Abstracts of Invited Papers Presented at the 2010 SORSI Mid-Year Research and Education Symposium

April 23-25, 2010
Chicago, Illinois

Poster Presentations

Effects on Postural Control with a Sacroiliac Belt and Ten Chiropractic Treatment on 11 Random Fibromyalgia Subjects: A Pilot Study
Stéphane Provencher, DC, Joseph F. Unger Jr., DC, FICS

Compression of the Sacroiliac Joint with a Sacroiliac Belt on 36 Subjects Improved Postural Control: A Pilot Study
Joseph F. Unger Jr., DC, FICS, Stéphane Provencher, DC

Fibromyalgia: A Chiropractic Perspective and Results of a Five-Subject Pilot Study
Joseph F. Unger Jr., DC, FICS, Stéphane Provencher, DC

Podium Presentations

Bilateral Loss of Hearing after a 10,000 Feet Mountain Climbing Completely Restore by De Jarnette SOTTM and Cranial Adjustment – A Case report
Stéphane Provencher, DC

Visceralosomatic Reflex and Cranial Distortion in a Case of Bilateral Knee Pain – A Case report
Stéphane Provencher, DC

Visceralosomatic Reflex in a Case of Unexplained Uterine Bleeding – A Case report
Stéphane Provencher, DC

Cranial Strain in a Two Year-Old Girl with a Right Ventriculo-Peritoneal Shunt with Motor Impairments – A Case Report
Stéphane Provencher, DC

Teaching the key features of a proprietary technique (SOTTM) in a chiropractic college course for the purpose of greater student understanding and utility
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A Case of a Transverse Baby Presentation at 39 weeks turned Vertex and Vaginal Birth undergoing De Jarnette SOTTM and Cranioptial Chiropractic Care
Suzanne Seekins DC, CC, Stéphane Provencher DC
Improvement of Pediatric Stuttering Undergoing De Jarnette SOTTM and Craniopathy Chiropractic Care – A Case Study
Suzanne Seekins DC, CC, Stéphane Provencher DC

Speech and Poor Vocabulary Improvement in a Three Year-Old Undergoing De Jarnette SOTTM and Craniopathy Chiropractic Care – A Case Study
Suzanne Seekins DC, CC, Stéphane Provencher, DC

A Novo Corrective Technique for Relieving Parietotemporal Sutural Compression Syndromes Using Specific Osseous Contacts in Conjunction with Isometric Resistance
Daniel J. Madock, DC, DICS

Integration of SOTTM Cranial Therapy with an Occlusal Splint for the Treatment of OSA (Obstructive Sleep Apnea) – A Case Study
Thomas Bloink, DC, DICS, Mamal Rahimi, DC

Symphysis Pubis Dysfunction in Three Individuals with Pelvic and Groin Pain – Case Reports
Noel A. Taylor, DC, Stéphane Provencher, DC

Thoracic 8 Viscerosomatic Reflex in Cases of Low Back Pain, Liver Failure and Infertility – Case Reports
Joseph F. Unger Jr., DC, FICS, Stéphane Provencher, DC

The Effects of CSF Directing in Seven Cases of Plantar Fasciitis: A Retrospective Study
Joseph F. Unger Jr., DC, FICS

Chiropractic Manipulative Reflex Technique Resolves Symptoms of Upper Respiratory Infections: A Case Study Joseph F. Unger Jr., DC, FICS

A Case of Overactive Bladder and Bedwetting undergoing De Jarnette SOTTM and Chiropractic Craniopathy Care – A Case Report
Alexia Hampton, DC

Chiropractic Research: A Perspective to Serve the Future of the Profession
Steven D. Roffers, DC

Sacro Occipital Research Society International: the Major’s Legacy – an History Report
Stéphane Provencher, DC, Joseph F. Unger Jr., DC, FICS
SORSI Research Conference History

Dr De Jarnette started the annual SOT/Cranial conference (now SORSI Homecoming) in 1968 when he had finished and began teaching ‘Cranial Technic’ in Omaha, Nebraska. From then until he turned over control to SORSI/ICS (Int’l Craniopathic Society), he was very strict on teaching out of his text only with no personal instructor input allowed. During that time he continued teaching his weekend SOT seminars around the country. This allowed him to focus his energies on teaching Cranial in Omaha for the first 3 days of the conference and delegating the teaching of SOT the last 3 days to his certified SORSI teachers.

In 1979 the ICS was chartered by a large group of his long time certified SOT instructors to complement SOT SORSI group. Some of these were Denton, Buddingh, Bradley, Barnes, Bludworth, DeCamps, Rees, Skibsted, and others. This was a very progressive group, who through implementation of what they were teaching, began expanding the knowledge and teach-ability of cranial and its relationship to SOT. Dr De Jarnette accepted a lot of these varied inputs but a lot he wouldn’t allow to be taught during his scheduled classes. Unfortunately there was no way for these developments to be presented to others interested.

About 1982, as Vice Pres. of ICS, I developed and proposed to the ICS Board a Mid-Winter Research Conference to generate income for the ICS to defray costs of additional BOD meetings, working funds, AND presentation of papers on new Cranial/SOT developments. This was enthusiastically and unanimously approved with the recommendation that it be held where the sun shined and was warm. Throughout the years this has resulted in conferences of up to 200 attendees at locations throughout the south and 3 times in Hawaii.

The opportunity for many to present new material they had developed in the research conference, and later at Homecoming, resulted in whole weekends of papers (not abstracts) being presented and increasing attendance.

When Dr De Jarnette turned over the annual Omaha teaching conference to SORSI and ICS (before their merger), again as V.P. of ICS, I was assigned the task of developing the present Homecoming conference format to replace the De Jarnette format. This provided me with the opportunity to establish classes for ‘Doctor Sharing’ for presentation of selected Mid-Winter Research papers of new material.

After Dr De Jarnette published his last new cranial technique, Sutural, in the mid 70’s, attendance gradually and significantly began to decrease. After several years of the same repetitive material and nothing new, many attendee’s stopped returning. The New program with ‘Doctor Sharing’ began restoring a good percentage of the drop outs.

Many classes being taught today have carried forward the previous significant research papers, many as SORSI Certified Technique, such as Cranial ROM, Superior/Inferior Ilium, Gluteal Indicators, Specific Analysis of Occ/C1/C2 ROM, Occ/Mastoid – Occ/Parietal indicators for S1 and S3, and Neurological testing of SIJ. Others include papers by Farmer, Townsend, and a few others.

We all have experienced the amazing developments of the cell phone and computers during the past 20 years. All things in science progress and there is much more in the future. However, in the field of SOT/Cranial, if we don’t use our opportunities to develop and grow, we will go the way of the rotary phone and cassette tapes.

