

BASIS OF THE CATEGORY SYSTEM

CATEGORY ONE OBSERVATION

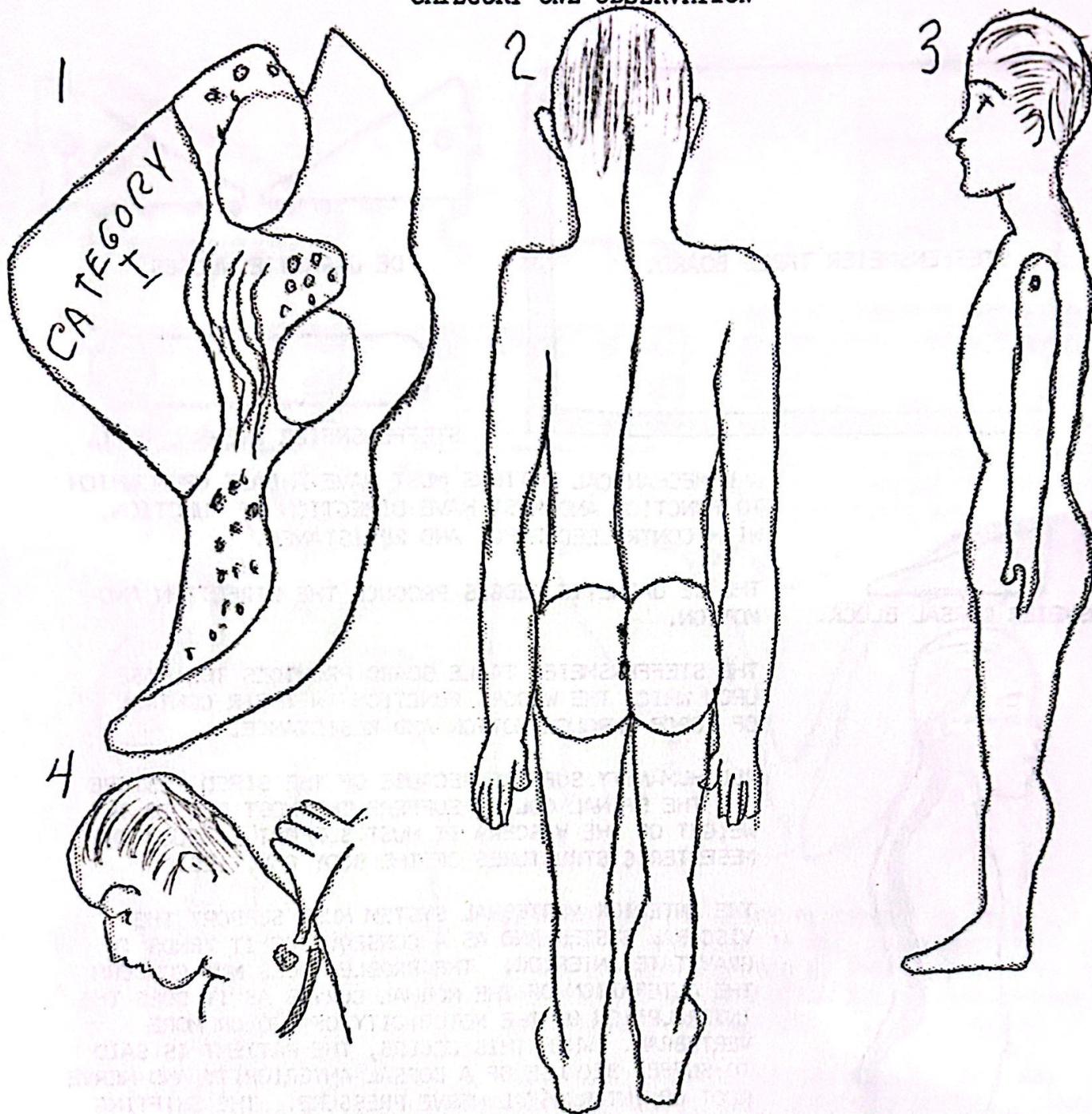


FIGURE NO. 1. THE BOOT PART OF THE SACROILIAC JOINT SUBLUXATES, DISTURBING THE DURAL MENINGES, THE DURAL PORTS AND THE DURAL SLEEVES.

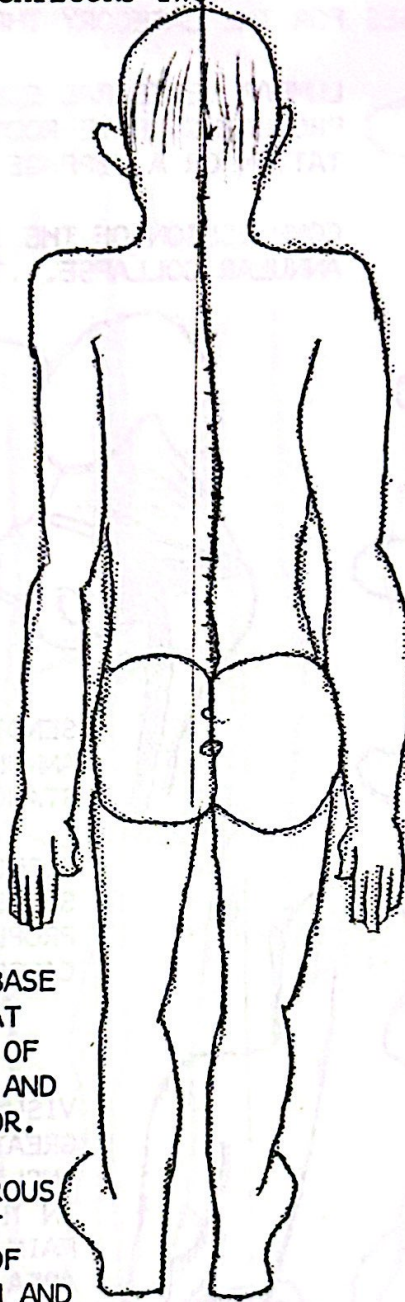
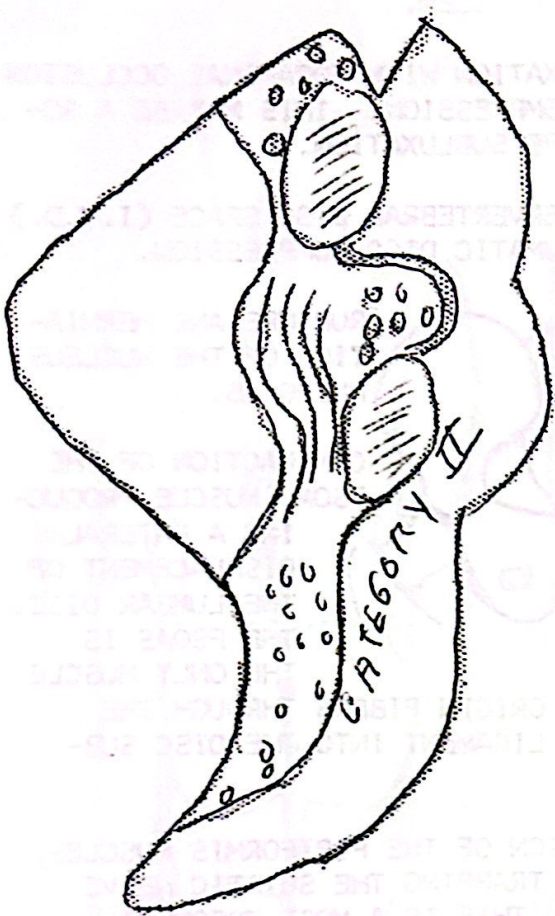
FIGURE NO. 2. THE UPRIGHT PATIENT STANDS WITH PELVIC IMMOBILITY AS DETECTED BY OBSERVING TWO SKIN PENCIL DOTS PLACED ON THE SACRAL VERTEX.

FIGURE NO. 3. THE SAME PATIENT VIEWED FROM THE LATERAL, WITH SKIN PENCIL DOT ON SHOULDER POINT, WILL BE OBSERVED TO ROCK BACK AND FORTH. THIS IS A COMPENSATORY RESPIRATORY MOTION.

FIGURE NO. 4. PALPATION OF THE FIRST RIB, FIRST DORSAL TRANSVERSE PROCESS UNION, WILL SHOW BOTH MOVABLE WITH CHIN NODDING IN FLEXION AND EXTENSION. THIS IS EVIDENCE THAT THIS PATIENT NEEDS AND MUST RECEIVE THE PROPER BLOCKING TECHNIQUES FOR CATEGORY ONE.

BASIS OF THE CATEGORY SYSTEM

CATEGORY TWO



FINDINGS.

THE STANDING PATIENT IS UNABLE TO STAND WITHOUT SOME DEGREE OF PELVIC SHIFTING TO THE RIGHT OR LEFT.

THE EXAMINATION IS EASIER IF YOU WILL PLACE TWO SKIN PENCIL DOTS VERTICAL TO EACH OTHER ON THE SACRAL CREST.

