



NUCCA Editorial

For over two years, NUCCA has been calling attention to the urgent need for a scientific investigation of some questionable chiropractic procedures taught and practiced extensively, particularly some of those applied to the upper cervical spine. In its resolution to the national chiropractic organizations and the chiropractic colleges (MONOGRAPH, Vol. 1, No. 6), NUCCA stated that "all such procedures and practices that fail to reduce or can increase the misalignment factors of a vertebral subluxation (should be) considered unethical". Any so-called adjustment that does not reduce the misalignment factors of a vertebral subluxation fails to benefit the patient. In the cervical spine, this is a matter of statistical proof. Any so-called adjustment that increases the misalignments of a vertebral subluxation is detrimental to the patient. In the cervical spine, this is a matter of demonstrable proof, measurable proof, based upon ANATOMETER research findings. The adjustment that is non-corrective, that neither reduces the misalignments or increases the misalignments, is not chiropractic and constitutes unethical practices.

No attention by the national organizations or the colleges has apparently been accorded the NUCCA resolution in spite of the increasing evidence that, for example, the use of the patient's head as a lever with which to manipulate cervical vertebrae can result in an increase in the misalignment factors of the subluxated cervical vertebrae, increased neurological insult, and, in a few instances, severe vascular damage, and, in most instances, harm to the patient, such disregard certainly suggests that there exists a lack of understanding of what constitutes ethical practices in chiropractic, perhaps even what constitutes chiropractic.

The chiropractic profession holds itself out to the public to be expert in the correction of vertebral subluxations. Its practitioners are purported

to be trained in the art of adjusting subluxations. Chiropractic literature is replete with references to adjusting (correcting) the vertebral subluxation. Yet the same old mechanically inept systems of adjusting upper cervical vertebrae that existed prior to the time of D. D. Palmer, the founder, are still taught today.

When expertise is claimed and not fulfilled, the question of ethical practices arises. In all fairness to the practitioner, it should be noted that he is practicing what he was taught to practice. The onus, therefore, would seem to rest on the colleges. It is the individual practitioner, however, upon whom the brunt of a malpractice case will fall and it is upon the patient that the burden of suffering rests.

The adjustor who is inadequately trained to adjust the cervical subluxation correctly along its true reduction pathway, or even to possess the knowledge necessary to establish the true reduction pathway for any given cervical subluxation, is making as much sense as the mechanic who fails to see the necessity of making gears mesh properly. In both instances, future problems are being created. It is in the nature of things mechanical that gears must mesh with some degree of precision, and it is in the nature of things anatomical and physiological that vertebral joints perform their intended functions with their articulating surfaces in proper apposition. Neither the mechanic nor the adjustor is performing an ethical service unless he recognizes and fulfills his obligation in these respects.

Palmer's Basic Fact

The fact that, perhaps more than any other, distinguishes chiropractic from the folk-lore practices of spinal treatment that existed for centuries prior to D. D. Palmer was that which Palmer called his "basic fact". Palmer wrote: "I do claim to be the first to replace displaced vertebrae by using the spinous and transverse processes as levers wherewith to rack subluxated

Profiles in Chiropractic



Dr. Helen W. Fair

Editor's Note: The MONOGRAPH profiles in this issue the seventh member of NUCCA, chosen as an outstanding practitioner because of her unique brand of devotion to her patients, her dedication to her profession, and her interest in and support of the NUCCA-NUCCRA organizations. The subject of this Profile is Dr. Helen W. Fair, 4226 Lemmon Avenue, Dall, Texas.

Dr. Fair's motivation in life is to render a personalized service to the people with whom she comes in contact - a giving of herself -, and it was this kind of motivation that brought her from the business world into chiropractic, brought to her an inner satisfaction and happiness, and brought her to the great State of Texas. In the practice of her profession, Dr. Fair finds ample opportunities to give of herself in serving those who most need her.

Dr. Fair states her personal philosophy of life succinctly: "My philosophy of life", she said, "is that we are put on this earth for service - to serve our fellow man, our

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community, our country. My favorite prayer is: 'May the Divine Power, Wisdom, and Love of God infuse our bodies, minds, and hearts that our lives may be lived in His service, and to the benefit of our fellow man'."