The requirements for you to share your knowledge and write a paper for SORSI Research presentation is the same as for Journals, but less stringent. The idea is to provide you with the learning experience of paper writing. Those that are of publishable value can then be up-edited with outside help for Journal submission. You will be amazed at how much you will learn when you explain to others what you have developed.

Dr. O. Nelson DeCamp D.C., D.A.C.A.N., F.I.C.S.
Co-Director or the Research Committee and Founder or the SORSI Mid-Year Symposium
Dear Participant,

This year is a very special year. We are celebrating 85 years of the life’s work of Dr. Major B. De Jarnette. He began this work with passion, conviction and research. Today we are here to honor his life’s work and continue his rich tradition of education and research.

We have assembled a magnificent program for you highlighting our SORSI Master Certified Instructors. After attending this unique and quality program, you will have acquired the knowledge of CSF function and flow and will be able to start utilizing the practical applications on Monday! This seminar, like all of our SORSI seminars, is rich with hands-on experiences. As Mark Twain stated, “Knowledge without experience is just information.” You too can become a MASTER of CSF.

The 2010 SORSI mid-year research proceedings have attracted a record number of abstracts this year. Leading world experts will share the latest research on SOT™ Chiropractic and Chiropractic Craniopathy. Please join us for this highly acclaimed presentation of the research papers on Friday evening after the membership meeting.

SORSI is developing a system and focusing on priorities to raise the level of evidence-based chiropractic for SOT™ Chiropractic and Chiropractic Craniopathy. The gold standard in research is the double blind clinical trial (RCT) that is very difficult to achieve in chiropractic. We are a vitalistic and holistic profession and do not rely on pills or algorithms to improve the quality of health in our patients. Our research director, Dr. Stéphane Provencher, and the research committee are in the process of acquiring funding to begin three clinical trials this year. One study will focus on Fibromyalgia. The second study relates to MRI imaging to be performed with block placement and the third study will focus on the TMJ. We are working with a Chiropractic university and another not-for-profit organization to obtain the necessary IRBs. Our goal is to establish the standard of evidence-based chiropractic research. Please take a moment and help SORSI and our Research Committee by donating to the research fund.

I trust you will enjoy this special symposium and visit with us again at our 54th Annual International Homecoming Symposium to be held in October in St. Louis.

In your service and with gratitude for you all,

Suzanne Seekins, D.C., C.C.
SORSI President
Dear Participant,

We are delighted to welcome you to the SORSI 2010 Mid-Year Research and Education Symposium celebrating 85 years of SOT™ Chiropractic developed in 1925 by Dr. Major Bertrand De Jarnette here in Chicago. This year’s SORSI Mid-Year Symposium focuses on an essential fluid in the body which is the foundation of all SOT™ philosophy and technique: The cerebrospinal fluid flow and function. Dr. De Jarnette referred to the CSF flow as “the vital force”. In early 1952, he described the cerebrospinal fluid having a relationship with the respiratory function.

Chiropractic applies his art:

“The restoration of proper nerve force through a balancing of the respiratory and cerebrospinal fluid systems and pressures.”

“The chiropractor removes nerve pressure from within by restoring the vital fluid that produces nerve function and this fluid is none other than the cerebrospinal fluid.”

- MB De Jarnette 1952

The organizing committee has structured this conference to serve as a forum for the exchange of ideas and the establishment of new interactions and collaborations. We have set aside time for social interaction during breaks, over lunch and during our Research Proceedings on Friday night on Day 1 and Saturday night on Day 2.

Enjoy the conference! We look forward to receiving your comments on this conference and your suggestions for future conference topics.

Dr. Stéphane Provencher D.C.
Chairman of Research for SORSI
Bilateral Loss of Hearing after a 10,000 Feet Mountain Climbing Completely Restore by De Jarnette SOT™ and Cranial Adjustment – A Case report

Stéphane Provencher, DC

Purpose:
This case study is to report complete resolution of hearing by a patient undergoing De Jarnette SOT™ Chiropractic and craniopathic chiropractic care.

Clinical Features:
Patient climbed a 10,000 foot mountain and experienced a sudden hearing loss in both ears of about 50% loss with vertigo, ringing in both ears and right low back pain with radiation down right leg and right neck pain with numbness to the right hand. Patient went to an EENT, MD and had CT, MRI and audiometer testing and all which were negative. The MD prescribed prednisone which gave him small improvement but not complete resolution.

Intervention and Outcome:
Patient presented with a right antalgic posture and a De Jarnette SOT™ Category III syndrome was diagnosed. A De Jarnette SOT™ Category III orthopaedic blocking was performed on first and second visit with specific cranial adjustments discussed in this article along with lumbar and cervical low force adjustments. Patient reported that during the orthopaedic blocking and cranial adjustment during the first treatment. The ears unclogged 95% by the second visit and a De Jarnette SOT™ Category II orthopaedic blocking protocol, specific cranial, spinal and extremity adjustments were performed, giving him complete resolution.

Conclusion:
This case study demonstrates a cranial and pelvic relationship may affect this patient hearing loss via De Jarnette SOT™ Chiropractic protocol, cranial and spinal adjustments. Further research is needed to understand the pelvic and cranial relationship suggested in this clinical trial.

Keywords:
Craniopathy, SOT™ Chiropractic, De Jarnette, hearing loss, subluxation, cranial adjustment
Viscerosomatic Reflex and Cranial Distortion in a Case of Bilateral Knee Pain – A Case report

Stéphane Provencher, DC

Purpose:

This case study is to report complete resolution of bilateral knee pain undergoing standard De Jarnette SOT™ Chiropractic Manipulative Reflex Technique (CMRT) and specific Chiropractic Craniopathy care.

Clinical Features:

Patient presented in my office with bilateral pain explaining that every time she went to the dentist or had an HVLA adjustment in her neck her bilateral knee pain worsened and she was not able to walk because of the pain.

Intervention and Outcome:

Patient presented with a right antalgic posture and a De Jarnette Category III syndrome was diagnosed. After six unresolved De Jarnette SOT™ Chiropractic Category III treatments, an occipital fibers 4 line two with major L2 was attempted along with a specific cranial adjustment. After that treatment the knee pain was gone and remained gone for more than one year.

Conclusion:

This case study demonstrates a case of viscerosomatic reflex and cranial distortion may affect this patient’s bilateral knee pain via De Jarnette SOT™ CMRT and cranial adjustment. Further research is needed to understand the viscrosomatic reflex and cranial relationship with the knee or other parts of the body in clinical trial.

Keywords:

Craniopathy, SOT™ Chiropractic, De Jarnette, knee pain, subluxation, cranial adjustment
Viscerosomatic Reflex in a Case of Unexplained Uterine Bleeding – A Case report

Stéphane Provencher, DC

Purpose:

This case study is to report partial resolution of unexplained uterine bleeding utilizing standard De Jarnette SOT™ Chiropractic Manipulative Reflex Technique (CMRT) and De Jarnette SOT™ Category II pelvic orthopedic blocking.

