

The Pettibon System™

Proven spine and posture correction

The World Has Lost One of the Greatest Chiropractors

Robert Otto Barnum was 83 when he died on June 14th. Throughout our collegial relationship and enduring friendship, we treasured his love of learning, selfless service, humor, and caring nature.

Here's some of what his obituary in *The Carteret County News-Times* chronicled.

Dr. Bob was a Marine Corps pilot in World War II. He graduated from Palmer in Iowa in 1949 but had to delay starting his practice when he was called to active duty in the Korean War. For his military service he received the Distinguished Flying Cross with three stars, the National Defense Service Medal, the Korean Service Ribbon with two stars, and the United Nations Service Ribbon.

Dr. Bob was discharged in 1953 while stationed at the Marine Corps Air Station in Cherry Point, North Carolina. He decided to stay in North Carolina and establish a practice in Morehead City. In those early years, his patients frequently paid for his services with farm produce and seafood. He made house calls on weekends and would also drive to the communities called 'Down East' to visit patients in their homes.

Over the years, as Dr. Bob's practice expanded, he employed recent graduates, wanting to give them 'on the ground experience' before they started their own practices. His son, Robert Lewis, joined him in 1985.

Dr. Bob's enjoyment of working with young people extended to his 'civilian life.' He was director of Morehead City Recreation Commission for many years; was a volunteer with the Morehead City Jaycees, including being its president, vice president, and state representative; coached Midget League football and Little League Baseball, and was the announcer and team doctor for high school football games for seven years. Dr. Bob's civilian service was honored too. He received the Distinguished Service Award from the Morehead City Jaycees; was recognized for his contribution to physical fitness by President Dwight Eisenhower; and in 1976, was appointed by Governor James Holshouser Jr. to serve on the N.C. Radiation Protection Commission.

Dr. Bob retired in 2003, continuing to treat a few select patients and spending most of his time fishing, hunting, and traveling.

He and his former wife, Bernita Barnum, whom he considered his lifelong friend, raised seven daughters and two sons. Added to that large family are 13 grandchildren and four great-grandchildren.

Talk about 'living life large!'

When we learned of Dr. Bob's passing, some cherished memories flooded into our hearts.

Newsletter

June 2007

Volume 3, Number 6

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

SUMMER STUDY

For most of us, summer represents a more relaxing time of the year. Whether you're planning a road trip, overseas adventure, cruise, or weekend getaway at the beach or in the mountains, consider incorporating some learning experiences. The Pettibon Institute offers you two options: Take our online courses or sign up for one or more of the following instructor-led courses this July and August.

Fundamentals & Lordosis Correction

Minneapolis, MN	July 7-8
Las Vegas, NV	August 11-12

X-ray Procedures & A-P Correction

Boston, MA	July 14-15
Minneapolis, MN	August 11-12

Soft Tissue Clinic Protocols & Home Care

Boston, MA	August 18-19
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Pediatrics

Denver, CO	July 28-29
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Business Procedures & Practice Expansion

Las Vegas, NV	July 14-15
Newark, NJ	July 14-15
Dallas, TX	August 4-5
St. Louis, MO	August 18-19

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There were his yearly calls inquiring about the latest inventions. Dr. Bob knew that advancement is critical to the profession and gave his unqualified support for our innovations.

Dr. Bob faithfully took courses up until 2002. He always paced back and forth in the back of the room, listening intently. He would write up his thoughts and then ask questions.

He was legally blind and claimed that being mobilized with the Negative Z helped improved his vision. He offered as proof the bird he shot—the only one shot from among a group where everyone else had normal vision!

Seventeen years ago, Dr. Bob got sick and was dispirited. We were consulting around the country and decided to visit him and bring one of the puppies our dog Chief had just sired. Dr. Bob named the nine-week old puppy Emmet Bull Dog. I think that companionship lasted nine years.

We closed on the sale of our home on Raft Island the day Dr. Bob died. In saying good-bye to our house, we had images of Dr. Bob chowing down on at least three platesful of salmon and sitting on the back lawn, contentedly appreciating the view.

One of his favorite activities was raising money for the Marines' Toys for Tots. As requested by the family, in lieu of flowers, we made a contribution. You can do the same: Toys for Tots, c/o Mr. David Hill, P.O. Box 856, Beaufort, N.C. 28516.

Robert Otto Barnum was a dedicated chiropractor committed to proven spine and posture correction and a true friend. He will be missed.

It's appropriate in writing about Dr. Bob that the piece that follows covers Dr. Burl's latest invention: The Pettibon Spinal Rejuvenation Table™ (The Pettibon SRT).

Unveiling The Pettibon SRT!

