

1925 ~ Fifty-Eighth Year FOR SACRO OCCIPITAL TECHNIC ~ 1983

### **S.O.T. IN TODAY'S CHIROPRACTIC**

Nothing gives you a more secure feeling than to know that you can offer a health service backed by results at a price those who need Chiropractic can afford.

This is a modern S.O.T. office. It may consist of several adjusting rooms and ultrasound rooms, and usually an admittance office where the preliminary scanning process of mind language is used. This give you an opportunity to meet and get acquainted with the patient. Most patients are very apprehensive when they first meet the doctor, so give them a few minutes to relax.

The patient should fill out the proper forms describing his or her problem and what has previously been done about those problems. This gives you a record for comparison as the patient progresses under your care.

The mind language testing should be explained briefly by stating that you are going to use the patient's body to tell you what the body thinks the problem is. If the patient's body doesn't know what's wrong, the language of the patient surely cannot be of much help, except to tell you that it hurts here and there.

The mind language test should include Categories One, Two, and Three ... the frontal bone, the thyroid, the thymus, the hiatal area, the spleen, and the liver. If the patient has a particular pain, that can be tested by having the patient place his or her left hand over the pain.

If the patient has a pain in the vertebral column, you can use a surrogate to test that area with mind language.

This procedure will require about three minutes, and you can then explain to the patient what you feel should be done.

Mind language is not kinesiology, but is a physical reading of the relationship between your test and the patient's reaction to that test. When you touch any part of your body, the mind is instantly aware of that touch and tells you whether it is a gentle, harsh, or painful experience. Likewise, the mind identifies that touch with related objects.

We always use mind language at the beginning of every patient's visit, and this is then followed by S.O.T. standard tests for categorization. Mind language can be used in selecting supplements and auxiliary techniques, if you so choose and use good judgment.

### **TOTAL S.O.T.**

Total S.O.T. combines the blocking techniques with those essential corrections associated with specific categories. For instance, blocking a Category One is effective only if followed through with testing for the crest or dollar sign major ... adjustment of that major ... the cough test, and change of blocking to specifically correct the flexion/extension problem ... the procedure for the vasomotor subluxation location and the specific technique for that major such as the spinal pump, and then the release of that vertebral subluxation from its subluxated kissing position.

It is essential in all Category One procedures to clear the occipital fibers and to follow that clearing with the specific C.M.R.T. as indicated.

The primary vital function of the human being is respiration, and such is controlled by the primary respiratory center which is the boot part of the sacroiliac articulation. When man's pelvis is unbalanced, man is sick and nothing can restore him to function unless that something restores normal action of the sacroiliac boot part of the pelvis.

Pain is not necessarily due to a vertebral slippage, but it is due to traction on the dural sleeves. As you know, this is controlled by the sphenobasilar part of the skull and the boot part of the pelvis. The skull and the pelvis then become primary, and that is why we designate our procedure under the one heading, Sacro Occipital Technic, sacrum and occiput. This does not mean that you must not take into consideration the off-centering of vertebra or vertebrae. This does not mean that x-ray analysis is not essential, because it is. We must remember that pathology has an affinity for the vertebral column, and the x-ray would be important if only for that reason. It is imperative that we use x-ray, for instance, to define the specific position of the atlas when such is to be adjusted to alleviate the heel tension and tendon guard reflex found in the Category One. It is often advantageous to x-ray the pelvis in a Category Two so you can determine whether the Category Two is an acute tear, or slippage, or a chronic condition. In the Category Three it is often necessary to define the position of the lumbar facets in the event that your incline subluxation calls for a manual correction or a directional correction while blocking.

The basic principle in this category technique is the specific indicators S.O.T. has for each category and each procedure. This is the only procedure in Chiropractic with definitive indicators for specific procedure, and indicators that tell you when that procedure has been corrective.

S.O.T. does not list diseases or physical disabilities by name in describing the contents of a seminar; rather, the category system we teach covers those conditions that we could list separately. We could list many conditions just to impress you, but we feel that if you understand Category One and its ramifications, you pretty well understand and receive information on the conditions to which a Category One is subject.

The Category Two could list many neurological problems and use them as bait to get you to attend a seminar, but we feel that such would be a waste of your time in reading and our time in writing.

Category Three could pretty well cover most in orthopedics. Category Three is a person in pain. We could list the piriformis, the psoas, and the iliofemoral separately. We could list the disc techniques separately, but choose to simply use the word "category."

You have to remember that S.O.T. is a total system of health recovery and health maintenance. We could advertise S.O.T. as being the answer to back problems - and it is - but back problems are the cause of bad health.

