



Eight Annual NuCCA Convention

On May 6, 1974, the National Upper Cervical Chiropractic Association, Inc. (NUCCA) will begin its eight annual convention. This year's convention will be a three-day program, and will be held at the Howard Johnson Motel, 1440 North Dixie Highway, Monroe, Michigan 48161.

The educational program is under the supervision of Professor Daniel C. Seemann of the University of Toledo. Professor Seeman is Research Advisor to the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA). The educational program is designed to meet the requirements of those states that demand proof of attendance at an educational seminar as a prerequisite to license renewal for 1974. Approval or the NUCCA educational program has been granted by the Examining Boards of three states to date.

Doctors requiring proof of attendance at the 1974 NUCCA Convention must obtain a duplicate card from NUCCA in advance of the convention. This card must be punched with the special NUCCA punch at the beginning and end of each educational session. The original must be signed by the doctor and left with the properly designated official at the end of the convention.

Included in the educational program will be a basic course in upper cervical film analysis and adjusting techniques. New research findings relating to the detrimental effects of upper cervical subluxations on the spinal column will be demonstrated. Also discussed will be methods of determining the existence of a vertebral subluxation by means of measured responses in the patient's body. This is important in view of the new guidelines of today's chiropractic.

NUCCA'S educational programs are different from those of any other national or state chiropractic convention, because they are based upon NUCCRA research. Regardless of the methods of practice engaged in by chiropractors, NUCCA conventions fill a need. This need is to observe the demonstration of actual research findings re the effect of a subluxation

on the body organism, how to measure it, and what to do about it. Thus NUCCA presents its educational program for all chiropractors.

The NUCCA convention fee includes instruction in upper cervical film analysis, adjusting techniques, methods of establishing evidence of neurological detriment, effects of upper cervical subluxation on the nervous system and spinal column, and the research findings that verify the detrimental effects of the atlas subluxation by measurement procedures. Included also is a year's membership in NUCCA. Thus the benefits from each year's convention carry through to the following year as each member receives releases throughout the ensuing year regarding technical information.

For further information, write NUCCA, 221 West Second Street, Monroe Michigan 48161.

Analytical Instruments

Film analysing instruments are available to doctors using specific methods of upper cervical analysis. These are a grid-type instrument, designed in two colors, red and green, to facilitate analysis and to insure accuracy. The grid arrangement further aids in determining the axis body center relationship to the odontoid center in cases where abnormality exists, and in aligning the appropriate instruments more precisely to the atlas laterality, thereby making easier and more accurate all comparisons between various structures and establishing relationships between reference points.

These instruments have been utilized and tested by several competent film analysers. A complete set of instruments is being sold at the introductory price of \$45.00.

Sold separately, the cost of each instrument is as follows:

- Cephalometer (skull divider) ..\$20.00
- Relatoscope (for determining atlas, odontoid and spinous relationships) ..\$20.00
- Circumscale\$15.00 (condyle and axis superior articulating surfaces)

Profiles in Chiropractic



L. to R. Dr. L.H. McLellan, Dr. C.F. Aumann, Indiana, Dr. James Coder

Editor's Note: Among the membership of the National Upper Cervical Chiropractic Association are several chiropractors who have devoted time, money, and effort to advance chiropractic to its present status. Three of these doctors have passed the 80 year mark; all three are still actively engaged in chiropractic. Their ages total more than 240 years, and the total of the years they have served mankind and chiropractic exceeds 150 years. These three Doctors are Dr. Clarence F. Aumann, Indianapolis, Indiana; Dr. James Coder, Lancaster, Pennsylvania, and Dr. L. H. McLellan, Mesa, Arizona.

In this series, PROFILES IN CHIROPRACTIC, NUCCA presents a brief glimpse of the professional lives of these three Chiropractors in alphabetical order, something of their thinking, and their philosophy of practice and of life.

According to Dr. C.F. Aumann, old chiropractors never die, they just fade away. In that respect, old chiropractors are like old soldiers, he says. Perhaps General Douglas MacArthur's saw about old soldiers does apply to old chiropractors to the extent at least that they are soldiers; they have fought the fight, and

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Editorial

The response to the first two issues of the MONOGRAPH has been gratifying. The more wide-spread the interest becomes in the National Upper Cervical Chiropractic Association, Inc. (NUCCA) and the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA), the greater become the number of questions. We are pleased to attempt answers to these questions, and we will devote this space in this issue of the MONOGRAPH to that purpose.

