

## ORTHOPAEDIC BLOCKING:

In our last issue of Expression, we had the privilege of the contribution of two well-respected, leading American SOT practitioners in Drs. Ned Heese and David Rozeboom. Dr Heese, of course, was our guest lead article author who presented the Preganglionic technique. The feedback we have received is that this work is greatly appreciated by those who have called or contacted us and we can look forward to more articles from Dr Heese in that he has kindly granted SOTO Australasia Expression the permission to reprint articles from his catalogue of works (and take our word for it, there are some papers that are truly gems in giving you insight into the life & work of the Major).

Our other US correspondent was De Jarnette librarian and archivist, Dr David Rozeboom. As mentioned in Letters to the editor, there are two very important SOT resources available to you which are overseen by David in the Rose Ertler Memorial DeJarnette Library (a function of the Sacro Occipital Research Society, Int.) [www.dejarnettelibrary.com](http://www.dejarnettelibrary.com) and the Sacro Occipital Technic Forum at Yahoo Groups.

In a series of email discussions with Dr Rozeboom on the subject of DeJarnette library matters and SOT practice and procedure, David happened to mention his interest in Orthopaedic blocking and had been working on a paper after communicating with several chiropractors on the topic (including Dr Keith Bastian, the author of a SORSI Despatcher article of same). He had written a paper on Orthopaedic blocking after presenting the work at Omaha in the early part of this century (2001). Apart from an appearance in the Sacral Occipital Technic Forum at Yahoo Health Groups (Nov. 2001), the work has not been published and so we asked for a copy and thought it too good to be sitting in Dr David's bottom drawer. Expression readers need access to this information and now that we have gone global and are publishing on the web, so does the rest of the world of SOT practitioners!

For the benefit of our Australasian readers, we have included biographies of the chiropractors who were consulted in the writing of this paper. We have taken the liberty of using the British spelling of "Orthopaedic" in the text yet otherwise, we have let Dr R.'s words flow (so if he finds any discrepancies, he can blame Dr Samantha, the editor). We know you are going to enjoy reading ORTHOPAEDIC BLOCKING by Dr David L Rozeboom.....

## ORTHOPAEDIC BLOCKING

David L. Rozeboom, D.C., C.C.

### INTRODUCTION:

Orthopaedic blocking is a field of vast discoveries in its application for the SOT practitioner. Its use is guided by an understanding of the body's mechanics and the effects of gravity on the human frame. In SOT, the evolved CATEGORY SYSTEM OF BLOCKING as developed by DeJarnette has been standardised in its method of teaching and delivery since the 1970s. This system applies very precisely to specific functions of the body- the weight-bearing sacral and sutural system, the cranial dural and sacral boot and the system of lumbar discs and their cervical counterparts. As such, categories are an important part but NOT THE WHOLE PICTURE in terms of the scope and application of the principle of blocking.

Orthopaedic blocking utilizes the law of gravity in effecting body position, a concept first introduced to this author as a student of the Logan Basic system of chiropractic (Readers of Expression who are interested in fully understanding SOT conceptual development may be interested to note that DeJarnette used a similar contact adjustment to the Logan contact for many years which he termed the 1ba contact. For the interested reader, a complete description is available in the 1936 Spinal Distortions text and the 1957 SOT text which are available for viewing on the REMDL website). Ortho blocking presents as a field of application that Dr DeJarnette gave us permission and encouragement to investigate and explore-and a most fruitful field it is.

Orthopaedic blocking is not a limited adjustment. It is the genesis of the blocking procedure and a whole field of therapy on its own.

The converse of orthopaedic blocking is demonstrated by improper sitting and laying situations. If a person sits in a soft chair, they are using orthopaedic blocking to create a problem rather than correct

a problem. The interaction of the lines of gravity and their body position acts to distort their body in exactly the same manner that the therapy of orthopaedic blocking is effective.

Orthopaedic blocking should not be thought of as a subdivision of the Category procedure. Rather, the Category procedure is but a small part of the entire field of orthopaedic blocking. The difference is that DeJarnette determined that this small part is the most important

therapeutically and delineated the exact portions of essential body functions that the Category blocking effects.

## DEFINITION OF ORTHOPAEDIC BLOCKING

SOT Traditional:

Using the blocks to correct lumbar rotations or tilting, usually for the fifth lumbar.

Stedman's Medical Dictionary:

The medical specialty concerned with the preservation, restoration, and development of form and function of the musculoskeletal system, extremities, spine, and associated structures by medical, surgical, and physical methods.

Origin: [ortho- + G. pais (paid-), child] Ortho—straight.