By Burl R. Pettibon, DC, FABCS, FRCCM

The Pettibon SRT for decompression and traction uses vibration (0 to 60 Hz) and varying degrees of tabletop-patient angulations, thereby causing gravity to produce from 0 up to 300 pounds of traction on either the cervical-dorsal or lumbo-sacral spine. This type of traction and vibration is uniform throughout the spine, yet focused on the discs and soft tissues in need of rehydration and rejuvenation. The table concentrates steady continuous forces coupled with vibration so that all of the soft tissues—discs, ligaments, tendons, postural muscles, and nerves—involved in spinal displacement complexes are rehydrated and rehabilitated.

The Pettibon SRT, as a vibration-angulations table, differs in the following ways from conventional flat tables that are computer-driven:

1. Vibration overcomes friction. Flat, nonvibrating tables allow friction in the body parts that contact the table, thereby interfering with uniform traction needed to focus on the weakest areas in need of rejuvenation.
2. Intermittent traction-relaxation programmed into the computer may be good for phasic (fast-twitch) muscles that do not spasm. However, postural muscles, the kind that spasm and hold spinal soft tissues in displaced positions, require constant, isometric-type traction and

For hotel information, check the website, www.pettiboninstitute.org or call: (800) 766-4885.

"Summer afternoon, summer afternoon; to me those have always been the two most beautiful words in the English language."

—Henry James, 1843-1916

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vibration for maximum effectiveness.

3. Research has shown that up to 10 minutes is required before the nonvibrated muscles are fatigued by traction alone sufficiently for the traction forces to affect the discs and other white tissues.
4. Research has also shown that vibration coupled with constant traction causes postural muscles (red tissues) to fatigue and relax up to 50% faster than the application of traction alone. Further, vibration relieves spasms and prevents them from recurring. Therefore, vibrating traction can rehydrate the discs, ligaments, and tendons (white tissues) in half the time required by traction alone.

Clinical Protocols and Applications for Pre- and Post-Decompression–Traction Using The Pettibon SRT

The Pettibon Institute has many clinicians testing the results of our protocols. The results have produced a system of clinical care that is yielding unprecedented results. Those optimum results are attainable only when the system protocols are followed:

1. When a patient is selected to receive whole-body vibration, he or she must agree to daily water and mineral consumption.
2. The patient must agree to perform in-home use of the Spinal Fulcrum Exercise™ program, warm-ups with the Wobble Chair™ and Repetitive Cervical Traction™, and The Pettibon Weighting System™. The patient will be monitored for compliance.
3. The patient must agree to follow our prescribed in-office regimen prior to and following the decompression-traction table.

The following system is used in the office to prepare the spine for rehabilitation and correction:

1. Each session begins with three to five minutes of Repetitive Cervical Traction followed by Wobble Chair work-out of the cervical and lumbar discs. This is necessary to stretch and warm up the muscles and produce hysteresis and hydro-sol in the discs' nuclei.
2. The cervical-thoracic spine is stretched with the 6-Way Cervical-Dorsal Stretch™ strap, followed by thoracic roller stretching, often with additional chest weights.

Whole-Body Vibration and The Pettibon SRT

To set up the patient and to traction-rehydrate the cervical–upper thoracic discs and spine, the following is performed:

1. The patient lies in the supine position with knees bent for comfort on The Pettibon SRT with the table and patient's head inclined up at about a 10-degree angle.
2. A specially designed traction device is attached around the back of the patient's head and extending up about 30 degrees from the forehead, attaching to the scales with an adjustable strap. The scales are attached to a movable-angle device that is attached to the head of the table.
3. The attaching strap and angle device are adjusted until the patient is comfortable. The head and traction devices are extended and tensioned manually and/or electrically.

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4. Then the vibration is turned on and calibrated to produce an acceptable vibration for that patient.
5. Then the head of the tabletop is electrically tilted up until it reaches the desired angle that will produce the desired amount of force. Force is applied to the neck up to 60 pounds or to the patient's tolerance. In the beginning of care, this traction-vibration is usually maintained for up to 15 minutes on the cervical–upper thoracic spine.

For traction-rehydration of the lower thoracic, lumbar-sacral spine, you would perform the following:

1. Attach a harness to the patient's pelvis while he or she is standing.
2. Position the patient supine, knees bent with feet flat on the table and toward the scales and angle-bar end of the SRT, with the traction end of the table angling up at about a 10-degree angle.
3. Attach the pelvic harness to the scales and bring to tension by adjusting the attaching strap and angle bar until the patient is comfortable.
4. Then start the vibration and adjust the Hz until the desired vibration is reached.
5. Re-tighten the pelvic harness so that it will not slip off.
6. Next, gradually apply a straight traction force in line with the spine of up to 50% of the patient's weight by electrically tilting the table/patient's pelvis up until the desired traction forces is applied.
7. This amount of traction and vibration is usually maintained up to 15 minutes in the beginning of care.
8. If additional traction is desired, attach a shoulder harness to the patient. Then attach the shoulder harness by adjustable straps to the two rings at the end of the table.
9. After the two adjustable straps are brought to tension, elongate the patient and tabletop electrically until the desired additional traction is attained.