Many of the questions asked reveal an interest in what NUCCA stands for, what the organization is really trying to do, what it is, who supports it, if it is promoting only atlas adjusting, why two organizations, what are their policies, what benefits accrue from membership, and who benefits from the organizations.

WHAT IS NUCCA?

NUCCA is a fraternal-type organization, founded in Michigan on April 16, 1966 as a non-profit organization. Membership is open to any graduate chiropractor of good moral character from a chartered college of chiropractic. Students are admitted to membership if enrolled in a chiropractic college at the time of application for membership.

NUCCA conducts annual educational conferences and conventions, publishes the MONOGRAPH, and technical releases. At its convention, it teaches specific upper cervical procedures and techniques of film analysis and adjusting, releases research data compiled by NUCCRA, gives explanations of the data and demonstrations. Further information regarding NUCCA can be obtained by writing the Editor for a copy of the NUCCA Handbook.

WHAT IS NUCCRA?

NUCCRA was incorporated on October 6, 1971, in conformity with Michigan Statute, Act 327, P.A. of 1931, as amended. It enjoys an exempt status under Section 501 (c) (3) of the Internal Revenue Code. It is listed as a scientific organization, having produced evidence of past

research accomplishments, and future intentions and objectives in research. It was necessary to incorporate NUCCRA, because NUCCA is not a research organization.

NUCCRA is supported by donations from doctors of chiropractic who are familiar with its research work, and from patients. These donations are deductible from the donor's federal income tax as provided in Section 170 of the code.

Therefore, NUCCRA is a research organization, formed solely for the purpose of conducting research. No one profits from NUCCRA or NUCCA. All donations to NUCCRA must be plowed back into the organization's objectives. Its Directive Board serves without pay. It has no membership. Members of the NUCCA Board also serve without pay.

Neither corporation is in competition with any national or state chiropractic organization, and neither is politically oriented. Both are dedicated to serving the individual chiropractor, helping him to more efficiently serve the public, and to assisting chiropractic colleges and chiropractic organizations.

POLICY

Both NUCCA and NUCCRA are pursuing a definite course of action. Underlying this course of action is the policy statement, adopted by NUCCA in 1966, which states in effect that chiropractic is predicated upon the restoration principle: the reduction to normal of the misalignment factors of the vertebral subluxation. This includes all methods and systems that reduce to or toward normal the misalignment factors of the vertebral subluxation, and which are based upon specific and acceptable principles of misalignment reduction, i.e., pre-determined and pre-directed processes of correction.

Neither organization is concerned with those differences of opinion existing within the profession over the merits of different techniques. In fact, neither organization is concerned with opinions at all, but they are concerned with data that can be observed, investigated, tested, and measured relative to any and all techniques, including upper cervical. The reason that both organizations are "upper cervical" rests on the fact that it is, at present, the area of the spinal column that shows the most promise, the highest potential, in chiropractic research.

Neither NUCCA or NUCCRA recognize that there is a valid basis for the existing dichotomy between

upper cervical and general spinal adjusting, because NUCCRA research clearly shows that controversy over this issue springs, as do many of chiropractic's controversies, from misunderstanding born of lack of knowledge.

It is not a policy of either NUCCA or NUCCRA to attempt to force its system of practice on the profession. The value of any chiropractic technique is a matter not yet adequately proved by research. Yet NUCCRA research has progressed far enough to establish sufficient verification of the fact that any subluxation of the occipital-atlanto-axial region of the spinal column produces more detriment to the central nervous system than subluxation of any subjacent area of the spinal column; and that spinal distortions from the true vertical axis of the body, including the pelvic girdle misalignments, cannot be corrected until and unless the Atlas Subluxation Complex is maximally reduced. This fact has been tested time and again.

Therefore, the practicing chiropractor is faced with a dilemma. Either he restores the subluxation of the occipital-atlanto-axial spine to normal or he constantly "adjusts" the spinal column against the contracted musculature resistance of the patient, a resistance he cannot overcome efficiently until he removes the cause: neurological imbalance produced by the atlas subluxation and cervical spine between the inhibitory and facilitatory mechanisms located within the brain stem, thereby restoring the inhibitory control to the musculature. Neurological imbalance is a cause of body distortion.

