



Editorial

Of what value to the patient is an adjustment that does not maximally reduce the misalignments of an upper cervical subluxation? The question is a valid one, because most upper cervical methods of adjusting do not maximally and proportionately correct the misalignments of an upper cervical subluxation. Even though such techniques are being taught in chiropractic colleges, and at chiropractic seminars, they must be labelled as non-corrective for the simple reason that they do not maximally reduce, and may even increase, the misalignment factors of the upper cervical subluxation, including frequently those of the subjacent cervical vertebrae. Designating such methods as "non-corrective" distinguishes them from methods that are designed to, and do, maximally and proportionately reduce the misalignments of upper cervical vertebrae.

Non-corrective cervical adjusting techniques have in common the element of little or no control by the adjuster of his adjustic forces. Force, an inherent component of the adjustment whether corrective or non-corrective, has the characteristic of direction. That is to say, force is always going somewhere, and where it goes in the adjustment determines the degree of the reduction of the subluxation's misalignment factors. If uncontrolled and misdirected, force can increase the misalignments of the upper cervical subluxation, thus increasing the subluxation. Force is a vector quantity because it has direction and magnitude. Therefore, force must be controlled in any adjustment and its direction accurately calculated prior to the adjustment. Its direction must be predicated upon the misalignments of the upper cervical subluxation. Each upper cervical subluxation, therefore, re-

quires its own mathematically predetermined directional path of force if an efficiently successful maximal reduction is to be obtained.

It should be obvious, then, that the corrective force vectors must be predetermined from the misalignment factors of any given upper cervical subluxation. This, of course, is the purpose of precise measurement of the misalignment factors in the analysis of the patient's x-ray films. Presumably, this reasoning would hold true in reducing the displacements of any articulation of the body, whether subluxation or dislocation. One skilled in reducing displacements of arm, leg, or hip joints would hardly introduce forces that were directed other than along what may be termed the reduction pathway. What makes correction of the occipital-atlanto-axial articulation different? Certainly it is a more complex mechanism, requiring more skill; one that misaligns into several planes of motion when in a state of subluxation, and necessitates measured analysis of its degrees of excursion into each plane and the reciprocal relationships.

Therefore, adjustments of the upper cervical spine not predicated upon exact measurement and analysis must fail to maximally reduce the total cervical subluxation. Without this knowledge of the upper cervical subluxation, inaccurate and uncontrolled force vectors result, are applied to the subluxation, and preclude the possibility of restoring the misalignments along their true reduction pathway. Thus, a lack of complete film analysis or errors in film analysis must be considered a cause of much of the non-corrective adjusting or even of maladjusting. It should be self-evident that the subluxation that is not accurately or fully analysed cannot be correctly adjusted.

The upper cervical adjusting techniques that utilize the patient's head as a lever with which to rack, or attempt to rack, a subluxated ver-

Cont. on Page two.

Profiles in Chiropractic



Editor's Note: The MONOGRAPH presents the fourth in a series of profiles of NUCCA members who are nationally known for their dedicated efforts in advancing the profession of chiropractic and for their support of the NUCCA-NUCCRA organizations. NUCCA is indeed privileged to count among its membership so many of the prominent doctors of the chiropractic profession, chiropractors to whom unselfish service to patient and profession has been a way of life. The subject of this profile is Dr. J. Walter Stanford, 220 Kennesaw Avenue, N. W., Marietta, Georgia.

As in the case of so many chiropractors, Dr. J. Walter Stanford became interested in the chiropractic profession because of personal health problems. Severely afflicted with inflammatory rheumatism at the early age of 13 years, he sought the services of a chiropractor after orthodox medical methods were unsuccessful. His rapid and permanent recovery under chiropractic enabled him to participate in sports during his high school years, during which he played basketball for two years.

