

1925 ♪ FIFTY NINTH YEAR FOR SACRO OCCIPITAL TECHNIC ♪ 1984

### WHAT IS SACRO OCCIPITAL TECHNIC?

**SACRO OCCIPITAL TECHNIC (S.O.T.)** is a category system of classifying patients for specific musculo-neuroskeletal corrections.

We teach that normal structure produces normal function. We also teach the simple fact that *m u s c l e s m o v e b o n e s*. In any correction, you must first equalize the muscles involved and then the skeletal system.

**SACRO OCCIPITAL TECHNIC** teaches that the cerebrospinal fluid is the vital life force and it must move normally, if structure and function are to be normal. We teach that the primary sacral respiratory center is the life force that directs and is involved in all human functions. No structure can be corrected until the sacrum is free to let that correction occur.

**SACRO OCCIPITAL TECHNIC** recognizes that every patient is entitled to a total physical examination, and especially that examination should include the normal and abnormal movements of the human musculoskeletal system.

**SACRO OCCIPITAL TECHNIC** teaches that the human body has areas of monitoring ability and those areas are the occipital fibers and the trapezius fibers. We teach that the true vertebral subluxation occurs intraforaminally and involves the dural sheaths and the dural ports.

**S.O.T.** teaches that respiration is the primary function of the human body and that all functions are dependent upon those two functions ... *i n h a l a t i o n*, which is flexion, and *e x h a l a t i o n*, which is extension. When either is below par, the human being is sick or in pain.

### THE CATEGORY SYSTEM OF ANALYSIS AND BLOCKING

The category system of correction gives you specific techniques for each category and each category responds only to those techniques.

The category is selected by a process we have termed *m i n d l a n g u a g e*. This is not kinesiology or muscle testing, but rather, the use of the arm to give positive or negative answers to specific points on the body that are touched. We term the touch points as monitors. Each category then has physical and visual points to observe or palpate.

The basic correction is done with the DeJarnette blocks and the Steffensmeier table board. This block board furnishes a stable platform upon which the patient's pelvis rests either supine or prone, depending upon the category chosen. The blocks are then inserted at specific angles, one on each side of the pelvis. We must remember that you cannot correct a human being until you correlate both halves of that person to operate in unison.

All blocking is done by leg measurement, the short leg being the monitor of the block placement. This leg measurement is done either in the supine or the prone position, depending upon the category selected by the examination. Leg measurement is critical so you are given specific instruction and workshops in this area. There are tests that we make following the block placement to be sure that the patient's body is receptive to the correction being made. Block correction is the orthopedic procedure of the twentieth century, so those of you doing it now are years ahead of those who are not doing this correction and your patients are appreciative of your advanced knowledge.

This category system and its block correction must be followed by indicated monitoring systems. Healing the human body is a most specific process and chiropractic is coming to the forefront in this respect.

### **DIVISIONS OF THE CATEGORY S.O.T. SYSTEM**

We have three basic divisions in the category system of blocking for total skeletal correction, with the exception of the cervical spine. The cervical spine requires a specific technique termed the "stairstep technique." This is a non-traumatic procedure in which the skull is immobilized, and the cervical column is tested to see if each vertebra responds to its requirement for normal motion and function. The vertebra that does not respond to this test is then the major cervical vertebra. You now have choices. You can x-ray and adjust specifically, or you can use the non-traumatic figure eight technique for the correction. If you have been trained to adjust by x-ray, then that is your choice, and if that fails, you can then adjust the S.O.T. way by the non-traumatic procedure.

#### **CATEGORY ONE**

This is the category you were born with and will ultimately expire with, and in the meantime, you may be fortunate and remain a category one, but at times that category will get into trouble and you then have a problem with the musculoskeletal system and the neural system which demand help. This help is specific if administered the S.O.T. way, by blocking and then by correcting the monitoring system. This may sound complicated, but you must remember that chiropractic is the most complicated system in the healing arts and each patient is a new experience each time you see that patient. If you forget that statement, then you regress into a confused, disappointed professional person, and then you begin your search for help by paying huge fees for some technique that will pull your practice back on the track. S.O.T. avoids that confusion because it is a "cookbook technique," and if you can read, you can perform.

Category one is a slippage subluxation of the boot part of the sacroiliac articulation. You should know that the sacroiliac articulation is divided into two parts, the synovial part, which is respiratory movable part, and the weightbearing part, which is non-movable after the age of ossification. The reciprocal boot part must respond to and be a part of the primary respiratory system which moves the cerebrospinal fluid. When a slippage or subluxation of the boot part occurs, the patient is fixed pelvis-wise in the standing position, and the first rib becomes movable by respiration. This type patient, when standing, appears to have a "to and fro" anterior respiratory motion. The category two is always associated with some type visceral disturbance, as well as musculoskeletal pains. The category one responds only to blocking techniques as it is impossible to force this part of the sacroiliac articulation into position by a manual adjustment.

If Sacro Occipital Technic was developed only to manage the category one, it would be the premier step forward in the non-invasive healing arts. The human body, when in a category state of subluxation, can manifest every symptom known to the healing arts. We do not claim that the category one S.O.T. procedure is a panacea, because it is only operative when the patient manifests the signs of a category one subluxation. If you studied Sacro Occipital Technic simply to become a master of a category one problem, you would be disappointed, because in this world today, most patients come into your office not as a category one, but as a category two. It is only when the category two is cleared that the human body can manifest its true need.

#### **THE CATEGORY TWO**

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 prior 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 weightbearing 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-physiological-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 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 Technic for the category two takes all 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 the twisting and pulling and pounding that is current in today's living. Sacro Occipital Technic 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 Technic.

### **THE CATEGORY THREE**

Remember, if your patient complains of a musculoskeletal pain or disability, think of category two. You won't be disappointed.

Category three is a musculoskeletal complaint, but it is of neurochondral origin. This is the typical lumbar disc problem, and we feel that S.O.T. has much to offer you not only in patient help but in knowing that no matter how large the patient, you can do the technique without strain or stress on your physical and emotional body.

Blocking is the only bio-mechanical means known today that will serve to relieve the chondral pressure and to free the trapped intraforaminal nerve sheath. Oftentimes in trying to administer to this type patient, the doctor ends up in the hospital with the patient. Not so with S.O.T.

### **S.O.T. COMPATIBILITIES**

#### ***Category One***

1. Occipital fiber analysis and therapy as designated by line finding.
2. Iliopsaos ... hiatal, thymus, thyroid.
3. Iliofemoral posterior.
4. Cervical Stairstep and figure eight correction.
5. Chiropractic manipulative reflex therapy if line two.
6. Indicated nutrition.

***Category Two***

1. Trapezius and proper specific vertebral correction.
2. Iliopsoas adjustment.
3. Anterior iliofemoral.
4. Use at involved area in very acute phase.
5. Ultrasound in subacute and chronic phases.
6. Long and short leg techniques.
7. Compaction cervical testing and Stairstep correction as indicated.

***Category Three***

1. Supplemental piriformis (S.O.T.O.).
2. Iliopsoas.
3. Sitting disc technique.
4. Sacral balancing.
5. Specific vertebral manual correction if all indicators are present, but seldom used. Blocking is safer and better controlled.

\* \* \* \* \*