For over 25 years, hundreds of chiropractors have emphasized the extreme importance of correcting occipital-atlanto-axial subluxations. Among these chiropractors was no less a leader in the profession than the late B.J. Palmer, President of the Palmer College of Chiropractic and son of the Discoverer of chiropractic. Palmer developed an upper cervical system and wrote a book, titled THE SUBLUXATION SPECIFIC-THE ADJUSTMENT SPECIFIC, copyrighted 1934. He introduced this system into the Palmer College where it was taught exclusively; and it was used in his private clinic. Other upper cervical systems have been developed since Palmer's system, some of which have improved on the Palmer system.

All of these upper cervical systems seem, however, to lack sufficient

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fought it well, and while they lost many battles they won the victories that counted. Having lived through the early and turbulent years when the profession was struggling desperately for some kind of acceptance and recognition, these men suffered and sacrificed that chiropractic might exist. These were the type of men who wrote the name of chiropractic in the legislative halls throughout the nation. Soldiers they certainly were, and are, imbued with a spirit which sustains them, and which today is seldom seen.

Even today, within these soldiers of chiropractic, the same spirit lingers. Perhaps it has become habitual; perhaps it is innate; but, whichever the case, mankind and chiropractic are better off today because of that spirit, and because of these old soldiers. Possessing such a spirit, these "old" chiropractors will forever be young.

DR. CLARENCE F. AUMANN

Dr. C. F. Aumann was born in 1893, two years before the birth of chiropractic. Following graduation from high school, he was admitted to the College of Chemical Engineering at the University of Purdue. After completing two years at Purdue, his life was changed. Having health problems, he finally sought the aid of a chiropractor, and, like so many of the early students of chiropractic who entered the profession via the health route, he decided to become a chiropractor. Enthused by the benefits he received from spinal adjustments at the hands of the local chiropractor, he enrolled in the Palmer School of Chiropractic. He graduated in June of 1917.

Shortly after graduation, Dr. Aumann began the practice of chiropractic in Indianapolis, Indiana. Like the majority of the "oldtimers", Dr. Aumann was inspired by the spirit and chiropractic principles of the President of the Palmer School, Dr. B.J. Palmer, implemented by those early faculty members, Dr. Mabel Palmer, Dr. James Firth, Dr. Stephen Burick, Dr. Harry Vedder, and others. From these basic principles, Dr. Aumann never deviated in over 50 years of practice, proving that a successful practice can be maintained by the use only of chiropractic procedures and practices without resorting to adjuncts.

The introduction of the Neurocalometer (NCM) to the chiropractic profession in 1923 brought about many changes in procedure, changes

that lead from general spinal adjusting to more specific adjusting. Dr. Aumann was among the first to use the new nerve-heat-measuring device, and he followed very closely the changes in technique which resulted from its use. He recalls that prior to the advent of the NCM several patients had inquired how he knew when they needed an adjustment. "That", said Dr. Aumann, "proves that the patient is often smarter than the doctor."

Always seeking for more accurate and more specific methods, Dr. Aumann decided, about 1943, to investigate the work of Dr. John F. Grostic, Ann Arbor, Michigan. It was here that he met Dr. R.R. Gregory and learned of his contributions to the work that later became known as the Grostic Technique. When, by demand of several chiropractors, classes were started in the Grostic Technique in 1946, Dr. Aumann attended the first class. Later at Dr. Grostic's request, he became an instructor in the Grostic Technique.

Following Dr. Grostic's untimely death, Dr. Gregory was requested by many of the chiropractors to continue teaching specific upper cervical classes in Monroe, Michigan, which Dr. Gregory did. Dr. Aumann's services as an instructor were requested. In 1966 the National Upper Cervical Chiropractic Association, Inc. was formed in Dr. Gregory's office. Dr. Aumann was elected a member of the Board of Director's by the membership. He still serves in that capacity. In 1971, to meet the need to conduct research and to disseminate research material more abundantly and freely throughout the profession, the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA) was formed. Dr. Aumann became a charter member, and has served as a Director of NUCCRA since its inception.

Dr. Aumann's affiliation with chiropractic organizations goes back to the Universal Chiropractic Association (UCA), later the Chiropractic Health Bureau (CHB), which still later became the International Chiropractor's Association (ICA). He was the representative assemblyman from Indiana in both the CHB and the ICA, and a Member of the Board of Control of ICA for ten years. In 1969 he was made an Honorary Board Member of ICA. From 1956, Dr. Aumann has been a Fellow of the ICA. In 1961 he was named "Chiropractor of the Year" for the State of Indiana, and an Honorary Member of the Indiana State Chiropractic Association in 1971. For 16 years, Dr. Aumann served on the Indiana Board

of Medical Registration and Examination.