Born December 19, 1907, in Bergen, New York, Helen Fair moved with her family to LeRoy, New York at about the age of two years. Here with her brother and sister she received her preliminary education. Graduating from High School, she matriculated in Bryant and Stratton College in Buffalo, New York; and, following college, she obtained her business education at the Rochester Business Institute in Rochester, New York.

Dr. Fair was employed for a short time by the Hellmann Products Company, later being employed by the LeRoy National Bank. When the LeRoy National merged with Bank of LeRoy, Helen Fair continued her employment with the Bank of LeRoy. "The business experience I received from working in all the departments of the bank", she says, "has been of great benefit to me in handling my affairs and in my association with people".

"I might have been a surgeon", Dr. Fair reminisces, "because, as a very young child, before I was eight years old, I told my father that I wanted to be the best surgeon in the United States. I thought about it all the time. My father's death when I was ten years old finished that dream. Had he lived, I certainly would have entered medicine. Instead I entered the business world."

Serving people in the business world, however, did not provide the satisfaction Dr. Fair required because it too seldom afforded the opportunity to give of herself when and where she knew the need existed. "In business", she says, "I was not happy. I prayed and meditated for a way to be opened to me so I could really help people. And a "way" was opened to me through a friend of mine who became quite ill with a health problem for which the medical doctors seemed to have no remedy. Not knowing anything about chiropractic, I described my friend's condition to a doctor of chiropractic who was a customer of mine in the bank. He accepted my friend's case and under his administrations she rapidly recovered."

Impressed by her friend's recovery, Helen Fair inquired of the chiropractor if he thought she was too old, being in her thirties, to enter a chiropractic college. In February of 1944, at the age of 37, Helen Fair enrolled in the Palmer College of Chiropractic at Davenport, Iowa.

An upper cervical practitioner, Dr. Fair states that "in all her years of practice, I have never adjusted any vertebra below atlas". A member of the National Upper Cervical Chiropractic Association, Inc. (NUCCA), she states: "Doctors who are really serious about the upper cervical system, and are willing to put the time and money into studying this field, need to belong to NUCCA because it is an organization backed by research, working with every relevant principle of mathematics, physics, and so forth, until the best possible answers are found". Dr. Fair is also a member of the International Chiropractors Association and the Chiropractic Society of Texas. She has also supported the research work of the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA).

Asked if she had any advice after 30 years of practice that she could share with the younger doctors, Dr. Fair replied: "To get sick people well, the chiropractor has to be a perfectionist in every phase of his upper cervical work. Failing in one phase, he fails in all. The adjustment hasn't been accomplished until the correction has been made, until the misalignments have been reduced. Never send the patient from your office until you know that he is free of his subluxation. Follow this procedure, this rule in your daily practice, and you cannot fail to be a successful practitioner. At the close of the day, count the number of successful adjustments you've given, not the number of dollars you've acquired."

Questioned about her most unusual case, Dr. Fair said: "My most unusual case was a female, age 30, who suddenly went blind. The surgeon opened the patient's skull and found excessive fluid that was causing pressure on the optic nerves. A needle was inserted through a hole drilled in the temporal bone and every Wednesday the patient went to the hospital where the excess fluid was drained from her that had formed since the previous hospital visit. I x-rayed and adjusted the patient on a Saturday, and on the

following Wednesday at the hospital no excess fluid could be found. Within three or four weeks, the patient began seeing the difference between light and dark. Gradually, her sight returned. The patient's history disclosed that about a month prior to her blindness she had received a bad blow to her head. Apparently this caused the upper cervical subluxation that in turn caused the excessive fluid."

Dr. Fair's hobbies are fishing, bowling, and photography.

NUCCA Scholarship Awards

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. Seamann, NUCCRA Research Advisor.

Submitted articles may deal with any aspect of the Occipital-atlanto-axial area of the cervical spine: Mechanics, neurological manifestations, analyses of cervical subluxations, corrective techniques for cervical subluxations, detrimental effects of upper cervical subluxations on the human organism, etc.

All entries will be judged by the NUCCA Directive Board and by Professor Seamann. Their judgement 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:

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The Case of Mrs. John M. Oakley

Editor's Note: The MONOGRAPH continues its series of serious and unusual cases that, failing other help, have successfully responded to upper cervical chiropractic. Each case reported by the MONOGRAPH is one in which success resulted from MAXIMAL REDUCTION OF THE MISALIGNMENTS OF THE ATLAS SUBLUXATION COMPLEX. In this issue, Mrs. John M. (Rosina) Oakley of 1038 North Graham Avenue, Indianapolis, Indiana tells her story in her own words of three-and-one-half years of illness.

