



NUCCA Editorial

Many of the acts which we perform carry a built-in penalty, an unforeseen punishment, for either the doer of the act or the person to whom the act is done. The consequences of these acts are frequently painful and sometimes disastrous, and are usually characterized by chance; that is, by the absence of prior design, plan, or purpose. They are things that happen unexpectedly or unintentionally. Many are simply mistakes that arise from wrong opinions, lack of knowledge, lack of understanding, lack of perception.

A man walking in the darkness who believes that there is no obstruction in his path and who suffers a severe fall over some unseen object is the victim of his own mistake. He alone must suffer the consequences that flow from his misconception, his false belief, his delusion. He deceived himself. No other contributed to his physical harm. He held an erroneous perception of reality, and his act of walking unknowingly in the dark contained a built-in penalty, the effects of which he alone must bear.

But what of the individual who performs an act with a built-in penalty that harms another? This raises the question of ethical conduct, the violation of those moral principles by which all should be guided. If negligence is suspected in the performance of the act, it is, of course, a matter for redress and, perhaps, for the courts to remedy.

The chiropractic adjustment is an act purported to benefit the one who receives it. Does it possess a built-in penalty? or does it always do good no matter how it is done, whether in accord with the tested and time-proven mechanical principles upon which it naturally must be based because it is a mechanical act or whether it is done in ignorance of the application of those mechanical principles? Is every adjustment a GOOD adjustment as has been claimed?

The orthodox premise of chiropractic practice has been defined by

chiropractic authorities as the correction, the restoration to or toward normal position of the vertebral segment that is subluxated, or the reduction of vertebral displacements by the adjustment as a pre-requisite to normalizing nerve function. No less an authority than D. D. Palmer, the founder of chiropractic, stated that "adjustments are only made when a vertebra is returned to (its) normal position".

The word "adjustment" is continuously used in current chiropractic literature in the sense of correction of the subluxation; and, defined, the word "adjustment" denotes the "orderly arrangement of one part to another"; "to set right"; "to bring it (a thing) by some change into its exact or proper position".

The question, then, that the chiropractic profession must face is one that has ethical overtones: Can the profession continue to do one thing, say another, ignore its authorities, refuse to recognize that a built-in penalty is in every adjustment, that patients could be harmed by a "wrong" adjustment, that some adjustments do violate mechanical principles?

If the misalignment factors of the subluxation are increased by a so-called adjustment, the built-in penalty would express itself, given time, in far greater detriment to the neurological component of that particular subluxation, detriment being in ratio to location. If the purpose of an adjustment is to "correct" subluxations so as to normalize nervous function, it should be clearly obvious that increasing subluxations by increasing misalignments of the subluxation is definitely contraindicated. One cannot have it both ways: that a vertebral misalignment is the damaging element of a subluxation, but failure to reduce the misalignments, on the one hand, or to increase the misalignment factors, on the other hand, makes no great difference. Such reasoning is a contradiction; it is not possible for both propositions

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Profiles in Chiropractic



Dr. Dudley S. Fay

Editor's Note: The MONOGRAPH's series of profiles of its distinguished members features in this issue Dr. Dudley S. Fay, 7500 Pearl Road, Cleveland, Ohio. Dr. Fay was elected to a two-year term by the NUCCA membership to the NUCCA Board of Directors on April 26, 1976. A prominent Ohio Chiropractor, Dr. Fay has practiced for over 48 years in his native State.

Dr. Dudley S. Fay was one of four brothers and a sister who died in infancy. Born on March 26, 1906 on a farm in Parma, Ohio, where he lived for twelve years before moving, as Dr. Fay states, "one acre next door to homestead".

Having suffered a neck injury at five years of age which resulted in severe complications, Dudley Fay was taken by his parents to Dr. W. A. Collinson, one of Ohio's pioneer chiropractors, when he was about ten years of age. Dr. Collinson adjusted Dudley, correcting his health problems.

It had been Dudley's youthful determination to become a clergyman, but the results received through chiropractic adjustments caused him at the age of fifteen to choose chiropractic as a life's work. Graduating from the Parma High School in

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1923, he secured employment as a truck driver, working in road construction. "I graduated", says Dr. Fay, "in the upper eight of my class." After a pause, he remarked, "There were only eight students in my High School class." While at Parma High, Dr. Fay played baseball and basketball.

Encouraged by Dr. Collinson and by his wife Dr. Mary Jane Gast, also a chiropractor, Dudley Fay enrolled in February of 1924 in the Blodgett Chiropractic College, then located in Cleveland, Ohio. In January of 1926, he entered the Palmer College of Chiropractic at Davenport, Iowa. Graduating from the Palmer College, Fay returned to Ohio, probably the youngest chiropractic practitioner in the State.