Dr. Stanford was born on July 24, 1906, in Rome, Georgia, the son of a clergyman. Shortly thereafter, the family moved to the southern part of Georgia where he attended grammar

Cont. on Page five

"Editorial" Cont. from page one
tebra, or vertebrae, into normal position is another example of a non-corrective adjustment, or one which may increase the misalignment factors. This adjusting method is comparable to using a crow bar to move a pebble. It is a mechanically inept process with its whiplash approach. In its use the direction of forces or their magnitude cannot be controlled. Cervical "breaks" and rotaries are examples.

Yet another method too frequently applied is that of attempting to remove a cervical subluxation on the basis of palpation. As stated above, the upper cervical subluxation is a very complex mechanism, requiring considerable skill to correct even when the misalignments are susceptible to precise measurement on the x-ray films, not to mention the computation of the reciprocal relationships among the misalignments into the several planes of abnormal motion.

Notwithstanding the obviousness of the need to utilize procedures that assure control of force in the adjustment, chiropractic colleges continue to teach techniques that, when applied to the upper cervical spine, are non-corrective, and may be detrimental to the patient. Students are graduated who, assuming that what is taught can not be harmful, practice these non-corrective techniques daily. What makes the matter so difficult to understand is that the facts can be so easily established with evaluation x-rays. Further, that the National Upper Cervical Chiropractic Association alerted the chiropractic colleges and National Chiropractic Associations of the United States and Canada over a year ago.

This alerting took the form of a resolution adopted by the Directive Board of the National Upper Cervical Chiropractic Association, Inc. (NUCCA) on September 21, 1973. A copy was sent to each chiropractic college and to the International Chiropractors Association, the American Chiropractic Association, and the Canadian Chiropractic Association. The resolution asked for an investigation of all "chiropractic procedures and practices relating to the vertebral subluxation to the end that the use of any and all such procedures and practices that fail to reduce or can increase the misalignment factors of a vertebral subluxation be considered unethical". Adoption

of the NUCCA resolution was requested "for the general good, protection of, and welfare of the public and the chiropractic profession".

The response at this writing -- over one year later -- has been negligible. None of the chiropractic organizations responded; only four of the twelve chiropractic colleges took notice of the resolution. None adopted it or acted upon it so far as is known. One may adopt the premise that maximal reduction of an upper cervical subluxation's misalignment factors is not essential, but who will support the proposition that to increase, or even not reduce, the displacements of a cervical subluxation is a rational procedure? Most chiropractic institutions, if not all, use the term adjustment which means "the bringing of a thing or things into proper or exact position or condition". (Webster's New International Dictionary, 2nd Ed.) Chiropractors hold themselves out to the public to be skilled in the art of adjusting the articulations of the vertebral column.

So widespread is the detriment that can be produced within the central nervous system from an upper cervical subluxation that investigation of techniques that do not reduce, or may increase, the misalignment factors of the subluxation should be welcomed by the profession in the public interest. It is certainly preferable that any reform indicated come from within the profession, not outside it. The consequences of adjusting techniques that incorporate uncontrolled forces wrongly directed may well be an increase in the misalignments of the upper cervical subluxation resulting in increased tractionization of the susceptible neurological tracts of the cervical spinal cord and brain stem and the cervical nerve roots, increased compression of neurological structures involved in the subluxation, increased reduction of the inhibitory influences to skeletal musculature, increased spastic contracture with concomitant increased distortion of the lumbar vertebrae and pelvic girdle.

The opinion held by some that any uncontrolled and undirected force applied to the cervical spine is sufficient to remove the detriment to the neurological component is not validated by NUCCRA research. In fact, precise measurements of the effects of the upper cervical subluxation in

the body show that the direct opposite is true. Further measurement procedures have proved that no reduction in the misalignments of the upper cervical subluxation result in no beneficial changes in the atlas subluxation syndrome, or measurable effects of the subluxation. Increase of the misalignment factors of the upper cervical subluxation do cause an increase in the measurable and detrimental effects of the upper cervical subluxation on the body.

