

# The Pettibon System™

Proven spine and posture correction

Dr. Mark Morningstar, Director of Research for The Pettibon Institute, with Dr. Thomas Joy, have just had their article, *Scoliosis Treatment Using Spinal Manipulation and The Pettibon Weighting System™: A Summary of Three Atypical Presentations*, accepted for publication in the journal, *Chiropractic & Osteopathy*. There's other exciting news about scoliosis and The Pettibon System, so we decided to make it the focus of this month's newsletter.

## Scoliosis Treatment & The Pettibon System

### First, two facts about scoliosis\*:

- It affects 2 to 3 percent of the population, or an estimated 6 million people, in the United States.
- Each year, scoliosis patients make more than 600,000 visits to private physician offices and are treated by medical practitioners and specialists from numerous healthcare fields

\*[scoliosis.org](http://scoliosis.org)

The International Study Group On Spinal Orthopaedic and Rehabilitation Treatment (SOSORT), founded three years ago, is dedicated to developing international guidelines for the non-surgical treatment of scoliosis, including bracing and physical exercises.

With an international membership of orthopods, physiatrists, physical therapists, orthotists, orthopaedists, and other medical professionals who deal with spinal disorders, SOSORT's objective is to perform international studies on the effectiveness of conservative therapies proposed for scoliosis.

When SOSORT meets for its third annual conference this year in Poznan, Poland, on April 7th and 8th, attendees will hear Dr. Morningstar discuss the positive results he and other Pettibon practitioners have had in treating scoliosis using The Pettibon System.

Prior to the SOSORT conference, Dr. Morningstar and Dr. Ian Horseman, a Pettibon practitioner in Peterborough, Ontario, Canada, will jointly teach our next Scoliosis course March 11th and 12th in Gig Harbor, Washington.

Looking forward to both of those events, Dr. Morningstar has agreed to answer questions he's typically asked about scoliosis treatment.

### **Q: In a nutshell, what's different about the way you treat a scoliosis patient from the way you treat a "typical" chiropractic patient?**

A: The goals for scoliosis treatment are the same as for any patient: To rehabilitate paravertebral tissue and re-align the spine as close to a normative model as possible for permanent improvement.

However, the doctor has to understand that there are altered biomechanics at play, as well as significant abnormalities of the postural reflexes and soft

## Newsletter

### January 2006

From Sharon Freese-Pettibon,  
President of Pettibon System, Inc.

### THIS NEWSLETTER'S OBJECTIVES

Provide timely communications on topics, issues, and events that affect the well-being of your patients and your professional success as a Pettibon practitioner.

Frequency? Once a month. More often if something noteworthy warrants this.

As soon as possible, we want this newsletter to be two-way—you're giving us feedback, sharing information, and suggesting content!

### THE PETTIBON SYSTEM

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tissue morphology. Because of those abnormalities, the Pettibon Weighting System™, for example, must be employed in a slightly different order than called for by our standard strategies.

The patient must also receive direct training of the visual field and upper extremity locomotion.

### **Q: Is any one set of The Pettibon System skills more relevant for effectively treating scoliosis patients?**

A: No! It's extremely important that doctors treating scoliosis patients be very proficient in The Pettibon System in its entirety. That means getting consistent results with "typical" patients first, before attempting to treat scoliosis patients.

It's imperative that doctors treating scoliosis patients be able to apply The Pettibon System principles to the patient, not try to make the patient's problems fit the principles. We commonly see new Pettibon practitioners become 'disheveled' when a patient doesn't fit the typical posture patterns or respond to stress testing as predicted.

Because of the altered biomechanics in a scoliotic spine, scoliosis patients don't always respond the way we expect them to. Therefore, the doctor should fully immerse him/herself in neurological adaptation of the spine before attempting to treat scoliosis.

### **Q: Do I need to change my clinic equipment or layout for scoliosis treatment?**

A: No. Having all The Pettibon System's proprietary instruments and rehabilitation equipment is obviously a given. In addition, because vibration therapy is an integral part of treatment, a vibration platform is needed. Soloflex, makers of vibration components for gym equipment, will supply components to Pettibon practitioners and then donate a portion of the proceeds to The Pettibon Institute for its research program. We can thank Dr. Horseman for negotiating this agreement!

The biggest change doctors should anticipate is the length of the clinic visit. It's not uncommon for a scoliosis patient to be in the clinic from 60 to 90 minutes. However, because the treatment is more comprehensive, the doctor can charge more for a scoliosis visit.

### **Q: What will the Scoliosis course on March 11th and 12th cover?**

A: The first day of the course covers terminology, outcome measures, interprofessional communication, traditional treatments, pathogenesis, statistics, and pathomechanics. The second day's content is patient evaluation, treatment options, home care instruction, and patient communication and psychology.

Pre-requisites for attending the Scoliosis course are successful completion of The Pettibon System's core curriculum. For more information see: [www.pettiboninstitute.org/course\\_info/index.php](http://www.pettiboninstitute.org/course_info/index.php).

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**Q: What's the biggest challenge facing Pettibon practitioners who want to offer scoliosis treatment?**

A: The biggest challenge is inter-professional communication. By the time scoliosis patients enter my clinic, they've already typically been to their primary care doctor, a physical therapist, orthotist, orthopedic surgeon, neurosurgeon, or a combination of these. To be credible with these providers, I have become very familiar with conventional scoliosis treatments. Even if a traditional provider advises against seeing me, my goal is to effectively communicate the treatment plan to the patient or patient's parents, since they're the ones ultimately making the decision. Here's the good news: Once credibility has been established, the referrals come! We're currently receiving 2 to 3 calls per week from all over the country inquiring about where they can find a local practitioner doing what I'm doing.

**Q: Any other comments?**

A: Yes! Scoliosis is the epitome of spine and posture deformity. There's no known cure. Dr. Horseman and I, as well as a few other Pettibon practitioners, are getting positive results for some of our patients.

Treating scoliosis requires *dedication*—from both doctor and patient. Any practitioner who accepts scoliotic patients must be prepared for the long-term commitment. However, the gratification the successful practitioner gets from helping those suffering from this condition is inestimable.

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