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*"A 501c3 non-profit  
organization dedicated  
to the Gonstead System  
of chiropractic"*

Dear Doctor,

Thank you for your interest in the GCSS Diplomate Program.

The GCSS Diplomate Program is intended to continue the process of refining your proficiency using the Gonstead System of analysis and correction. When you have achieved "Diplomate" status you will enjoy this distinction and its many benefits. The designation of GCSS Diplomate makes a clear statement as to your dedication and excellence.

The application includes a list of 10 items required to complete the Diplomate testing process. Please complete and submit the items **in the order listed**. On the following pages there is a sample test and "what a Diplomate needs to know" outline. We recommend that you use the questions as a study guide prior to taking the test to help you get into the "test taking groove."

Please send your application, fee, and required materials at least 30 days prior to the exam date to:

GCSS  
1280 17th Avenue, Suite 101  
Santa Cruz, CA 95062

All other correspondence and technical inquiries should be directed to the GCSS Diplomate Committee Chair:

Lydia Dever, DC  
1301 Shiloh Road; Suite 1310  
Kennesaw, GA 30144  
404-886-2300  
E-mail: [ldever@life.edu](mailto:ldever@life.edu)

On behalf of the Diplomate Program Committee, thanks again for your continued support of the GCSS and interest in the Diplomate Program.

Sincerely,  
Jeanne Taylor, D.C.  
GCSS Executive Director

# GCSS DIPLOMATE APPLICATION PACKET

Statement of Purpose

Application Form & Requirements

Hours Certification Form

About the test

What A Diplomat Needs to Know

Sample Written Test

## **The GCSS Diplomate Program**

The GCSS Diplomate Program is intended to continue the process of refining your proficiency using the Gonstead System of analysis and correction. When you have achieved “Diplomate” status you will enjoy this distinction and its many benefits. The designation of GCSS Diplomate makes a clear statement as to your dedication and excellence.

### **The GCSS Diplomate Program - What is it, and why you should become one**

*By Charles Martin, DC*

GCSS Diplomates are doctors who have been in practice a minimum of three years, have attended at least 238 hours of post graduate study of the Gonstead technique and have taken both a written and practical examination that tests their advanced proficiency and understanding of the Gonstead work. A GCSS Diplomate is considered an elite practitioner who uses this type of adjusting method.

The purpose of the GCSS Diplomate-statusing program is to provide a structure whereby any chiropractor can progressively develop and refine their competency in the analysis, adjusting, and management of the chiropractic patient, as developed by Dr. Clarence S. Gonstead. This process gives the doctor the training to face any type of presenting complaint or condition seen in practice. It is the foundation for any successful practice. To become a Diplomate, the class hours must be completed through your attendance of certified Gonstead teaching seminars or courses. You will be tested to verify that you have an accurate and broad-based knowledge of case management, x-ray listing system, analysis, etc. You will also be given 10 adjustment set-ups to perform. Having passed the requirements, you will be eligible to participate in a number of continuing growth-oriented programs.

The Diplomate Program has clinical Round Tables and technique session intensives, such as, advanced instrumentation. It provides opportunities for you to participate as a qualified research contributor for projects such as that by AECC’s Elaine Peterson, or as an instructor for GCSS at its symposiums, seminars, workshops and Chiropractic College homecomings. You will be asked to help mentor other developing doctors by virtue of your experience as a successful Gonstead doctor. You will be a part of an effort to develop nationwide regions to accommodate the mentoring process. Finally, the Program will collect and unite a common pool for contemporary clinical knowledge for the purpose of accelerating the development of specific vertebral analysis and adjustment in the profession at large.

As a Diplomate, your status will be listed in the GCSS Membership Directory for referral purposes. The status distinguishes those who have been actively developing their skills in the different regions of the world, from those less involved. It identifies you as someone to call if a doctor needs help on a challenging case, or if you want to form a regional group in order to practice your skills, refine your clinical thinking, or to just socialize with other experts.

The Fellow Program offers a structure for continued development beyond Diplomate. It is the highest level of expertise in the GCSS.