Clinical Features:

The patient presented with unexplained uterine bleeding. She had gone to the hospital one month earlier and the MD didn’t find anything abnormal but told her they would schedule an ultrasound the following week, which was not performed. The patient was losing 3lbs per menses and denied wanting to go to the emergency room and/or seeing another medical doctor.

Intervention and Outcome:

The patient presented with an occipital fiber 7 line 2 major lumbar 5 and a De Jarnette Category II syndrome. All treatments consisted of standard De Jarnette SOT™ CMRT of lumbar 5 and Category II pelvic orthopaedic blocking which stopped the bleeding after the lumbar 5 reflex was completed. The patient finally went to the emergency room after two months of not seeing her MD and was diagnosed with uterine cancer.

Conclusion:

This case study demonstrates a case of viscerosomatic reflex may affect this patient’s uterine bleeding via De Jarnette SOT™ CMRT and Category II pelvic orthopaedic blocking but did not affect the progression of the uterine cancer. Further research is needed to understand the viscerosomatic reflex relationship with lumbar 5 in clinical trials.

Keywords:

Craniopathy, SOT™ Chiropractic, De Jarnette, uterine bleeding, subluxation, De Jarnette Category II
Cranial Strain in a Two Year-Old Girl with a Right Ventriculo-Peritoneal Shunt with Motor Impairments – A Case Report
Stéphane Provencher, DC

Purpose:
To discuss the management of a two year-old girl with a right ventriculo-peritoneal (VP) shunt who is not able to walk without help, talk more than one or two words or use her hands to pick up toys utilizing De Jarnette SOT™ Chiropractic protocols and Chiropractic craniopathic care.

Clinical features:
Patient was brought to our office with major difficulty walking, speech impairment and motor control impairment. The girl also had a right side brain shunt implanted when she was born after an ultrasound examination. The girl was examined by a neurologist, and some orthotics were ordered for her foot. She also had a right strabismus.

Outcome and Interventions:
The patient demonstrated anterio-posterior and lateral side bend cranial strains. De Jarnette standard SOT™ Chiropractic protocol and a cranial strain corrective technique by Dr. Steve Williams were utilized along with spinal adjustments. The occiput was compressed and therefore the jugular foramen was compressed on the left side. On her way home, she started to mumble more than two words. The next day she started to walk by herself and began talking more. By the third day, she was picking up toys, walking less difficulty and with confidence and her neurologist dismissed her.

Conclusion:
This case study demonstrates that the cranial strain distortion may affect this patient’s motor and language systems and these functions were improved via De Jarnette standard SOT™ Chiropractic and cranial protocols. Further research is needed to understand the relationship between the cranial strain distortion and the motor and language impairments in clinical trials.
Effects on Postural Control with a Sacroiliac Belt and Ten Chiropractic Treatment on 11 Random Fibromyalgia Subjects: A Pilot Study  
Stéphane Provencher, DC and Joseph F. Unger Jr, DC, FICS

Background and Objectives:

The sacroiliac belt, also known as a pelvic belt, helps to reduce hypermobility and limit laxity\(^1\),\(^2\),\(^3\). Compression has been found to stabilize the sacroiliac joint (SIJ)\(^4\). According to Fitzcharle, the Fibromyalgia syndrome (FMS) patient has generalized joint hypermobility\(^5\). The purpose of this study was to determine the effects of a Serola sacroiliac belt in 11 random Fibromyalgia subjects on postural control as measured by a MIDOT unit.

Methods:

11 FMS subjects, between the ages of 22 and 55, were randomly chosen from the population. An inclusion and exclusion questionnaire was filled out. Subjects were measured on the MIDOT balance scale pre- and post- (with and without SI belt) with eyes open and closed before and after ten SOT\(^3\) Chiropractic treatments.

Results:

The MIDOT unit measured the proprioceptive balance input of the body via lateral and AP sway velocity, offset and stability pre and post SI belt. The sacroiliac belt improves significantly (\(p < 0.05\)) lateral (by 13 points) and AP (by 18 points) stability and lateral sway velocity (by 5 points) with eye closed compared to treatments alone. The belt and treatments improve significantly the Lateral and AP stability and Lateral sway but none were found to be significantly better than the other during the eye opened testing.

Conclusions:

The Serola sacroiliac belt improved the postural control during eye closed testing compared to control but did not make significant postural changes compared to the control with eye opened testing. The current pilot study, while giving interesting information, indicates that further studies are needed with a larger sample of subjects.

References:

Teaching the key features of a proprietary technique (SOT™) in a chiropractic college course for the purpose of greater student understanding and utility

Jerry I. Hochman, DC, FICS

Background

The first full-spine analytical method learned by all students at Life University is motion palpation and x-ray mensuration. This instructor has observed some frustration in students who feel limited with just these two tools. Although Life offers students a variety of approaches to chiropractic analysis and adjusting methods, from specific upper cervical methods to Applied Kinesiology, Network, CBP, Gonstead, SOT™ and Cox. SOT™ is taught as a required 12th quarter course in a 14 quarter curriculum, so students do not have as much time practicing the implementation of SOT™ as with other techniques offered earlier in the curriculum. Technique courses offered later in the curriculum stand a lesser chance of being used by students in their student clinical experiences. With the implementation of an off-campus clinical practicum for 13th and 14th quarter students, the likelihood of students using SOT™ as a separate technique has decreased even further.

Purpose

The purpose of the method I have begun using when teaching SOT™ is to increase the likelihood that students will develop an appreciation for the logic and efficacy of the SOT™ methodology and rationale, I have begun teaching the unique aspects of SOT™ that students can apply to their application of diversified (full-spine) adjusting and motion using the learning theory of contextual constructivism in the technique classroom. A constructivist teacher works at the interface between curriculum and student to bring the two together in a way that is meaningful for the learner by building the course on what was learned in prior courses.

Method

I have begun teaching key features of the existing SOT™ curriculum in a contextually constructive way that students can immediately appreciate, considering their background in motion palpation and full-spine adjusting, hopefully satisfying their need for greater analytic confidence and understanding of the subluxation from a mechanical, neurological and chemical perspective. I will begin collecting data on satisfaction levels by surveying them at the end of every quarter with a customized survey designed by the Life Center for Excellence in Teaching and Learning and the office of Institutional Effectiveness, Planning, and Research. Results will be reported in a future paper.