It was in September of 1964 when I received my first upper cervical adjustment from Dr. C. F. Aumann of Indianapolis. My results from Dr. Aumann's adjustment were miraculous. It was the beginning of my start on the road to recovery after three-and-one-half years of a nightmare of illness.

My health problems started in March of 1961. Up to this time and to the age of 45, I had been in excellent health, doing all my housework, yardwork, flower gardening, decorating, doing volunteer work, and even taking organ lessons. My sons were nine and eleven years of age, and our home was the "rec" center for all the neighborhood cowboys and Indians.

On March 11, 1961, I cleaned house all day. I was finishing up by cleaning the tub when "something" seemed to "go out" in my lower back as I started to get up. I had to pull myself erect along the wall. Severe pain set in and I was unable to sit comfortably.

The next day my husband took me to an osteopath who massaged and manipulated me. I continued with the osteopath on a weekly basis for two months, but I kept getting worse. My pain increased when I attempted to lie down and I was unable to sit with any comfort at all. Soon I became exhausted from lack of sleep and rest.

In May I consulted a medical doctor who injected me each week with B-12 shots and calcium. He also prescribed many pain pills. By mid-June, having made two visits each week with no help, I was sent to the hospital. A GI series and pelvic examination were made, and it was decided that an ovarian cyst was



Mrs. John M. Oakley

causing the pains. Following surgery, after the anesthetic wore off, all the pain returned again whenever I moved. Next, ultra-sonic treatment was resorted to. It, also, was not successful, and I was released from the hospital, sent home, with all the symptoms I had entered the hospital with including one more: The surgeon had tried a new type of suturing material and the incision opened internally. The sutures were being expelled from my body, some complete, some minute, knots and all.

Continuing with the medical doctor, I was placed on Demerol, muscle relaxants, nerve pills, and experimented on with hormones. All this sent me back to surgery in September since it caused lumps in the breast and there was doubt as to the presence of malignancy. The lumps proved not to be cancerous, but I nearly went to my Maker because the anesthetic combined with the heavy doses of pain killer caused me to go into post-operative shock.

My condition worsened in the following months. Bowel infections, kidney infections, bladder infections, and female disorders plagued me. In addition I began to lose my coordination and the use of my legs.

In May of 1962, I sought the help of a chiropractor. For two months, three

days a week, I received ultra-sonic treatments, spinal traction, and the type of adjustment where the head is jerked, snapped, and cracked. My condition continued to get worse, and became complicated by increasingly painful menstruations.

It was then decided by my medical doctor that I should have a Radiological Hysterectomy. Eleven x-ray treatments were given to me in July of 1962. The treatment helped to alleviate a few problems, but the severe back pains persisted as did the lack of coordination and continuing lack of use of my legs. As these conditions kept getting worse, I was able to do less and less.

In March of 1963, I was again hospitalized for more tests and a neuro-surgeon was called into the case. X-rays were taken of the neck, stomach, bowels, colon, kidney, and bladder. A myelogram was made of the spine. Would you believe it, forty-nine x-rays and no answers? I was dismissed from the hospital after eight days of ultra-sonic treatments, told I had some osteoporosis, and that I had to live with my health problems. I was being stuffed daily with twenty-five pills and capsules, plus sleeping pills, and 200-600 milligrams of Demerol daily. By now I was practically a bed patient and could not be left alone because I was becoming suicidal with no control over it.

In May of 1963, I consulted a psychosomatic doctor. He started me on an experimental nerve capsule which got me out of bed. If I didn't bend, stoop, hurry, or get excited, I could walk slowly and talk. When the effects of the capsule wore off, I was just like a dummy. A goodly portion of the pain relieved, however, along with another drug and aspirin. I lived now what I called a "tolerable constant discomfort". But, as the months dragged by, my condition again became worse. I consulted the best Orthopedic Surgeon available, then another neurologist, but with no results. More x-rays disclosed some slippage of the fifth lumbar vertebra but was considered not serious enough for surgery.

