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BECAUSE EVERY CHIROPRACTOR NEEDS A HAND.

Logan Basic Technique and Pregnancy Care

by Claudia Anrig, DC

This article is dedicated to Logan Basic Technique (LBT). Many of those involved in pregnancy care and pediatrics have heard of the benefits of this technique. Dr. Larry Webster, founder of the International Chiropractic Pediatric Association, was a graduate of Logan College of Chiropractic and applied many principles of this technique in developing the Webster Technique.

In preparing for this article, I interviewed Pat Montgomery, DC, an LBT instructor and second-generation chiropractor. He also is co-editor of the *Textbook of Logan Basic Methods and Logan Basic Technique*, 4th edition.

The developer of this technique was Hugh. B. Logan, DC, who first presented his new technique, called Universal Health – Basic Technique, in 1931. Within a few years, it was called simply, Logan Basic Technique (*basic* because it deals with the sacrum, or *base*, of the spine).

Dr. Logan liked the structural approach to chiropractic and reasoned that since the spine rested on the sacrum, if the sacrum were subluxated or unlevelled, it could interfere further with the stabilization of spinal subluxation(s). He believed sacral subluxation might be the precursor to developing other spinal subluxation.

LBT looks at analyzing the spine and its biomechanics, both in normalcy as well as in the patho-biomechanics of pelvic and spinal distortions due to sacral subluxations. This technique views that a sacral subluxation will cause not only spinal misalignments, but also abnormal muscle function which supports the spine. The neurological component of these effects can have profound ramifications in the functions of the body.

In regards to pregnancy and labor, normal sacral position and pelvic biomechanics are very necessary. During pregnancy, it's not uncommon for women to manifest increased tightness of their lumbar and gluteal muscles, including hip pain.

LPT has several procedures that can be used during the entire pregnancy to reduce pregnancy-related symptoms and provide optimal pelvic function. LBT analysis begins with “the five cardinal signs” of sacral subluxation, called HELPS: analysis for the high iliac crest (H) and tight erector spinae muscles (E); determining next the lowest freely moveable vertebral body rotation (L); palpation for pain (P); and finally, assessing for taut sacrotuberous ligament tension (S). In assessing the patient, the doctor is determining the side of sacral subluxation.

LBT is performed by placing the pregnant patient prone on a high-low table, which provides patient comfort and safety during the entire pregnancy. The first LBT contact performed is the *piriformis contact*. This contact is applied under the belly of the piriformis muscle, just before its insertion at the greater trochanter. This contact stretches the tight or spastic piriformis muscle, which eliminates the “hip pain” pregnant women are so prone to

suffer. This contact also can be performed on both sides, should the patient complain of bilateral hip pain.

The next procedure is *sacral unlock*. This procedure is intended to restore movement or “unlock” the fixated SI joint. The Gonstead Technique and the Webster Technique certification program from the ICPA describe this same fixated SI joint as a posterior rotated sacrum.

The third procedure is the *apex contact*, which is considered the main contact in LBT. The intent of this procedure is to establish proper sacral alignment in the pregnant patient, allowing for relaxation of the erector spinae musculature. The apex contact is under the sacrotuberous ligament, where it inserts to the sacrum. The doctor uses their thumb and applies a light pressure and in the line of correction toward the ceiling (posterior), while varying angles of laterality to accomplish sacral correction.

During the fifth month of pregnancy, the LBT recommends that the doctor consider the *perineal contact* during each visit. The perineal contact is designed to prevent or eliminate the potential of the pelvic floor muscles to gradually tighten. By improving muscle tone, this might prevent the likelihood of episiotomy, natural tearing or a longer labor.

The perineal contact developed by LBT has been taught and used by Logan graduates, as well as those who have attended postgraduate classes. Dr. Montgomery has noted that often the side of sacral subluxation is the side of pelvic floor muscle tightness. The goal is to allow the pelvic muscles to maintain pre-pregnancy tone. Due to the nature of the contact point, it's suggested that the doctor receive both verbal and written consent prior to applying the contact. It should be noted that in the field of natural childbirth and midwifery, similar contacts are performed to diminish hypertonicity and assist in approving the quality of labor.

One of the benefits of LBT is its gentle, full-spine nature. According to Dr. Montgomery, this technique can safely be used, not only for expectant mothers, but also for infants, children and geriatric patients.

For more information on Logan Basic Technique, including how to attend an LBT class in your area, please contact Dr. Pat Montgomery at patrick.montgomery@logan.edu.

Resource

1. Hutti L, Montgomery P (Editors). *Textbook of Logan Basic Methods and Logan Basic Technique*, 4th edition. Published in 2006.

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