STANDING THREE FEET BACK OF YOUR PATIENT, IN ALL CATEGORY TWO PROBLEMS, THE PELVIS WILL SHIFT RIGHT OR LEFT.

IN THE BEGINNING OF THE EXAMINATION, GRASP EACH SIDE OF THE PELVIS AND SQUARE IT TO WHATEVER YOU FIND AVAILABLE, SUCH AS A DOOR.

A SIDE VIEW OF THE PATIENT SHOWS NO ROCKER MOTION SUCH AS IS SEEN IN THE CATEGORY ONE.

IN THE CATEGORY TWO PROCEDURE, WE BASE OUR CORRECTION UPON THE FINDING THAT THE WEIGHTBEARING, OR HYALINE PART OF THE SACROILIAC JOINT, IS SEPARATED AND SLIPPED EITHER ANTERIOR OR POSTERIOR.

THIS IS AN ACTUAL INTEROSSEOUS FIBROUS TYPE TISSUE SEPARATION AND SINCE IT IS, THERE IS A DEVELOPING WETNESS OF THE HYALINE MEMBRANE WITH EXPANSION AND TEARING. THIS SUBLUXATION DISTURBS MAN'S TOTAL BIOMECHANICAL SYSTEM, AND OFTENTIMES REACHES THE PROPORTIONS OF A COMPLETE PHYSICAL BREAKDOWN.

FIRST RIB FINDINGS.

WITH THUMBS OVER THE RIGHT AND LEFT DORSAL ONE-FIRST RIB ARTICULATIONS, HAVE THE PATIENT BRING HIS CHIN AS CLOSE TO THE CHEST AS POSSIBLE, THEN FULLY EXTEND THE NECK. YOU WILL FEEL ONLY ONE SIDE MOVE, AND UPON PRESSURE WITH THE THUMB, THAT SIDE WILL BE PAINFUL.

**BASIS OF THE CATEGORY SYSTEM**

**CATEGORY THREE  
CAUSES FOR THE CATEGORY THREE PROBLEM.**

LUMBAR VERTEBRAL SUBLUXATION WITH FORAMINAL OCCLUSION PRODUCING NERVE ROOT COMPRESSION. THIS MAY BE A ROTATION OR A TIPPAGE TYPE SUBLUXATION.

COMPRESSION OF THE INTERVERTEBRAL DISC SPACE (I.V.D.) ANNULAR COLLAPSE...TRAUMATIC DISC COMPRESSION.

RUPTURE AND HERNIATION OF THE NUCLEUS PULPOSUS.

CONTRACTION OF THE PSOAS MUSCLE PRODUCING A LATERAL DISPLACEMENT OF THE LUMBAR DISC. THE PSOAS IS THE ONLY MUSCLE

SENDING ORIGIN FIBERS THROUGH THE ANNULAR LIGAMENT INTO THE DISC SUBSTANCE.

ELONGATION OF THE PIRIFORMIS MUSCLES, SCISSOR TRAPPING THE SCIATIC NERVE PROPER. THIS IS A MOST FREQUENT CAUSE.

APPEARANCE OF PATIENT.

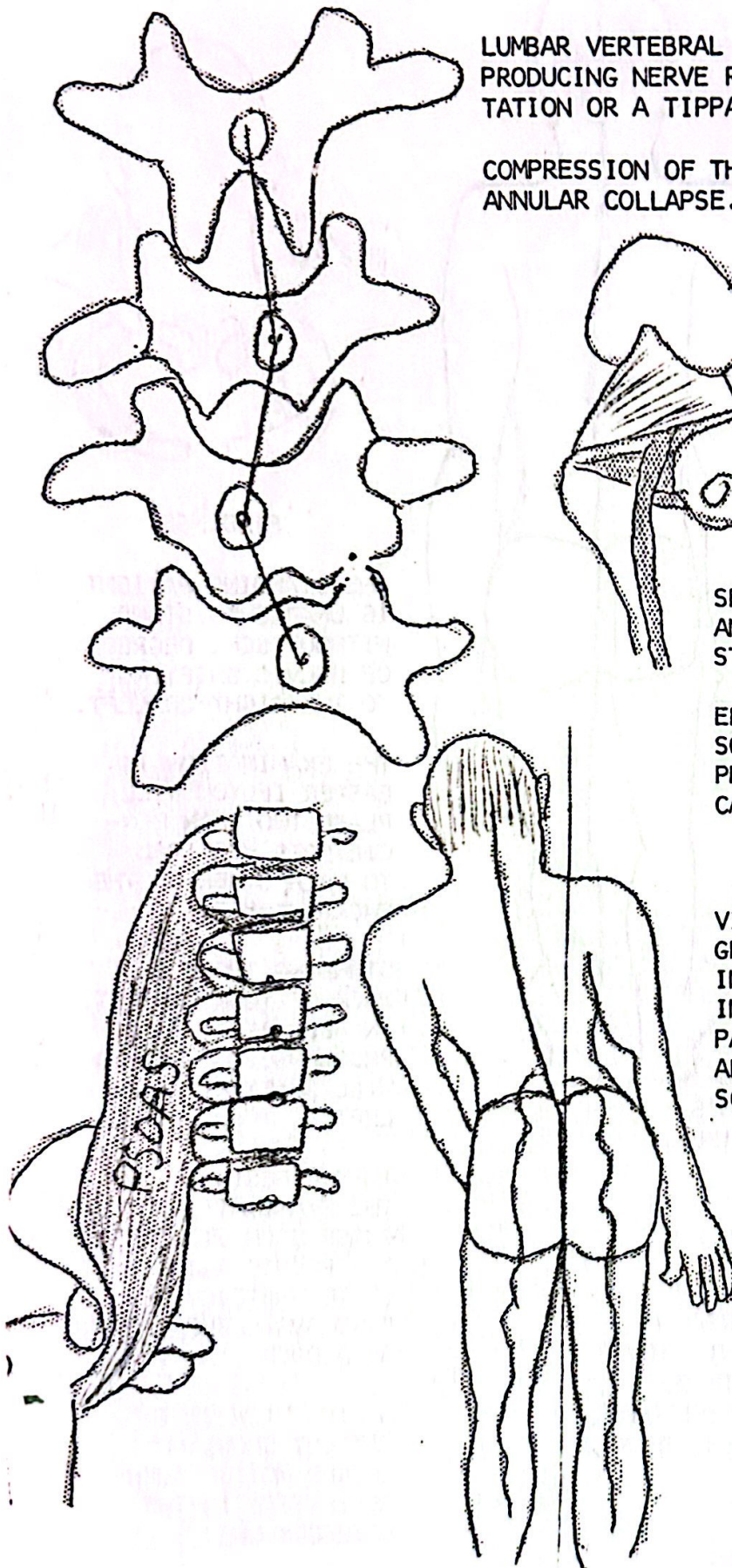
VISUALLY, THE PATIENT WILL SHOW A GREATER OR LESSER DEGREE OF SPINAL INCLINE OR A RAINBOW TYPE CURVATURE. IN THE BEGINNING OF THE PROBLEM, ALL PAIN MAY BE LOCALIZED AT A LUMBAR AREA, AND THE INCLINE DEVELOPS AS THE SCIATICA DEVELOPS.

SYMPTOMATOLOGY.