Dr. Aumann's philosophy of practice can be summed up in the well-known phrase of Dr. B.J. Palmer: "Get the big idea, all else follows." The big idea, in Dr. Aumann's professional life, was the search for better, more specific methods of practicing the basic chiropractic premise, the reduction of the vertebral subluxation in the quickest, most efficient manner possible; and to continuously seek more scientific applications of the basic principle, and to look closely for the backing proof behind any system of practice.

In November of 1973, Dr. Aumann underwent two emergency operations just one week apart. In commenting on this event, he stated: "If the two national organizations had spent equal time, money, and effort in investigating and scientifically testing chiropractic and developing exact techniques, rather than trying to establish a legal status with diametrically opposing views regarding chiropractic practices, maybe just maybe, I would have avoided these surgical experiences. May the day come when chiropractic will be scientifically established as a true science. It is for this reason that I have supported the NUCCA - NUCCRA organizations in every way."

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How to Adjust the Atlas Subluxation Complex

Before discussing the 8 phases and 58 steps of the Atlas Subluxation Complex (ASC) adjustment, some explanation should be made relative to the structuring of the ASC adjustment. Many doctors who read this material have had little or no training in specific upper cervical techniques. Some comment, therefore, on logical structuring will assist them in understanding the purposes for the phases and steps.

The ASC adjustment is, of course, based on certain operations involving human motion, as is any type of adjusting. These motions are efficient insofar as they achieve certain objectives: reduction of vertebral misalignments, control of rotary forces, control of depth and force, and the like. To test the efficiency of the procedures presented in this series of articles, light motion studies were made of several adjustors, evaluation x-rays were taken following adjustments, and devices were made that demonstrated certain concepts of adjusting.

IMPORTANCE OF MISALIGNMENT FACTORS.

An adjustment may be defined as the restoration of the misalignments of a vertebra, or vertebrae, when those misalignments are interfering with the normal functioning of the nervous system in whole or in part.

Confusion seems to exist regarding the importance of reducing to normal position the misalignments of the atlas subluxation. More emphasis is placed on removing the neurological interference; less on reducing vertebral misalignments. Quite frequently it is authoritatively stated that the adjustment's purpose is to restore "neurological integrity, or remove interference"; and the assumption seems to be that, regardless of the amount of reduction of the misalignment factors by the act of the adjustment, the essential objective is to remove neurological interferences.

No one denies the importance of removing the neurological interference of the subluxation, but the evidence clearly indicates that neurological interference reduction must result from misalignment reduction. The role of the misalignment factors, however, are much more complex than they have been assumed to be.

As a matter of fact, the evidence can be tested and demonstrated, and it does not support the assumptions. One may increase the misalignment factors, and within a very few hours

at most the intensity of the neurological element is increased. Decrease the misalignment factors slightly, and it does not follow that the intensity of the nerve interference, given a few hours, is decreased. Decrease the misalignment factors out of proportion to each other, and, given time, a different type of subluxation will manifest itself, exhibiting itself in the patient's body in an entirely different manner. Decrease the misalignment factors proportionately, by 80% or better; and, if the subluxation stabilizes itself (holds), symptoms abate, the patient may go along for months, or years, without requiring another adjustment.

Patients in whom the subluxation has been stabilized over a period of months, or years, have been re-x-rayed at the time when the subluxation re-established itself. The misalignment factors were compared with the original set of x-rays. It was found that these patients exhibited 50% less misalignment than in the original films; sometimes it was more than 50%. The interesting fact that was apparent in these cases was that they manifested as great, or greater, neurological interference than they had originally. Obviously, there is a time factor involved. During the period in which the subluxation is stabilized, changes take place in the neurological component. Whatever the nature of this neurological change, it required far less misalignment to produce as much, or more, neurological interference intensity than originally was caused by much greater misalignment. It may be postulated that the change taking place in the neurological component during the stabilization period is one of increase in the size of the nerve fibers involved in the subluxation.

The fact that, given time, the nerve interference "builds" to its original intensity, even though the misalignment factors do not increase to their original degree, indicates the necessity for reducing the misalignment factors to as normal a position as possible in as short a time as possible. This approach indicates also the need for more logical structuring of the adjustment so that more efficient reductions can be more rapidly obtained. Further, it indicates that the misalignment factors are in such a relation to the neurological component that they are of supreme importance.