NOTE: Effective vibration Hz may be different with each patient. The Pettibon SRT's vibration may be set from 0 up to 60 Hz. Our research has found that larger, less-fit patients require less vibration, usually from 15 to 30Hz while smaller, fit patients need 30 Hz or more. Often, as the patient improves and becomes more fit, his or her vibration amount increases.

Post-Vibration-Traction Protocols

Vibration in conjunction with this table traction fatigues muscles up to 50% faster than just traction alone so that the traction more rapidly begins pulling fluids into the discs. Vibration also causes spasmed muscles to relax and prevents further muscle spasms.^{2,1}

Until the addition of whole-body vibration (WBV) to the decompression table, up to one-half of the table time was used just to cause the relaxation of postural muscles so that the traction could be effective. With the use of WBV, the patient receives a more thorough and time-effective traction session with a much better result.

Once a lumbar decompression session is completed, the patient is instructed

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to work his or her spine through full range of motion on the Vibrating Wobble Chair™ for three to five minutes. The cervical-disc patient must use the Repetitive Cervical Traction immediately following decompression traction for two to three minutes.

Post-rehydration traction work-outs are critical to the successful clinical outcome. The use of WBV procedures on the Vibrating Wobble Chair for lumbar patients and Repetitive Cervical Traction for cervical patients re-establishes hysteresis. This essential procedure causes a remixing of the disc's proteoglycan aggregate in the nucleus with the newly acquired fluids so that the nucleus can then reform into a new, 'perfect gel,' when the spine is held in alignment reflexively by body weighting that influences spinal muscles during the reforming of the perfect gel.^{4,3,2}

Post-Rehydration Traction Spinal Alignment Procedures

Upon completion of either WBV Wobble Chair maneuvers and/or Repetitive Cervical Traction, the patient is fitted with his or her own head, shoulder, and hip weights. The weight amount and placement have previously been determined by the patient's radiographs and postural examination. These weights will be worn for up to 20 minutes, or to the patient's tolerance in the beginning. They are time-dependent and cause the patient's nervous system and righting reflexes to force the spinal muscles to hold the upright spine aligned, with proper lordotic curves relative to gravity during the reformation of the perfect gel in the discs.

Since the spine is a closed kinetic system, for best results, head, shoulder, and hip weights should be used simultaneously for up to 20 minutes as soon as the patient can tolerate them. Otherwise, head weighting alone may correct cervical lordosis, but at the expense of worsening lateral deviations of the A-P spine. Head and shoulder weighting without hip weights may correct cervical lordosis and A-P lateral deviation in the thoracic spine, but at the expense of worsening rotations and lateral deviations in the lumbo-sacral spine. Here are the reasons:

1. Head weighting alone stimulates the nervous system to cause muscles to correct cervical lordosis.
2. When shoulder weighting is added to head weighting, lateral A-P spine correction in addition to lordosis is realized. Further, the amount of spinal-correction neural stimulus is increased 100 times more than with head weighting alone.
3. When hip weights are added to head and shoulder weighting, the lumbo-pelvic screw-matrix-rotation displacements are also corrected. In addition, the amount of correcting neural stimulus to the entire spine is increased by 10 times over that of head and shoulder weighting.

The additional benefits of the weights affecting the nervous system and righting reflexes are as follows:

While being warmed up and reworked during pre-and post-decompression traction, discs and ligaments lose energy that holds the spine in a displaced position (hysteresis). Then, body weighting must be used to reflexively cause muscles to hold the spine aligned while they regain their holding energy. During this time (up to 20 minutes), the nucleus of each disc changes from a hydro-sol back into a hydro-gel so that the disc can maintain symmetry and alignment, thereby dissipating equal forces from the vertebra above to the

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vertebra below during the patient's activities of daily living.

Each rehydrating traction treatment and weighting session increases the discs' and spine's abilities to heal in alignment, be normalized, and take their places in producing normal spinal form and function.⁵

Note: Vibration with traction on the patient who has recent ligament injury may exacerbate the patient's condition; however, use of the Vibration Wobble Chair™ and/or the Vibration Platform™ while body weighting is well tolerated and found to be beneficial.

References

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The Pettibon SRT

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