion by a dentist will produce stabilization of the cranium but not have an effect on pelvic distortion. It is therefore important that a cohesive treatment plan be structured to incorporate a balance between the pelvis and cranium and the occlusion and cranium. It makes sense that for patient care to be truly effective there is a need for an integrated interdisciplinary

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PRESIDENT'S REPORT.....DR BRETT HOULDEN



We continue to experience an exciting time for SOT in Australia. We have continued to grow our membership, and provide greater levels of service to you, our members. We must be doing something right if you continue to be a member, and I encourage you to chat to a friend who utilizes SOT and who has not yet become a member, or who is not a current member. We thrive from growth, and our purpose is to serve you.

We have had a wonderful year, very successful seminar series in Sydney, Melbourne, Brisbane and New Zealand. Our Annual Convention was held at beautiful Sea World Nara Resort on the Gold Coast. A great setting for a wonderful learning weekend. Lots of cranial specifics and sutural releases and visual diagnosis. For those who missed it, DVDs or Videos are available from Averil.

I would like to thank the Board for con-

tinued work that they put in throughout the year, is great to work with such a wonderful team. Thanks again Averil for your tireless switched-on approach to helping all our members in any way you can, they love it.

I wish you all the very best for the coming year, and I hope to see you at one of our seminars.

Yours enthusiastically,
Brett Houlden

CA PROGRAM 2004

This year's Annual SOTO Convention included a great program for all Chiropractic Assistants. The program was headed by Ken Parker (who I must add did a brilliant job relating Chiropractic to us in familiar terms) and was hugely practical, providing CA's with a wonderful opportunity to further our understanding of SOT and the body.

Throughout the day and half we spent together we looked at the foundations underpinning categories 1,2 and 3 - specifically how category 1 relates to

the flow of cerebral-spinal fluid, category 2 to unstable foundations in the

"Hugely practical, providing CA's with a wonderful opportunity to further our understanding of SOT and the body."

sacro-iliac joints and category 3 to a interference with disc or disc space.

We were able to further investigate the relationship between the sacrum, our spine and the cranial system, looking also in some depth how we as CA's can work alongside the chiropractors with cranial adjustments. I have come away from this seminar with a much more holistic view of SOT and a greater understanding of it principles.

Thanks Ken!
Elisa Plant, CA, Bendigo

FROM YOUR EDITOR.....DR SCOTT WUSTENBERG

Welcome to another edition of expression, this time with a new Editor.

I think before going on we need to take a moment to thank Dr Helen Sexton, the retiring Editor. Her tireless work has brought you all a wealth of information. I hope my tenure should be as good.

As usual there is much goings on in SOT. A very successful seminar was run at Seaworld, combined with the AGM and Cocktail party. A fantastic time was had by all attendees. Perhaps barring Brett, who although smiling was in a deal of pain.

My congratulations go to our elected

board and to Brett Houlden who was unanimously confirmed as President for the coming year.

Now is the time for thought. To be great at anything requires an understanding of what you are doing. Much of DeJarnette's work has yet to be justified by research or peer reviewed, this does not detract from its brilliance, nor should it's genius just be accepted at face value just because HE said so. Actually having a grip on why DeJarnette said so, and thinking through the physiology of an adjustive procedure will give you the ability to reproduce a result by choice as against accident.

This year with the help of members of

the association, I will try to bring some pearls of wisdom to stimulate us all to think about what we are doing and why.

Have a great year and keep thinking.

Scott



DENTAL CONSIDERATIONS & CRANIAL

Dental Malocclusion

This is, by definition, faulty closure of the upper and lower teeth. Dentists who previously focussed on tooth to tooth relationships are becoming aware of the importance of the bony relationship between the maxillae and the mandible and the other structures of the cranium. Changes can be initiated early in life by pelvic and cranial distortions that affect the sphenobasilar synchondrosis. Parafunction and oral habits such as thumb sucking and mouth breathing can change the occlusion of the teeth creating cross bites, open bites and over bites that persist throughout life unless treated.