Both the Diplomate and Fellow Programs are fully controlled by GCSS. There are no outside institutions that will ever modify its content, direction or purpose. In addition to the numerous Diplomate and Fellow doctors who set the course of the programs, there are 3 full-time and several part-time chiropractic college faculty members involved in the testing and research programs.

In summary, the Diplomate/Fellow Programs provide an organization of certified, experienced, Gonstead Doctors, from all backgrounds that interact with each other on a platform of mutual respect. The Diplomate Committee encourages all interested doctors to continue to obtain the course work necessary to sit the examination, and certify as a GCSS Gonstead Diplomate.

If you are interested in applying for Diplomate certification, need mentoring or advice, please contact Lydia Dever, DC, Diplomate Program Committee Chair, by phone in Georgia at 404-886-2300 or E-mail: [ldever@life.edu](mailto:ldever@life.edu).

# Application for Diplomate Certification

## Gonstead Clinical Studies Society

"A Not For Profit Chiropractic Corporation"

[Important! This application and supporting documents must be received by the GCSS Executive Office in Santa Cruz at least 30 days prior to the test date. ]

### Items required for completion of the Diplomate testing process:

- Minimum of 3 years active Gonstead practice
- Documentation on required 238 hours of GCSS approved instruction: GCSS Symposiums/Workshops, Gonstead Seminars, Inc., Gonstead Methodologies Institute, Gonstead Advanced Technique, Dr. Thornton Relicensing Seminars, Dr. Herb Wood Seminars
- Current Membership in GCSS
- 3 Letters of Recommendation from Current Diplomates/Fellows in GCSS
- Completed application
- One-time application fee of \$150.00
- Write and submit with this application, your own 25 Sample Diplomate Test Questions using the format in the sample test. Include answers and page references based on "The Chapters" by Roger Herbst, DC and "The Textbook of Clinical Chiropractic" by Drs. Plaugher & Lopes and "Pediatric Chiropractic" by Drs. Anrig and Plaugher. Do not submit more than 5 questions from "The Chapters" (A sample test is included with this packet and intended as a study aid.)
- Resume

The Diplomate Test is two parts:

1. The Written Exam – One hour.
2. The Practical Exam – Bring 2 recent sets of 14 x 36 x-rays that you have personally taken, as well as x-rays of yourself. If you bring digital films, please bring your laptop with the ability to open the program to show how you would draw the lines. Bring your scope and X-ray line drawing tools. Be prepared to demonstrate adjusting technique, scoping technique, and discuss case management.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact information: Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail: \_\_\_\_\_

# Years in Gonstead practice: \_\_\_\_\_ Number of Gonstead Seminar Hours Attended: \_\_\_\_\_

### Mail application and required materials to:

GCSS 1280 17<sup>th</sup> Avenue, Suite 101, Santa Cruz, CA 95062 • Phone: 888-556-4277 • Fax: 831-476-1873

### Direct your questions and schedule your testing date with Dr. Lydia Dever, GCSS Diplomate Committee Chair

Phone: 404-886-2300 • E-mail: ldever@life.edu

*Do not write below this line*

Current GCSS Member:	
Application Fee:	
Resume:	
Test Questions:	
Letters of Reference:	
Written Exam Date:	Passed with _____ %
Practical Exam Date:	Passed with _____ %
Board Recommendation – Date:	
Documentation on required 238 hours of GCSS approved instruction:	
Comments:	

## Seminar Hours Certification Form

This certifies that \_\_\_\_\_

has completed \_\_\_\_\_ hours of Gonstead

instruction toward their Gonstead Diplomate educational

hours on \_\_\_\_\_ at the course below

Date

\_\_\_\_\_ Gonstead Seminars, Inc.

\_\_\_\_\_ Gonstead Methodology Institute

\_\_\_\_\_

\_\_\_\_\_  
Signature of course registrar

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Printed name of course registrar

## **About The Diplomate Test**

The following is a list of clinical competencies. It lists nearly all of the subject matters covered in the Diplomate test. It is designed to give a testing candidate a guide to study by. The test will not necessarily be limited to this list. The Diplomate test is divided into multiple sections. Each section is outlined separately.