DeJarnette never defined orthopaedic blocking as a separate thing. So, we must use the dictionary definition.

Orthopaedic blocking is using the blocks to MAKE THE PATIENT INTO A STRAIGHT CHILD-SOMEONE WHO IS BALANCED AND HAS THE ABILITY TO GROW.

DeJarnette's Statement:

"We have published various types of orthopaedic blocking techniques.

If you will follow this rule, you will simplify this experience and if you wish, you can add to it."(9)

ROTATIONS:

Prone position (facelying) — During correction, the spinous processes will rotate to the side the blocks are under. This can also be thought of as the spinous processes rotating toward the "high side" of the pelvis or body. If the spinous are rotated to the right, the bodies of the vertebrae, by definition, appear to be rotated to the left. This would give a convexity on the left to the spinal curvature at that area. If the blocks are thought of as a form of traction, one could think of this procedure as tractioning along the convex-protruding- side of the spine.

Supine – backlying - position — the opposite occurs. If the spinous processes are rotated to the right, bodies left, the blocks are placed under the right. The spinous processes will then rotate toward the low side(9). This could be thought of as a form of traction along the concave side of the spine.

FOR WEDGINGS:

Determine “open” side of wedging (plumbline analysis) and have the patient lie on that side with a Dutchman roll under the area of the “open” wedge. Reinforce the stretch with hand pressure. This can also be done while the patient is prone with the block under the closed side of the disc and assisted traction on the same side leg while the patient pulls on the head of the table.

NB:

Orthopaedic blocking is a specific for scoliosis (12,7).

The application of the blocks in Scoliosis depends on the definition of "flexion" and "extension" on page 48.(12)

That Definition is as follows:

"A STRAIGHT LINE IS EXTENDED. TO CURVE IT YOU PUT PRESSURE INTO ITS CENTER AND LIFT OR PUSH. A FLEXED LINE IS CURVED. TO CORRECT IT YOU COULD TIE ONE END TO A POST AND PULL ON THE OTHER, OR YOU COULD USE BOTH HANDS AND PULL FROM BOTH ENDS.

We are dealing with a curvature, so it is a flexion. The blocks act as traction devices on the end of the curvatures to pull on it and straighten it. The traction they generate is generated by the fact they block the flexion action of the spine as the patient lies on the block. This blocking gives the flexion action of the spine something

to push from or on. This gives it more force, which allows it to go into complete flexion and then release into extension.

Orthopaedic Blocking is a full demonstration of SOT as a thinking man's technic.

How the Blocks Work:

1. The blocks work through the effects of gravity (DeJarnette).
2. Gel to sol transition with the effects of pressure (10)
  - a. Gravity as a constant challenge
  - b. Gravity as a therapy
  - c. (NB) DeJarnette was one of the first to use gravity as a therapy.
  - d. Once the body has been organized around the vertical and dynamic movements have become optimized, "gravity becomes the therapist" (Rolf 1977). (10)
  - e. "Man must breathe in all positions, basically the upright and prone positions...the prone position for recovery of the upright mistakes." (11)

Breathing in the most essential dynamic movement that must be

optimized. (Category One)

### Orthopaedic Blocking

1. Orthopaedic blocking was the first use of the blocks. We are simply returning to the roots of the blocking procedure.
  2. The term would apply to the use of the blocks for the SB + or SB -.
  3. Includes blocking for a one sided innominate lesion.(8)
  4. Has unlimited and yet to be discovered applications.
- Other applications of orthopaedic blocking (6, 8):
1. Supporting one part of the spine or pelvis so that adjustment of another part is facilitated
  2. Using it to replace doctor's hand during an adjustment

### Case Histories of Orthopaedic Blocking

A 25 to 30 year old female presented with a chief complaint of severe right groin pain. She had a history of Lupus with heavy prescription drug use and an auto accident which resulted in 23 osseous fractures in her pelvis. SOT examination revealed that the right arm was weak on testing in the supine position. Touching the fossa on the right side made the arm go strong (Arm-Fossa test reverse positive?). She had a right short leg. Palpation of the knee points for tenderness to verify the Category Two was negative for a Category Two. One block was placed under the right PSIS, since that was the short leg. This resulted in an immediate strengthening of the right arm in all testing modes. There was also a heavy involvement of the iliacus muscle on the right as it relates to an ilio-caecal valve problem. (AK) The insertion was found to be exquisitely tender. It was manipulated to the point that the patient began crying from the pain. The pain on pressure of the iliacus insertion was totally gone at that point (or at least the patient said it was!), and that was the end of the adjustment for that day.