In September of 1964, I turned to Dr. C. F. Aumann, an upper cervical chiropractor. He examined my full

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vertebrae into normal position, and from this basic fact, to create a science which is destined to revolutionize the theory and practice of the healing art".¹

It is difficult to imagine how anyone could interpret Palmer's statement to mean other than that he developed a better system than previously existed for replacing displaced vertebrae, one that utilized the transverse and spinous processes; that he recognized the necessity of replacing subluxated vertebrae; that from the "basic fact" of replacing displaced vertebrae, he could "create a science", and that Palmer's "basic fact" was, to him at least, the basic fact behind the theory of chiropractic.

Admittedly, the argument could be made that today's chiropractic has progressed beyond Palmer's day and there would be truth in this contention. The progress that could be claimed, however, would not go to the question of better methods of replacing cervical vertebrae. In fact, what constitutes a "normal position" has never been established on a physical, measureable basis to our knowledge other than by the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA).

Palmer-Gregory Conflict

In 1912 Alva A. Gregory, M.D., published his SPINAL TREATMENT, SCIENCE, and TECHNIQUE. In this interesting and rare textbook, Gregory sets forth his definition of an adjustment, and proceeds throughout the next 40 pages to explain and illustrate the atlas and cervical adjusting methods he advocated.² Gregory makes it clear in his text that he totally rejected the concept advocated by D.D. Palmer that vertebrae become displaced. "The idea", Gregory stated, "of a vertebra slipping out of place will never appeal to thinking and intelligent people."³ To Gregory, the cause of spinal subluxation was muscular contraction which caused vertebral segments to "approximate", thus narrowing the intervertebral foramina, resulting in nerve interference.⁴ Rejecting D. D. Palmer's displacement - replacement concept, Gregory, and others, introduced into chiropractic some Bohemian methods, some of osteopathic origin, and other techniques of a non-specific nature

developed by some of the early chiropractic practitioners who likewise had rejected D.D. Palmer's "basic fact". The point of all this seems to be that modern chiropractic is trying to follow the basic concept of D.D. Palmer with the adjusting methods of A.A. Gregory, et al.

Aside from the fact that modern X-ray procedures have proved Gregory wrong and D.D. Palmer right, the non-specific adjusting methods of A.A. Gregory are still taught in our colleges, some with a few variations thrown in. Most of these mechanically inept methods use the skull as a lever wherewith to attempt a correction of the cervical misalignments. When in a state of subluxation, the atlas vertebra differs from the subjacent vertebrae in that it is capable of misalignment beyond its normal range of motion. Thus it is not a subluxation that falls within Homewood's definition of a subluxation; because it is not fixed, when misaligned, within its normal range of motion. Therefore, any possibility of restoring the atlas to its normal position necessitates extreme control in the adjustment, careful and pre-determined knowledge of its reduction pathway, and introduction of the corrective force into the vertebra itself, not through the head or some other contiguous structure.

Conclusion

The choice, then, to be made is simply this: Corrective upper cervical adjustments based upon D.D. Palmer's "basic fact", his displacement-replacement concept or upon Gregory's "approximation" concept, the releasing of muscular contraction. As these two concepts are not at all similar in their effects, they are not interchangeable. Palmer's concept can permit of restoration of upper cervical subluxations to normal; Gregory's cannot. The two spinal systems are not compatible, and the patient should be advised as to which system is being

used on him. He should not be led to believe one thing and subjected to another. Therein lies the question of ethical practices.

References:

¹Palmer, D. D.: Science, Art, and Philosophy of Chiropractic (1910). Portland Printing House Company. Page 11.

²Gregory, Alva A.: Spinal Treatment, Science, and Technique (1912). Palmer-Gregory College. Pages 437 through 477.

³Ibid. Page 438.

⁴Ibid. Page 437.

Tenth Annual NUCCA Convention

The National Upper Cervical Chiropractic Association, Inc. (NUCCA) will hold its annual convention at the Holiday Inn, 1225 North Dixie Highway, Monroe, Michigan, starting April 26th., 1976 and concluding April 28th., 1976.

The theme of the convention will be appropriate in view of the research work accomplished during the past year by the National Upper Cervical Chiropractic Research Association, Inc. (NUCCRA): "C-1 Subluxations and their Measured Production and Reduction Effects on Pelvic Distortions". ANATOMETER data that conclusively proves that C-1 subluxations must be corrected if any full-spine technique is to be effective will be discussed. Also discussed will be the evidence that correction of the C-1 subluxation is in itself a full-spine technique.