Dr. Fay has lectured before lay groups on the subject of chiropractic rather extensively for many years. Endowed with fine sense of humor, he is an interesting speaker and popular with his colleagues.

"I was introduced to upper cervical technique by Drs. J. E. and Mabelle Carpenter of Wooster, Ohio," said Dr. Fay. "To me, it proves the basic chiropractic premise because it is a positive approach with a built-in means of proving what we do through the use of pre-and-post X-rays. I began the practice of upper cervical in 1948, attending seminars presented in Ann Arbor, Michigan and conducted by Dr. John F. Grostic."

"Among my most interesting cases was that of a 45 year old female", reports Dr. Fay, "who had been legally blind for several years. Following her first adjustment, she was able to see my wrist watch without glasses. Another interesting case was Kathy, an active and talkative three-year old, who slipped on some porch steps, striking her neck on the edge of a step and immediately becoming paralysed even to the extent that she was unable to talk. Within one-half hour after her adjustment, Kathy climbed down from the adjusting table, walked across the room to her mother and said, 'Look, Mommy, I can walk'."

"My philosophy of practice", Dr. Fay stated, "is that nature needs no outside help in healing the body, just no interference. Chiropractic, properly applied, removes the interference, liberating the inherent

natural power of the body to heal itself."

Asked if he had any advice for younger doctors of chiropractic, Dr. Fay replied: "Only the advice that was given to me when I entered practice: to set my goal to be the very best chiropractor, not second best, and to study each case to make sure that the X-ray analysis is correct, the adjustment accurate, and the follow-through precise. Before entering the office each day, thank God for what you have and for guidance to do your best that day."

Dr. Fay is a member of the International Chiropractors Association, the Chiropractic Association of Ohio, and the National Upper Cervical Chiropractic Association, Inc. He served for three years as president and for six years as a director of the now defunct Ohio State Chiropractic Society from which, in 1963, he received the Chiropractors' Chiropractor Award for "distinguished service". He has been a life time member of the Presbyterian Church, has served as an Elder since 1950, Clerk of the Session for five years, and at all other levels of church work, including Commissioner to the three levels of church governance: Presbytery, Synod, and General Assembly, the latter being the highest court of the Church.

A member for several years, Dr. Fay expresses his reasons for belonging to NUCCA in these words: "NUCCA is the only total national chiropractic organization in existence. At its conventions and seminars, I get all the advancements in NUCCA research. NUCCA is designed so that no single individual reaps the profit from its seminars; the members are the sole recipients of the benefits. In this, NUCCA is unique. It is very refreshing to attend a meeting where only chiropractic at its finest is discussed. NUCCA has helped me toward my goal: to be the best chiropractor who has lived".

Now 70 years of age, Dr. Fay tells this story: "Concerning the subject of age, my attitude is the same as my Grandfather's. When asked, Grandfather would never tell his age, but rather how young he was. 'I'm just as young as I feel', Grandfather would say, 'age is a relative thing, but no relative of mine.' According to Dr. Fay, Grandfather was a young man when he died at the age of 92.

In Memoriam

Dr. Howard D. Holbright

With great regret we have learned of the death of Dr. Howard D. Holbright, 1408 Main Street, Stevens Point, Wisconsin, since the last publication of the MONOGRAPH. Dr. Holbright died on January 16, 1976. The cause of death was an apparent rupture of a lung artery which occurred while working in his office, January 14, 1976. He had suffered poor health for several months.

Dr. Holbright was born in Mingo Junction, Ohio, November 13, 1909. After graduating from the Palmer College of Chiropractic in 1941, he returned to Ohio and entered practice which was interrupted by service in the United States Navy where he was assigned to the Medical Department. Discharged, Dr. Holbright returned to the Palmer College of Chiropractic where he took refresher courses upon the completion of which he took and passed the Iowa and Wisconsin Basic Science Boards. Standing examination in Wisconsin, he was licensed to practice chiropractic and opened a practice in that state. His main office was located in Marshfield.

Dr. Holbright is survived by his wife, Ferne; his daughter, Andrea; son, Bruce, and a sister, Mrs. Mildred Voitko of Ohio. Dr. Holbright's many friends in NUCCA join the MONOGRAPH in extending their deepest sympathies to the survivors.

Dr. Holbright was a member of the International Chiropractors Association, the Wisconsin Chiropractic Association, and of the National Upper Cervical Chiropractic Association, Inc.

An active supporter of NUCCA, Dr. Holbright donated generously to the research projects of NUCCA, the upper cervical research organization affiliated with NUCCA, and attended NUCCA conventions and seminars regularly. We shall miss him.