Regardless of the arguments of those who fail to see the significance of the misalignment factors of the upper cervical subluxation as inciters of neurological detriment, few would advocate not reducing the misalignments of the subluxation and probably none would contend that they should be increased. Inasmuch as the term subluxation means "an incomplete or partial dislocation", and a dislocation is a "displacement of any part, more especially of a bone" (Dorland's Medical Dictionary, 24th Ed.), a subluxation has the element of misalignment or displacement. Had a subluxation not the element of misalignment, what purpose would be served in adjusting it? Additionally, because the subluxation requires adjusting, what objective is secured by not adjusting it correctly? Our attitude toward the subluxation, and our knowledge of it, establishes our pattern of behavior toward it. In the words of P. W. Bridgman: "For of course the true meaning of a term is to be found by observing what a man does with it, not what he says about it". (Bridgman, P. W.: The Logic of Modern Physics)

Over a year has passed since NUCCA sent its resolution to the chiropractic colleges and national associations. Apparently no action by them is contemplated. It would seem that any rectification in this matter will have to come from outside the profession; in this day and age of growing consumer protection, there exists a strong possibility that an outside remedy will be provided. NUCCA would regret such being the case but, backed by the research of the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA) and dedicated to the correction of the upper cervical subluxation in the interest of both public and profession, NUCCA must continue its outspoken resistance to the continued teaching and use of non-corrective upper cervical adjusting techniques.

9th Annual NUCCA Convention

On April 28, 1975, the National Upper Cervical Chiropractic Association, Inc. (NUCCA) will begin its Ninth Annual Convention and Educational Conference. NUCCA prides itself upon the quality of its educational conferences, a pride that is shared by those chiropractors who consistently return each year to attend.

This year NUCCA is presenting a three-day convention which will end on Wednesday, April 30, 1975. Speakers will be presented who will discuss various aspects of the 1975 convention theme: **The Neurological Component of the Atlas Subluxation Complex**. These speakers will be academicians presently engaged in teaching at the university level. Their contributions to the NUCCA Educational Conference will relate to the neurological basis upon which the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA) has established a rationale for the effects of the C1 subluxation on the central nervous system and the spinal column. This discussion should be of great interest to every chiropractor, regardless of his method of practice, who is interested and concerned with the establishment of a scientific base for his profession.

The new NUCCRA measuring device--the Anatometer--will be exhibited, explained, and the subject of research reports given by Professor Daniel C. Seemann, University of Toledo. The use of the Anatometer in NUCCRA research has proved the reciprocal relationships between C1 subluxations and the measurable effects of these subluxations on the subjacent spinal vertebrae and pelvis, thus verifying the NUCCRA theory that correction of the C1 subluxation is essential to establishing normalcy throughout the central nervous system and spinal column. Professor Seemann has worked constantly with the Anatometer since 1971. Many changes have been made in its construction and operation.

Of particular interest to upper cervical practitioners will be the changes that have been made in film analysis--changes that result in bet-

Cont. on Page five

How to Adjust the Atlas Subluxation Complex

(Con't from Vol. 1, No. 5)

SECOND ADJUSTIC PHASE

On page 1 of Vol. 1, No. 4 **MONOGRAPH** is depicted a fundamental image, or frame of reference, which, if referred to, will assist the adjustor greatly in visualizing the following material.

SETTLEBACK PHASE

The term "settleback" denotes a backward and downward action of the adjustor's spinal column around the centers of motion in his acetabula (Pelvic lever). It is very important to emphasize that this backward and downward action is initiated only from the centers of motion in the adjustor's acetabula, not from the lumbosacral joint or other articulation. It is more of a backward action than a downward action, the backward motion serving to pull the spine as if down an inclined plane. Therefore, it is not a bending over or bending down action, because such an action would introduce rotary forces into the adjustment. With the centers of motion confined entirely to the acetabula, the adjustor settles backward over his base of support as if around a rod which extends through his pelvis from one acetabulum to the other. The adjustor's spinal column is kept perfectly straight, and at right angles to the Horizontal Resultant. His shoulder and pelvic levers are maintained throughout the settleback at right angles to his spinal column.