### Another Example of Orthopaedic Blocking

A female, 60 plus years of age, presented with a chief complaint of extreme right shoulder pain. It was so bad it was keeping her awake at night. This was her 6th adjustment using DeJarnette Sacro Occipital Technic. Previous findings were Occipital Fibre six going to Eight Thoracic. She is on an herbal

tonic for the liver. During examination, it was observed that the patient tilted her head to the right with trying to lift her right arm-shoulder. This indicates an ilio-caecal valve as the major solution today, according to DeJarnette. This was treated with the postganglionic technic. Further examination revealed that the arm-fossa was now positive on the right with a left Short Leg. The left medial knee point was consistent with a Category Two but the right lateral knee point was not.

She was blocked with one block under the PSIS on the left.(short leg side).(8) This resulted in a complete strengthening of the arm- fossa, and the patient noted a change. So here we had a visceral problem resulting in an orthopaedic problem or vice versa. The two were intertwined, but the block unlocked the situation.

#### Orthopaedic Blocking I Have Done:

1. Patient supine. Challenge Arm Fossae Test with inhalation/exhalation. If positive on either, use a 3/8 inch heel lift to block the sacrum into compliance with the inhalation/exhalation impulse. Cases of an inhalation fault are (Arm Fossa goes weak on inhalation) equated to a sacral base positive. (BEP-Bounce, Extension, Plus, on the cough test) so the thick part of the heel lift is placed over the sacral apex.  
Cases in which there is an exhalation fault are equated to a sacral base minus (JMF – Jerk, Minus, Flexion) so the thick part of the heel lift is placed over the sacral base.  
This will clear the inhalation/exhalation challenge to the Arm Fossa test.
2. Cough test is determined to be normal. Patient prone, use baby blocks in the middle of the ilium to accentuate the CSRМ (Cranio-Sacral Respiratory Motion).  
Patient supine, use 4 tongue depressors taped together transversely across the 2<sup>nd</sup> sacral tubercle.
3. Patient supine, A/F positive, one knee point is sensitive, the other is not. Use one block under the PSIS of the ischium, as determined by the short leg and the side of knee sensitivity. One should also consider using the block under the opposite shoulder in this procedure.
4. Double PI block (this is a technic suggested to me by Noel Taylor D.C.) used when it is determined to be a pelvic major, but the leg lengths are equal with the patient supine and both PSIS palpate as posterior. Particularly applicable in an aged bent-forward patient.

5. Shoulder and Pelvis blocks – used as in scoliosis, particularly with a shoulder pain (DeJarnette described shoulder blocking in the 1969 manual).
6. I have used up to four blocks at the same time on one patient (as stated by DeJarnette, the possibilities are unlimited).

#### When to Use Orthopaedic Blocking

Rozeboom — When you want to straighten something on the patient, or straighten the whole patient. Bastian (7) General — Except in times of emergency, this procedure is not in the forefront of the systematic attack on the patients neurological patterns, but can be a very useful addition to the D. C.'s armamentarium, especially for first aid or pain control, and for control of spinal curvatures. However, on very rare occasions on the first visit or more likely on a subsequent visit, the patient will pass the 4 step analysis (exhibit no active category), exhibit no heel tension, no leg length differential, and still have an acute or chronic low back syndrome with or without sciatica. Or, abdominal, chest or breast surgery, or pain, may preclude the prone position, as would a recent Category II; and supine blocking may be considered. If the indicators are present and the correct procedure is applied, dramatic results may be obtained.(end of quote)

1. When the Category Two indicators do not agree, yet the patient is not ready to go into a Category One.
2. For a sacral base plus or sacral base minus functional problem.
3. To assist manual adjustments as in Lumbar rotations, inferiority, etc.
4. When you are ready to tear your hair out

Determined by:

1. X-ray — DeJarnette's and Bastian's preferred method
2. Cervical indicators
3. Plumblines analysis. Lumbar groove tilting or curving
4. Challenge the vertebrae in a particular direction and observe the changes in the relative leg length. (Old Lee Activator Technic)
5. Therapy localization. (AK)

Summary and Conclusion:

The use of Orthopaedic blocking can best be explained in this triangle diagram:

(DIAG. 1)

The Golden Rule with the procedure is to:  
Always follow the Orthopaedic blocking with the SOTO and  
recheck the Categories. Do nothing which makes the Arm-  
Fossa worse.