### **Written**

The written portion of the exam consists of 50 questions of general information about the Gonstead System. Topics for these multiple-choice questions are broad. Sources “*The Chapters’, Gonstead Science and Art*” by Roger Herbst, DC, “*Chiropractic Pediatric*” by Drs. Anrig and Plaughter, and “*The Textbook of Clinical Chiropractic*” by Drs. Plaughter & Lopes. Passing grade is 80%.

### **Oral Practical**

The Oral Practical is divided into four sections: X-ray, Analysis, Technique and Case Management. Each section is graded separately. Each section must be passed in order to proceed to the next section. The following is a list of minimum competencies for the exam. It is designed to give a candidate a good indication of what is expected. The test may include, but will not be limited to, the following: (Passing grade is 80%)

### **X-ray**

In this section, a successful candidate will be required to:

1. Present two cases (with X-rays) of patients. Describe how you handled these cases.
2. Identify anatomical landmarks on the film.
3. Draw and identify by name, the standard Gonstead lines on the film and their significance.
4. Describe the proper procedure of drawing lines on the film.
5. Define the significance of MD/AD and describe how it is calculated.
6. Describe the full spine x-ray procedures as it would be performed in your office.

### **Analysis**

In this section a successful candidate will be able to:

1. Properly scope a patient.
2. Describe the appropriate glide speed for scoping.
3. Describe common scoping errors.
4. Properly identify and mark a break.
5. Discuss the relationship between the location of the break and the subluxated segment.
6. Motion palpate any spinal level given by the examiners.
7. Identify a listing using motion palpation and visualization.
8. List the pelvis using visualization and static palpation.
9. Discuss spinal and extremity compensations associated with pelvic listings.
10. Discuss the location of the “pit of edema” associated with various spinal and pelvic fixations.
11. Describe how to list any spinal segment without an x-ray.

## **Technique**

In this section you will be required to set-up on 10 listings; 8 spinal, 2 extremity.

A successful candidate will be able to:

1. Perform setups on all pelvic, lumbar, thoracic and cervical subluxation listings including the use of the pelvic bench, hi-lo table, knee chest table and cervical chair.
2. Properly position the patient on each of the above listed tables.
3. Describe the indications and contraindications for each of the above listed tables.
4. Accurately identify the segmental contact point.
5. Describe the thrust used for each of the moves.
6. Choose the appropriate table for different patient presentations (i.e.: acute, osteoporotic, child).
7. Describe the proper line of drive for correction of the subluxation.
8. Identify the proper contact point used for the correction.
9. Identify and perform alternate moves for correction of the subluxation.
10. Evaluate the axial skeleton including the jaw, shoulder, elbow, wrist, knee, ankle and foot.
11. Identify skeletal landmarks through palpation.
12. Describe the proper line of drive for correction of extremities.
13. Describe the use of x-ray for evaluation and correction of the axial skeleton.
14. Identify a listing using x-ray of the knee.
15. Set-up for correction of extremity dysfunction of the axial skeleton.

## **Case Management**

The following list is an example of material asked but is not limited to these scenarios. You will be presented with four cases and you will discuss how to approach these cases using the Gonstead system.

A successful candidate will be able to:

1. Identify the spinal levels associated with sympathetic and parasympathetic responses during subluxation correction and their relationship to visceral dysfunction.
2. Describe the order of subluxation correction during scenarios of visceral concomitants.
3. Describe the expected visceral reaction to subluxation correction for visceral concomitants.
4. Describe the procedure for an acute low back pain patient.
5. Describe the procedure for a patient with compression fractures and subluxations.
6. Describe the procedure for a patient with torticollis.
7. Describe the analysis and adjusting procedure for an infant or toddler.
8. Describe case management for migraine headaches, carpal tunnel, colic, sciatica.
9. Explain the relationship of parasympathetic to sympathetic nervous system.