OBJECTIVES OF THE SETTLEBACK PHASE

The first objective of the settleback phase is to get the adjustor's episternal notch located over the settleback point, or point D on the schema depicted on page 1 of Vol. 1, No. 4 **MONOGRAPH** -- the fundamental image. A further objective is to start the conversion of the adjustor's pelvic and shoulder levers to a more vertical plane which results automatically from the A-P spread of the adjustor's feet.

Conversion of the shoulder and pelvic levers is essential if the parallel forces are to be brought into proper alignment with the Notch-Transverse Resultant. The importance of such alignment can be made clearer by an analogy: The parallel

forces are the sights, the Notch-Transverse Resultant is the path of the bullet (Adjustic Force), and the transverse process is the target. Thus the purpose of converting the adjustor's shoulder and pelvic levers is to establish the path along which the adjustic force must travel in any given subluxation in order to accurately reach the transverse-target. To accomplish this objective, the parallel forces must be directed like the sights of a gun.

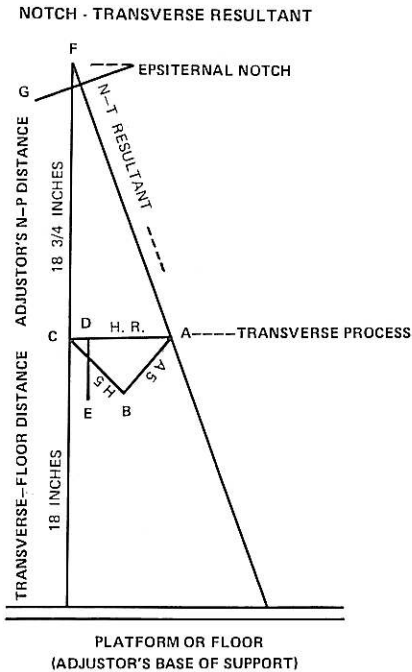
The settleback phase, then, starts the conversion process. Two subsequent phases -- the Conversion and the Pelvic Lever -- contribute to the process, and they will be discussed later.

By referring to the schema in Vol. 1, No. 4, it can be seen that the adjustor's episternal notch must be positioned at a point in space above point C at the moment of the delivery of his adjustment. This point in space varies, of course, with different subluxation listings and is established mathematically, computed from the data supplied by the patient's x-ray films when they are analysed and the adjustor's episternal notch to pisaform distance when he is in the adjusting position. Thus every subluxation requires for its efficient and maximum reduction, the exact location in space of the adjustor's episternal notch. Establishing through measurement the exact point in space where the adjustor's episternal notch must be located for any given subluxation from his base of support, permits the adjustor to accurately determine the degrees of conversion required to easily reduce the misalignment factors of that subluxation without utilizing undue force. Resultantly, his parallel forces become coplaner with the Notch-Transverse Resultant.

The fundamental image, or schema from Vol. 1, No. 4 can, then, be enlarged to incorporate the concepts of locating the adjustor's episternal notch in space, the angle of his shoulder and pelvic levers (conversion), the distance of his episternal notch from his base of support, and the plane of the Notch-Transverse Resultant.

*"Atlas Subluxation Complex"
Cont. Page four. . . .*

(It is advisable that the adjustor refer to the explanation of how the Notch-Transverse Resultant is computed in Vol. 1, No. 3, Page 5 **MONOGRAPH** before examining the schema below.)



The location of the episternal notch in space for a H5A5 subluxation listing is approximately 36 and $\frac{3}{4}$ inches from the base of support for the adjustor with a 20 inch Notch-Pisaform distance. The angle of required conversion is represented in the above schema by the degrees formed by the angle at point F. His levers would be at right angles to the Notch-Transverse Resultant (Line G). The plane of the Notch-Transverse Resultant is, of course, from the point at F, through the patient's transverse process (point A).