University professors will lecture on the neurological component of C-1 subluxations: the reticular formation, brain stem, cervical spinal cord and nerve roots, and on the reciprocal relationships between C-1 subluxations and the pelvis.

Practical instruction in C-1 film analysis and C-1 adjusting technique will be stressed.

The NUCCA convention is designed to appeal to all doctors of chiropractic regardless of their systems of practice: upper cervical, full-spine, pelvic, etc. The NUCCA convention is predicated upon the research findings of NUCCRA; and, therefore, has a special appeal to those subluxation-minded doctors who demand physical and concrete proof of the systems of chiropractic they utilize.

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EDITOR:

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How to Adjust the Atlas Subluxation Complex

(Cont'd from Vol. 1, No. 8)

After the adjustor has completed the Turn-In or third adjustic phase (Vol. 1, No. 8, Page 2), he is positioned directly over the patient's transverse process. By referring to the fundamental image (Vol. 1, No. 4, Page 1), the adjustor can better visualize the present position of his spinal column if he draws a line from point E on the image to point A. This line will represent the position of the adjustor's spinal column after he has completed the Turn-In Phase. He has, of course, maintained the angulation of his pelvic and shoulder levers which he achieved in relation to his A-P foot-spread when he performed the steps of the first and second adjustic phases.

Fourth Adjustic Phase

The fourth adjustic phase is termed the Arch Phase. The objective of this phase is to form the contact hand in such a manner that it will be uniquely suitable and sufficiently rigid to accomplish the next phase, the Roll-In Phase. The contact hand must be rigid so that it can resist the divergent forces emanating from the adjustor's triceps' muscles as they are contracted at the moment of the adjustment. Considered as a mechanical lever, the triceps' muscles are the effort, the glenoid cavities are the fulcra, and the Arch and Roll-In are the resistance. Any breakdown, therefore, in the rigidity of the contact hand will result in a corresponding lack of resistance to the triceps' pull, the effort; and resistance failure in the contact hand will render the triceps' muscles ineffective in building the energy necessary to easily overcome the resistance offered by the atlas vertebra. It can be seen from this that the adjustic forces are not delivered to overcome atlas resistance primarily; the adjustment is for the purpose of building energy sufficient to move the atlas in the direction predetermined from the x-ray film analysis. This is the mechanism that makes for the effective reduction of atlas laterality and rotation with no depth of drive, no harm to the structures contiguous to the atlas.

NOTE: The term "nail hand" has been frequently used to denote the hand that is used to contact the transverse process. The term is not

used in these articles. Neither is the term "hammer hand", frequently used to designate the hand that is placed on the hand that is in contact with the vertebra. Instead "nail hand" is referred to as contact hand, and "hammer hand" is termed roll-in hand. The reason for the terminology changes is that the terms "nail hand" and "hammer hand" incorrectly suggest that the adjustic action is analogous to that of a nail being driven by a hammer. Wrong concepts lead to wrong actions, and, as the contact hand is not driven in atlas adjusting by the muscular action of the opposite arm the previous terminology is not acceptable.

Another example of incorrect terminology is the term "adjustic thrust". The word "thrust" suggests a forcible push, shove, or drive. Resultantly, the use of force in an attempt to push, shove, or drive the atlas vertebra is frequently seen. Such attempts always fail to reduce atlas subluxations, and sometimes increase them, doing harm. If forcible enough, such attempts to drive, push, or shove the atlas vertebra may cause neurological or vascular damage, or both. Care should be taken to use terminology that is compatible with the action being described.

Steps of the Arch Phase

There is only one step to the Arch Phase, and this step is really an exercise in properly forming the arch:

In the erect position and with the elbows slightly bent, the adjustor extends his arms at right angles to his body, palm to palm. Both hands are then adducted toward the radial bones. The metacarpals are stretched. Next, the thumbs are adducted toward the radial bones and slightly toward the back of the hands. In the next step, the hands are spread apart slightly from the thumb side but kept closed along the little finger side. This spreading action will cause a slight bending between the metacarpals and the fingers. A fairly flat surface should be maintained along the back of the hands with little or no dorsal flexion at the wrist joint.