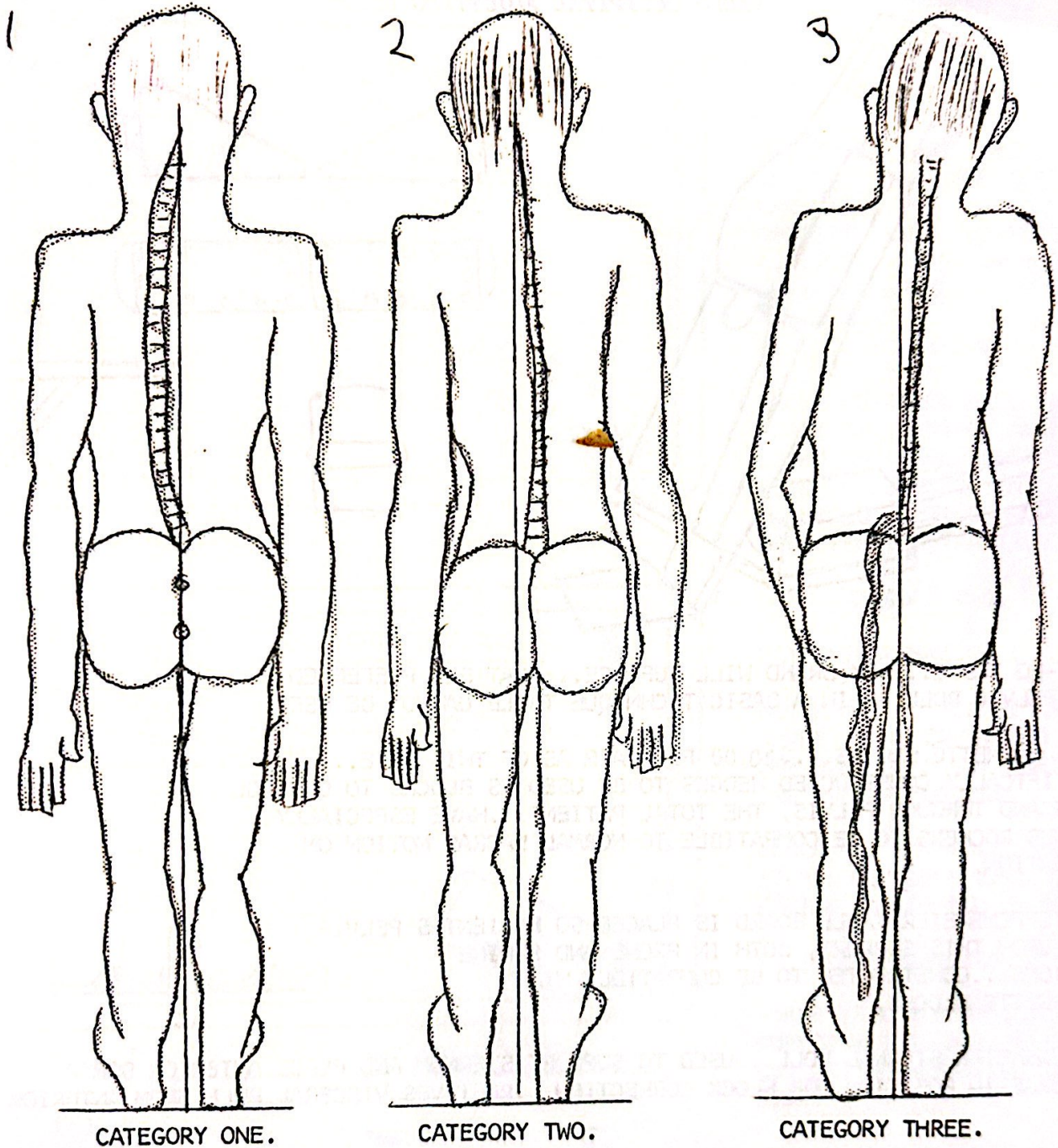
LOW BACK DISABILITY...SCIATICA.

FAVORABLE....IF THE INCLINE IS TO THE PATIENT'S RIGHT AND THE SCIATICA ON THE LEFT, THE OUTCOME IS FAVORABLE BECAUSE WE CAN ELIMINATE THE DISC AND THE HERNIATED NUCLEUS PULPOSUS AS CAUSATIVE FACTORS.

IF THE SCIATICA IS ON THE SIDE OF INCLINE, THE OUTCOME DEPENDS UPON THE DISC OR NUCLEUS RESPONSE TO YOUR APPROACH. BE SAFE, USE THE WEDGES AS YOU WILL BE DIRECTED.



## BASIS OF THE CATEGORY SYSTEM



CATEGORY ONE.

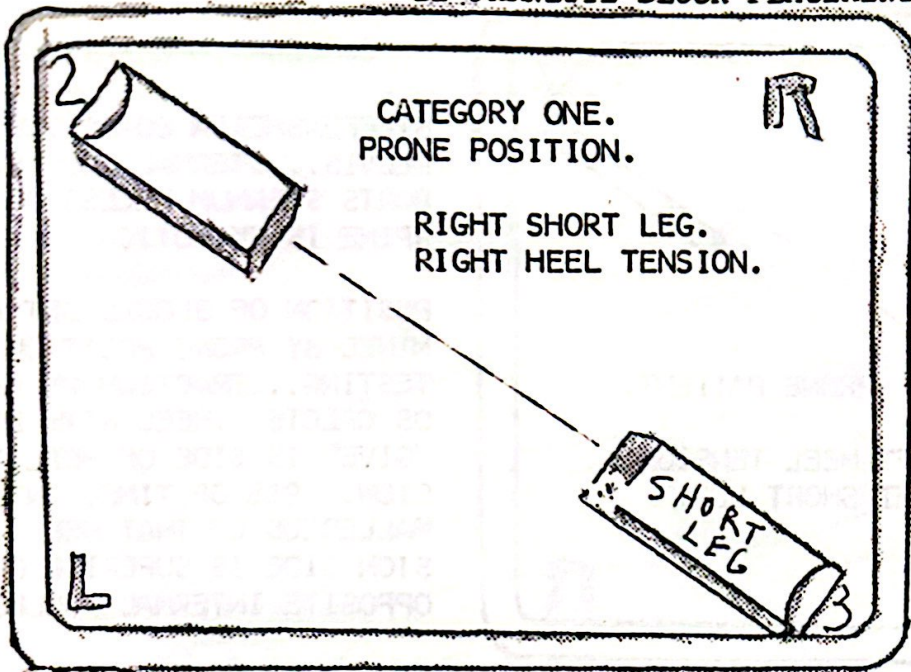
CATEGORY TWO.

CATEGORY THREE.

CATEGORY ONE SUFFERS BECAUSE OF A SACROILIAC BOOT PLATE SUBLUXATION. THIS IS THE SYNOVIAL AND MOVABLE PART OF THE SACROILIAC ARTICULATION. THE PELVIS IS FIXED IN CENTRAL POSITION, BUT THE VERTEBRAL COLUMN MAY ASSUME ANY PATTERN.

CATEGORY TWO...THE PELVIS IS NOT FIXED IN POSITION, BUT DUE TO LOSS OF WEIGHT-BEARING SUPPORT OF THE SACROILIAC JOINT, WILL GRAVITATE FROM SIDE TO SIDE DUE TO TOTAL MYOLOGICAL IMBALANCE, AND DISTURBANCE OF THE VESTIBULAR MECHANISM.

CATEGORY THREE...THIS IS THE LUMBAR DISC OR NUCLEUS OR SUBLUXATION CATEGORY IN WHICH ONE OR MORE LUMBAR FORAMINAL OCCLUSIONS OCCUR, RESULTING IN A DEFENSIVE SPINAL INCLINATION AND A RESULTANT SCIATICA.



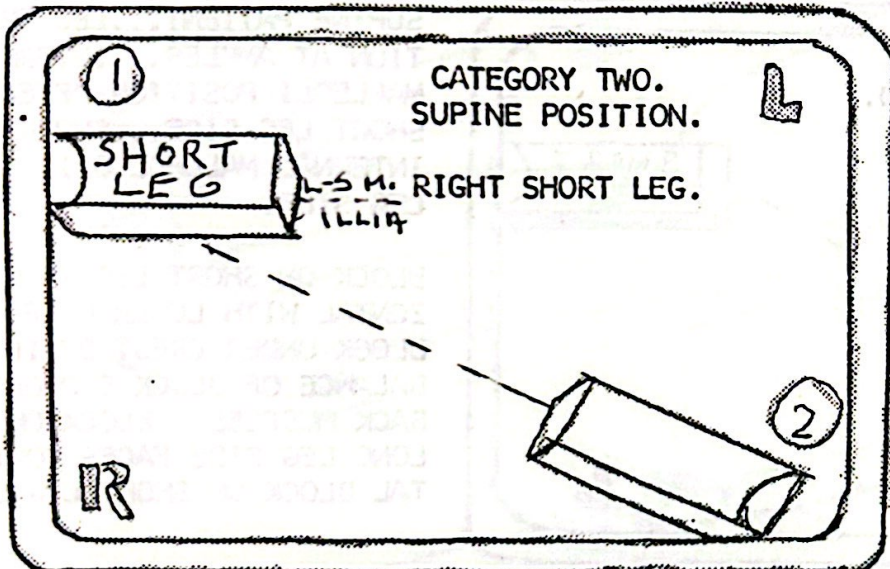
BLOCK PLACEMENT LANDMARKS.

CATEGORY ONE.

SHORT LEG SIDE...#3...  
ISCHIAL SPINE AND ACETABULAR LINE.  
OPPOSITE SIDE..#2 POSITION.  
A.S.I.S...ANTERIOR SUPERIOR ILIAC SPINE.

DETERMINATION.

PRONE POSITION HEEL TENSION TRACTION...95% OF ALL CATEGORY ONE HEEL TENSION ON SIDE OF SUPERIOR INTERNAL MALLEOLUS DURING PROPER HEEL TENSION TRACTION.



CATEGORY TWO.

PATIENT SUPINE.