Having completed the steps of the Approach Phase (q.v.), the adjustor is now positioned over his base of support at point E. His inside and outside foot are properly placed, the outside foot being advanced ahead of the inside foot along line DE. The plantar reflexes are initiated and the neck lock-action achieved. The adjustor's pelvic and shoulder levers are in a parallel position to the Horizontal Resultant; his spinal column is at right angles to the Horizontal Resultant. He has checked his weight distribution at this point. The adjustor is now ready to proceed to Phase 2, the Settleback Phase.

STEPS OF THE SETTLEBACK PHASE

1. The adjustor picks the settleback point (point D) and settles back along line DE, during which action his spinal column will travel as if down an inclined plane until his episternal notch is situated above and one inch beyond point D. In so doing, he will be settling through a plane with his spinal column that is the same as established by the inside foot.

Note: Either a tie or a small plumb bob may be used which, fastened around the adjustor's neck, hangs freely and indicates the relation of the adjustor's episternal notch to point D. The reason for settling one inch beyond point D is seen in the fact that the tie or plumb bob is fastened one inch above the adjustor's episternal notch. It is at the conclusion of the settleback action that the adjustor's tie or plumb bob is one inch beyond point D.

Because he advanced his outside foot in step 3 of the Approach Phase, the adjustor's pelvis begins to assume a more vertical plane as he settles back. That is to say, the further he settles back, the more his pelvic lever turns toward a vertical position. This is due to, and the reason for, the A-P foot spread. Therefore, the greater the foot spread from the A to P, the more the pelvic lever turns toward the vertical, dropping straight down on the side of the outside foot, raising straight up on the side of the inside foot. This is the mechanism for turning the pelvic parallel force into a better alignment with the Notch-Transverse Resultant. At the same time that the pelvic lever is turning more vertically, the shoulder lever should be permitted to follow in the same plane. During the entire action, the pelvic lever must not lose its parallelism with the Horizontal Resultant; that is, it must be kept at right angles to the adjustor's spinal column, not permitted to rotate anterior on the side of the outside foot as is its tendency.

2. The adjustor must constantly check his weight distribution during the settleback action, maintaining greater weight on his outside foot at all times; because, due to the A-P spread of his feet, the tendency is for his greater weight to be distributed over his inside foot. This is fatal to maintaining parallelism with the Horizontal Resultant and impedes the turning of the adjustor's pelvic

lever toward the vertical plane. The closer the adjustor's hips approach each other in the vertical plane, the more settleback he can obtain with ease. By constantly maintaining greater weight on his outside foot and by pushing back against his pelvic lever on the side of the outside foot, the adjustor maintains a lock-action in the anterior aspect of his outside hip.

Note: The pressure maintained against the pelvic lever on the side of the outside foot is established by greater resistance against the anterior aspect of the pelvic lever, due in part to greater weight distribution on the outside leg, and a conscious effort by the adjustor to push back with his outside foot. It is a lock action.

If a point is reached in the settleback action beyond which the adjustor feels he can go no further, he may hold this position for a moment, then consciously relax his lumbar and pelvic musculature at the same time allowing his pelvis to rotate still more vertically, which will permit him to increase his settleback range of motion. It is not that the adjustor lacks muscular flexibility that limits his range of settleback, but that his pelvis is not turning proportionately into the vertical plane in relation to the extent of his settleback action.

The maximum range of settleback is required in all subluxations of any magnitude; otherwise rotary forces will be introduced into the parallel forces. Rotary forces prevent reduction of the subluxation's misalignment factors by locking them.

3. The adjustor now presses down with his toes which serves to bring his center of gravity more nearly over the center of his base of support. This insures better bodily balance in performing the subsequent steps of the adjustment.

