



DR. CLAUDIA ANRIG

BECAUSE EVERY CHIROPRACTOR NEEDS A HAND.

Sacro Occipital Technique (SOT) Pediatrics

by Claudia Anrig, DC

This year, I have taken the opportunity to use this column to introduce *Dynamic Chiropractic's* readers to several chiropractic techniques that may be of interest to those who adjust children. To prepare for this article on Sacro Occipital Technique (SOT), I was assisted by Dr. Martin Rosen, a leading authority in this arena. In addition to being a certified SOT spinal, cranial and pediatric practitioner, Dr. Rosen serves on the board of directors of the Sacro Occipital Technique Organization-USA. He is also chair of the SOTO-USA Pediatric Committee, co-director of RSM-SOTO (the organization's teaching arm), and a member of the board of governors of the WCA.

In his 1940s text, *The Science, Art and Philosophy of Sacro Occipital Technique*, Major Bertrand DeJarnette made the following statement:

"The only true subluxation you ever see must be in a child prior to the age of seven years. If this subluxation goes uncorrected, it becomes a primary source of stimulus through life, but the tombs of distortion, which form from one traumatic experience to the other, soon bury this primary subluxation under that 'tomb of distortions.' ... The subluxation that all of us worry about occurred some time between birth and the seventh year of life, and the remedy would of course be careful chiropractic care from birth through the seventh year of life."

Even in the early stages of the development of his technique, DeJarnette understood the long-term ramifications of the subluxation and its effect on the functioning potential of the human nervous system. He dedicated his life, and inspired others to dedicate their lives, to the pursuit of excellence in the detection and correction of spinal and cranial subluxation complexes.

SOT, as developed by DeJarnette, is based on a category system of classifying subluxation patterns into three distinct, identifiable yet interrelated systems of body reaction. Through the use of specific indicators, these subluxation patterns can be located and corrected with greater accuracy, ease and efficiency.

Category I deals with the primary respiratory mechanism between the sacrum and occiput. When this system subluxates, usually due to dural meningeal stress at C1 or the sacral boot mechanism, it puts a strain on the spinal and cranial dura, impeding the flow of cerebrospinal fluid throughout the spinal-cranial system. This dural involvement creates distortion patterns as well as spinal and cranial subluxations in response to compensations created by this primary subluxation.

Category II involves hypermobility of the sacroiliac joint, causing a disrelationship between the sacrum and its corresponding ilium. The sacroiliac weight-bearing subluxation causes neural failure due to loss of the body's ability to maintain itself against gravity. This failure involves the cranial sutural system and often disrupts the normal functioning of the temporomandibular joint. Failure to correct this Category II complex, or the body's inability to compensate for the stress of the subluxation, may lead to Category III.

Category III is a complete failure of the compensatory reaction from a primary subluxation, and brings about

neural failure as a result of nerve root compression or stretch syndrome due to direct involvement of the cartilaginous (discs) joints of the spine.

Pediatric patients usually deal with Category I or Category II subluxation presentation patterns, since degenerative subluxation patterns (Category III) rarely are present in children. (Category III reflects a long-standing and chronic condition.) One advantage of SOT for the pediatric patient is that the category system provides the chiropractor with a system of indicators, checks and balances that not only determines the presence of subluxation, but at the same determines when a positive neurological change has occurred after the adjustment. This is extremely important in pediatric care when subjective determinations or indicators are not very useful. SOT also gives the practitioner a variety of ways to make an adjustment, from the standard forms of osseous structural corrections to lower-force structural and meningeal corrective procedures.

SOT encompasses a full array of adjusting procedures and protocols to determine the type of subluxation present and the most efficient way to correct it. From spinal structural corrections to meningeal and tonal evaluation protocols, viscerosomatic subluxation patterns, extremity evaluation procedures and cranial corrective procedures, SOT provides the chiropractor with a neurologically based indicator system. Dr. Rosen notes that since 80 percent of the nervous system is in the brain, and since the controlling mechanisms for homeostatic and reparative processes are located there, SOT can provide the family chiropractor another opportunity and level of care for the pediatric population he or she serves.

SOT is designed to assist the chiropractor in locating and correcting the primary subluxation. This is accomplished by evaluating indicators relating to specific category subluxation complexes. With a focus on correcting the primary causative insult to the nervous system, SOT provides a comprehensive, concise and reproducible technique. According to Dr. Rosen, "Regardless of your present technique or adjusting protocols, learning the basics of SOT and its functional anatomy and physiology will greatly increase your ability and skill set as a chiropractor."

To learn more about SOT, visit www.soto-usa.org or www.ICPA4Kids.com.

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