

CHOOSING A CHIROPRACTOR THAT USES THE PETTIBON SYSTEM PROCEDURES A Flow Chart

What differentiates a Pettibon System Practitioner from Conventional Chiropractic?

In an office that follows Pettibon procedures, before you will be accepted for care the following will be done.

First, examinations and test will be performed, to determine the cause of your problems. If the cause is found then tests will be performed to determine:

- 1) If you will respond to our care
- 2) How long it will take
- 3) How much it will cost.

From the above examinations, tests and findings, a treatment plan can be laid out, with a flow chart. The flow chart will explain the doctor's expectations of their home care procedures, as well as what they can expect from your office. Then arrangements for payment can be explained and agreed to.

Before being accepted as a patient the patient must agree to perform home care rehabilitation procedures that will be taught to them, in addition to in-office procedures. These procedures are to be performed daily until the patient's problems are corrected and then weekly thereafter. Our motto is "We fix you and then we train you how to keep yourself fixed and healthy".

The treatment Flow Chart is next, followed by a brief explanation for the reasoning for the procedures outlined in the flow chart.

ON EACH VISIT THE FOLLOWING FLOW CHART OF PROCEDURES WILL BE PERFORMED AND IN THE PROPER SEQUENCE

- 1) You will be required to drink two ounces of very briny salt water followed by 8 ounces of pure water before starting any rehab or treatment each visit.
- 2) You will be required to have consumed protein within two hours before treatment begins.

- 3) Before stretching and warm-ups are performed an instrument called the MDT will be used to deliver a back to forward repetitive force over the neck that is just sufficient to cause the hands to tingle. This procedure may be performed by the spinal technician, (ST).
- 4) Next you will be required to perform spinal muscle stretching exercises that are designed to stretch postural muscles.
- 5) You will follow the muscle stretching exercises with ligament & disc stretching exercises called loading and unloading cycle exercises using a cervical traction device and a "wobble chair". Use of these devices are especially designed to temporarily change the composition of the discs nucleus from a firm motion-restricting hydro-jell into a supple easily mobile hydro-sol solution, so that the spine can be easily and painlessly mobilized-adjusted and lost fluids re-gained during other rehabilitation procedures.
- 6) After your spinal soft tissues are ready to be treated, your treatment begins while lying prone on a flat table with a cut-out for your face. Your treatment will start with a procedure called the diaphragm pump. This procedure forces you to breathe deeply against a controlled resistance until you can easily take a full breath that completely fills your lungs. The diaphragm pump is usually performed by a ST.
- 7) After the diaphragm pump is completed, the ST uses a special tool called a PTLMS over areas of the spine that are or have been inflamed and/or over spastic muscles. The PTLMS is a pummeling tool that rapidly pumps toxic waste called algo-geinc inflammatory exudates, (AEI) from the painful area in need of manipulation-adjusting.
- 8) Then you are directed to lie supine and are briefly examined and then treated to your needs, by the doctor.
- 9) After manipulation-adjustments (treatments) are completed the patient is again examined briefly to assure their needs found by the before treatment brief exam have been corrected.
- 10) Treatment is concluded by the patient wearing head, shoulder and hip weights. The amount and placement of the weights has been determined by testing after the initial examination was completed. Then, the patient will be required to walk (usually on a tread mill) for up to 20 minutes. Weighting is a very important part of Pettibon systems spine correcting and strengthening procedure. The weights reflexly causes the patient's own neuro-muscular system to correct the spinal form and functions relative to gravity, while at the same time rehabilitating and strengthening the spinal ligaments and muscles so that they can eventually maintain spinal form and function with only weekly home care rehab procedures.

ADDITIONAL TREATMENT AND REHABILITATION MAY BE NEEDED

Most patients will have special nutritional needs for healing and maintenance that will be discussed before they are accepted as a patient.

In the initial x-ray examination, flexion and extension x-rays are taken and measured to determine if your spine is able to move normally. Often old injuries resulting in loss of disc function with pathologies are present and must be rehabilitated by special procedures before spinal form and function can be restored.

If special procedures are needed, they will usually follow diaphragm pump and PTLMS and precede your brief exam and treatment each visit.

A BRIEF EXPLANATION OF THE FLOW CHART OF PETTIBON SYSTEM PATIENT CARE PROCEDURES

- 1) Real salt with all 84 trace minerals rather than table salt that is only Na Cl is needed for the patient's nervous systems electrolytes to function properly.
- 2) Normally the body is at least 75% water, with the nervous system being 90% water, the muscles are 80% water and the discs nucleus is 88% water. Water is the solvent that makes digestion possible and the transporter of all of the nutrition to all cells as well as waste products away from the cells for elimination.

Water has to be replaced daily, with at least $\frac{1}{2}$ of one's body weight in ounces of water needed. More water is needed in warmer climates and depending on one's activities.

The body has a water appropriation and rationing system, with the nervous system at the top of the list and the musculoskeletal system at the bottom.

Testing has shown that patients suffering from musculoskeletal problems are dehydrated, often with as low as only 50% of the water content needed for normal function. Their pain and problems cannot be alleviated until they are re-hydrated. When the muscles are de-hydrated, they cramp and spasm. When there is insufficient water for digestion, the person suffers from indigestion. When the person is so dehydrated that the nervous system loses 1% of its water, it malfunctions. If it loses 2% of its water one dies. For additional information on Water needs by the body, SEE section on water in the books and PowerPoint presentations.