4. The adjustor next checks to see if his tie or plumb bob falls about one inch beyond the settleback point (point D) on the Horizontal Resultant. If the tie or plumb bob is more than one inch beyond the settleback point, and the adjustor has settled back his maximum range of motion, his base of support is established too close to the Horizontal Resultant. To correct the position of his base of support, the adjustor must stand erect and re-establish a new base of support, moving his feet back away from the

Cont. Page five

"Profiles" Cont. from Page one.

and high school in Omega. After graduating from high school, Dr. Stanford matriculated in Georgia Military College. In 1932, he enrolled in the Palmer College of Chiropractic.

While a student at the Palmer College, Dr. Stanford was a member of the M.O.Q.P., an Honorary Society; he also was a member of the Palmer Standardized Chiropractic Council.

During his College years, and from experiences gained in the College's Out-Patient Clinic, Dr. Stanford became convinced of the Palmer system of upper cervical analysis and adjusting which was later to undergo so much field research. It was at this time that he made his decision as to the type of chiropractic practice he would engage in. He has never reversed that decision in all his years of practice, keeping abreast of the research advances of the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA), and contributing support to NUCCRA research.

After receiving his D.C. degree from the Palmer College, Dr. Stanford returned to Atlanta, Georgia, and became affiliated with the chiropractic partnership of Drs. Lake and Stanford, the latter member of the partnership being Dr. Stanford's brother, Dr. H.E. Stanford.

In 1937, Dr. Stanford left the partnership and moved to Marietta, Georgia, where he opened a private practice. Here he was to become one of the profession's outstanding upper cervical practitioners, rendering his services to many of the South's most prominent chiropractors.

Dr. Stanford's office is located in one of the South's fine antebellum homes. It is here that he and his wife, Muriel, also maintain their residence. Mrs. Stanford assists the doctor in his office. Historically, their home is one of great interest, having been the temporary Headquarters of General William Tecumseh Sherman in 1864 when he led 100,000 Union soldiers in the march on Atlanta to meet the Confederate forces of General John B. Hood.

Having heard of the upper cervical procedure of the late Dr. John F. Grostic of Ann Arbor, Michigan, Dr. Stanford attended the Grostic seminar presented in Louisville, Kentucky in 1947. Finding that the techniques taught at this seminar

were an improvement over those he had previously learned, he incorporated them into his practice.

Convinced from his own observations, studies, and experiences that upper cervical is the ultimate in chiropractic, Dr. Stanford has kept constantly abreast of the research work of the National Upper Cervical Chiropractic Association, Inc. which has established a neurological rationale for the C1 subluxation. He has been a NUCCA member since the inception of the organization. As Dr. Stanford stated: "The practice of upper cervical has been maintained in my office for 40 years. It is the constant research of the upper cervical subluxation, and its correction, that has been responsible for the continuing service and ultimate good health of four generations of many families who are patients in my office"

Dr. Stanford has been a member of the International Chiropractors Association (ICA) since 1939. A member of the Georgia Chiropractic Association, he served as President of its First District. In 1963 he was elected Chiropractor of the Year. Also active in the Georgia Chiropractic Research Society, he served as a director for several years.

Dr. Stanford exemplifies the life of quiet achievement. Preferring the quiet life, his professional abilities and dedicated concern have forced recognition upon him. An organizer, he accomplishes more in his daily practice and with far less expenditure of physical energy than in most chiropractic offices with less than half the patient load.

"Atlas" Cont. from Page four

Horizontal Resultant, He must never attempt to adapt his body to an incorrectly established base of support. The same procedure obtains if the adjustor's tie or plumb bob falls inside the Horizontal Resultant, except of course in this situation, the adjustor would have to re-establish his base of support nearer to the Horizontal Resultant. A little practice will make automatic the positioning of the correct base of support for any Horizontal Resultant.

5. The adjustor checks for counter balance. That is to say, if he is proportionally balanced over his center of gravity and his base of support, is at ease, and has maintained a greater weight on his outside foot.

(To be continued)

"Convention" Cont. from Page three

ter analysis and easier corrections.