Precious Money

Dr. James R. Coder of Lancaster, Pennsylvania calls it precious money, and the MONOGRAPH agrees with Dr. Coder. It was received by Dr. Coder in payment from a patient for his professional services and he immediately forwarded it to the NUCCRA Research Fund. Well, what is so unusual about being paid for services rendered, and what's new about Dr. Coder sending money to NUCCRA?

Dr. Coder tells the story: "Forty-three years ago, when I lived in Columbia, Pennsylvania, I attended a very sick lady at her home twelve miles from my office. She lived with her father who didn't believe in chiropractic and her brother who had called me to see his sick sister. The \$35.00 dollar fee, which included the house call and several office visits, was never paid: the father wouldn't and the brother couldn't.

"One year later, the patient married and had the money to pay, but I had moved to Lancaster and she did not have my new address, nor did she know how to spell my name correctly -- thinking it began with a K. For 43 years she held the money aside, suffering 43 years of concern over the unpaid bill, and for 43 years her conscience plagued her because I had helped her and not been paid.

"One week ago, the lady learned through meeting one of my patients that I was located in Lancaster, and she and her husband came to my office and paid the 43 year-old debt. After answering satisfactorily the many questions she asked to prove that I was the doctor who attended her those many years ago, she drew a deep breath and said: 'My conscience is cleared after 43 years! I am content and can sleep better'."

This is indeed precious money for it carries a value that cannot be reckoned!

Contributors to NUCCRA Research

Dr. Marshall Dickholtz, NUCCRA treasurer, receiving donations at the NUCCA banquet from doctors of chiropractic who desire to support and advance the research projects of NUCCRA. All contributors to NUCCRA may deduct their donations from their Federal Income Taxes because of NUCCRA's exempt status.

Listed below in alphabetical order are the names of the contributors:

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The NUCCRA Directive Board extends its thanks to each and every donator, not just for his financial assistance but for his vote of confidence in NUCCRA and what that research organization is struggling to do for the chiropractic profession and the public. Anyone wishing to contribute to NUCCRA should make his check payable to NUCCRA, Inc., not to NUCCA.

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NUCCA Editorial

to be true. And if it is not the function of the adjustment to restore the misalignment factors to or toward normal, what are we adjusting for?

A non-corrective adjustment in the upper cervical spine has the greatest built-in penalty because of the far-reaching effects of a C-1 subluxation throughout the spinal column and the human organism. Yet it is in this very spinal area that most chiropractic techniques of adjusting lack corrective know-how. The mechanical ineptness of these non-corrective systems of adjusting gives credence to the fact that they are inefficacious. The evidence continues to accumulate that mechanically inept systems of adjusting upper cervical vertebrae are indeed dangerous. Nevertheless, such systems are currently taught in chiropractic colleges, conventions, seminars and the like, despite NUCCA's repeated requests over the past 2 and 1/2 years that the chiropractic colleges and national chiropractic organizations at least investigate these questionable techniques which may present a clear danger to the public and to the profession.

Within the orthodox concept of chiropractic, the use of any adjustic

system other than a corrective one can not be considered as the act of a prudent and reasonable man. Adjustments that utilize mechanical principles that are not applicable or appropriate, thereby increasing the risk of penalizing another individual, are indefensible from any standpoint, and particularly indefensible from the standpoint of those moral principles by which all professionals should be guided. The fact that such adjusting is common and accepted practice in nearly all communities, which tends to alleviate some of the legal responsibility, does not excuse the risks involved. Nor does it necessarily follow that ignorance should be a defense. If an adjustor has been taught high-risk adjustic systems in college, does this fact relieve him of moral responsibility? Granted, much of the onus rests with the college which taught him, but chiropractic literature from the days of D. D. Palmer is replete with statements that set forth the necessity of correcting the vertebral subluxation by using the adjustment as a tool toward or to its normal position. Being thus exposed to this information, he should be forewarned.

Data Assimilation: Problems and Solutions

by Jerry E. Carroll, D. C.

The truth is, and always has been, that study (another term for accelerated learning) is hard work. "Painful" is the word Aristotle used for it, a term one of my university professors may have had in mind when he said "education without sore muscles is not worth much." Learning something new means altering our stability for the moment. The greater the strangeness or difficulty of the new information, the greater the strain put on our present, and comfortable, state of mind. Studying is indeed hard work, and the less students and teachers pretend that it isn't, the better.

Archimedes is supposed to have said that, given a lever and a place to stand, he could lift the world. In one way or another, most people spend much of their energy looking for

some such external leverage by which to alter or lighten their burdens; and all are bound to be disappointed. The job has to be done, to the degree that it can be done at all, from within.