The full effect of altered dental arch shape on the rest of the cranium is not fully understood but it appears that constriction and asymmetry of the arches of the maxilla and mandible affects the normal cranial rhythmic motion and thus overall whole body health.

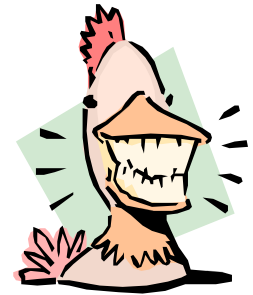
I am continually asked why so many of our children have crooked teeth and bad bites (malocclusion). The answer lies in the so called civilisation of our society. Dr Weston Price, in his classic book, *Nutrition and Physical Degeneration*, compared the effects of primitive diets and highly refined modern diets on dental and cranial structures. He showed that primitive people who ate native foods developed wide symmetrical dental arches, wide patent nasal passages, broad heads and faces. He also showed that people in the same culture and of the same race who ate a highly refined modern diet developed dental caries (tooth decay), narrow heads, long narrow faces, narrow nasal passages, constricted dental arches and malocclusion. He also referred to the effects of the modern refined food diet on the development of the pelvis of women. A modern diet can be one of the causes of the underdevelopment of the pelvis of women resulting in a diminished size of the birthing canal.

Dr Kathleen Vaughn in her book, *Safe Childbirth*, showed clearly that the shape of the pelvis is determined by the method of life and nutrition. She showed that in primitive tribes *"...childbirth is easy and labour is of short duration and that this is associated with a round pelvis. The distortion of the pelvis to a flattened or kidney shape, even to a small degree, greatly reduces the capacity and therefore the ease with which the infants head may pass through the birth canal"*

There is a marked difference in the shape of the arches of the maxillae of modern man versus primitive man. It was the opinion of Dr Price that the diet of the mother affects the development of the cranial facial complex of the child in the womb. The poor diet of the foetus, restricted size of the birthing canal of the mother, prolonged labour and subsequent forceps delivery by well-meaning physicians during childbirth, and subsequent poor diet of the child during growth and development of the cranial mandibular complex has led to constriction and underdevelopment of the normal cranium (including the maxilla and mandible). Thus a poor diet is a major contributing factor in the malrelationship of the jaws, predisposing the child to dental and cranial orthopaedic problems.

In many developed countries such as Australia and New Zealand, cranial deformities go unnoticed but this is not the case for dental malocclusion. Children with dental malocclusion will usually be placed under the care of an orthodontic specialist. Generally under the present standard of care, children with narrow dental arches will be treated with surgical removal of bicuspid teeth followed by fixed appliances on both upper and lower jaws. In many cases the child is placed in headgear employing forces to distalize the upper posterior teeth. When the maxilla is forcibly retruded to meet a retruded mandible, it forces the palatine bones into the pterygoid plate of the sphenoid bone causing a restriction of the normal cranial motion at the sphenobasilar synchondrosis. Retraction of the mandible in the glenoid fossa creates irritation on the retrodiscal tissues which affects the proprioceptive nerve bed and forces the temporal bones into bilateral internal rotation. The consequences are to the detriment of the vestibular cochlear mechanism and cranial nerves VII and VIII which can result in vertigo, tinnitus and loss of equilibrium.

The shape and relative position of the arch of the maxilla to the cranial base also affects the direction of the forces generated within the cranium during normal occlusal function. The direction of the forces of occlusion affects the dural attachments, flow of the cerebral spinal fluid, articular motion of the cranium, craniosacral mechanism and the rest of the central nervous system.



"I am continually asked why so many of our children have crooked teeth and bad bites..."

“SPARKS FROM THE MAJOR’S PEN” M.B. DEJARNETTE D.O., D.C., D.I.C.S.

The Category Two—Spring 1984

The category two is the most prevalent patient load that comes into a chiropractor’s office because this category two deals with the weightbearing part of the sacroiliac articulation. It is this part of the articulation that is subject to various strains, tears, slips, falls and missteps. This is the area most likely to be traumatized by incorrect lifting and by wearing misfitted or incorrect footwear. Exercises that people persist in doing without proper instructions or warm-ups often traumatize this articulation.