As stated, rigidity in the contact hand must be maintained throughout the adjustment. Relaxation, however, must be accomplished in the arm of the contact hand. If the arch is

properly formed, the adjustor will feel the fascia stretch across the palm of the hand; this stretch feeling is his feedback. In fact, it is almost impossible to stretch the fascia across the palm of the hand from the thumb side to the little finger side without forming a fairly good adjustic arch.

The above is, as stated previously, only an exercise in forming the arch. During the arch phase of the adjustment, the adjustor forms his arch in his contact hand only, and while over the transverse process of the patient.

Errors in the Arch Phase

The most common errors observed in the Arch Phase are (1) insufficient adduction of the hand toward the radial bone, (2) insufficient adduction of the thumb, (3) too much flexion of the hand toward the back of the forearm, (4) too great a bending between the metacarpals and the fingers, and (5) failure to maintain rigidity of the contact hand throughout the succeeding phases of the adjustment and the adjustment itself.

(1) Adduction of the contact hand and the thumb (2) toward the radial bone provides a good fossa at the base of the thumb of contact hand into which the pisaform bone of the roll-in hand can be inserted just anterior to the styloid process of the radial bone. The deeper the fossa, the more secure the insertion. As the divergent forces from both arms must be brought to a single point at the fossa of the contact hand, they can, if properly caused to converge, be transmitted to the atlas transverse through the contact hand as a single force. This prevents a scattering of the forces and they are concentrated at the atlas transverse contact point. Thus proper convergence greatly reduces the need for excessive and traumatic force in the adjustment.

(3) Too great a flexion of the contact hand toward the back of the forearm will cause the arch to roll over in the adjustic act. This destroys the effectiveness of the arch in resisting the action of the triceps' muscles,

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Tenth Annual NUCCA Convention

Previous NUCCA conventions have been unique in presenting for the first time new and exciting concepts in chiropractic research. Such concepts as the establishment of a vertical spinal axis; proof of the detrimental influence of C-1 subluxations on the spinal column; new definitions consistent with chiropractic research; an instrument that measures the physical effects of C-1 subluxations on the neuromuscular system in terms of bodily distortions, proof that the chiropractic subluxation does damage the patient and that nervous imbalance caused by a subluxation causes muscle imbalance, and that, by measurement, correction of the subluxation can be correlated with correction of the muscular imbalances and bodily distortions; the determination of the predominant factor for any given C-1 subluxation; new and more accurate analytical instruments and a more accurate system of film analysis; the testing of a neurological basis for C-1 subluxations, and other research break-throughs in chiropractic.

These research accomplishments by the National Upper Cervical Chiropractic Research Association, Inc. help make the NUCCA convention an exciting and memorable experience for every doctor of chiropractic who attends. Any of these research projects is worth his trip to the NUCCA convention -- the chiropractic convention that backs its procedures with demonstration and proof.

The NUCCA convention fee of \$250.00 includes all convention privileges, a year's membership in NUCCA, subscription to the MONOGRAPH for one year, door gifts, and the banquet. Students currently enrolled in a chiropractic college are admitted to the NUCCA convention for only \$25.00. This fee includes the convention privileges, student membership for one year in NUCCA, door-gifts, banquet, and one year's subscription to the MONOGRAPH.

Analytical instruments are not included in the convention fee, but may be purchased at the convention at the manufacturer's cost of \$45.00.

All profits from the convention will be donated by the NUCCA Directive Board to the research projects of NUCCRA.

The NUCCA educational program is designed to satisfy license-renewal requirements. It is under the supervision

of Professor Daniel C. Seemann of the University of Toledo. The convention chairman for the 1976 NUCCA convention is Dr. Jerry E. Carroll. A convention schedule is included in this issue of the MONOGRAPH. For further information, write:

National Upper Cervical
Chiropractic Assoc., Inc.
217 West Second Street
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The deadline for registering for the NUCCA convention is March 10, 1976.

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How to Adjust the Atlas

considerably reducing the chances for correction of atlas laterality, rotation, and axis spinous.

(4) If too great a bending between the metacarpals and the fingers of contact hand is present, the adjustor will be prevented from obtaining a secure locking action in the Roll-In Phase. Aside from what has already been commented upon in regard to the loss of effective triceps' action, it should be noted that if the adjustor does not feel secure in his Roll-In, he will unconsciously use force to accomplish attempted reduction of the vertebral subluxation. The use of unnecessary force defeats the objective of efficient action.