The late Vince Lombardi once said, "All great successes are built upon attention to fundamentals." Successful study is no exception. Fundamentals of study are important because until they are mastered, you can't advance any further in the subject. People often blame others for their failures in studying and learning; but this failure stems from one of two things: either they don't know the fundamentals of study, or they haven't applied them.

In trying to assimilate a piece of data, nomenclature is a major stumbling block. If you don't know what a word means, then you can't read a sentence with that word in it

and know what the sentence says. The dependence of knowledge upon nomenclature is extraordinary, and is almost never appreciated by teachers or students. It's not the subject itself, but the nomenclature, that brings about difficulty in comprehension. When you read past words you do not understand, you begin to stack up an opinion that you don't know your subject. It's not the subject, but the nomenclature, that you don't understand. A comprehension of the nomenclature that is used is primary to the study of any subject.

One way to tackle the problem of nomenclature is to take a page of the text and underline or list all the words you don't understand. Then look up their definitions and study them to find out exactly what they mean. Don't tackle the subject matter of the page; just the nomenclature. By doing this I think you will discover, as I have, that the subject becomes less difficult to learn. By studying pages and skipping misunderstood words, you can put yourself in a complete mystery. You may acquire status through having learned something, but not by pretending you know something when you don't. **Never** go past a word that you do not fully understand. The stumbling block, first and foremost, to effective data assimilation is going past misunderstood words.

The above procedure gives you a really firm grip on what you know. Careful study is not necessarily either thorough or wise; it is merely careful. In my opinion, a student's brightness or dullness in any subject is dependent upon the degree or carefulness he exercises while studying. A careful student can apply a subject with only a textbook command of the subject and in the absence of any familiarity with the subject. To master any subject it is first necessary to master the nomenclature. Time spent looking up words you don't understand is time that will save you much time later on.

There is no reason why a person should become concerned about the pursuit of knowledge, because all that knowledge amounts to on any subject is an understanding of words. Knowledge is something achieved through study. Any time you observe something to find out something about it you are, in fact, studying it. Observation falls into two categories:

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In Memoriam

Mrs. J. Walter (Muriel) Stanford

It is with great sadness that we learned of the death of Mrs. J. Walter (Muriel) Stanford who passed away on April 14, 1976 in her home at 220 Kennesaw Avenue, N. W., Marietta, Georgia 30060.

Born in Minneapolis, Minnesota and raised in Crookston, Minnesota, Muriel sought and found employment in Davenport, Iowa. There she met J. Walter Stanford, a student at the Palmer College of Chiropractic, whom she later married in Atlanta, Georgia forty-two years ago.

Very active in chiropractic, Muriel was secretary to her husband during his years of practice in Marietta, Georgia. She also served several terms as secretary to the Womens' Auxiliary of the International Chiropractors Association (ICA) of which she was a charter member. As founder and president of the Georgia Chapter of the Womens'

Auxiliary of the ICA, Muriel fostered many projects to raise scholarship funds for deserving chiropractic students.

A strong supporter of NUCCA and of NUCCRA research from the beginning, Muriel (and her husband) worked for and financially supported both NUCCA and NUCCRA. She so often impressed upon her friends and the patients the great need for these two organizations that at her death friends and patients alike contributed money in lieu of flowers to NUCCRA research.

Muriel had many artistic interests as hobbies among which were flower arrangements and china painting. A member of the Marietta Flower Club, she received awards for her arrangements.

Mrs. Stanford is survived by her husband and her 98 year old mother, Mrs. Adeline Phillips of Maquoketa, Iowa. Our heartfelt sympathies are extended to Dr. Stanford and to Mrs. Phillips.

We who were Muriel's close friends will long remember her. Each of us can take comfort in the words of Longfellow: "There is no death! What seems so is transition; this life of mortal breath is but a suburb of the life elysian, whose portals we call death."

NUCCRA Research - The Anatometer

In April of 1976, U.S. patents were applied for on the ANATOMETER, an instrument that measures and records in terms of the orientation planes of motion the presence of, the location of, and the severity of the distortion-stress effects of C-1 subluxations on the human body, making possible thereby statistical analyses of reciprocal relationships between C-1 misalignments (determined by X-ray analysis) and such distortion-stress effects on the skeletal framework as directly result from the misalignment interferences of C-1 on the nervous system and its normal functioning. The ANATOMETER can demonstrate the distortion-stress effects of a C-1 subluxation on the spine by checking the malpositional relationships of key vertebral segments along the spine prior to and subsequent to C-1 correction, indicating thereby the corrections obtainable throughout the spine and thus reducing the need for repeated applications of X-radiation to the patient. The machine has movable elements which provide indications of corrections or displacements and has a pair of vertically movable platforms with horizontally adjustable foot placement indicators mounted thereon.