You must remember that accidents that happened months or years previous to the patient consultation in your office may have produced a category two which had not been corrected. This part of the sacroiliac articulation is immovable after the age of general ossification and it has no direct muscle support or control. It is a weight bearing articulation and being bilateral, is accident prone.

Basically, this architecture of this articulation shows that it cannot be controlled with a side posture or lumbar roll type adjustment. The first adjustment may reposition the slipped area, but the second adjustment reopens the separation and each chiropractic roll adjustment then adds more problems to the articulation that is already abused by separation.

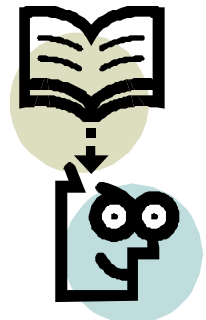
Being a musculoskeletal mechanism, we must treat the category two as a bio-mechanical articulation and that means we must equalize both sides to cause strain to lessen and the tear, sprain or separation to heal.

Blocking is the basic scientific approach, because blocking equalizes both the right and left pelvis. Side posture adjustment cannot do that.

In all category two patients, we must test the arm/fossae to determine the presence of the category two. A physical or even an x-ray examination is one of uncertainty. The arm/fossae test is a bio-physiological-neurological test which when active indicates the presence of a category two or a strain, sprain or separation of the weightbearing part of the sacroiliac articulation. It is physiologically and neurologically a certainty that the sacroiliac area has more proprioceptor nerve endings than does any other area of the human body except the TMJ articulation. The arm/fossae test is a test of the upper and lower neuron system. This test is used following the block placement to advise the doctor of the progress of correction and when that correction occurs, the arm/fossae test then becomes negative. The arm/fossae test is then used each visit to advise if further blocking is needed. The supine leg measurement gives us the monitor indicator for blocking.

There is no other technique in the healing arts that is so exact as is the arm/fossae test in management of the category two, and all of you know how prevalent the pelvic subluxation is in today’s chiropractic. The Sacro Occipital Technique for the category two takes all of the hard work out of that fare. The very small lady chiropractor can handle the largest man without any strain.

Any articulation that serves two specific purposes in human living cannot survive with the twisting and pulling and pounding that is current in today’s living. Sacro Occipital Technique must have been predicted when the Supreme Architect designed the human body. It took a chiropractor from Nebraska to do the research that developed Sacro Occipital Technique.



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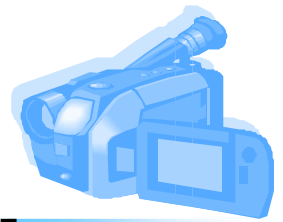
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CALENDAR OF EVENTS—2005

	Sydney	Melbourne	Nth QLD	New Zealand*
Introduction, Categories II, I & III	May 13, 14 & 15	April 29, 30 & May 1	March 18, 19 & 20	July 16 & 17
CMRT	August 5 & 6	July 22 & 23	September 23, 24 & 25	October 8 & 9
Cranial	August 26 & 27	August 19 & 20	As above	As above
Venue	Holiday Inn Potts Point 203 Victoria Street Potts Point 02 9368 4000	Holiday Inn Melbourne 1-5 Spencer St Melbourne 93 9648 2779	The Mercure Inn Woolcock Street Townsville 07 4725 222	*NZ College of Chiropractic 15 Margot St Newmarket Auckland NZ +64 9 522 5530

* Dates tentative for New Zealand.

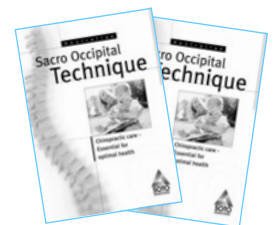
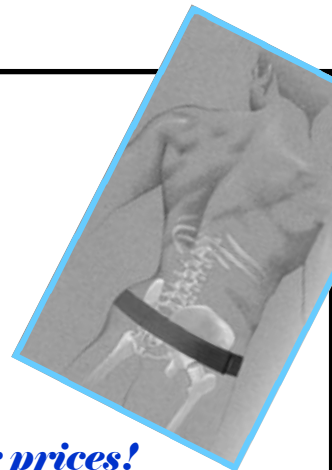


2004 Annual Convention DVD / Videos are still available. Contact Averil

An increase in SOT Supplies for non SOTOA members will take effect from February 1, 2005.

