

# SACRO OCCIPITAL TECHNIC BULLETIN

PUBLISHED JULY 1984 BY

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1925  FIFTY NINTH YEAR FOR SACRO OCCIPITAL TECHNIC  1984

## THE ARM / FOSSA TEST

Quoted here is part of a letter we wrote to Dr. Scott Parker of Grafton, Australia in reply to a short article he had in the May S.O.T.O.-Asian Bulletin:

“In the category two you must remember that hyaline cartilage covers the articulation that is immovable until sprained, strained, or forcefully opened by trauma. If the weightbearing part of the sacroiliac joint were movable in the adult, we would walk like a duck. If a joint is immovable naturally at a certain age, it has no need for muscle support because muscles are used to motivate or activate a joint.

The arm/fossa is the only test we have that defines the two parts of the sacroiliac joint, and it is a neural response test. That is why it is different on different patients, as is the knee jerk or patella reflex, or any other reflex. The doctor must learn to pronounce the word “hold” distinctly, and to perform the arm movement on synchronized action with placement of the fingers in the fossa. This is a complicated test, and it is not a muscle test.

Some doctors attach the arm/fossa as if it were an enemy. It is the most informative thing or technique in chiropractic.

The osteopaths used to try to adjust the innominates as a total bone with some results. The first article I saw describing the boot and the hyaline part was in the Nebraska Osteopathic Journal in 1935. They did not approach it as two separate entities as we do in S.O.T.”

In addition to the above excerpt, here are a few additional comments on the arm/fossa test for category two:

This test was finalized some twelve years ago after about forty years of research. The sacroiliac articulation has to have some means of diagnostic separation other than visual and x-ray. Inasmuch as the hyaline or weightbearing part is so highly invested in Proprioceptor fibers, there had to be a means of neurologically diagnosing its particular difficulties. After years of study, we finally came up with the arm-fossa test because the arm/fossa combined visual, sensory, and auditory sensation and sounds, and they would cause a response from the center of the brain, which controls the fight or flight situations. The category two is influenced by polarity, which accounts for its acting up during certain atmospheric temperature changes in the air and physical environment.

In doing the arm/fossa test, you must observe the rules laid down in the S.O.T. 1984 manual. A violation of any one of those rules will nullify the accuracy of the test, and those tests must be carried out in the order prescribed by those rules.

The arm/fossa test is not only scientific, but it is essential to any and all manipulative procedures involving the pelvis. The pelvis is divided into *synovial*, which is category one and has reciprocal motion, and *hyaline*, which is category two and is without motion. There is no physical or manual correction possible to distinguish between the synovial and the hyaline parts except those used in S.O.T. There is no way that manual

adjustments can be selective and correct the synovial part without disturbing the hyaline part, and likewise, no manual correction can correct the hyaline part without subluxating the synovial part. That is why S.O.T. and the block procedures can be specific, and that is why the arm/fossa must be used in the category two so the doctor can monitor the correction or the need for correction in the category two. That is why the crest and dollar signs are so pertinent to category one and have no bearing on category two.

You must remember that an articulation that has reciprocal motion must be adjusted bilaterally, and therefore, the S.O.T. block technique is the only specific procedure capable of that function.

The arm/fossa test is a neural and not a muscle strength test. We are not dealing with the muscular system in a category two, but basically, with the respiratory cycling and the neural pathways of the Proprioceptor system.

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