FUNCTIONS

The ANATOMETER has several purposes and functions. Among these is the determination of the absence or the degree of the presence of interference with nervous conduction at the spinal level of C-1 as expressed in terms of bodily distortion. It determines if an adjustment of C-1 is required. It measures the effectiveness of a C-1 adjustment immediately following such adjustment and the degree to which the adjustment is corrective; and, on succeeding checks, the length of time the correction remains stabilized. The ANATOMETER also measures the state of muscular and/or skeletal stress of the body and to what degree. It measures the degree of pelvic-girdle distortion into the lateral and transverse planes of motion so that relationships to the misalignments of C-1 subluxation into the lateral and transverse planes can be established and compared, an important function in researching the effects of C-1 subluxations on the body. Thus the ANATOMETER has a



Miss Sherry Dickholtz of Chicago, a Palmer College of Chiropractic student, being examined on the ANATOMETER by Dr. Ralph R. Gregory at the 1976 NUCCA Convention.

data-retrieval function. The ANATOMETER predicts the onset of a C-1 subluxation and indicates changes in the misalignments of a C-1 subluxation indicative of the need for correction vector changes in the adjustment and a reevaluation of the subluxation listing.

There are several other functions which the ANATOMETER is capable of performing to one degree or another. It was invented primarily to test by measurement the basic hypothesis that C-1 subluxations are the most far-reaching and damaging subluxations in the spinal column because of their proximity to the caudal region of the brain stem, and to relate reciprocally each misalignment factor of the C-1 subluxation, if possible, to its distortion effect on the body.

In very simple terms, the ANATOMETER is a measuring stick. For the first time, to our knowledge, in chiropractic and/or medical history a measuring system has been devised to demonstrate the harmful effects of a vertebral subluxation on the human body and to provide a means of relating those effects directly to a vertebral subluxation. Furthermore, the ANATOMETER has provided convincing proof of the neurological rationale that C-1 subluxations can and do cause imbalance between the

inhibitory and the facilitatory mechanisms of the brain stem, which imbalance is responsible for spastic contracture in skeletal muscles.

Application for U. S. Letters Patent have been made by Mr. Peter Benesh and Dr. Ralph R. Gregory, both of Monroe, Michigan. Mr. Benesh and Dr. Gregory are co-inventors and co-patentees of the ANATOMETER, and Mr. Benesh is the manufacturer. Both have assigned their interests in the instrument to the National Upper Cervical Chiropractic Research Association, Inc., a Michigan Corporation, of which Dr. Gregory is president.

A separate application for a process patent on the ANATOMETER has been made by Dr. Gregory, inventor of the process. The law firm of Harness, Dickey, and Pierce of Birmingham, Michigan are the patent attorneys. Dr. Gregory has assigned his interest in the process patent to the National Upper Cervical Chiropractic Research Association, Inc.

The cost of the research project with the ANATOMETER is in excess of \$100,000.00. The greater amount of this sum was supplied by Mr. Peter Benesh. All of us are indeed grateful for his generosity and his vision.

During the nearly five years of intense research, Professor Daniel C. Seemann of the University of Toledo served as statistician, research advisor, and counselor. His assistance in all areas of the research project was invaluable.

The Upper Cervical MONOGRAPH

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Change of Address

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How to Adjust the Atlas Subluxation Complex

(Con't from Vol. 1, No. 9)

In the last issue of the MONOGRAPH, the Arch Phase was discussed. In this discussion it was pointed out that the objective of the Arch Phase is to form the contact hand so that it is sufficiently rigid to withstand the divergent forces that emanate from the adjustor's triceps' muscles as they are contracted at the moment he delivers his adjustment.

"A point to remember" was appended to the discussion which bears repeating: The adjustor does not adjust to overcome the resistance offered by the atlas vertebra, but adjusts against the resistance of his own hands. In other words, the contact hand-arch must be rigidly formed so that it will not break down under the pressure of the adjustment and the roll-in hand must be positioned on the contact hand -- locked in, so to speak -- that the divergent forces are brought to a single point so that these divergent forces are expressed through the pisaform bone of contact hand. Lacking this conversion of forces to a single point, the adjustic forces are scattered about the transverse process and such errors as lack of reduction of laterality, rotation, lower kink corrections, and spinous reductions occur.