MECHANICAL ENERGY

The adjustor is a physical system transmitting mechanical energy in the act of the adjustment. He is using impact and compression when he attempts to restore the misalignment factors of the subluxation to or toward their normal positions. Therefore, the adjustment is a mechanical process, and subject of the relevant and applicable laws of mechanics.

Because it is a mechanical process, the art of correctly restoring misaligned vertebrae cannot be accomplished in violation of these mechanical principles, at least in the cervical spine. Such violations cause more detriment than previously existed. The reduction and/or correction of the Atlas Subluxation Complex requires a predetermined and pre-directed force vector, traveling along a mathematically calculated resultant, and which incorporates both the misalignment factors of the subluxation and the physical build of the adjustor. Only then can it be considered as a logically structured adjustment for any given subluxation.

VERTEBRAL EXCURSIONS

The logically structured ASC adjustment must also be based upon a mechanical understanding of the atlas subluxation; it is likewise subject to mechanical principles in its abnormal excursions. These excursions are characterized by rotary motion; they rotate around an axis of motion. The rotary motion may be either eccentric or concentric, and occurs into the three planes of motion: sagittal, lateral or frontal, and transverse.

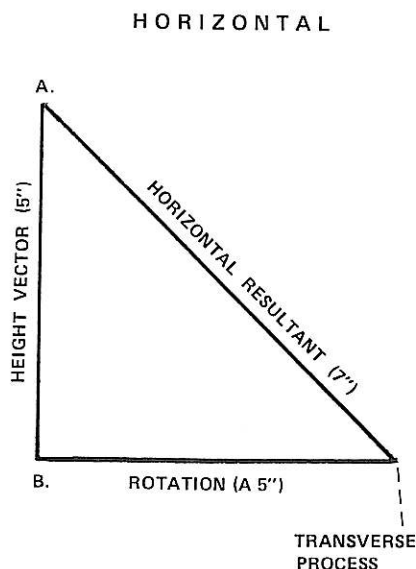
Frequently the statement is made that there is no known normal, or the question is asked: what is normal position for the atlas, and how is it determined? Normal position may be defined as that position where no measurable excursion from the vertical axis can be determined sufficient to create a measurable response in the body (See Vertical Axis and Atlas Subluxation Syndrome, MONOGRAPH, Vol. 1, No. 2.).

The analysis of the patient's films constitutes a breakdown of the excursions of the ASC into all its planes of abnormal motion and to the exact degree, or fraction thereof, to which abnormal motion occurs into each plane. The unit of measurement is one of degrees because the abnormal motions are rotary. X-ray films depicting all three planes of motion are, of course, required.

The patient's listing is obtained by a process of measured analysis of the patient's x-ray films. The listing, when completed, is a synthesis of all the degrees of abnormal motion in every plane of motion, inclusive of the malposition of skull, subjacent vertebrae, relationships between atlas and axis, odontoid and spinous of axis to atlas, plane on which the atlas sets, sizes of condyles to superior articulating surfaces of axis, and divergence of the entire cervical spine from the vertical axis. A height vector and a rotation vector are determined from the listing. These are at right angles to each other. Therefore, both vectors can be represented by a right triangle, the hypotenuse of which is the resultant of the two vectors.

HORIZONTAL RESULTANT

For example, let us suppose that we arrive in the analysis at a height vector of 5 inches; and a rotation vector of 5 inches; and that the atlas has misaligned into the left lateral plane of motion. Further, we will suppose that the rotation is anterior on the left. This would require that the adjustor stand 5 inches in front of the patient's transverse to correct the rotation vector, and that he stand 5 inches superior to the transverse to account for the height vector. Obviously, the adjustor needs one directional force that will replace the other two directions: the high 5 inches and the anterior 5 inches. He simply draws the hypotenuse of approximately 7 inches, and this becomes his direction of corrective force.



Therefore, in an anterior rotation of 5 inches, with the patient on his right side because the atlas has misaligned into the left lateral plane, the adjustor would simply measure straight out 5 inches from the patient's transverse process (to Point B), measure up 5 inches (to Point A). Point A is the point from which the adjustor must deliver his adjustment and along the hypotenuse, or horizontal resultant, to the transverse process of the patient, adjusting from a distance of a little better than 7 inches. This is the requirement, of course, for a High 5, Anterior 5 only.

