

SACRO OCCIPITAL TECHNIC BULLETIN

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1925 ♪ FIFTY NINTH YEAR FOR SACRO OCCIPITAL TECHNIC ♪ 1984

SACRO OCCIPITAL TECHNIC

SACRO OCCIPITAL TECHNIC (S.O.T.) is a universal chiropractic procedure technique in which the application is based upon laws of human physiology, neurology, and mechanics.

Man is a respiratory being, and the act of respiration is predominant in each life. The heart is, of course, the soul of the human being, and life depends upon its regularity, but the total physiology of the human is based on motion and exchange of gases.

Life begins with a deep breath and ends with a sigh. The brain depends upon respiration for its movement of fluids and its vital functions. The total is dependent upon the bipedal system of man and that system is based as you know within the human pelvis.

S.O.T. has a system of mind language to use as a scan to select the category in which the patient is prone to establish the major. This requires only one minute, but time is not limited if further investigation is indicated.

S.O.T. has a system of categorization in which the physical attribute of that category fits and explains the patient's problems.

S.O.T. classifies patient's problem as category one, two, or three.

Patient's position for blocking is prone for categories one and three, and supine for category two.

Patient's pelvis is supported by Steffensmeier block board. Patient's legs are studied under full extension to determine which leg is short and which is long. The short leg governs the position of the blocks. The long leg is studied to note its reaction along with the short leg to the blocking. When blocking is correct, the legs relax, first the short side, and then the long side.

In the category one, the crest and dollar signs are tested and the major adjusted. The cough test is given, and the blocks positioned for sacral base flexion or extension. The sacral base is synchronized to respiration, and the vasomotor blanching area is adjusted. This ends the blocking for the category one. The occipital lines are now explored to determine visceral involvement. The arms are tested for psoas involvement. In the event that there is a visceral involvement, the chiropractic manipulative reflex technique is used to position and neutralize the visceral reflex. This is an example of a category one when the full technique is indicated. This visit requires fifteen minutes because it was complicated. Results were almost immediate and the patient saved a large hospital cost. Category one is involved when we do have visceral disturbances of any degree.

The category two is controlled by the arm/fossa test which tells us the state of the weightbearing part of the sacroiliac articulation. Blocking is done in the supine by short leg indicator. Blocking is complete and adjustment made when both sides in arm/fossae testing are negative (strong). Remember, the arm/fossa test is not a muscle test but a neural test. In the event that category two complains of skeletal pain, we palpate and analyze the trapezius to select our vertebral major for adjusting.

The category three is the common sciatica, disc, or chondral involvement ... usually very painful and disturbing to the patient. This is the patient with the spinal incline and the leg pain ... can

be involved with other physiological condral parts. Blocking is not only painless, it is the one method that has proven successful in restoring function.

The average office visit can be completed with S.O.T. in less than ten minutes, and any visit is worth ten minutes time if you want patient satisfaction.

It is most gratifying to know that S.O.T. can meet the challenge of the injured and sick without force or manual strength of the chiropractor. The lady chiropractor weighing 110 pounds is just as successful as the muscular man weighing 250 pounds. The blocks do the adjustment. The patient furnishes the motion through respiration. The doctor supervises.

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