SACRO OCCIPITAL TECHNIC BULLETIN

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SACRO OCCIPITAL TECHNIC EXAMINATION

The following was our response to a request by the International Chiropractic Association for information as to the SOT procedural examinations.

The **SACRO OCCIPITAL TECHNIC INITIAL EXAMINATION** is not a physical examination, but a specialty examination to determine whether or not a specific category exists, and to then determine relationship to the patient's complaints and case history. We begin our examination believing in the definition of chiropractic as being the relationship between structure and function.

Visual Examination: This is a visual examination and is done with the patient positioned in the distortion analyzer.

- The Category One is demonstrated by a locked pelvis. Pelvis is rigidly positioned without side-sway.
- The Category Two has pelvic motion due to the instability of the sacroiliac articulation.
- The Category Three always has some type of antalgic posture. There is the postural break at the point of intervertebral disc disturbance, and this causes the antalgic position for easement of the pain.

Mind Language Test: The Category One, Category Two, and Category Three are then tested by the mind language process for definitive reactions to muscle weakness.

- Physically, the Category One has movable first rib articulation on head and cervical flexion and extension.
- Physically, the Category Two has a very painful first rib tubercle on the side of sacroiliac slip, separation, or strain.
- The inguinal fossa is very tender to palpation on the side of sacroiliac separation, slip, or strain.

Arm/Fossa Test: The arm/fossa test is now instituted for the detection of proprioceptor neural involvement.

Compaction Test: With patient in the supine position, the doctor is seated at the head of adjusting table. Grasping the patient's head in his hands, the doctor then forces the patient's head footward, causing the cervical column to respond or not to respond. This is the compaction test, and it is used to differentiate between Category One and Category Two when cervical trauma is the chief complaint.

Palpation of Styloid Processes and of Atlas: The Category Three is tested by palpation of the styloid processes, right and left. The atlas is palpated for fifth lumbar rotations.

Occipital Lines Examined: The occipital lines are explored for Golgi tendon fiber expansion.

Palpation of Trapezius Muscle: The trapezius muscle is palpated for tenderness at Ruffini's spray endings affecting a specific vertebral impingement.

X-Ray: With consent, the patient then has a full spine x-ray.

Laboratory Tests: In today's practice of chiropractic, one is oftentimes forced to proceed with blood, urine, and other laboratory tests.

Sacro Occipital Technic Visit-by-Visit Use

We supplement that initial examination in some instances by the usual blood, urine, and other studies. The object of this examination is to establish a category, and then on a visit-by-visit basis, to follow that category to correction, or in some instances, to change categories. Getting injured is usually a flash process, but recovery may be a long term problem. In SOT we must always be correct in our blocking. This sounds like an impossibility, but it is a target for which we must always aim, even if a bull's eye is not hit every visit. The basis of SOT is to fix the problem, and then pursue a course that will let that problem accommodate itself to the rest of that person's body.

Category One

This is the category that demands more technique on your part because it is always involved with a viscus and visceral change, and it may run from a mere physiological change to a malignant metastatic takeover. That means in a Category One individual, you must palpate and abide by what you find on the occiput. The patient must cooperate in following a hygienic and nutritional program.

Category Two

This is far less complicated than Category One, but you have to remember that much of the pain associated with the Category Two may stem from the trapezius fiber or the TMJ. The Category Two must have supervision for at least six weeks, and an exercise program should be developed if the patient is capable of responding.

Category Three

This is usually an emergency, and you usually deal with a patient in pain and that pain can be frightening. You must advise the patient not to sit more than necessary, how to lift, and even how to dress. It takes a lot of technique to reduce an annular bulge, and you must be prepared to do a number of maneuvers.

The Mind Language

This is your basic category finder on subsequent visits. It is accurate, and you must be accurate.

Blocking

This is a high art correction and must be done precisely as written in the manual.

The Short Leg

All blocking is predicated on the short leg. In Category One, you must observe the heel tension, and this is done in the prone position.

The Long Leg

The long leg is always a companion of the short leg. We could teach you to block by the long leg, and if that pleases you, then do it. It will all come out the same.

Congenital Leg Differential

We always talk about the short leg, but you can have a congenital long leg. Neither one is that important in blocking unless there is a confirmable difference of one inch.

Blocking Time

Category One: Until the doctor can make an accurate estimate of the crest and dollar signs, and the difference between the major side and the minor side. The leg length equalizes in seconds.

Category Two: Block until the arm/fossae equalize and become strong.

Category Three: Block until there is relief from the acute pain … up to 20 minutes, if necessary.