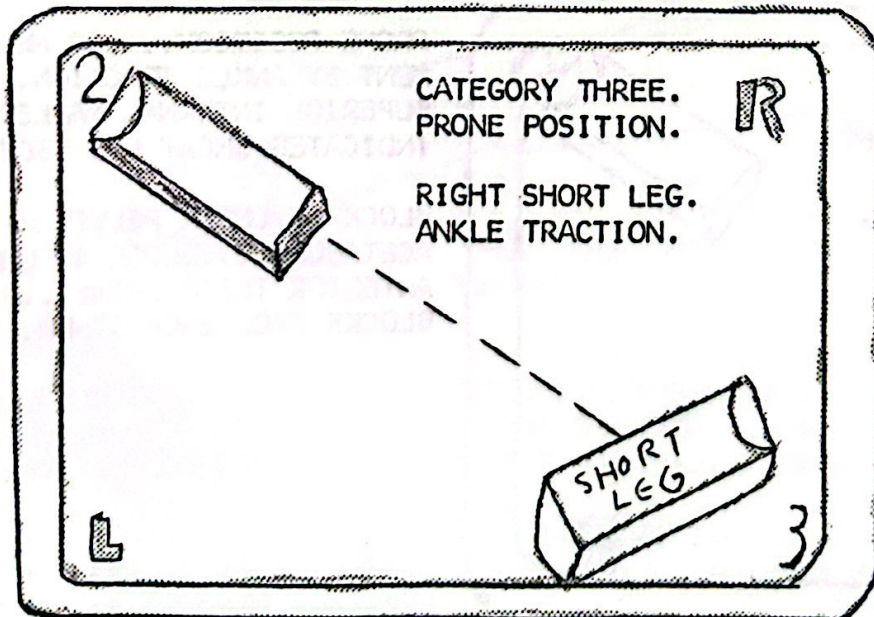
BLOCK NO. 1. PLACED UNDER UPPER ILIAC CREST AND UPPER HALF OF BLOCK CONTACTING LUMBAR MUSCLES.

BLOCK NO. 2. PLACED UNDER ISCHIUM OF LONG LEG, END FACING END OF NO. 1. BLOCK.

DETERMINATION.

ANKLE TRACTION IN SUPINE.. SUPERIOR INTERNAL MALLEOLUS DETERMINES SHORT LEG SIDE.

*FACING 1/3 of short leg block*



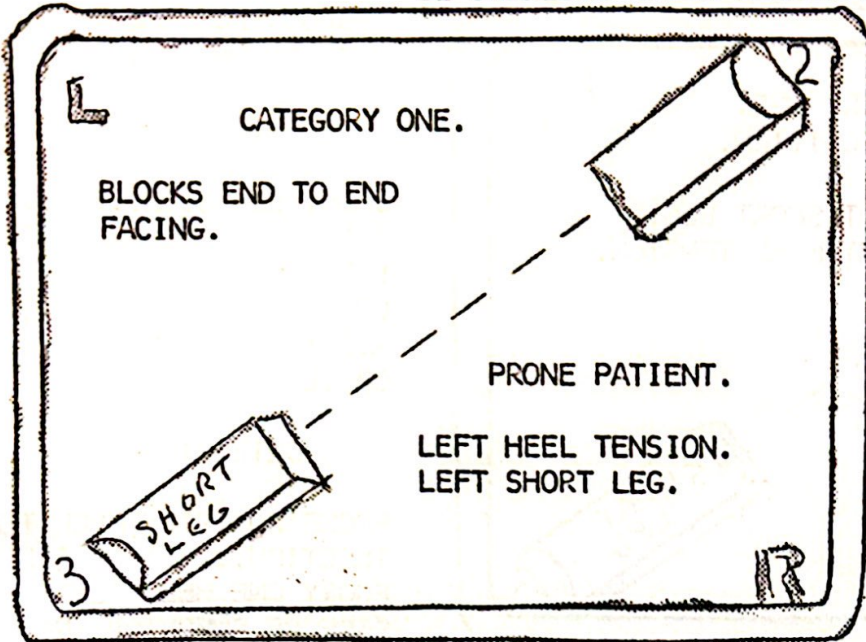
CATEGORY THREE.

PRONE POSITION. BLOCK PLACED UNDER ISCHIUM OF SHORT LEG..NO. 3. BLOCK PLACED UNDER A.S.I.S. LONG LEG SIDE..NO. 2. (ANTERIOR SUPERIOR ILIAC SPINE)

DETERMINATION.

PRONE POSITION..SUPERIOR INTERNAL MALLEOLUS ON MEASUREMENT IS SHORT LEG.

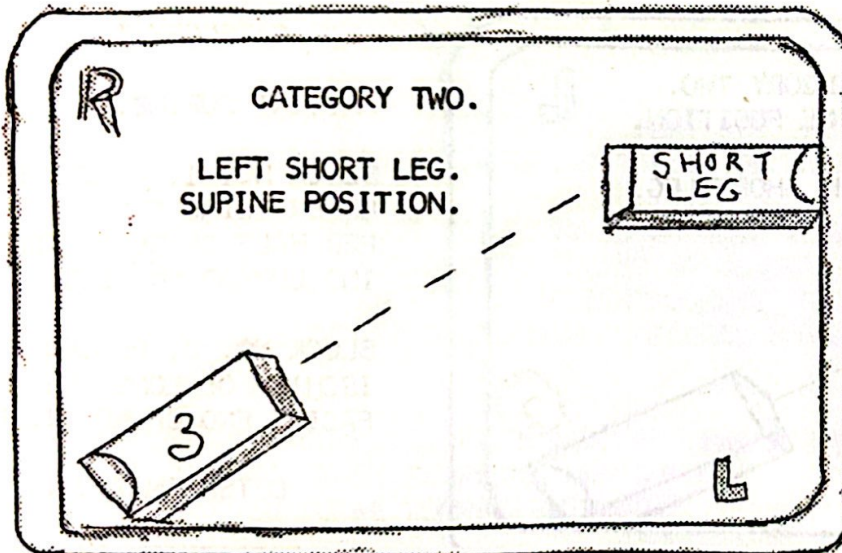
SACRO OCCIPITAL TECHNIQUE 1977  
**BASIS OF THE CATEGORY SYSTEM  
 DE JARNETTE BLOCK PLACEMENT**



**CATEGORY ONE PATIENT.**

STEFFENSMEIER BOARD SUPPORTS PELVIS...STERNAL ROLL SUPPORTS STERNUM UNLESS DORSAL SPINE IS KYPHOTIC.

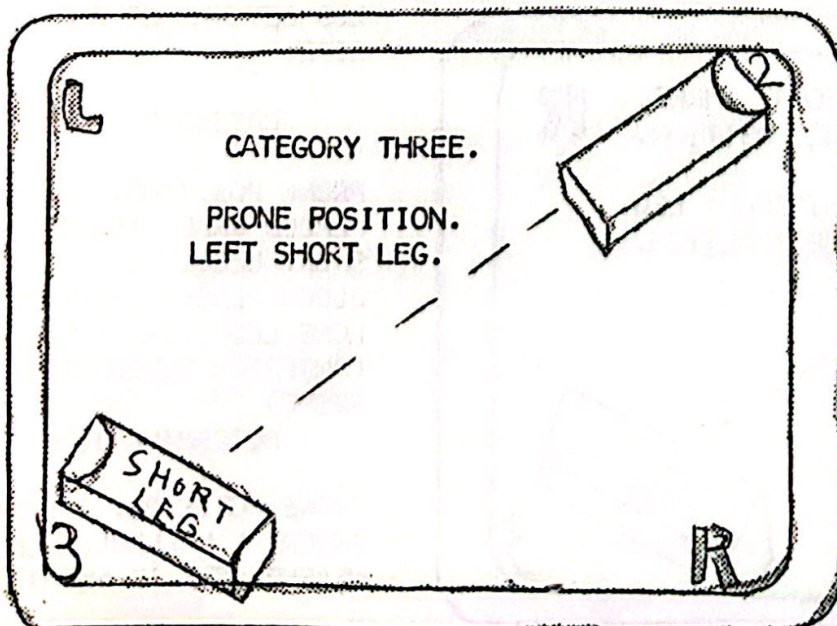
POSITION OF BLOCKS DETERMINED BY PRONE POSITION HEEL TESTING...TRACTION ON EACH OS CALCIS...HEEL WITH LEAST "GIVE" IS SIDE OF HEEL TENSION. 95% OF TIME, INTERNAL MALLEOLUS ON THAT HEEL TENSION SIDE IS SUPERIOR OF OPPOSITE INTERNAL MALLEOLUS.



**CATEGORY TWO.**

SUPINE PATIENT...LEG TRACTION AT ANKLES...INTERNAL MALLEOLI POSITION DETERMINES SHORT LEG SIDE...SUPERIOR INTERNAL MALLEOLUS IS SHORT LEG SIDE.

BLOCK ON SHORT LEG IS HORIZONTAL WITH LOWER HALF OF BLOCK UNDER CREST OF ILIUM, BALANCE OF BLOCK SUPPORTS BACK MUSCLES. BLOCK ON LONG LEG SIDE FACES HORIZONTAL BLOCK ON SHORT LEG SIDE.