S.O.T. needs no elaborate, expensive equipment. You need the current S.O.T. manual because that keeps you up to date on our research. You need a set of De Jarnette blocks and a Steffensmeier table board, and a sternal roll is always essential. And that is it.

The table board gives the blocks a surface upon which to institute movement as dictated by the patient's respiratory motion. The blocks align the pelvis and lumbar spine. The sternal roll overcomes the vertebral anteriorities.

You do not need to spend \$5,000.00 for a table. A Steffensmeier stationary table is sufficient (Lloyd Table Co.).

## THE CATEGORY TWO

The Category Two requires specific procedures. Blocking is controlled by retesting the arm/fossae, and when both arms are equal in this test and strength has returned equally, the blocks can be removed. In inserting the blocks, always allow the patient to elevate the side you are blocking, as this is the adjustment. If it is the short side, then that side is adjusted correctly by return of weight as the leg is extended. If the long side, the same thing occurs. Removing the blocking is done without patient's leg cooperation. If the psoas, iliofemoral is indicated, it should be done before blocking. In the very acute case, ice application is indicated. In the chronic or continuing case, ultrasound is indicated.

The trapezius plays a major role in Category Two, and it should be cleared following blocking.

Belting is done only when the same fossa keeps repeating. Do not belt automatically. The trochanter belt can cause the primary respiratory cycle disturbance, and this can result in many visceral disturbances.

## THE CATEGORY THREE

The objective, here, is to stop the pain as quickly as possible. It may be a strange procedure to you, but we use the S.O.T.O. first to make our diagnosis. If the S.O.T.O. (piriformis) is the cause of the sciatica, the S.O.T.O. will relieve the muscle spasms and produce more acceptability to the blocking. If the S.O.T.O. tells you that the problem is an annular protrusion by increasing the pain as it is done, then we find that the blocking may be more effective than a continuation of the S.O.T.O.. If the S.O.T.O. tells you that a nucleus pulposus is ruptured by the calf of the leg sign and not reaction to the S.O.T.O., then it is advisable to use the sitting disc technique before blocking. In blocking, remember that the beginning position of the blocks is secure. The short leg blocking must always be started in the oblique position, as this is the position that will open the intervertebral spaces, if such is possible. Form the oblique, if the pain is not lessening in two minutes, you begin rotating the short leg block ten degrees in either direction, and wait two minutes to note its effect. Do not expect the block change to immediately affect the compression or locking of the annular structure.

It is essential that the posterior iliofemoral be corrected at the end of blocking, as this does help lessen the torque on the vertebral column.

## SCANNING CATEGORIES

Mind language may tell you that a Category One of three days ago is now a Category Two, but be careful. You must remember that a Category One is blocked prone and a Category Two is supine. Even a change may cause the blocking position to produce unwanted side effects. Remember that a Category Two is a physical change for the worse, and it takes time to rectify position and heal.

If we could cure all Categories Three, it would make orthopedic procedures unnecessary, and we might be proclaimed as the great discoverer of the cures of back problems. As it is, the news media look to the medical profession for information on a problem on which the Chiropractor should be the authority. If Chiropractic approached back problems in a manner differently than they now do, we might become authorities. S.O.T. points the way, but unfortunately, the colleges teach a different approach. You must remember that the psoas can be and often is involved in the Category Three, and it may be responsible for the Antalgic

incline. The psoas is the only muscle that penetrates the annulus, and by contracting, can cause an annular bulging.

### **INSURANCE REPORTING**

Insurance companies have no knowledge of S.O.T., so do not report insurance claims chiropractically, using designed chiropractic terminology. Most insurance reports now demand computer numbers, so act accordingly.

Most state board members have no knowledge of S.O.T., so do not argue with them, but talk in their terminology. We are dedicated to help the Chiropractic professionals who want help. We force S.O.T. on no one because, without S.O.T., handicaps are many, and that is not our responsibility. If you can reduce a Category Two in one minute by blocking, when why expend energy and cause discomfort to the patients by pushing, shoving, grunting, and groaning. Remember, it is the Chiropractor's insides that often respond badly to manual labor, and the grunt and groan type Chiropractic is manual labor.

### **S.O.T. IS THE EQUALIZER**

No matter how small the physical stature of a Chiropractor, just as fine S.O.T. results can be achieved by them as by the larger Chiropractor. In S.O.T., the weight of the patient supplies the energy to the blocks, and their respiration supplies the motion essential for realignment of structures. Why the total chiropractic profession is not in S.O.T. is the question for posterity to answer.

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