To achieve the objectives of adjustic control of the divergent forces and complete resistance to the triceps' pull action is the purpose of the combined steps of the Arch and Roll-in Phases. Without these steps depth of drive and, consequently, trauma can occur.

While performing the Arch Phase and the Roll-in-Phase, the position of the adjustor will be that of having his episternal notch directly over the patient's transverse process, or over point A, as depicted on the schema in Vol. 1, No. 4 MONOGRAPH.

STEPS OF THE FIFTH ADJUSTIC PHASE

There are 10 steps in the Roll-in, or Fifth Adjustic Phase. The First Step ties in with the Arch Phase.

1. Form arches as described in the exercise under step 1 of the Arch Phase in Vol. 1, No. 9 MONOGRAPH.

2. Draw the roll-in hand (hammer hand) back across the wrist of contact hand (nail-hand) toward you, holding the wrist of contact hand at about a

45° angle from the horizontal. The wrist of roll-in hand should be drawn back at an approximate 90° angle to the radial bone of contact hand in this act, and until the pisaform bone inserts between the ligaments that form the fossa at the base of the thumb of contact hand when it is formed into an adjustic arch.

3. Pull with the contact arm toward you when rolling in with the roll-in hand so that pressure is exerted by the pisaform bone of roll-in hand into the fossa at the base of the thumb of contact hand. Obtain in this manner a constant feed-back of the pisaform bone-fossa insertion.

4. The adjustor should keep his mind on the centers of motion in performing the succeeding acts or steps. (This step is very important because without a conscious feed-back the adjustor will utilize wrong joint centers of motion which will destroy the effectiveness of his action, thereby permitting error and causing inefficient action).

5. Keeping the shoulders in a set-back position, turn the ball of the humerus of roll-in hand forward, maintaining the center of motion in the glenoid cavity, not the elbow joint as is the tendency. **DO NOT TURN THE ROLL-IN HAND AT THE WRIST JOINT.** The roll-in hand must be forced to turn by the action of the humerus ball turning in the glenoid cavity. This action insures a true pivot of the pisaform bone of the roll-in hand into the fossa formed at the base of the thumb of contact hand. By the act of turning the ball of the humerus of roll-in hand, the thumb of roll-in hand is forced behind the wrist of contact hand.

Note: If the adjustor is practicing this step against a wall coordinator where he is in the upright position, the humerus ball will be turned upward in the glenoid cavity -- not forward as when in the adjusting position.

By a "set-back" position of the shoulders is meant that position of the shoulders which, when viewed through the lateral plane from one glenoid cavity to another, would present a straight line.

6. The roll-in shoulder must be permitted to go back during the roll-in about 2 and 1/2 inches to accommodate for the width of the wrist of contact hand.

7. The humerus ball in the glenoid cavity of roll-in arm is now reversed backward (in the adjusting position) which tends to force the pisaform bone of roll-in wrist more posterior in the fossa at the base of the thumb of contact hand. The wrist of roll-in arm will be forced up and away from the radial bone of contact hand and this tendency must be resisted. If it is not resisted, the next step -- the wrist break -- will not be effectively accomplished.

8. The wrist-break is an action wherein the wrist of roll-in hand is allowed to turn from a center of motion at the distal end of the pisaform bone. In other words, the wrist lever, which is considered as a solid bar connecting the center of the pisaform to the center of the fossa at the base of the thumb, is allowed to turn from its parallel position to the radial bone of contact hand toward a position that approximates a 45° position to the radial bone while maintaining the center of motion and contact within the fossa of contact hand. Performed properly, the wrist-break will be automatic. Considerable pressure will be exerted at this point by the thumb of roll-in hand on the back of the wrist of contact arm. The thumb may be permitted to slip so that the pisaform bone of roll-in hand may maintain its position at the posterior of the fossa of contact hand.

9. The fingers of roll-in hand are turned from their knuckles toward the distal end of the fingers of contact hand. The center of motion is confined to the knuckle joints and is not permitted from the pisaform bone situated in the fossa of contact hand. Immediately upon turning the fingers of roll-in hand, they are dropped around the wrist of contact hand, the ring finger of roll-in hand assuming a position anterior to the knuckle on the wrist of contact hand. The pisaform bone of roll-in hand should feel securely locked in the fossa of contact hand. The radial bone of contact hand should rest against the first phalange of the thumb of roll-in -- not in the webbing between thumb and first finger. The knuckles of roll-in hand should parallel the radial and ulnar bones of contact arm.

10. Roll-in hand should be then relaxed and the adjustor should feel securely locked into the fossa of contact hand.

(Con't next issue)

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Data Assimilation

first-hand, or direct; and second - hand, or indirect. Observation from the printed page is second-hand observation, but it is, nevertheless, the route upon which almost all knowledge travels. First - hand knowledge is acquired by direct observation and experience. But even to achieve first-hand knowledge, it is much better to have the fruits of other observations and experiences with which to profit.