**CATEGORY THREE.**

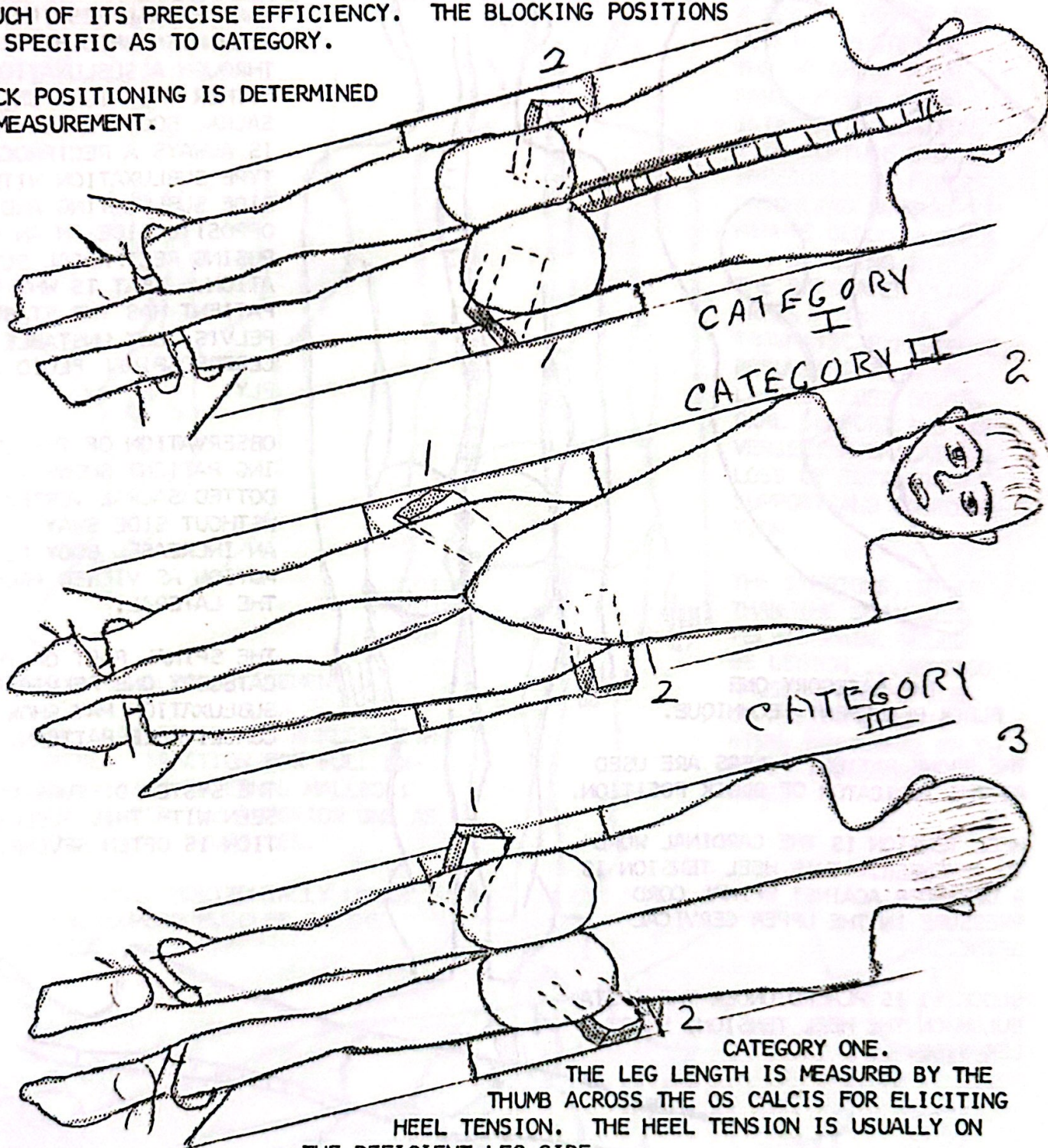
PRONE POSITION...LEG MEASUREMENT BY ANKLE TRACTION. SUPERIOR INTERNAL MALLEOLUS INDICATES SHORT LEG SIDE.

BLOCK #3 UNDER PELVIS AT ACETABULUM...BLOCK #2 UNDER ANTERIOR ILIAC SPINE...BLOCKS FACE EACH OTHER.

**BASIS OF THE CATEGORY SYSTEM  
CATEGORY BLOCKING POSITIONS**

IN ALL CATEGORY BLOCKING, THE TABLE BOARD MUST SUPPORT THE PATIENT'S PELVIS AND THE BLOCKS OR WEDGES. UNLESS THE TABLE BOARD IS USED, THE BLOCKING TECHNIQUE LOSES MUCH OF ITS PRECISE EFFICIENCY. THE BLOCKING POSITIONS MUST BE SPECIFIC AS TO CATEGORY.

ALL BLOCK POSITIONING IS DETERMINED BY LEG MEASUREMENT.



**CATEGORY ONE.**

THE LEG LENGTH IS MEASURED BY THE THUMB ACROSS THE OS CALCIS FOR ELICITING HEEL TENSION. THE HEEL TENSION IS USUALLY ON THE DEFICIENT LEG SIDE.

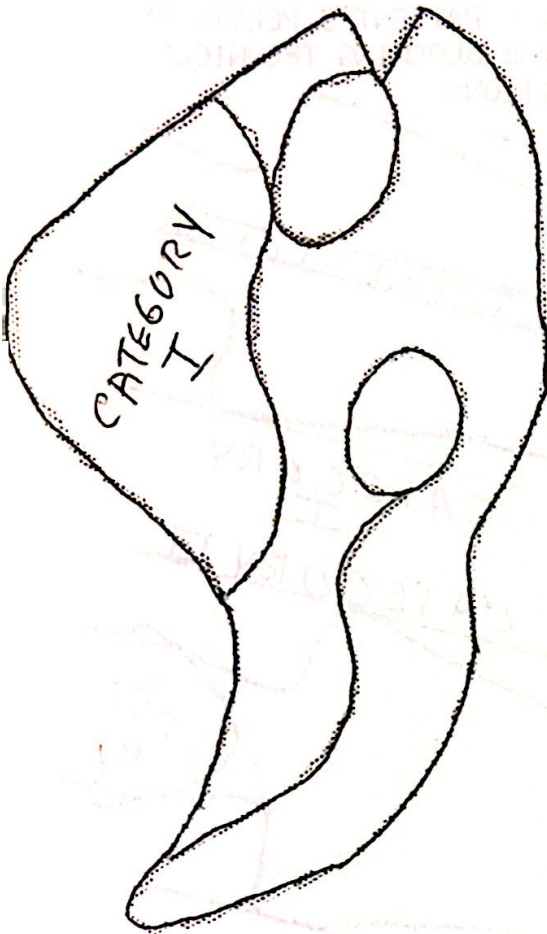
**CATEGORY TWO.**

THE LEG LENGTH DIFFERENCE IS DETERMINED WITH THE PATIENT SUPINE. THE ANKLES ARE ANCHORED BY THE DOCTOR'S HANDS, AND THE LEGS PLACED INTO SLOW EXTENSION, WITH THE INTERNAL MALLEOLI PLACED TOGETHER TO DETERMINE THE SUPERIOR SIDE, THE SHORT SIDE.

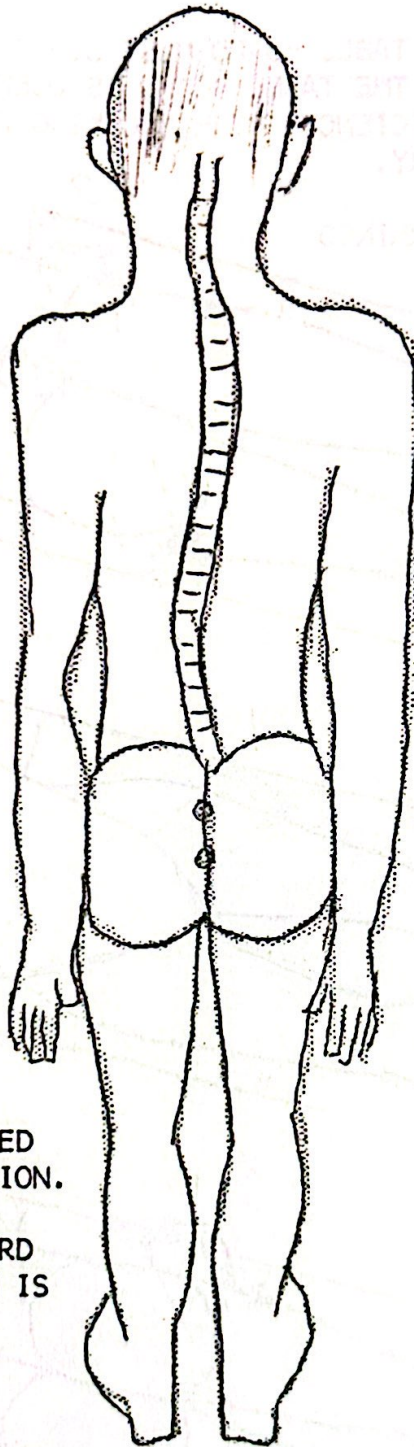
**CATEGORY THREE.**

THE POSITION IS PRONE...ANKLE CONTACT WITH DOCTOR'S HANDS TO FULL EXTENSION. MEASURED AT INTERNAL MALLEOLI.