Make sure the patient consumes 2 oz. salt water and 8 oz. of water before beginning home care rehabilitation activities.

3) People should go no longer than 4 hours between eating some protein, and should have consumed protein before rehab exercises at home and in the office otherwise they will not react as expected to rehabilitation, your treatment and/or other physical activity. The body is a reactor. It needs protein in the blood in order for the nervous system to instantaneously make three special proteins called c-fos, c-mer, c-jun, in time and in need. Then the body can react to reflexes as expected.

4) Rehab exercises begin with cervical-thoracic stretching using the thoracic role and 6-way stretch strap. Thoracic-lumbar-pelvic stretching is performed on the wobble chair.

After the spinal muscles are warmed up, repeated loading and unloading cycles or the cervical-thoracic spinal discs and ligaments is performed for stretching by application of from 10 to 100 cycles with the cervical traction device. Thoracic-lumbo-sacral disc and ligament warm-up and stretching is performed by using the wobble chair for up to 10 minutes per session.

5) Diaphragm pump insures that the lower thoracic spine is functioning and there is sufficient oxygen in the blood stream, so that normal metabolic functions can be expected and increased by the physical activity of your rehabilitation and spinal correction procedures.

6) Use of the PTLMS is usually used only until the patient is pain free and the AEI associated with toxic waste has been eliminated.

7) The brief examination performed each visit is to determine how the patient is responding to the treatment plan and determine the needs of the patient that day.

8) The post treatment brief examination is to make sure the patient responded as expected to the rehabilitation and treatment they received that day and if they did not respond as expected, indicate additional treatment needed and/or additional examinations or re-examinations is needed so that their treatment plan can be changed or added to if needed.

9) Application of body weights is of utmost importance. It is the part of the treatment plan that finishes correcting spinal form and function after all other rehabilitation and manipulation-adjusting procedures have been completed. Use of the weighting system increases the effectiveness of our system dramatically and is often necessary for treatment to be effective.

ADDITIONAL TREATMENT AND REHABILITATION PROCEDURES

Often the patient that is dehydrated does eat food that they like rather than food that provides proper nutrition. These patients will need vitamins and other supplements that have nutrients needed to heal and rehabilitate spinal soft tissues.

Often patients with spinal problems will be in need of special rehabilitation procedures needed to heal and restore disc function. These special procedures will best be performed by use of the P-SRT table. An explanation of this table follows.



The PSRT (Pettibon Spinal Rejuvenation Table) converts gravity into traction. Published research documents its effectiveness in the re-hydration of discs and rehabilitation of the spine. The PSRT was designed to combine the force of gravity with the power of vibration to produce the amazing clinical statistics to support the phenomenal results.

UNDERSTANDING POSTURAL MUSCLES

Slow twitch postural fibers dominate the majority of spinal muscles. Postural muscles spasm to guard the injured or pathological spine and require a constant isometric-type traction rather than intermittent traction-relaxation forces to stretch, fatigue, and relax.

After the muscles are relaxed, traction forces that were applied to the muscles are now applied to the discs and ligaments in need of re-hydration. Reversing gravity with vibration is ideal for both of these functions.

THE VITAL ROLE OF VIBRATION

Research has shown that the use of whole body vibration (Hertz) and time in concert with various weighted maneuvers during rehabilitation training, increases the blood flow by 100%.¹

A table without vibration requires minimally 10 minutes of use just to get the patient to the point where effective traction on the disc can be produced. Vibration rapidly reduces the time required on the PSRT by half because it produces fatigue in the red tissues (muscles).²

The combination of inversion and vibration shortens office visits and dramatically improves the results! Patients will appreciate how quickly they become comfortable on the PSRT and the clinician will rapidly find this tool irreplaceable in working with difficult and chronic cases.

VASCULAR HEALTH AND THE PSRT

Calf and thigh muscle action is required for venous blood return from the legs in the standing and/or lying person. The PSRT inclination for lumbar traction elevates the feet and legs, thereby reversing the downward effects of gravity on venous blood flow out of the legs and into the abdominal cavity. Additional blood in the abdominal cavity is beneficial to surround the spine so that spinal traction can pull more nutriment rich fluids into the discs. The combination of vibration and inversion will assist the patient in many ways other than the relief and rehabilitation of spinal problems.

We recommend the PSRT angle to initially be set at 10-15 degree and gradually build up to 30 degrees. Increased blood-flow has been shown to cleanse and stimulate the vascular systems' endothelial lining to produce nitric oxide. Nitric oxide is a vasodilator and is a regulator of blood-flow with proven beneficial effects on the cardiovascular, immune and nervous system, as well as spinal soft tissues, and is a powerful antioxidant.

The PSRT gravity-reversing table also exercises the heart muscle; especially the left ventricle. Therefore, it produces much more than lumbar disc and spinal rehabilitation.³

Either end of the PSRT is designed to incline up to 30 degrees so that the cervical and/or lumbar spine and legs can be tractioned as needed.

We encourage you to share this information with your patients and colleagues. The latest research validating the use of the PSRT was published by the Journal Of Chiropractic Medicine (2008) 7, 140-145, titled "Radiographic disc height increases after a trail of multi-model spine rehabilitation and vibration traction: a retrospective case series", by Ian Horseman D.C. and Mark Morningstar, D.C.

*Clinical research results (anticipated 2009-2010) on the PSRT and the cervical spine is underway.

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www.pettiboninstitute.org

The Pettibon Institute
3214 50th St Ct, Suite 102C
Gig Harbor, WA 98335
888-774-6258