References:

- 1: The Blessings of Sacro Occipital Technic, SORSI  
Dispatcher, Sept.  
68
- 2: Sacro Occipital Seminar Notes, 1974, page 236.
- 3: Sacroiliac Technic, 1938.
- 4: Sacro Occipital Technic, 1984. P 16.
- 5: Personal communication from Charles Blum, D.C.
- 6: Personal communication from Skip Sauderland, D.C.
- 7: Orthopaedic Block Correction, Keith Bastian, D. C. SORSI  
Dispatcher, April 1978.
- 8: The Oblique Sacrum and Related Subluxations, M. B.  
DeJarnette,  
1964.
- 9: Sacro Occipital Technic Bulletin, DeJarnette, May, 1978
- 10: Energy Medicine, The Scientific Basis, James L. Oschman,  
Churchill Livingstone, Harcourt Publishers, limited, 2000,  
Chapters 11  
and 12.
- 11: Cranial Technique, 1979-1980, DeJarnette, Page 84.
- 12: The Chiropractic Assistant, 1969, DeJarnette, Pages 37-38.
13. The Oblique Sacrum and Related Subluxations, 1964,  
DeJarnette,  
page 75.

These references are provided courtesy of Howard Lewis, D.  
C.

OK, here is what I come up with.

On orthopaedic blocking for incline, check 1980, page 169, and  
1981 page 207. These two sites are identical to each other.  
Now, if you're not concerned with getting confused, look at the  
'77 manual, pages 216 and 217. Apparently he reversed his  
thinking after this one.

Note: These cover mostly L5 and do not reference the full

Lovett relationship which I believe was made widely know by George Goodheart. (DLR)

On cervical indicators, I have found these references:

1978, pages 201, and 206 to 211

1979, pages 299 - 300

1980, pages 310, 314, 316

1981, pages 372 - 374

1982, pages 171 - 173

1983, pages 197 - 199

1984, pages 217 and 220

Reva Bathie's SORSI/SOT Manual, page III-13

SORSI Participant guide-Doctor's edition

(1) To my knowledge, The Major NEVER DID define "orthopaedic blocking" by that title.

Note: The references on pages 37 and 38 of "The Chiropractic Assistant" show orthopaedic blocking as relating to scoliosis.

(DLR)

(2) What we refer to as orthopaedic blocking is discussed by the Major in the following manuals:

'84, page 16 "Rotation Correction," and page 227

"Lumbar Five Rotation Correction."

'83, page 204 "Lumbar Five Rotation."

'82, page 174 "Lumbar Five Correction."

'81, pages 207 - 208, this version gives correction a little differently and for both rotation and inferiority.

'80, pages 169 -170 are similar to the '81 version.

'79, page 302 "Rotation of Lumbar Five."

'78, page 212 "Left Rotation of Lumbar Five."

'77, Not found here.

Howard Lewis

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BIOGRAPHIES (alphabetical order):

**Keith Bastian, DC**, is in private practice in Forster, NSW. He is a graduate of Palmer Chiropractic College, Davenport Iowa. He started teaching SOT to Australian Chiropractors along

with Dr. Scott Parker in 1974. His accounts of the early years of SOTO have been published recently in Expression.

**Reva Bathie, DC, FICS**, is in private practice in Port Perry, Ontario, Canada. She is the co-ordinator of SOTO Canada and a past board member of SORSI. She has been a long time homecoming instructor and has authored several SOT texts.

**Charles Blum, DC, CSCP**, is in private practice in Santa Monica, California. He is a graduate of Cleveland Chiropractic College, Los Angeles. He currently teaches cranial technique at the Southern California University of Health Sciences (formerly LACC). He is past president of SOTO USA and a prolific SOT writer and researcher.

**Ned Heese, DC, FICS**, is in private practice in Kansas City, Missouri. He is a graduate of Logan College of Chiropractic. He currently teaches SOT at Cleveland Chiropractic College – Kansas City. He was the personal Chiropractor to Dr. DeJarnette late in DeJarnette's life and owns the largest collection of SOT books outside the US Library of Congress.

**David Rozeboom, DC, CC, BA**, is in private practice in Saint Louis, Missouri. He is a Logan College of Chiropractic graduate where he taught Sot for many years. He has an almost perfect homecoming attendance and has published and presented many works in SOT.

**Skip Sauderland, DC**, is in private practice in Saint Louis, Missouri. He is a graduate of Logan College of Chiropractic. He is a keen scholar of the works of DeJarnette and has a mastery of DeJarnette's early technics, along with modern procedure.

**Howard Taylor, DC**, is in private practice in Indiana. He is a graduate of Logan College of Chiropractic. Howard's early training as a musician has provided him with a gifted sense of palpation. He has authored several papers in SOT.

From John and Peter Kyneur,

See you next issue!