The NUCCA Convention will be supervised by Professor Daniel Seemann, and Dr. George R. Coder of Lancaster, Pennsylvania will serve as Convention Chairman. It is designed to fulfill the requirements for license renewal in those states requiring same. Doctors who request certification of their attendance at the 1975 NUCCA Convention must notify NUCCA in advance of the Convention, and they must strictly comply with the NUCCA certification card system.

The NUCCA Convention is unique in chiropractic in that its educational presentations are backed by the research conducted by the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA). All income from the Convention, above expenses, will be donated by NUCCA to NUCCRA to fund further research projects. Further information regarding the convention may be obtained by writing NUCCA, 221 West Second Street, Monroe, Michigan 48161.



Many MONOGRAPH copies and other NUCCA and NUCCRA material are returned because of the subscriber's change of address. Please notify the NUCCA editor, 221 West Second Street, Monroe, Michigan 48161 of any change of address.

The Upper Cervical
MONOGRAPH
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**THE NATIONAL UPPER
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ASSOCIATION, INC.**

EDITOR:

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Monroe, Michigan 48161

NUCCA Resolution

Whereas, the National Upper Cervical Chiropractic Association, Inc. (NUCCA) has promoted vigorously the need for scientific inquiry into the production and reduction of vertebral subluxations, their relationships to the neurological component, and to health and disease processes in the human organism; and

Whereas, NUCCA is concerned with those chiropractic procedures which fail to reduce or can increase the misalignment factors of vertebral subluxations, particularly in the cervical area of the spinal column; and

Whereas, research about these relationships of the vertebral subluxation with the neurological component and to health and disease processes in the human organism must be predicated upon measurements of the misalignment factors of the vertebral subluxation and upon measured responses to the vertebral subluxation in both its production and reduction phases to be scientifically acceptable; and

Whereas, acceptable proof of both the reduction of the misalignment factors and of the beneficial changes of a physical nature, measureable and recordable by acceptable instrumentation subsequent to a correctly applied adjustment, is essential to establish a sound and scientific basis for chiropractic; and

Whereas, the orthodox premise of chiropractic practice has been defined by chiropractic authorities as the correction, restoration toward normal, or reduction of displacements of the subluxated vertebral segments by the adjustment as a pre-requisite to normalizing nerve function; and

Whereas, the word *correction* denotes "the setting right of something that is wrong"; and

Whereas, the word *adjustment* denotes the "orderly arrangement of one part to another"; "to set right"; and, also, "to bring it (a thing) by some

change into its exact or proper position" (as may be demonstrated by x-rays and/or other procedures); and

Whereas, some chiropractic techniques taught in chiropractic colleges, and elsewhere, violate relevant mechanical principles, particularly when applied to the cervical spine, which are essential and basic to the correction of restoration of, and adjustment of misalignments or displacements of vertebral segments which are subluxated; and

Whereas, such questionable techniques may present a clear danger to the public and the profession in that they violate relevant mechanical principles that are essential to the reduction of vertebral subluxations and to correctly and properly establish specific force vectors; and

Whereas, chiropractic research must be based upon controlled and predictable reductions of the vertebral subluxation in order to establish a scientific body of knowledge relating the effects of the vertebral subluxation to accepted health and disease principles which is in the best interests of the public and the chiropractic profession

that chiropractic techniques may be standardized, the profession unified, and its opponents successfully combated.

Now, therefore, be it resolved, that the board of directors of the National Upper Cervical Chiropractic Association, Inc. requests all chiropractic colleges and organizations to actively promote the scientific investigation of all chiropractic procedures and practices relating to the vertebral subluxation to the end that the use of any and all such procedures and practices that fail to reduce or can increase the misalignment factors of a vertebral subluxation be considered unethical.

Be it further resolved, that the board of directors of the National Upper Cervical Chiropractic Association, Inc. specifically and respectfully asks the cooperation of the International Chiropractors' Association, the American Chiropractic Association, the Canadian Chiropractic Association, and all chiropractic colleges and associations within the United States and other countries to adopt this resolution for the general good, protection of, and welfare of the public and the chiropractic profession.