Conclusion

Although the details and specifics of the proprietary chiropractic techniques have much to offer, the key unique features of the different techniques are most important and can be efficiently presented, thereby enabling the student to benefit from the different systems. A constructivist approach to teaching proprietary technique might be more appropriate for the chiropractic college setting.
A Case of a Transverse Baby Presentation at 39 weeks turned Vertex and Vaginal Birth undergoing De Jarnette SOT™ and Craniopathy Chiropractic Care

Suzanne Seekins, DC, CC

Objective:
This case study is to report the change in fetal position from transverse to vertex allowing for a successful vaginal birth following De Jarnette SOT™ and Craniopathy chiropractic care.

Clinical Features:
A 32 year-old gravid woman presented in the office on the advice of her obstetrical care provider. Prior to 39 weeks gestation, the fetus had been in a vertex position. During the weekly examination, the patient's midwife palpated the fetal position and discovered the baby was now in a transverse position. No significant factors were reported for the change in position with the exception of a recent infection for which an antibiotic had been prescribed and utilized. Patient had been treated for gestational related lumbalgia three months prior at this office.

Intervention and Outcomes:
We discuss the various systems of analysis and treatment including a modified Webster Technique and DeJarnette SOT™ and Craniopathy utilized to correct the uterine, abdominal and pelvic floor fascia strain, and pelvic torque. The techniques employed were chosen to create optimal balance of the pelvic ligamentous structures, restore proper biomechanics and proprioception of the weight bearing structures of the sacroiliac joint, release abdominal and pelvic floor fascia restrictions and reduce spinal and pelvic subluxations. After three consecutive treatments the patient cancelled her scheduled appointment reporting that she had successfully delivered vaginally because the fetus had returned to a vertex position prior to birth.

Conclusion:
This case study demonstrates the plausibility of a torque pelvis secondary to a De Jarnette SOT™ Category II type ligamentous hypermobility of the sacroiliac joint, uterine, abdominal and pelvic floor fascia restrictions and spinal subluxations contributing to the transverse fetal position. In this particular case, De Jarnette SOT™ and Craniopathy chiropractic treatment protocols for the pelvic torque and a modified Webster Technique for the fascial restrictions restored optimal balance to the biomechanical structures, thus allowing the fetus to return to the optimal birthing position of LOA and vertex.
Objective:

This case study is to report the changes in stuttering in a seven year-old male undergoing De Jarnette SOT™ and Craniopathy chiropractic care.

Clinical Features:

A seven year-old male patient presented to the office with his mother requesting treatment and evaluation for stuttering and stammering. Child was developing optimally until age 3 months at which point the parents recognized a post vaccine reaction and change in behavior of the child. The child has been diagnosed with autism and has been in speech therapy for many years.

Intervention and Outcomes:

A De Jarnette Area 3 Spread with CSF directing to Broca motor area of speech was performed in conjunction with De Jarnette SOT™ protocol and cranial assessments. The mother noted an improvement of the stuttering symptoms 50-75% after the first treatment. Shortly after the second treatment, the child was involved in a motor vehicular accident with a minor impact to the cranium and hyperextension/flexion injury to the cervical spine. The mother noted an immediate aggravation of symptoms. An additional evaluation was performed demonstrating an exacerbation in the cranial strain patterns and restrictions. Several treatments were required to return the child to the pre-injury status of improved speech patterns with little to no stuttering or stammering.

Conclusion:

This case study demonstrates that De Jarnette Area 3 Spread may have significant clinical efficacy for treating stuttering and stammering. This specific cranial technic was utilized with spinal adjustments, De Jarnette SOT™ blocking and Craniopathy.
Objective:

This case study is to report the change in speech and use of vocabulary in a three year-old male undergoing De Jarnette SOT™ and Craniopathy chiropractic care.

Clinical Features:

A three year-old male patient presented to the office with his mother for treatment and evaluation of speech and vocabulary delays. The mother and grandmother had both noted that the child was unable to create new phrases, and often just repeated phrases that were said to him. His mother described his words as “jibberish”.

Intervention and Outcomes:

We discuss the various systems of analysis employed to evaluate cranial strain and biomechanics, including De Jarnette SOT™ and Craniopathy indicators and palpatory evaluation. Chiropractic treatment included De Jarnette Area 3 Spread with CSF directing to the Broca motor area of the speech, cranial ROM, SOT™ Category II and SB+ protocol, spinal low force short lever adjusting and De Jarnette Craniopathy chiropractic adjustments for five visits. As a result of the treatment interventions, the patient began to utilize more vocabulary, create new phrases and, as a side note, his mother noted less episodes of rage.

Conclusion:

This case study demonstrates that De Jarnette Area 3 Spread cranial technic, along with spinal adjustments, De Jarnette SOT™ blocking and Craniopathy may improve speech and poor vocabulary usage.
Purpose:
This article is designed to present a new technique in De Jarnette SOT™ cranial adjusting for the parietotemporal sutural compression.

Background:
Research has demonstrated over the years that the cranial bones move. Dr. Major De Jarnette founded a series of cranial adjustments to increase range of motion, reduce restriction and accentuate sutural motion. Sutural restriction of the temporal parietal articulation may produce lateral cranial vault pain when the parietal bone is compressed inferiorly into the temporal squama.

Discussion:
This condition can be diagnosed by palpation of the lateral cranial margins of the lateral cranium along the superior border of the temporal squama as it overlies the parietal bone. Manipulative techniques to distract the parietal bone from its compressive position on the temporal bone can be greatly enhanced using lateral flexion exertion by the patient in conjunction with specific contacts applied by the physician and an assistant to distract and decompress the parietotemporal suture.

Conclusion:
This new technique can greatly increase De Jarnette SOT™ Craniopathy potential and results by using isometric resistance. Further research is needed with clinical trial to test the author hypothesis.

Key words:
Chiropractic, SOT™, Craniopathy, cranial adjustment, De Jarnette
Integration of SOT™ Cranial Therapy with an Occlusal Splint for the Treatment of OSA (Obstructive Sleep Apnea) – A Case Study

Thomas Bloink, DC, DICS and Mamal Rahimi, DDS

Purpose:
Obstructive sleep apnea (OSA). These terms describe parts of the continuum of airway collapsibility expressed as sleep-disordered breathing. This spectrum ranges from slight vibration of tissues at its mildest to death from asphyxiation at its severe extreme. Between lies pathologic snoring and periods of complete airway closure and breathing cessation called "apnea". This case study is to report complete resolution of OSA by a patient undergoing co-treatment of De Jarnette SOT™ craniopathy chiropractic and dental care.

Clinical features:
56 year old female patient presents with the following symptoms: short term memory loss, foggy-headedness, TMJ pain, chronic myofascial neck and shoulder pain and fatigue and a history of vertigo and poor quality of sleep with significant excessive daytime sleepiness.

Cranial-dental exam revealed a dental class II on the right and class II on left with narrow arches and premature anterior contacts. Decreased translation of the right TMJ with crepitus and clicking upon opening and lateral movements of the left TMJ. Pain of the pterygoid, masseters and temporalis muscles was to palpation. Examination of the teeth showed evidence of clenching and grinding. Cervical spine range of motion was limited and painful. The right temporal bone was subluxated in extension, along with sphenomaxillary distortion. Splint therapy and a sleep study were advised.