To find the hypotenuse of a right triangle, it is necessary to apply the formula: "the square of the hypotenuse is equal to the sum of the squares of the other two sides". In the case we are discussing, the two sides each are 5 inches. Square each side, add them together, and sum is 50. The square root of 50 is 7.071. Thus 7 inches is the distance of the adjustor from the patient's transverse for a H5A5.

COMMENT

Without going deeper into film analysis, it should be clear from the explanation so far that (1) in both its production and reduction (adjustment) the vertebral subluxation is a mechanical process; (2) that both the subluxation and the adjustment are subject to the relevant principles of mechanics; (3) that the adjustment must be predicated upon the measurable and mechanical derangements of the subluxation in all its planes of motion; (4) that the relevant mechanical principles cannot be violated without detriment to the patient, and (5) that rotary motions in the subluxation must be converted to straight-line, or linear, motion in the listing process, and that the adjustive force must be applied along a mathematically predetermined and pre-directed line, or resultant, that represents all the elements of the subluxation.

It should be noted that the ASC is not confined to the atlas vertebra (See Atlas Subluxation Complex, (definition), MONOGRAPH Vol. 1, No. 2). An atlas vertebra cannot subluxate unless subjacent vertebrae are misaligned, especially the axis, and frequently the occiput is involved. Most generally the cervical spine as a unit will deviate from the vertical axis into one of the two frontal planes. This deviation also affects the neurological component, producing traction on the susceptible nerve fibers and tracts. Adjustment of any cervical vertebrae below the

axis by direct contact will fail to restore the cervical spine as a unit to the vertical axis. One single adjustive force that incorporates the restoration of all misalignments of the cervical spine is required. Otherwise a static subluxation exists, capable of activating itself at any moment of stress.

NOTCH-TRANSVERSE RESULTANT

We have seen that the hypotenuse of a right triangle becomes the resultant of the vectors of height and rotation. It is only along this resultant that the adjustor can direct his adjustive force to successfully restore the misalignment factors of the several vertebrae involved in an ASC. This resultant, however, is horizontal, and adjustments are directed along a resultant somewhere between the horizontal and the vertical planes, consistent with the requirements of the subluxation, and from some point on a 360 degree circle.

Furthermore, adjustors vary from 16 to 24 inches between their episternal notches and pisaform bones when in the adjusting position. This difference will make some change in establishing a final resultant; therefore, the adjustor should be included in the calculations which establish a final line of drive. This difference is called the Notch-Pisaform (N-P) distance.

Additionally, it is essential to establish the adjustor's episternal notch in space for any given subluxation, and the angulation of the final resultant from his episternal notch to the patient's transverse process. This final resultant, incorporating both the patient's listing and the adjustor's Notch-Pisaform distance, is called the Notch-Transverse (N-T) resultant.

To find the Notch-Transverse resultant, the adjustor first figures the Horizontal Resultant, as explained above. The Horizontal Resultant is the base of a vertical triangle, the altitude side of which is found by squaring the Notch-Pisaform distance of the adjustor.

Let us assume an adjustor with a N-P distance of 20 inches. Using the Horizontal Resultant of 7 inches for the H5A5 described above, the adjustor would square 20, obtaining 400; square 7 to obtain 49. He would then subtract 49 from 400, the remainder being 351. The square root of 351 is approximately 18 and 3/4. Thus, he has an altitude side of 18 3/4 inches. Another 18 inches is added to the altitude side, because the patient's transverse process, when

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verification. That is to say, there has been insufficient backing proof. When the NUCCA - NUCCRA organizations came into existence, they drew a line between what constituted a technique and what constituted research of a technique. That is, they proceeded to evaluate on the basis of observation, investigation, testing and measurement of the physical factors. This included the physical responses in the patient to the effects of the subluxation, and to the degree of change in the physical factors from a reduction in the subluxation's misalignments.

RESEARCH METHODS

To accomplish this type of research, it was essential to employ an analysis into units procedure, breaking down the several misalignment factors into their separate effects on the neurological component, distinguishing the predominant misalignment factors in any given subluxation, and relating them reciprocally to the physical responses in the patient. Instruments and devices to accomplish this research had to be designed and manufactured, and the process is still going on.

From dependable data secured so far, a new concept of nerve "interference" has evolved (traction) from the effects of the misalignment factors, a new understanding of the production of the upper cervical subluxation, of methods for its reduction, new evidence of vertebral motion are emerging, and an understanding of normal position. A basis is being laid for classification of various subluxations.