BASIS OF THE CATEGORY SYSTEM  
BLOCK POSITION CATEGORY ONE



THE CATEGORY ONE  
BLOCK PLACEMENT TECHNIQUE.



CATEGORY ONE IS BASED UP-ON DISTURBANCE OF THE PRIMARY SACRAL RESPIRATORY MECHANISM BROUGHT ABOUT THROUGH A SUBLUXATION OF EITHER THE RIGHT OR LEFT SACRAL BOOT PLATE. THIS IS ALWAYS A RECIPROCAL TYPE SUBLUXATION WITH ONE SIDE SUBLUXATING AND THE OPPOSITE SIDE IN AN OPPOSING RECIPROCAL SUBLUXATION. THAT IS WHY THIS PATIENT HAS THE STABLE PELVIS, BUT UNSTABLE CEREBROSPINAL FLUID SUPPLY.

OBSERVATION OF THE STANDING PATIENT SHOWS THE DOTTED SACRAL VERTEX WITHOUT SIDE SWAY, BUT AN INCREASED BODY ROCKER MOTION AS VIEWED FROM THE LATERAL.

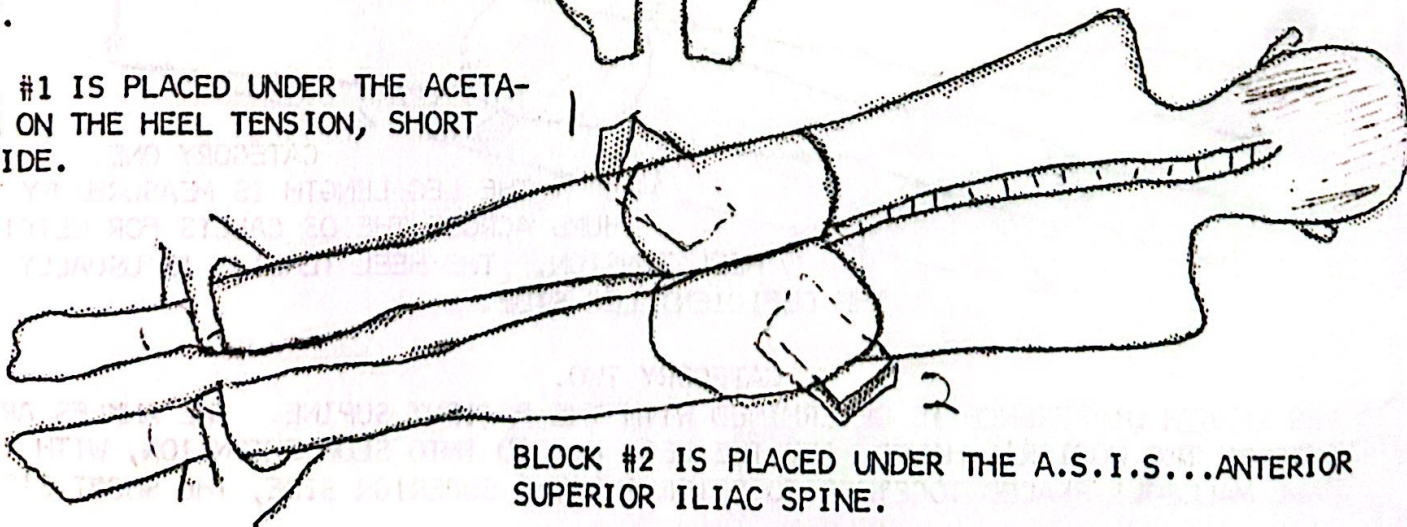
THE SPINAL PART OF THIS CATEGORY ONE PELVIC BOOT SUBLUXATION MAY SHOW ANY CONCEIVABLE PATTERN.

THE SYSTEM DISTURBANCE SEEN WITH THIS SUBLUXATION IS OFTEN SEVERE.

THE PRONE PATIENT'S LEGS ARE USED AS THE INDICATOR OF BLOCK POSITION.

HEEL TENSION IS THE CARDINAL WORD TO REMEMBER. THIS HEEL TENSION IS A DEFENDER AGAINST SPINAL CORD PRESSURE IN THE UPPER CERVICAL SPINE.

BLOCK #1 IS PLACED UNDER THE ACETABULUM ON THE HEEL TENSION, SHORT LEG SIDE.



BLOCK #2 IS PLACED UNDER THE A.S.I.S...ANTERIOR SUPERIOR ILIAC SPINE.

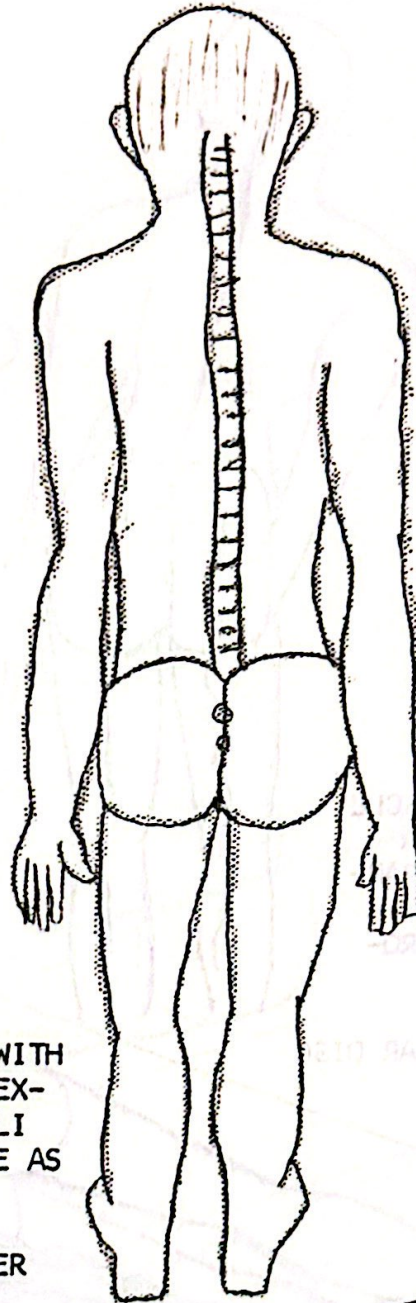
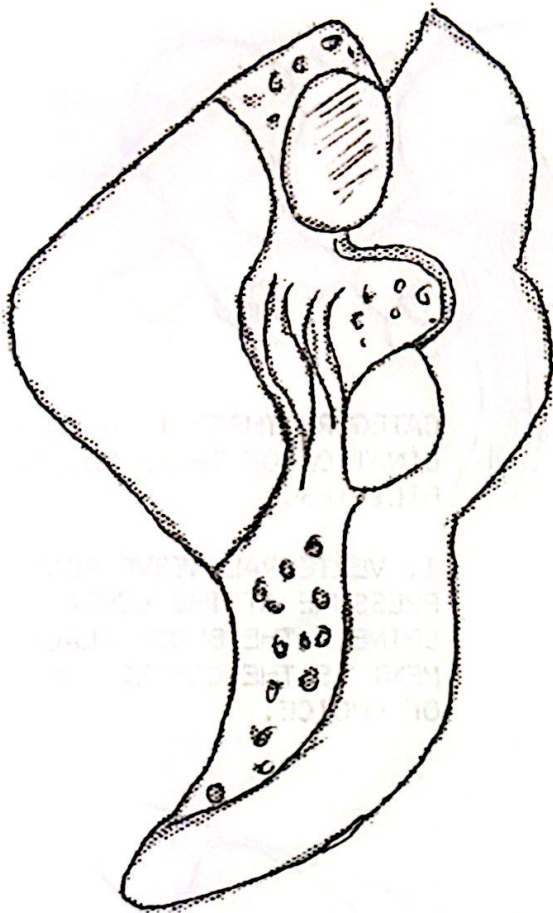


BASIS OF THE CATEGORY SYSTEM  
BLOCK PLACEMENT CATEGORY TWO

THE CATEGORY TWO.

A SEPARATION OF THE HYALINE PLATES OF THE WEIGHTBEARING PART OF THE SACRO-ILIAC ARTICULATION, WITH RUPTURE OF THE INTEROSSEOUS FIBERS, PRODUCING RUPTURE OF MINUTE BLOOD VESSELS AND BLEEDING INTO THE SEPARATED PLATE AREAS. THIS IS A TRAUMATIC EXPERIENCE, RESULTING IN A UNILATERAL LOSS OF SACRAL SUPPORT AND CONVERSELY A UNILATERAL LOSS OF TOTAL BODY SUPPORT AND COORDINATION.