Outcome and Interventions:
Six co cranial-dental treatments utilizing SOT™ intra-oral cranial adjustments and sphenomaxillary craniopathy, as developed by Dr. Curtis Buddingh, in conjunction with occlusal balancing of a lower flat plane GELB type splint by Dr. Rahimi. Following treatments the patient reported significant reduction of all symptoms. Initial sleep study revealed a Respiratory Disturbance (RDI) Index of 17.1 and an Apnea Hypopnea Index (AHI) of 16.3. Lowest Oxyhemoglobin saturation (SaO2) of 89% during sleep. Follow-up Polysomnogram performed with appliance in mouth showed improvement where RDI and AHI were reduced to 2.9 and lowest SaO2 was 92% during sleep.

Conclusion:
The combination of SOT™ cranial adjustment with a flat plane lower GELB type occlusal splint not only resolved this patient’s apnea and accompanied symptoms but was also minimally invasive, less costly, and only required a 3 to 4 week treatment program. More research is needed to identify the subset of apnea patients that could benefit from this approach.
Symphysis Pubis Dysfunction in Three Individuals with Pelvic and Groin Pain – Case Reports

Noel A. Taylor, DC and Stéphane Provencher, DC

Background:
Symphysis pubis dysfunction (SPD) has an incidence of between one in 200 and one in 20 000 in pregnant women and a postpartum incidence of one in 800. The documented etiologies include hormonal effects and alteration in the pelvic mechanics. The following case report describes three non pregnant patients (two female and one male) with pelvic and groin pain with SPD treated via a chiropractic.

Clinical Features:
Patients experiencing severe pelvic pain are often told by family doctors and other specialized medical doctors there is nothing wrong with them, even when they cannot walk: a 38 year old quadraparous female (pt1) who was carried in by her husband with a history of five years of pelvic pain, a 44 year old biparous female (pt2) who presents with pelvic pain since a motorcycle injury four months earlier and a 81 year old male (pt3) who presented with severe left groin pain after mowing his yard. Static palpation and an indirect pubis symphysis adductor test were utilized to assess the SPD and an indirect method³ was utilized for the correction.

Intervention and Outcome:
The pt1 was able to walk without pain after the first adjustment. The pt2 experienced an 80% reduction in pain after the first adjustment and the pt3 was treated three times and is pain free even after one year.

Conclusion:
Described is the successful indirect method of pubis symphysis correction in two non pregnant female patients and one male patient. This case report provides support that non parous patient with SPD may derive benefit from appropriate chiropractic care.
Introduction:

This study reports the effects of treatment to the 8th thoracic vertebral viscerosomatic reflex complex via standard SOT™ Chiropractic Manipulative Reflex Technique (CMRT) procedures as described by the Sacro Occipital Technique (SOT™) of Chiropractic. While conditions associated with viscerosomatic, somatovisceral reflexes and dysafferentation syndromes related to the spine and organs have been discussed in the literature, there is little discussion on methods of diagnosis and treatment for these types of conditions.

Outcome and Interventions:

A specific SOT™ neurological somatic indicator system was utilized to find an 8th thoracic vertebral viscerosomatic reflex. Treatment involved manipulation of the 8th thoracic vertebra and a series of specific points on the body associated with that vertebral level and SOT™ CMRT procedures. System specific nutritional supplementation was also recommended.

Results:

Three random patients had complete resolution of their symptoms. One female with Harrington rods from thoracic one to lumbar five had total control of back and leg pains. A man on an active liver transplant list due to severe degeneration secondary to alcoholism was removed from the liver transplant list, and liver enzymes became normal and a woman with low back pain and depression, fatigue, headaches, dysmenorrhea, mood swings and infertility conceived naturally post treatment.

Conclusion:

In these case reports the patients’ favorable responses to treatment suggest that the 8th thoracic vertebral subluxation and related SOT™ CMRT viscerosomatic reflexes were directly associated with dissimilar clinical presentations. Further study is needed to determine if other patients with varied presentations might also benefit from SOT™ CMRT therapeutic interventions.
The Effects of CSF directing in Seven Cases of Plantar Fasciitis: A Retrospective Study

Joseph F. Unger Jr., DC, FICS

**Background and Objectives:**

Cerebral spinal fluid (CSF) is claimed by several prominent proponents of cranial manipulation to be a primary factor in the healing mechanism. In addition, Major Bertrand De Jarnette DC, M. L. Rees, DC, Gordon Townsend DC, William Sutherland DO and John Upledger DO, as well as others suggest that CSF directing can accelerate healing and is accomplished through focus and intent of the practitioner. In this study seven consecutive cases of plantar fasciitis were treated using cerebral spinal fluid directing techniques.

**Clinical Features:**

Seven female patients (from 29 to 62 years old) presented with a diagnosis of plantar fasciitis. Two experienced bilateral pain, three right-sided and two were left sided. The duration of the complaints ranged from six months to three years with an average of 20.14 months.

**Intervention and Outcome:**

All seven subjects were treated using a specific CSF directing technique as suggested by Dr. M.L. Rees. In all cases, the foot pains were secondary to patient's primary complaints during the course of the normal visit consisting of SOT\textsuperscript{TM} chiropractic treatment. The AIM -H technique was performed for the foot or feet in question. This technique is based on procedures described by Dr. MB De Jarnette where the practitioner directs the cerebral spinal fluid through the sensory-motor homunculus in the brain that relates to the problematic area as indicated by the patient's complaint. Complete resolution of the symptoms required from one to nine treatments with an average of 3.9 visits.

**Conclusions:**

The AIM -H technique of cerebral spinal fluid directing demonstrated itself to be effective in this sampling of patients with plantar fasciitis. The small pilot study suggests the value of a larger scale exploration concerning these techniques. Furthermore, it suggests the possibility of a highly effective intervention for a wide variety of complaints and conditions that are often unresponsive to other interventions or which may be addressed in a more economical fashion as compared to traditional therapies.
Compression of the Sacroiliac Joint with a Sacroiliac Belt on 36 Subjects Improved Postural Control: A Pilot Study
Joseph F. Unger Jr, DC, FICS and Stéphane Provencher, DC

Background and Objectives:
Compression has been found to stabilize the sacroiliac joint (SIJ). The sacroiliac belt, also known as a pelvic belt, helps to reduce sacroiliac hypermobility and limit laxity. The purpose of this study was to determine the effect of using a Serola sacroiliac (SI) belt in 21 random asymptomatic subjects on postural control (lateral sway, stability and offset) measured by a MIDOT unit.