No changes to SOTOA member prices!

Your copy of the 2005 Product Pricelist & Order Form is enclosed.



We value ideas and feedback from you, our members .

SO, FOR FUTURE PLANNING OF OUR ANNUAL CONVENTIONS AND SPECIAL SEMINARS,

- **WHO WOULD YOU LIKE SEE PRESENT; AND**
- **WHAT TOPIC WOULD INTEREST YOU?**

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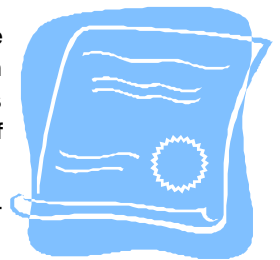
**Drs. Jason Glynn, Naomi Gale & Rohan Teasdale
for recent donations.**

**All donations are TAX DEDUCTIBLE and are only
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CLASSIFIED ADVERTISEMENTS

Locums / Associates Wanted

- Solid Sunshine Coast practice seeks an Associate with strong philosophical grounding who is able to work as part of our great team—your input will be sought after and valued—some experience in SOT essential. Jan/Feb 2005 start. Contact Gabriella 0409 637 737.
- An Associate position is available in a very busy Wellness-based clinic on the Sunshine Coast. The clinic is organised yet welcoming and friendly, the atmosphere caring and happy. You will be an enthusiastic, dedicated Chiropractor with sound philosophy. Traditional chiropractic adjusting skills are utilised within the paradigm of SOT. If you would like to be a part of our wonderful team of staff and patients please email photo and resume to Dawn Vyner-Jackson at moeliker@ozemail.com.au
- Locum or Associate position available ASAP—Sunshine Coast, Qld. Out SOT family wellness practice has a position available with a patient base ready to meet you! We are seeking an excellent Chiropractor who is available to enjoy a team-orientated practice & committed to providing quality care and education to our individual and family patients. A level of SOT competence is required. Please contact me at your earliest convenience. Dr. Joanne Bicket M: 0419 733 665, W: 07 5491 8455 or email drjo@hotkey.net.au
- A locum is required in a busy mid-north coast centre for a number of weeks, maybe months. There may also exist an opportunity for an Associate. Enquiries to be taken by Deith on 02 6554 7425.
- Associate required for busy practice in Buderim on the Sunshine Coast. Knowledge of S.O.T. Essential. Existing patient base to take over. Contact Gabriella on 07 5476 6423 or 0409 637 737.



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- Rowen D'Souza RMIT grad 95. Experienced Locum available. Primary technique : SOT. NET Certified also proficient in AK and Activator. Please email for available dates to rowrow99@bigpond.com or phone 0402014869 or (03) 9842 9685.
- 12 years experience in SOT. PIT grad 1992. Available immediately. Long or short term. Contact Eric Conti: 0419997541 or eric.conti@bigpond.com
- SOT Certified LOCUM Available... Queensland & Victoria. Dr. Belinda Owen. Call 0404 654 786 or email belle_owen2002@yahoo.com

Practices for Sale

- Long established practice in Pukekohe, New Zealand. Large loyal client base. Low overheads. Suite lower force practitioner with SOT/AK experience. For all enquiries phone Scott 021 919 909 or email doc.scott@xtra.co.nz.
- **Hunter Valley**—Mail road exposure with unlimited potential. This practice has operated part-time (2 days/week) since 1998 with annual turnover of 100K+ (14 Hr Week). It is a highly stable family practice with loyal client base and is ready for more growth and added hours. Great staff and procedures make this a joy to step right in and realise your dream practice. Would suite recent graduate with lower force SOT/AK knowledge. For Sale now as principle is retiring from the area but will assist in easy Transition. Please contact Mike on 02 4956 1193 or email: wellness@hunterlink.net.au.

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