

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

**LEG MEASUREMENT FOR THE CATEGORIES**

There are always many things new in S.O.T. This year we stress leg measurement for the categories. The leg length is the most important finding you make, and it must be accurate.

In any category, all tests may be exact, but if you misjudge the leg length, all blocking is in error. You may be a totally exact arm/fossa, but if you misjudge the leg length, you cannot anticipate good results. More failures in the categories are due to poor leg length judgment than are due to any other single factor.

There are certain rules regarding leg measurement that should be followed each time you block for a category.

**RULE NUMBER ONE:** Leg measurement is done just before blocking. You can do leg measurement several times during your examination if you wish, but the final check is just before blocking. This is very important.

**RULE NUMBER TWO:** Be sure the legs are fully extended when you make your decision.

**RULE NUMBER THREE:** If this patient has been seen previously, refer to your record card and see what the record tells you about the short leg the previous visit.

**RULE NUMBER FOUR:** We do not observe the acupuncture rule that switching occurs. A whole manual could be written on this subject. It does not occur in dealing with the three categories.

**RULE NUMBER FIVE:** Category One patient is prone for heel testing. Sternal roll under sternum. Table board in pelvic position. Hands comfortable on head rail. Thumbs in position for heel tension testing. You must assume the heel tension thumb position bilaterally. Tension is into heel as legs are extended. Keep knees as close to table top as possible. Apply traction on right heel and then left heel. It is best to use both hands in this trial testing. Now to determine short leg, pull on heels evenly and with equal force right and left. You may have the patient take and expel a deep breath while this testing is being done. Bring the internal malleoli together and at height of heel traction, determine which internal malleolus is superior. Be careful not to swing legs from side to side. This reading is recorded and following the Category One technique as indicated, retest with mind language. Arms should be equally strong if all is done properly.

**RULE NUMBER SIX:** In follow up visits for Category One, we must observe the rule of heel tension and short leg, and remember they may appear on opposite sides. Heel tension does not indicate the side of leg shortening. They are two different parts of the Category One. Heel tension relates to the atlas, and the atlas relates to the stairstep testing.

Once we have established the short leg side on the Category One, we do not change from visit to visit. We must always do the heel tension leg testing for length and tension each visit. If the legs are equal on a follow up visit, we do not block, but we do an extensive occipital fiber investigation, and we do a search for nutritional imbalances. The blocks on the Category One basically reciprocate the boot part of the sacroiliac joint, and once this is reciprocated, heel tension is the main objective, and when the recorded leg is short, we block and then test for the dollar and crest signs and do the cough test.

The main lesson to be learned here is simple – do not shift legs in the Category One; it only spells trouble. We find that far too many doctors fail to check the legs visit to visit. That part of the category system is the key to blocking.

**RULE NUMBER SEVEN:** Category Two is supine leg measurement. This should be done following arm/fossae testing and not before. There is no harm in Category Two leg measurement before the arm/fossae, but it simply makes double work. In this supine measurement, the hose or socks must be off the feet. The ankles are grasped with each hand and legs spread 14 inches apart. Legs are pushed together against patient resistance, aiming both malleoli together. When the internal malleoli meet in the midline, the superior internal malleolus is the short side. You must remember that the legs must be fully extended and the pull on the ankles evenly divided right and left. The short leg in the Category Two indicates the type blocking to be done. The horizontal block is always inserted on the short leg side, remembering that the patient must lift the pelvis on command by flexing the leg and pushing against the table foot board. Both legs must not be flexed at the same time. The doctor must not lift the pelvis to insert the blocks as this defeats the action of the blocks. Oftentimes in a Category Two one leg is slightly flexed and escapes the doctor's observation. Be sure this does not happen to you.

Remember that the short leg in Category Two indicates the side of application of the horizontal block.

The fossa does not indicate the short leg. Only manual measurement does.

**RULE NUMBER EIGHT:** In the Category Two when in for a checkup and we find the legs even, we do not block. This is the advantage of leg measurement each visit, because if we block now by the previous record, we simply place the patient in a reversal and then we have trouble piled onto trouble.

In the event a Category Two does present itself and the legs are even, we spend our time investigating the trapezius and eliminating its problems. The Category Two is prone to psoas problems, so that is corrected. Psoas problems produce hiatal hernia symptoms, so we do for that. The iliofemoral is always a problem, so fix it. The Category Two is a complicated physical and emotional human, and for good cause.

**RULE NUMBER NINE:** The trochanteric belt sold by Galaxy (Dr. David Denton) has been improved with side wings that compress the weightbearing part of the sacroiliac articulation and do not interfere with the boot part, so it would be safe to apply to a patient without fear that one might create a breath problem.

**RULE NUMBER TEN:** Category Three ... This is the sciatica pattern category and with mind language it can be deceiving. You must remember that the Category Three always is an uncle to Category Two, and every Category Three always clings to that Category Two relationship. The Category Three is not a pelvic or sacroiliac problem, but a lumbar disc problem with perhaps a piriformis and psoas involvement. The blocking for a Category Two, even though it is indicated by arm/fossa weakness, will not benefit the Category Three because the Category Two blocking is exclusively for the pelvis, and a Category Three is a lumbar and lower two dorsal annular problem.

When we see a patient with a deep buttock sciatic pain and a straight leg raising positive, we can rest assured that we have a Category Three involvement, even though mind language may indicate a Category Two and the arm/fossa test will always be slightly positive in one or two fossae.

If we do a mind language and get a negative Category Three, and do a mind language for a Category Two followed by an arm/fossa, we may get a positive two with a slightly weakened arm, but we never find an arm/fossa involved with a Category Three with a totally weak arm. Such we do find in a Category Two. When a patient presents himself or herself with a stand-up sciatica, deep buttock pain, and back of the leg sciatica, if you will do the mind language placing the left index finger between the transverse processes of L 5 and then L 4, then L 3 and L 2, you will get a positive reaction of a Category Three involvement. This may occur with the styloid test as negative. You can also block as a Category Two and then as a Category Three and you will find that the Category Three blocking does control the pain while the Category Two blocking increases the pain. One involves the weightbearing sacroiliac joint and the other the intervertebral discs. We refer you to page 219 in 1983 S.O.T. Manual for the Category Three test and adjustment. The page is worth the full price of the manual.

In the Category Three, we measure the legs in the prone position and do this just prior to blocking. You will find that by manipulating the short leg block as to obliquity, you find a position that relieves the sciatica, then you do the manual straight leg lift test with the opposite thumb making pressure on either the upper or lower sacral cusp.

Blocking may not even the legs because you must remember that this Category Three blocking affects the lumbar and lower two dorsal intervertebral disc structures only, and not the leg length.

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