Methods:
21 asymptomatic and 15 sacroiliac symptomatic subjects between the ages of 22 and 55 were randomly chosen from a chiropractic population. Subjects were measured on the MIDOT balance scale pre (without SI belt) and post (with SI belt) with eyes open.

Results:
The MIDOT unit measured the proprioceptive balance input of the body via lateral and AP sway velocity, offset and stability. Lateral offset decreased only in the asymptomatic group, the lateral stability increased in both groups and was found to be statistically significant (p < 0.05) with the sacroiliac belt.

Discussion:
Postural control is influenced by developmental factors, prenatal habits and perinatal labor and delivery, all of which may have an impact on anatomic structure of the individual. This neurological integration is due to multiple systems. Force transfer through the SIJ region may be under proprioceptive control of neural elements within the tissues surrounding the SIJ. Vleeming reported that SIJ belts applied to cadaver models reduced SIJ rotation by 30%. Gatterman reviewed the literature for chiropractic technique and shown the efficacy of orthopedic pelvic blocking for the treatment of SIS which reduce the strain of the SIJ. Cooperstein suggests that prone supine orthopedic blocking stabilizes the SIJ and also suggested approximate and/or compress the SIJ. SIJ strain may diminish proprioception and increase SIJ rotation.

Conclusions:
The Serola sacroiliac belt improved the postural control, lateral stability and offset. The current pilot study, while giving interesting information, indicates that further studies are needed with a larger sample of subjects utilizing the same parameters.

References:
10. Gatterman, M et al.. Rating specific chiropractic technique procedures for common low back conditions. JMPT 2001; 24(7): 449-456
Fibromyalgia: A Chiropractic Perspective and Results of a Five-Subject Pilot Study

Joseph F. Unger Jr., DC, FICS and Stéphane Provencher, DC

Introduction:
Fibromyalgia is a devastating disease affecting an estimated two percent of the population. Symptoms range from mild to debilitating and often defy many treatment modalities. Scientific evidence indicates the effectiveness and safety of chiropractic for FM. Current hypotheses suggest central nervous system hypersensitivity in this condition. This study evaluates the possibility of the CNS hypersensitivity as having a chiropractic etiology.

Methods:
Five random subjects were evaluated in a clinical trial for pain threshold using an Algometer testing the 18 Fibromyalgia diagnosis points (less than 8 lbs/cm²) and 12 SOT™ neurological somatic indicators. The Fibromyalgia Impact Questionnaires (FIQ) was also utilized. Ten chiropractic treatments were given utilizing specific SOT™ Category II and III procedure via orthopedic blocking, low force cervical adjustment with Cranial Sutural interventions as per standard SOT™ protocols. No supplementation or other modalities were utilized.

Results:
Pain thresholds were found to be significantly increased (p < 0.05) in 11 of the 18 fibromyalgia tender points (9-23 lbs/cm² post treatments) and 9 out of 12 De Jarnette neurological somatic indicators (14-22 lbs/cm² post treatments). The FIQ questionnaire was found to be significantly improved (p < 0.0005) with a mean pre treatment of 74.22% and 34.25% post treatments.

Conclusions: The results of this investigation suggest the possibility of fibromyalgia being a specific chiropractic lesion. Further investigation and trials are needed to more thoroughly evaluate the above concepts and findings.

References:
Chiropractic Manipulative Reflex Technique Resolves Symptoms of Upper Respiratory Infections: A Case Study

Dr. Joseph F. Unger Jr., DC, FICS

Background and Objectives:

Chiropractic Manipulative Reflex Technique (CMRT) is used in the SOT™ system of chiropractic and Chiropractic Craniopathy to address habituated spinal reflex dysfunctions involving a related organ system. In the SOT™ paradigm, the body heals itself when the cerebral spinal fluid mechanisms are optimally functioning. If a significant blockage is removed then the organism is returned to its innate self-healing capacity. Therefore, the site of the blockage may bear little overt relationship to the system of involvement or dysfunction. This case study illustrates this concept by reporting the effects of treatment aimed at a viscerosomatic dysfunction involving the large intestines and its effect on an individual suffering from a URI.

Clinical Features:

A 32-year-old male presented with chills, fever, headache, nausea, stuffy nose and sore throat symptoms of approximately one week’s duration. Occipital fiber diagnosis revealed an active fiber six line two with a major fourth lumbar viscerosomatic reflex.

Intervention and Outcome:

The patient was treated with standard SOT™ CMRT protocol, including a typical fiber neutralization, lumbar 4 reflexes and adjustment of the involved vertebra. No other procedures were performed at that visit. Immediately upon termination of the treatment the patient reported a significant reduction of presenting symptomatology. The patient later reported that by the next morning, all of the symptoms had completely alleviated.

Conclusions:

This case report illustrates the theoretical dynamic relationship of the healing systems of man as proposed by a variety of philosophies including SOT™ chiropractic. The patient was treated for the problem as directed by the indicator system. The symptoms were not treated; but instead, the mechanism as a whole was addressed. This is of course a single case report, and more extensive studies in greater numbers must be performed in order to substantiate or discount these concepts.
A Case of Overactive Bladder and Bedwetting undergoing De Jarnette SOT™ and Chiropractic Craniopathy Care – A Case Report

Alexia Hampton, DC

Purpose:
To discuss the management and resolution of overactive bladder and bedwetting undergoing De Jarnette SOT™ and Chiropractic Craniopathy care.

Clinical features:
A nine year-old male presented for diagnosis and treatment of extremely overactive bladder and bedwetting. Patient has been experiencing symptoms for approximately six years, since he has been out of diapers. Organic and musculoskeletal structural anomalies and diabetes insipidus were ruled out by medical doctor. He has seen a chiropractor in the past for the treatment of congenital hip dysplasia and took two adjustments of diversified HVLA technique to the hip joint only.

Outcome and Interventions:
On the first visit, an SOT™ Category III complex was identified. Palpatory tenderness of the spine and tension of the paraspinal musculature was noted in the thoracolumbar junction. Treatment on the first visit included De Jarnette SOT™ Category III orthopaedic blocking procedures, an SOT™ trapezius fiber adjustment of the 11th thoracic vertebra, and fascial release of the right psoas muscle and bilaterally lift of the kidneys. Treatments 2-8 involved Category II blocking and Basic II cranial adjustment along with trapezius fiber adjustment of the 11th thoracic vertebra.

Results:
The patient and patient’s mother have reported a decreased frequency of urination and urgency, and a decrease in severity of bedwetting with patient making only making 1-2 trips to the restroom at school. The volume of urine is greatly reduced, only partially wetting a “pull-up.” He reports feeling better, and is more limber. His mother noted that he has better balance and falls less often, both symptoms that she did not realize until the situation improved. He also has seen a consistent improvement in his bowling score.