If you were called upon individually to evolve all knowledge there was about anything in one lifetime you would get so little done on this project that you would die stupid. So you can see that there is value to second-hand knowledge. In view of the fact that the greatest body of knowledge is actually second-hand observation, realize that it is perfectly valid when coupled with understanding. But you must realize, also that it is peculiarly liable to **having** to be understood. In other words, the person who wrote the textbook is not faced with the problem of understanding the subject matter, but you are.

The less direct our observation is, the greater our understanding has to be. In data assimilation, understanding is a substitute for mass. Your understanding has to increase to the degree that your observation is indirect. The difficulties of second-hand observation are innumerable. Part of our understanding, when we are engaged in second-hand observation, must include an evaluation of the reliability of the information we are being given. In other words, we have to be capable of evaluating the truth on falsity of the relayed observation. Another part of understanding must include an evaluation of the relative importance or the relative applicability of the information we are being given. This is where judgment comes into play.

Utilization of judgment depends upon a very thorough knowledge of the subject. Free your own judgment if you expect to realize any real value out of studying. Fixed ideas about a subject stem from the fact that one doesn't fully understand the subject. Will Durant, the noted philosopher, once said, "The formula for perpetual ignorance is to stick to fixed opinions and refuse to evaluate new ideas." One oftentimes develops fixed opinions to protect the fact that

he is stupid concerning his subject. Judgment depends upon a freedom from fixed opinions (you know what you know, and you know what you don't know). When you know your subject, you aren't a victim of unfavorable circumstances concerning the subject. Difficult conditions do not necessarily have to mean unsatisfactory results. You can, somehow or other, turn them to your advantage.

If what you know, or think you know, about a subject isn't producing results, then you don't really know the subject. Actually, it doesn't come down to a test of what you know, but what you can do with what you know. You can't criticize a subject realistically of which you have no working knowledge. In order to be a critic, you would have to know what could be done and what couldn't be done in a particular field. People who are arrogant lack the humility of vast wisdom. Arrogance inhibits true wisdom. The need of status and self-esteem evaporates in the presence of real knowledge, and a real esteem takes its place. This real esteem is most impressive to self and to others because it is producing results. There is no argument with competence. Perhaps the greatest barrier to learning any subject is the student's idea that he already knows everything there is to know about it before he begins studying it. Once this barrier is cracked, and he sees that there is something there to learn, he can begin to apply himself realistically and become truly knowledgeable in the subject.

MONOGRAPH

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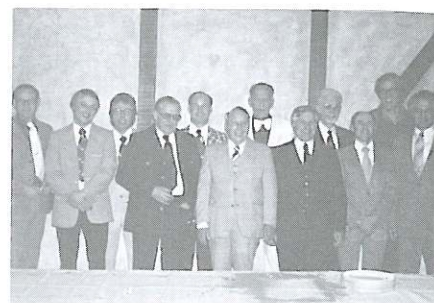
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NUCCA Convention Report



Dr. Gregory, NUCCA President, talks with Drs. M Murai (left) and Noboru Ikuse who traveled from Japan to attend NUCCA Convention.



Combined NUCCA - NUCCRA Directive Boards. (left to right) Drs. L. Pond (N. M.), J. E. Carroll (Mich.), A. Berti (Vancouver, B. C.), R. R. Gregory (Mich.), M. Dickholtz (Ill), T. R. Elliott, Sr. (Okla), J. Clark (Texas), S. Boike (Ohio), D. S. Fay (Ohio), R. L. Redman (Ill.), G. R. Coder (Penn.), R. E. Nader, (Ohio), Drs. C. Auman and C. Brady absent.

Additional Photos and Story
On Page Eight . . .

50 Years of Service



Drs. L. H. McLellan (Ariz.) and J. R. Coder (Penn.) receive plaques for over 50 years of service. Dr. C. Aumann (Ind.), the third plaque recipient was unable to attend.

NUCCA Convention Report



Prof. Daniel C. Seemann, University of Toledo, addresses the NUCCA Convention. Professor Seemann is the Research Advisor to NUCCRA.

On April 28, 1976, the National Upper Cervical Chiropractic Association, Inc. (NUCCA) concluded its tenth annual Educational Conference at the Holiday Inn, Monroe, Michigan. Acclaimed the finest convention that NUCCA has held to date, it was certainly the largest, NUCCA membership having increased by over twenty-five percent in the past year.