(5) Failure to maintain rigidity in the contact hand has been sufficiently discussed above.

A point to remember: The adjustor does not adjust primarily to overcome the resistance of the atlas vertebra; he adjusts against the resistance of his own hands. The Roll-In and rigid contact hand concept is a closed chain concept.

Change of Address

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.

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The Case of Mrs. Oakley

spine, but he told me that while I had some problem in the lower back where the severe pain was, the real problem was in the upper cervicals. After taking cervical x-rays, he adjusted my atlas vertebra.

The next day I got up and took the nerve capsule and other medicine after breakfast as usual. After a short while I began to have strange and unfamiliar sensations throughout my body. After lunch I decided to stop all medication. What happened during the rest of the day was unbelievable. I was able to walk, talk, and my coordination improved. By Monday, which was Labor Day, I did simple yard work for about two-and-a-half hours, bending and stooping.

All of this I reported to the Psychosomatic doctor on Tuesday at my appointment time with him. He discredited everything. During the next three or four months, I saw him several times; and, as he watched my progress, he became interested in what Dr. Aumann was doing for me. In fact, he made notes on it. Shortly, I was released by him from further care.

Three weeks after Dr. Aumann's adjustment I felt a warm and tingling sensation in my lower back. Arising from the table, I felt my pelvis shift, and the sway return to my spine. From that day I have continued to improve, and for the last nine years have done my own house, yard, and garden work. When I go out of adjustment now, only a sort of stiffness of the back sets in.

Since Dr. Aumann's retirement, I am thankful that I have Dr. Gregory to turn to. Each night in my prayers I ask God to bless you and Dr. Aumann, and I pray that this knowledge and ability will pass on to others who will be able to help the many, many people who could benefit from it.

Our sons are married now and we have two lovely daughters-in-law. My husband, soon retiring, and I are looking forward to doing some traveling. Back in the early sixties, I never dreamed that I'd have a second chance at such a good life.

S/S Rosina G. Oakley

The Tenth Annual NUCCA Convention

THEME: C-1 Subluxations and Their Measured Production and Reduction Effects on Pelvic Distortions.

CONVENTION CHAIRMAN: Dr. Jerry E. Carroll



MONDAY, APRIL 26, 1976	TUESDAY, APRIL 27, 1976	WEDNESDAY, APRIL 28, 1976
8:00-8:45 REGISTRATION	8:00-9:00 FILM ANALYSIS (cont)	8:00-9:00 FILM ANALYSIS (REVIEW)
8:45-9:00 INVOCATION Rev. H. B. Fehner Pastor Emeritus Trinity Lutheran Church Monroe, Michigan	9:00-10:30 THE ATLAS SUBLUXATION AND ITS MECHANICAL AND NEUROLOGICAL INTERPRETATIONS Ralph R. Gregory, D.C.	9:00-11:00 PRACTICAL WORK IN ADJUSTING THE A.S.C. Instructors: Members of the Directive Board
9:00-10:00 OPENING ADDRESS Ralph R. Gregory, D.C. NUCCA President		
10:00-12:00 PRACTICAL WORK IN FILM ANALYSIS INSTRUCTORS: Members of the NUCCA Directive Board	10:30-12:00 DEMONSTRATION OF THE PRINCIPLES OF ADJUSTING C-1 Ralph R. Gregory, D.C.	11:00-12:00 CLASSIFICATIONS OF THE A.S.C. Ralph R. Gregory, D.C.
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	1:30-4:30 RESEARCH ON THE RETICULAR FORMATION Donald Newman, Ph.D. Prof. of Neuroanatomy Loyola Dental School Chicago, Illinois	1:30-3:00 ADJUSTING PRACTICE
4:30-6:00 ANATOMETER RESEARCH DATA BODILY DISTORTION STUDIES Daniel C. Seemann, M.A. The University of Toledo Ralph R. Gregory, D.C. NUCCRA Research Director	4:30-6:00 ANATOMETER PROCEDURES AND FUNCTIONS Daniel C. Seemann, M.A. NUCCRA Research Advisor	3:00-5:00 STATISTICAL DATA RE ANATOMETER RESEARCH Daniel C. Seeman, M.A.
7:00-9:00 NUCCRA ANNUAL BUSINESS MEETING	7:30 NUCCA BANQUET (HOLIDAY INN, MONROE)	

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