Conclusion:
This paper reports a case in which De Jarnette SOT™ and chiropractic Craniopathy care resulting in partial resolution of bedwetting and overactive bladder after eight treatments. Further research is needed to determine the role of the chiropractic adjustment in normalizing bedwetting and overactive bladder with De Jarnette SOT™ and Chiropractic Craniopathy care.
Chiropractic Research: A Perspective to Serve the Future of the Profession

Steven D. Roffers, DC

Overview

Bartlett Joshua Palmer is recognized as the pioneer in chiropractic research. He was not satisfied to simply document what he observed, rather he wanted to measure it, describe it, repeat it, and learn from it.

We should all share the same zeal for chiropractic research, but alas, we do not. Many of my colleagues tell me that chiropractic does not need research. They tell me that “chiropractic works” and that is all that is needed. They do not care how it works or why it works. They state that conducting research on chiropractic is falling prey to the “medical model” and they do not want to be a part of that.

To those critics, I say “Research is necessary for the future of the profession.” In the ever demanding real world of evidence-based healthcare, research is more than just a necessary evil. Research aids us in the development of best clinical practices. Research helps document treatment responses, which is necessary for insurers and policy makers. Research proves that what we are doing is not just due to chance.

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Research and Evidence-based Healthcare

Research provides us with the evidence needed in evidence-based healthcare. Some people trace evidence-based healthcare back to Ancient Greece, others say its roots are firmly grounded in Ancient Chinese medicine. Regardless, the term "evidence based" was first used in 1990 by David Eddy. In short, evidence-based healthcare aims to apply the best available evidence gained from the scientific method to medical decision making. It seeks to assess the quality of evidence of the risks and benefits of treatments (including lack of treatment).

Levels of Evidence

There have been many attempts to devise, describe, and rate research evidence. The most widely accepted is the Oxford Evidence Based Levels as presented below.

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Best Evidence

Colleagues ask me, “What is the best evidence?” My answer always is, “The best evidence comes from research that includes the randomized assignment of subjects/participants, and the use of a control and a placebo or sham group. This type of systematic research significantly increases the confidence with which a health practitioner can believe in the effectiveness of a treatment. With this type of scientific rigor, we can place more trust in the belief that it was the treatment that caused the outcome of the treatment, rather than chance itself.
Chiropractic is notorious for publishing case reports or case studies. While much effort goes into these publications, and while many of them are interesting and intriguing, case reports and case studies really are at the bottom of the evidence pile when it comes to evaluating the science. Case reports and case studies are anecdotal evidence that chiropractic may have contributed to the favorable outcome that is being reported. Chiropractic needs to focus on obtaining higher levels of evidence with regard to its research. Specifically, chiropractic must aim to conduct more randomized controlled trial (RCT) studies which incorporate control groups, placebo or sham control groups, and active treatment groups which have subjects randomly placed into each of these groups. RCTs are the “gold standard” by which all other research is compared. The future of chiropractic depends on more RCTs being conducted so that the true science of chiropractic can be realized and measured.

The Future of the Profession

The future of the chiropractic profession relies on the conduct of more scientifically rigorous research studies such as RCTs. Case reports and case studies, while interesting to read, provide only anecdotal, low level evidence which is often scoffed at, ridiculed by others, and dismissed as due to chance only. Chiropractic’s best clinical practices, policy makers, insurers, and stake-holders require higher levels of evidence. Let us join forces where we can take some of the time, money, and effort that would have gone into yet another case report or case study and redirect it to producing more high quality, higher level of evidence RCTs… for our future really does depend on it.

References

Dr. Major Bertrand De Jarnette credited chiropractic with saving his life after sustaining critical injuries. In turn, he dedicated his life’s work to understanding how all of chiropractic works. Those efforts led to the development of the Sacro Occipital Technique (SOT™) of Chiropractic and SOT™ Craniopathy. In 1925 he began conducting research and eventually founded Sacro Occipital Research Society International, Inc. (SORSI) in 1957. Since then, SORSI has continued to teach De Jarnette’s methodologies, insights and understanding of chiropractic as well as carry on his research.

In 1974, De Jarnette founded the Sacro Occipital Teaching Organization (SOTO). Out of SOTO grew international organizations in Europe (SOTO-Europe), Australia (SOTO-Australasia), Japan (Pacific Asian Association of Chiropractic [PAAC]) and South America (SOTO-SA). The International Craniopathic Society (ICS) was founded as part of SORSI in 1977 to provide an examination and certification process for proficiency in De Jarnette’s chiropractic techniques and in 1984 the ICS was merged into SORSI. SORSI is the only agency authorized to teach and certify chiropractic practitioners in De Jarnette SOT™ and Chiropractic Craniopathy through his original SOTO organization.

This brilliant investigator, who came to be known as “The Major,” wrote almost 140 books, authored thousands of pages of research papers and articles, held numerous patents and produced several inventions. He is one of the many pioneering men and women chiropractic has the good fortune to claim as their own. SORSI embodies and furthers the legacy of “The Major” for future generations to come.
Biographical Information

Jerry Hochman DC, FICS

Dr. Jerry I. Hochman graduated from the University of Florida in 1972 and Life College in 1983. He has practiced for 27 years in the metro Atlanta area and teaches SOT, Thompson Terminal Point and full spine/diversified at Life University, where he is a full professor. Dr. Hochman was awarded the Teacher of the Year award by the Life University Alumni Association in 2007. Who’s Who in American Universities and Colleges, National Dean’s List, President’s Award, Sacro Occipital Research Society International.

He has presented research at the ACC-RAC conferences twice since 2005. He has published eleven times in Today’s Chiropractic and a prospective case series in the Journal of Manipulative and Physiologic Therapeutics on SOT™ Chiropractic and spinal ranges of motion. He has been awarded Diplomate Craniopath and Fellow in Craniopathy status by the Sacro Occipital Research Society International.

Dr. Hochman teaches seminars in pelvic and cervical analysis to students and chiropractors around the Southeast, and is the developer of the Dynamic Spinal Analysis spinal analysis system, inspired by the SOT™ Chiropractic protocol taught by Dr. Nelson DeCamp. His passion is teaching, and he especially enjoys teaching chiropractors the power that SOT™ Chiropractic offers to the full spine practitioner.

Alexia Hampton, DC

For Dr. Alexia Hampton, the decision to become a chiropractor seemed inevitable as she is the 3rd generation to graduate from Logan College of Chiropractic in Chesterfield, MO. However, it was working as a chiropractic assistant for her father that inspired her to become a chiropractor. She witnessed lives changing as patients would first come into the office sick and in pain, and after series of treatment would feel better, live healthier, and in some cases patients were able to return to activities that they loved but had given up on because they caused severe pain.