There is, of course, much work to be done; research has a way of never ending. But of some things, NUCCRA can be certain, and the most certain of all is that research of the upper cervical spine, and the measured responses of the subluxation and its reduction, must be predicated upon precise measurement. The first prerequisite of sound research in the occipital-atlanto-axial area of the spinal column is that the researcher must have the ability to maximally reduce the misalignment factors of the subluxation.

Another prerequisite is that upper cervical adjusting must be predicated upon relevant mechanical principles. A technique that fails to incorporate sound and relevant mechanical principles fails to reduce the misalignment factors, and may increase them, causing greater detriment to the neurological component.

NUCCA RESOLUTION

It is for this reason that the NUCCA Directive Board adopted on September 21, 1973, a resolution which deals with the use of questionable chiropractic techniques which violate relevant mechanical principles. The resolution is in the interests of the public and the profession. The resolution was forwarded last October to all chiropractic colleges, and the three national chiropractic organizations in the United States and Canada. As of this writing, four colleges have replied. The resolution includes a request for the cooperation of the colleges and associations "to adopt the resolution for the general good, protection of, and welfare of the public and the chiropractic profession".

NUCCA sincerely hopes that the colleges and national associations will give attention to the content of the resolution. NUCCA firmly believes on the basis of the accumulated evidence that a remedy is urgently needed, and remedies initiated from within the profession are preferable to those from without. The protection of the public and profession should merit the deepest interest of colleges and associations alike.

It certainly requires no great outlay of money or effort to ascertain whether any adjustive technique consistently corrects the distortions associated with upper cervical subluxations. It is a simple matter of taking x-rays of the occipital-atlanto-axial area, and, immediately following the adjustment, to take evaluation x-rays, accurately measure both sets of x-rays, and compare listings.

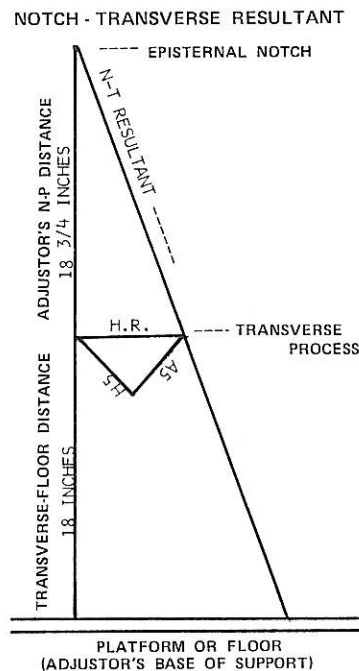
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he is on the adjusting table, is about 18 inches from the floor, or the adjustor's base of support. A line drawn from the distal end of the altitude side of the vertical triangle through the patient's transverse process to the floor will establish the final resultant, or Notch-Transverse resultant, for an adjustor with a 20 inch N-P distance for a H5A5 listing. This establishes the direction of the adjustive forces, the location of the adjustor's episternal notch in space, and the line with which the adjustor must coincide with his parallel forces. It is the purpose of the phases and steps to bring the adjustor into exact position so that he coincides exactly with the N-T resultant.

The distance from the adjustor's episternal notch to his base of support is, in this case, 36 and 3/4 inches. In settling back to this point,

the adjustor must angle his body so that his pelvis (pelvic lever) and shoulders (shoulder lever) are at right angles to the Notch-Transverse resultant, thereby establishing the proper angulation. That is to say, that a line drawn from the adjustor's episternal notch to the patient's transverse process, at that moment when the adjustor is ready to deliver the adjustive force, would be collinear with the hypotenuse of the vertical triangle.

The Notch-Transverse resultant is, therefore, the one linear direction of force which restores the misalignments of the ASC with a minimum of effort and of force.



PARALLEL FORCES

In discussing the N-T resultant, parallel forces were mentioned. There are two parallel forces emanating from the adjustor's body when he delivers his adjustment. The first parallel force emits from the adjustor's pelvis (center of gravity) along a line that is collinear with his Notch-Transverse resultant. The second parallel force emits, at the time of the adjustment, from the adjustor's episternal notch; it, too, is collinear with the N-T resultant, and, of course, with the first parallel force. This parallelism assures accuracy, a minimal of force, more efficient reductions, and eliminates the use of depth in the adjustment.