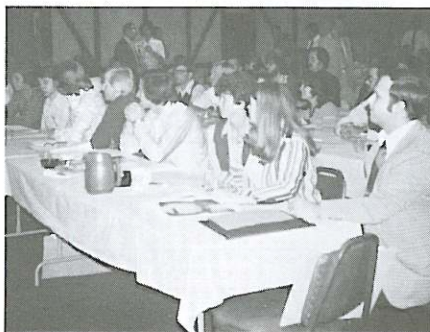
NUCCA members came from near and far. Traveling the farthest were Drs. Noboru Ikuse and M. Murai both of whom came to Monroe just to attend the NUCCA convention. Dr. Ikuse is a recent graduate of the National College of Chiropractic, and has been a strong NUCCA supporter and member since his student days.

Students from the National College of Chiropractic, from the Palmer College of Chiropractic, and from the Cleveland College of Chiropractic attended the convention. NUCCA takes pride in being a unifying force between all factions of the profession and it believes and practices the concept that unification can be achieved on the basis of the vertebral subluxation which is the essential nature of chiropractic.

In his opening address to the NUCCA Convention, Dr. Ralph R. Gregory, NUCCA president, discussed the theme of the 1976 convention: "C-1 Subluxations and their Measured Production and Reduction Effects on Pelvic Distortions". He stressed the detrimental effects of a C-1 subluxation specifically in terms of its lateral displacement from the condyles of the occiput. "Lateral

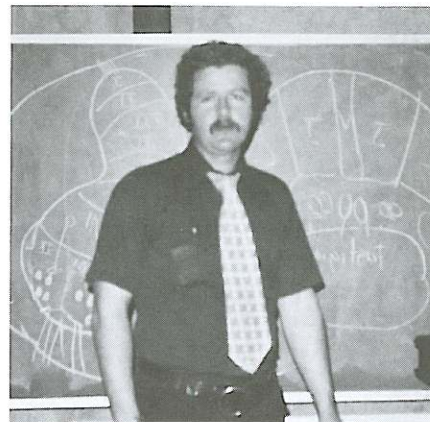
misalignment has been proved to be the most essential element of a C-1 subluxation in producing bodily distortions, including lumbar and pelvic derangement from the true vertical axis of the spinal column", Dr. Gregory stated. "Lateral abnormal movement of C-1 is the single misalignment that 'triggers' the imbalance between the inhibitory and the facilitatory mechanisms in the brain stem", he continued. "The NUCCRA research work accomplished over the past five years with the use of the ANATOMETER as a data-retrieval instrument", Dr. Gregory said, "has established the basic NUCCRA hypothesis that C-1 subluxations can be responsible for neuromuscular problems which cause spastic contracture of skeletal muscles and, resultantly, bodily distortions."

Dr. Gregory then went on to explain the neurological rationale basic to NUCCRA research and gave reasons why the Atlas Subluxation Complex (ASC) is a physical stress-producing mechanism -- stress being anything that places special physical or psychological demands on an individual sufficient to unbalance his equilibrium. He discussed briefly the neurological component of the ASC, the effects of the ASC on the medulla, on the spinal cord, and on the Reticular Activating System, and he cited evidence that exists embryologically and from the standpoint of the evolutionary development of the nervous system that supports the importance of chiropractic research of the upper cervical spine.



College students intent on NUCCA lecture.

Professor Daniel C. Seemann of the University of Toledo and Research Advisor to the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA), who has participated in the ANATOMETER Research Project since its inception, addressed the NUCCA Convention concerning the history of the ANATOMETER, its procedures and functions, and discussed some of the statistical findings in relation to the project.



Don Newman, Ph.D., Armed Forces Radiobiological Research Institute, lectures at the NUCCA Convention.

Donald Newman, Ph.D., presently associated with the Armed Forces Radiobiological Research Institute at Bethesda, Maryland and a former professor of neuroanatomy at Loyola Dental School in Chicago, Illinois, spoke on the subject of Research on the Reticular Formation. NUCCA is attempting to obtain Dr. Newman's lecture for publication in a future issue of the MONOGRAPH.

Harriet G. Williams, Ph.D. of the University of Toledo was to address the NUCCA convention but suffered a severe attack of virus. Her paper, **An Anatomical - Functional Review of Selected CNS Motor Control Structures** will be published by NUCCA. Dr. Williams addressed the NUCCA Convention last year and was exceptionally well received.

Much of the convention time was devoted to practical work in film analysis and to adjusting technique. Instructors in this phase of the convention were members of the NUCCA Board of Directors.

The convention chairman was Dr. J. E. Carroll, a recent graduate of the National College of Chiropractic. *Additional Photos on Page Seven . . .*