Adopted on September 21, 1973.

By Order of the Directive Board of the National Upper Cervical Chiropractic Association, Inc.

NUCCA Scholarship Award

It was announced at the May NUCCA Convention that the NUCCA Directive Board has authorized a scholarship grant-in-aid award of \$200.00. This sum will be paid to chiropractic students currently enrolled in a chartered college of chiropractic who submit to the MONOGRAPH editor an acceptable article pertaining to the upper cervical spine. The announcement was made by Professor Daniel C. Seemann, NUCCRA Research Advisor.

All entries will be judged by the NUCCA Directive Board and by Professor Seemann. Their judgment will be final. Accepted articles become the property of the National Upper Cervical Chiropractic Association, Inc. Winners will be announced at the 1975 NUCCA Convention.

NUCCA will attempt to return all manuscripts that are accompanied by a self-addressed, stamped envelope. The organization will not be responsible for lost or mislaid material. The writer should retain a carbon copy.

Further information is available by writing:
NUCCA MONOGRAPH EDITOR
221 West Second Street
Monroe, Michigan 48161

The Ninth Annual NUCCA Convention

Theme: THE NEUROLOGICAL COMPONENT OF THE ATLAS SUBLUXATION COMPLEX.

Convention Chairman: Dr. George Coder

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



MONDAY, APRIL 28, 1975	TUESDAY, APRIL 29, 1975	WEDNESDAY, APRIL 30, 1975
8:00-8:45 REGISTRATION	8:00-9:00 PRACTICAL WORK IN FILM ANALYSIS (Cont).	8:00-9:00 ADJUSTING THE A.S.C. Ralph R. Gregory, D.C.
8:45-9:00 INVOCATION Rev. H. B. Fehner Pastor Emeritus Trinity Lutheran Church, Monroe	9:00-10:30 THE ATLAS SUBLUXATION AND ITS MECHANICAL AND NEUROLOGICAL INTERPRETATIONS. Ralph R. Gregory, D.C.	
9:00-10:00 OPENING ADDRESS Ralph R. Gregory, D.C. NUCCA President	10:30-12:00 CLASSIFICATIONS OF THE A.S.C.: MISALIGNMENT FACTORS PREDOMINANT FACTORS ROTATION VECTORS Ralph R. Gregory, D.C.	10:00-12:00 PRACTICAL WORK IN ADJUSTING THE A.S.C. Instructors: NUCCA Directive Board
10:00-12:00 PRACTICAL WORK IN FILM ANALYSIS Instructors: Members of the NUCCA Directive Board		
12:00-1:30 LUNCH	12:00-1:30 LUNCH	12:00-1:30 LUNCH
1:30-4:30 THE BRAIN STEM AND THE EXTRA-PYRAMIDAL TRACTS. Harriet G. Williams, Ph. D. Prof. of Physical Education The University of Toledo	1:30-4:00 FUNCTIONAL ANATOMY OF THE BACK, NECK, AND TRUCK. Dale Buchanan, Ph.D Associate Professor of Anatomy Medical College of Ohio	1:30-3:00 REVIEW OF FILM ANALYSIS (PRACTICAL)
4:30-6:00 ANATOMETER RESEARCH DATA PELVIC IMBALANCE STUDIES Daniel C. Seemann, M.A. The University of Toledo Ralph R. Gregory, D.C. NUCCRA Research Director	4:00-5:30 C1 SUBLUXATIONS AND BODILY DISTORTIONS Daniel C. Seemann, M.A. NUCCRA Research Advisor The University of Toledo	
7:00-9:00 NUCCA ANNUAL BUSINESS MEETING	7:30 NUCCA BANQUET (HOLIDAY INN, MONROE)	3:00-5:00 REVIEW OF ADJUSTING PRINCIPLES. ANATOMETER STUDIES

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