Dr. Hampton received her Bachelor of Life Science from Logan College of Chiropractic in August of 2005. She went on to graduate as Doctor of Chiropractic in December of 2007 and has been practicing in Bonne Terre, MO since February 2008. Her professional memberships include the Missouri State Chiropractors Association and the International Chiropractic Pediatric Association.

Suzanne Seekins, DC, CC

Dr. Suzanne Seekins graduated from Logan College of Chiropractic in 1990. She spent the first seven years of practice being mentored by world renowned Craniopath, Dr. Joseph Unger in St Louis, Missouri.

Now a post-graduate faculty member teaching on pregnancy Craniotherapy and pediatrics, Dr. Seekins taught SOT™ Chiropractic at Logan College for 5 years. She served as co-director of an outpatient facility, and clinician, all while maintaining her private practice in St Louis.

A Certified SORSI instructor since 1992, Dr. Seekins has traveled extensively throughout the United States teaching for SORSI, SOT™ Chiropractic student clubs, the post-graduate department at Logan. She is currently developing a one-day seminar on pregnancy to encourage more chiropractors to treat pregnant patients.

Moving to Naples, Florida in 1997, she began her pursuit of providing quality, comprehensive, holistic care to pregnant mothers and children. Receiving referrals from multiple health care providers in her area, Dr. Seekins enjoys a successful practice comprised of as much as 75% gravid and pediatric patients.

She is the mother of four healthy, vibrant and home-birthed children. She is a Certified Craniotherapist, a member at Who’s Who in American Colleges, and President Emeritus at SORSI. She frequently hosts in her office student doctors during their preceptorship from Logan and Palmer Colleges. It is her greatest pleasure to teach SOT™ Chiropractic.
Noel Taylor, DC

Dr. Taylor has been in private practice in Columbus, Indiana since 1995. He is certified by SORSI and SOTO-USA, has served as an instructor in SOT™ Chiropractic for both organizations, is a lifetime member of both organization, is both owner/moderator of sot-list@yahoogroups.com and co-moderator of Dr. Rozeboom's SacroOccipitalTechnicForum@yahoogroups.com, obtained Logan College's post-graduate 100-hour cranial certificate in 2000, and served as a table instructor for that course in 2001. His work in craniopathy draws children with developmental disabilities from a large area of Indiana. His paper "Corrections of Sacroiliac Lesions" was approved as teaching material for SORSI's 2004 symposium, and he currently has two case studies submitted for publication.

Mamal R. Rahimi, DDS

Dr. Mamal Rahimi is native of the Bay Area and was raised in Los Gatos, CA. He received his undergraduate degree at UCLA in 1995. He later attended University of the Pacific (UOP) School of Dentistry in 2000 where he received his D.D.S. degree. Returning to his home town, Dr. Rahimi has had a private practice in Los Gatos since 2000. He has dedicated his career in treating Cranio-Mandibular disorders with special emphases in TMJ and sleep related disorders.

Thomas Bloink, DC, DICS

Dr. Thomas Bloink is a graduate of Palmer Chiropractic College-West and is a Board Certified Cranio-path. He has lectured extensively at colleges, seminars and conferences around the world. Dr. Bloink is the founder of the California Cranial Institute in Los Gatos, California specializing in cranial-dental integration to treat complex neurological disorders.

Steven Roffers, DC

Dr. Roffers is an accomplished scientist with a background in biological sciences, physics, biostatistics, epidemiology, oncology, and cancer surveillance. With 25 years of research experience at the hospital, university, city, state, national, and international levels, Dr. Roffers brings a world of knowledge to chiropractic science and research.

Prior to chiropractic school, he wrote and edited a textbook, wrote chapters in professional monographs, and has published more than 50 articles in scientific and professional journals, 10 of which are published in Index Medicus indexed journals. He has taught and trained thousands of students and clinicians in various training programs and classes held all over the world. He has travelled to 105 of the 194 independent countries of the world where he has set up, and/or conducted, research on various topics including diabetes, HIV/AIDS, birth defects, cancer, hypertension, and lupus.

He received a Research Scholarship and graduated with academic honors from Life University’s College of Chiropractic and was the recipient of the Research Track Award and the Clinic Excellence Award. While a student, one of his research papers was accepted for Platform Presentation at ACC-RAC 2009. He currently has three chiropractic research publications in preparation or in press.

Dr. Roffers is excited to be involved in the conduct of high quality, high impact, randomized controlled trial (RCT) studies in chiropractic. He is a chiropractor in private practice, joint practice, is a member of the Faculty at Life University’s College of Chiropractic in Marietta, GA, and is the Director of Research at Spinal Missions.
Dr. Daniel Madock DC, DICS

Dr. Dan Madock is a native of Chicago, Illinois born on October 28, 1951. His education includes a bachelor's degree from the University of South Florida in psychology. He graduated from the Palmer College of chiropractic in 1979. He has been inactive practice in Tampa, Florida since that time. Began studying Sacro-Occipital Technique in 1976, and attended his first Omaha seminar in 1977. After passing basic and advanced proficiency examinations he became a certified Craniopath in 1988. He was awarded the Diplomate status of the International Craniopathic Society in 2002. He is a certified instructor for the Sacro Occipital Research Society International. He is the author and developer of Iso-Cranial Technique. He is a certified independent medical examiner and a certified examiner for the Florida Department of Transportation. He has presented classes and lectures on craniopathic techniques in the United States, England and Australia.

Joseph F. Unger Jr. DC, FICS

Joseph F. Unger Jr, DC, FICS founded Atrium Health Services in April, 1983. A 1979 graduate and current faculty member of Logan College of Chiropractic, Dr. Unger achieved Fellowship Status in Craniopathy in 1993, the highest certification awarded by the International Craniopathic Society and SORSI. An author and lecturer, Dr. Unger has taught extensively in this country as well as abroad in England, Canada, Japan, Australia and Russia. He has served the SORSI board of directors continuously since 1979.

Stéphane Provencher, DC

Stéphane Provencher DC was born in Québec, Canada and received his B.S. Degree in Medical Biology from the University of Québec at Trois-Rivières. Dr. Provencher graduated from Logan College of Chiropractic with Honors in 2007.

He has presented research at the SORSI 2009 Mid-Year Research Conference, WFC 2009 in Montréal, QC, Neuroscience Brain Meeting in 2003 in Turin, Italy and New Orleans, USA and 2009 in Chicago, USA and will present research at the ACC-RAC and AHC conferences in 2010. He has submitted three articles for publication in scientific journals, one of which was published by JVSC in December 2009.

Dr. Provencher is also the new chairman of research for SORSI. Dr. Provencher was named Researcher of the Year 2009 by SORSI and America's Chiropractors of the Year 2009 by the Consumer Research Council of America. Dr Provencher is the co-founder and primary developer of the SORSI-EBRN (Evidence Based Research Network) and automatic online case reporting system to improve Chiropractic research.