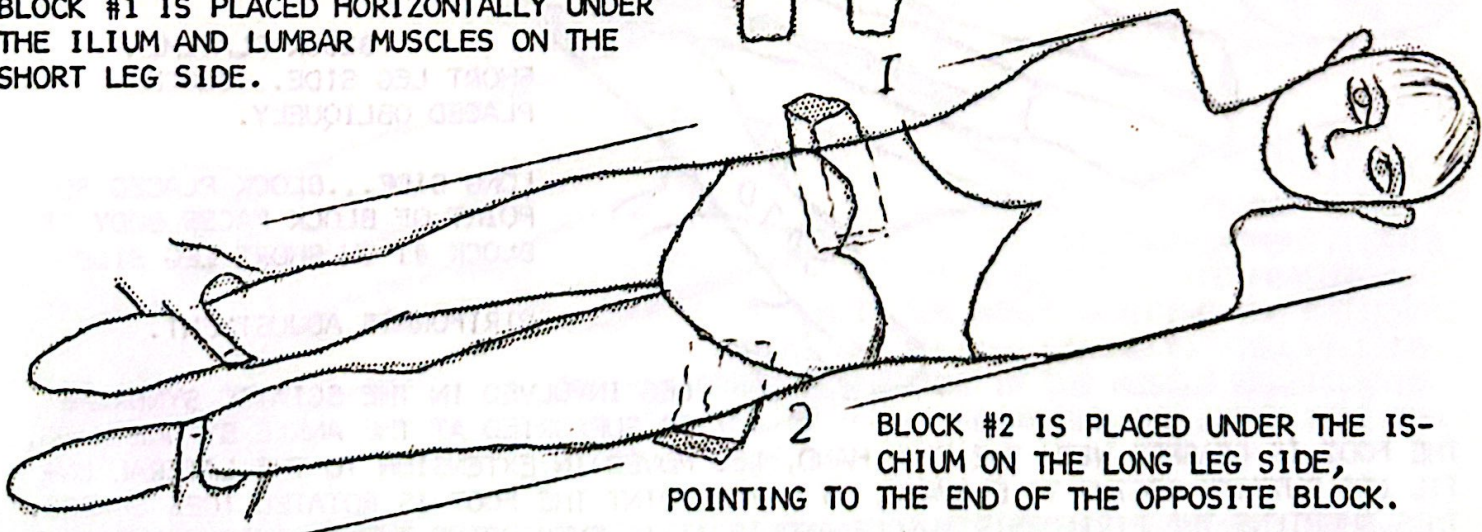
THE SYMPTOMS, OTHER THAN THE LOCALIZED PELVIC PAIN, WOULD BE LEGION....VERTIGO, NAUSEA, COUGH, LOSS OF POSTURAL EQUILIBRIUM, NOCTURNAL ENURESIS, SHOULDER PROBLEMS.



CATEGORY TWO BLOCK PLACEMENT.

THE LEGS ARE GRASPED AT THE ANKLES WITH PATIENT SUPINE. TRACTION FOR FULL EXTENSION, THEN BRING INTERNAL MALLEOLI TOGETHER AND SELECT THE SUPERIOR ONE AS AN INDICATOR OF THE SHORT LEG.

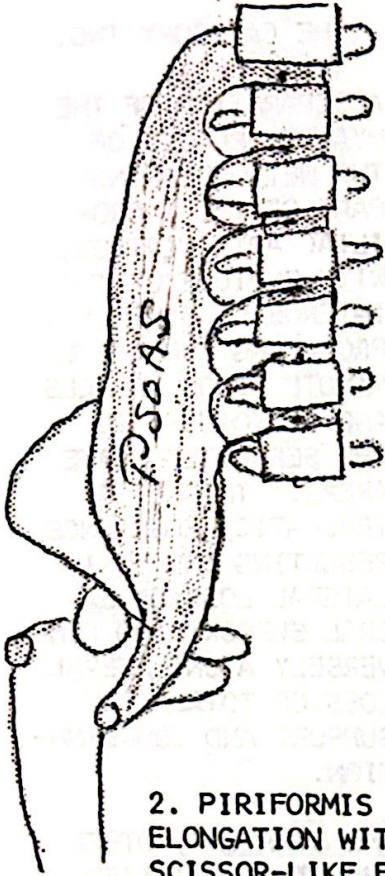
BLOCK #1 IS PLACED HORIZONTALLY UNDER THE ILIUM AND LUMBAR MUSCLES ON THE SHORT LEG SIDE.



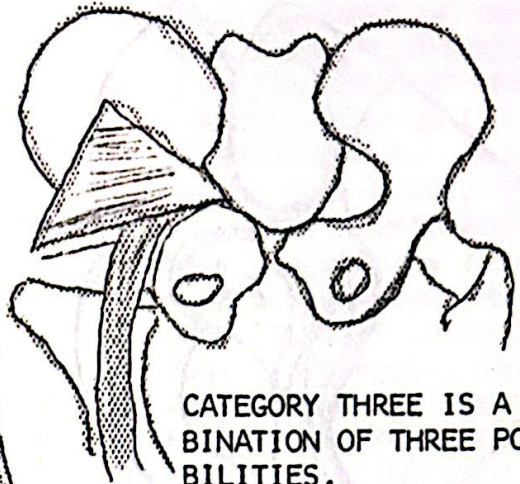
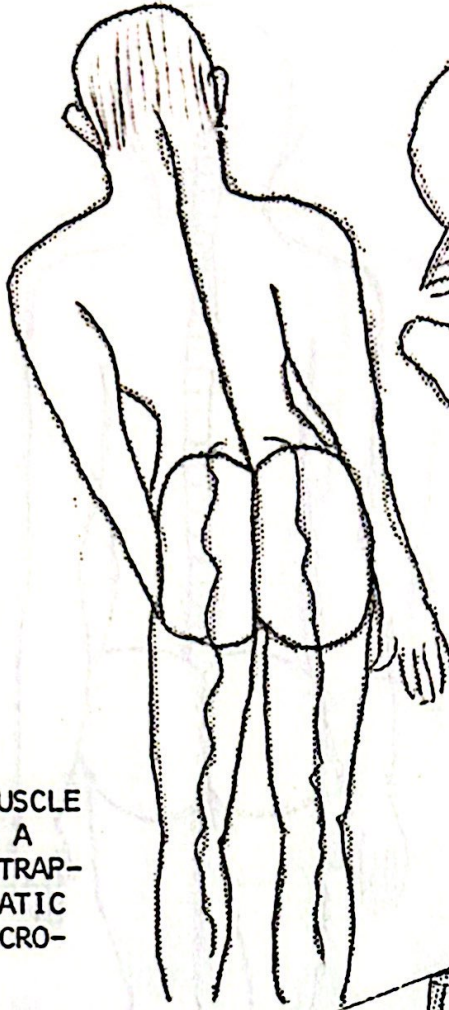
BLOCK #2 IS PLACED UNDER THE ISCHIUUM ON THE LONG LEG SIDE, POINTING TO THE END OF THE OPPOSITE BLOCK.

THIS BLOCK POSITION DOES NOT CORRECT THE LEG DEFICIENCY OR OVER-EFFICIENCY, BUT IT DOES ROTATE THE SUBLUXATED INNOMINATE BACK INTO NORMAL POSITION.