DIRECTION AND FORCE

Direction is an important factor in

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The Eight Annual NUCCA Convention



HOWARD JOHNSON'S MOTOR LODGE
1440 North Dixie Highway
Monroe, Michigan 48161

Theme: PERSEVERANCE

Convention Chairman: Dr. Albert Berti
Co-Chairman: Dr. Steve Boike

MONDAY, MAY 6, 1974	TUESDAY, MAY 7, 1974	WEDNESDAY, MAY 8, 1974
8:00 - 8:45 REGISTRATION	8:30 - 10:00 ADJUSTING TECHNIQUE (Video-Tapes) Dr. R.R. Gregory	8:30 - 10:00 PRACTICAL WORK IN ADJUSTING TECHNIQUE Instructors: NUCCA-NUCCRA BOARD
8:45 - 9:00 INVOCATION REV. H.B. FEHNER PASTOR EMERITUS TRINITY LUTHERAN CHURCH MONROE	10:30 - 12:00 ALIGNMENT OF X-RAY EQUIPMENT PATIENT PROTECTION VERTEX AND NASIUM FILMS PATIENT PLACEMENT ALIGNMENT KITS Dr. Marshall Dickholtz	10:00 - 11:00 MOTIVATION Dr. Steve Boike
9:00 - 9:30 WELCOME ADDRESS Dr. Ralph R. Gregory, NUCCA Pres.	12:00 - 1:30 LUNCH	11:00 - 12:00 PROBLEMS IN ADJUSTING TECHNIQUE Dr. Lloyd Pond
9:30 - 10:30 OPENING ADDRESS TO CONVENTION Dr. George Coder NUCCA Director	1:30 - 3:30 PATIENT MANAGEMENT Dr. Albert Berti	12:00 - 1:30 LUNCH
10:30 - 12:00 FILM ANALYSIS Dr. R.R. Gregory	3:30 - 5:00 PELVIC IMBALANCE STUDIES LEG CHECKING Professor Daniel Seemann Dr. Ralph R. Gregory PRACTICAL WORK IN ADJUSTING TECHNIQUE Instructors: NUCCA-NUCCRA Board	1:30 - 2:00 TABLE PLACEMENT PROBLEMS Dr. Ralph Nader
12:00 - 1:30 LUNCH	7:00 - 9:00 NUCCA ANNUAL BUSINESS MEETING	2:00 - 2:30 VERIFYING THE SUPINE LEG CHECK Dr. C.F. Aumann
1:30 - 3:00 FILM ANALYSIS (Con't.)	9:00 - 10:30 NUCCA-NUCCRA BOARD MEETING	2:30 - 5:00 PRACTICAL WORK IN ADJUSTING TECHNIQUE Instructors: NUCCA-NUCCRA Board
3:00 - 5:30 PELVIC IMBALANCE STUDIES LEG CHECKING DATA PRACTICAL WORK IN FILM ANALYSIS VERIFIABLE ELEMENTS Professor Daniel C. Seemann Dr. Ralph R. Gregory	7:30 NUCCA BANQUET TOASTMASTER: Professor Daniel C. Seemann	

NOTE: This program is under the supervision of Professor Daniel C. Seemann, University of Toledo.

"How to Adjust the Atlas Subluxation Complex" continued from Page 6

mechanical problems. The N-T resultant may be thought of as a sort of direction-finder. Through this resultant must pass any force required to restore to or toward normal position the misalignment factors of the ASC. Any force outside this line, or resultant, is detrimental to the objective of maximal correction; if too far outside the resultant, it is detrimental to the patient. Accurate direction assures correction, lessens force to a minimal, obviates the possibility of traumatism.

Force is a necessary and inherent element in the adjustment. It has the

characteristic of direction: it is always going somewhere. Therefore, force must be controlled as to its pathway and magnitude; predetermined as to its direction. Unless force is carefully and accurately controlled in the adjustment, unless it is specific for the correction needs of each subluxation, the patient can be further subluxated.

Tests conducted on many occasions have conclusively shown that misdirection, excessive force, and too much depth prevent reduction of the cervical misalignments, and sometimes increase them. There is a sound kinesiological principle that applies to adjusting: "Efficient motion is the elimination of all unneces-

sary force." The purpose of the phases and steps of the adjustment is to bring the adjustor into a position that coincides with the exact resultant for any given subluxation so that a minimal of force and depth are required to correct the misalignment factors of the subluxation.

Too little attention has been given by adjustors and manipulators from every healing art to the accuracy and precision required to re-set cervical vertebrae, and to the possibility of damage to the patient from the application of external forces that violate mechanical principles. This is the reason for structuring an adjustment.

(to be continued)