BASIS OF THE CATEGORY SYSTEM  
BLOCK PLACEMENT CATEGORY THREE



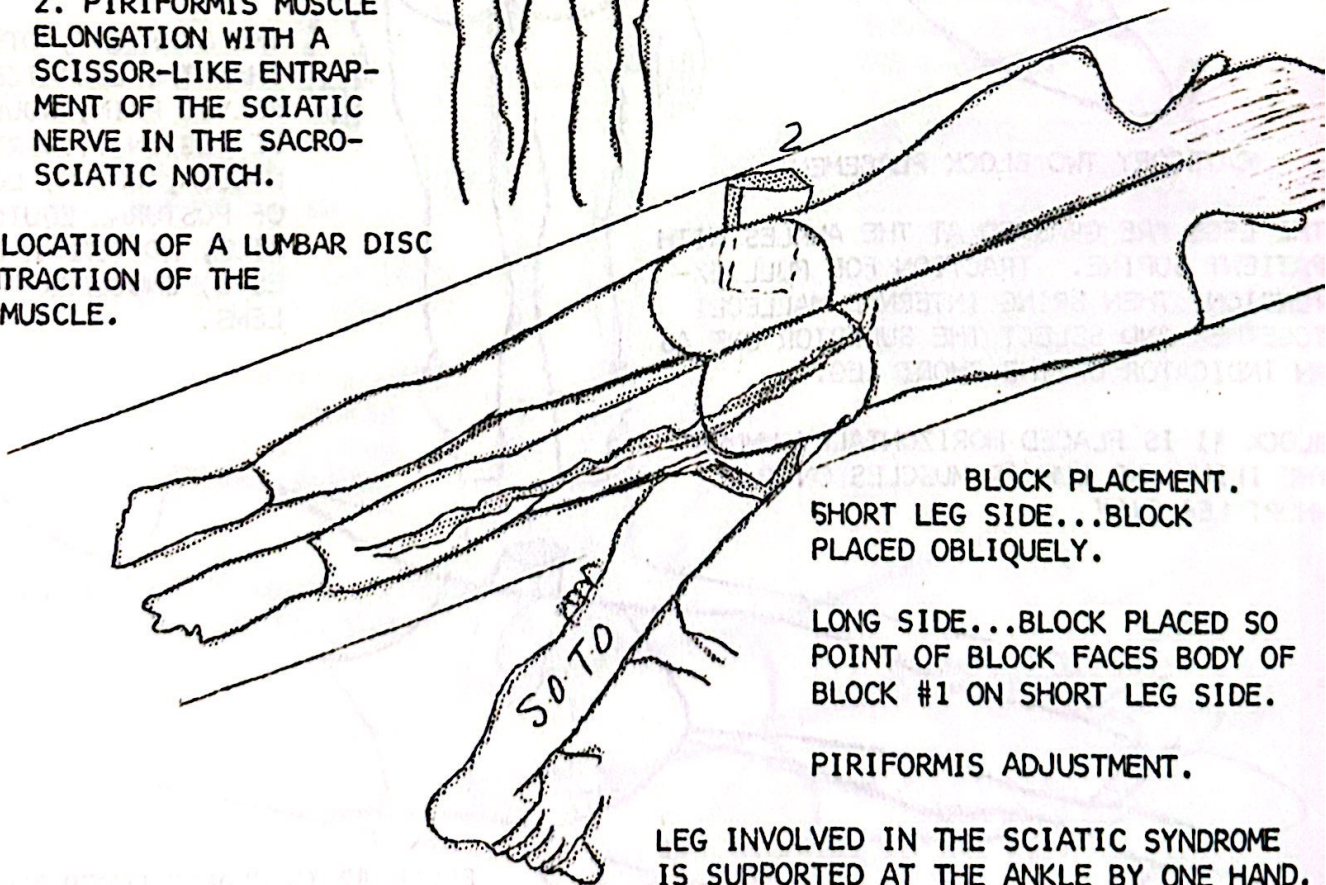
2. PIRIFORMIS MUSCLE ELONGATION WITH A SCISSOR-LIKE ENTRAPMENT OF THE SCIATIC NERVE IN THE SACRO-SCIATIC NOTCH.



CATEGORY THREE IS A COMBINATION OF THREE POSSIBILITIES.

1. VERTEBRAL NERVE ROOT PRESSURE AT THE LUMBAR SPINE. THE BLOCK PLACEMENT IS THE CORRECTION OF CHOICE.

3. DISLOCATION OF A LUMBAR DISC BY CONTRACTION OF THE PSOAS MUSCLE.



BLOCK PLACEMENT.  
SHORT LEG SIDE...BLOCK PLACED OBLIQUELY.

LONG SIDE...BLOCK PLACED SO POINT OF BLOCK FACES BODY OF BLOCK #1 ON SHORT LEG SIDE.

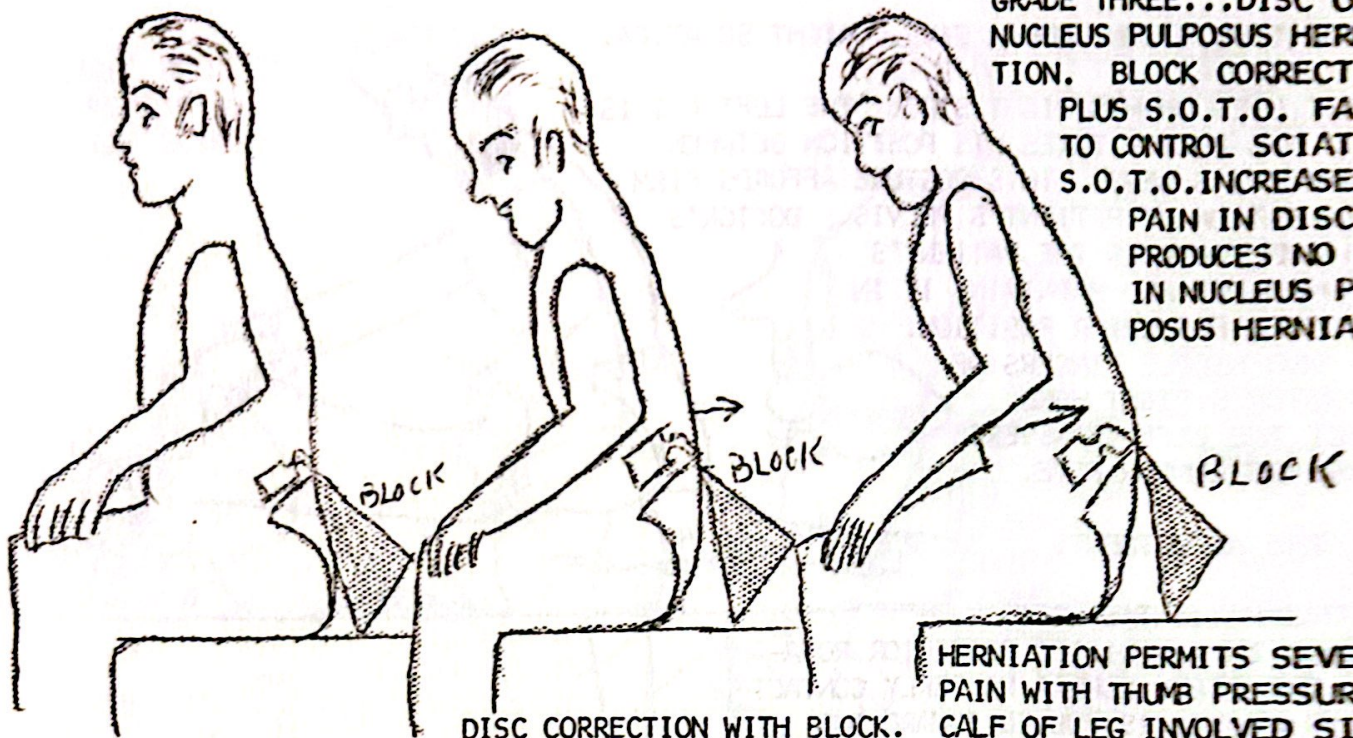
PIRIFORMIS ADJUSTMENT.

LEG INVOLVED IN THE SCIATIC SYNDROME IS SUPPORTED AT THE ANKLE BY ONE HAND. THE FOOT IS GRASPED WITH THE FREE HAND, LEG MOVED IN EXTENSION TO THE LATERAL UNTIL ITS BUTTOCK BEGINS TO ELEVATE, AT WHICH POINT THE FOOT IS ROTATED TOES UPWARD. THIS SHORTENS THE PIRIFORMIS MUSCLE AND IF IT IS ENTRAPPING THE SCIATIC NERVE, GIVES ALMOST INSTANT RELEASE AND RELIEF OF THE SCIATIC NERVE PAIN.

CATEGORY THREE CORRECTION

LUMBAR DISC TECHNIQUE

INDICATION...SEVERE GRADE THREE...DISC OR NUCLEUS PULPOSUS HERNIATION. BLOCK CORRECTION PLUS S.O.T.O. FAILS TO CONTROL SCIATICA. S.O.T.O. INCREASES PAIN IN DISC, PRODUCES NO PAIN IN NUCLEUS PULPOSUS HERNIATION.



DISC CORRECTION WITH BLOCK. HERNIATION PERMITS SEVERE PAIN WITH THUMB PRESSURE IN CALF OF LEG INVOLVED SIDE.

EASIEST...PATIENT SEATED ON FIRM TABLE WITH TABLE BOARD SUPPORTING BUTTOCK. PLACE DE JARNETTE BLOCK AGAINST TABLE BOARD WITH NARROW END LOCATED UNDER SPINOUS PROCESS OF LUMBAR FIVE. PATIENT PULLS CHIN AS FAR AS POSSIBLE INTO CHEST..LEANS SLIGHTLY FORWARD...ARMS SUPPORTING BODY ANCHORED AT KNEES. IN THIS POSITION, PATIENT FORCES LUMBAR SPINE INTO DEEP POSTERIOR KYPHOSIS...DOES NOT PUSH AGAINST BLOCK, BUT FORCES ABDOMEN TO FORCE LUMBAR SPINE INTO POSTERIOR CURVE...RELAX AND REPEAT UNTIL PATIENT FEELS PAIN LESSEN.

THUMB TECHNIQUE.

SAME PROCEDURE EXCEPT DOCTOR USES HIS THUMB...PREFER BLOCK AS IT'S EASIER.