# ***“What a Diplomate Needs to Know”***

## **Outline of Information for Certification in the Gonstead technique**

Sources:        *“Textbook of Clinical Chiropractic”*, Gregory Plaughter, DC, Mark Lopes, DC  
                  *“Chiropractic Science and Art; The Chiropractic Methodologies of Clarence S. Gonstead”*, Roger Herbst, DC  
                  *“Pediatric Chiropractic”*, Claudia Anrig, DC, Gregory Plaughter, DC

### Gonstead Chiropractic Theory

- The candidate must have knowledge of the following:
- The foundation principle
- The functional spinal unit – what it is made up of
- The three joint complex – what it is made up of and it’s axis of rotation may change
- The cause of nerve pressure according to Gonstead
- How trauma initiates the subluxation
- The process of inflammation and how it affects the disc
- The difference in the shape of the discs in the various aspects of the spine and how they help in the formation of the curves
- Definitions of the following: creep, hysteresis, fatigue tolerance
- How the following forces affect the disc – compression, rotation/torsion
- The process of degeneration of the disc – how the disc goes from a healthy disc to one that has a protrusion or bulge
- The function of the ligaments and the different types of deformation (elastic and plastic)
- The shock absorber of the spine – the sagittal curves
- The six stages of disc degeneration – D1-D6, what differentiates each phase
- The coupling motions of the spine – the differences in the lumbar vs. the thoracics and cervicals, as well as the differences when patient is seated vs. standing
- The definition of positional dyskinesia and it’s causes – micro and macrotraumas
- The effect of retrolithesis, it’s primary importance in the Gonstead system and the associated movements in the different areas of the spine (posterior & inferior vs. posterior & superior)
- The reasoning behind why a bone cannot subluxate anteriorly
- The mechanism of the upper cervical subluxation
- Why rotary breaks and modified rotary breaks were not seen as an effective method of adjusting the cervical spine
- The lesion of fixation, it’s causes and how it affects the disc
- The definition of compensation and why we do not want to adjust them
- Why muscle spasm is not a sole criteria for determining where the VSC is taking place
- Definition of adhesions, how they are formed and how the adjustment helps break them up
- The mechanics of how derangement of the disc causes fixation
- Why adjusting fewer segments is to the patient’s benefit and the benefits of only adjusting in one system with a visceral complaint

## Instrumentation

The candidate must have knowledge or be able to perform the following:

- Definition of a break, why the break system of analysis is used and what a break is indicating.
- Use the proper methodology when scoping a patient.
- Must have knowledge of the scoping errors.
- Explain the term “tipping the scope” and understand when one might possibly have to use this technique.
- Understand and be able to demonstrate the “dotting” method for scoping the infant or toddler.
- Must have knowledge of the scoping errors
- Explain the term “tipping the scope” and understand when one might possibly have to use this technique.
- Understand and be able to demonstrate the “dotting” method for scoping the infant or toddler.

## X-ray Analysis

The candidate must be able to explain or perform the following:

- The purpose of the full spine x-rays.
- Must be able to draw and analyze all of the standard Gonstead lines.
- Must be able to determine listings for the ilium, sacrum, L5, C2, C1, and occiput
- Be able to describe the x-ray observations on a AS, PI, IN, EX, ASIN, ASEX, PIIN, PIEX, IN-EX OR EX-IN pelvis.
- Be able to calculate the MD/AD.
- Be able to differentiate between a malformed sacrum and a sacrum that has misaligned inferiorly.
- Be able to differentiate between a base posterior sacrum and a spondylolithesis.
- Know all the possible listings for the occiput, atlas, other cervicals, thoracics, lumbar, sacrum, ilium, and coccyx.
- Know how a scoliosis can affect your contact point.
- Why there are special listings at the lowest lumbar.
- The purpose of the A-P plane lines for the cervicals – what are they used for.
- Must be able to explain how to set up a patient for full spine x-rays and why they are taken at 72”.

## Gonstead Chiropractic for Children

The candidate must be able to perform or explain the following:

- The effects of in-utero constraint on the infant’s growth and development.
- The chiropractic examination.
  - Instrumentation – different positions that infants may be scoped in, the use of the dotting method.
  - Palpation – know differences in palpating child versus the adult (especially the ilium and sacrum).
  - Visualization – how to visualize the pelvis in an infant.
- Be able to explain why the only misalignment children usually has is posterior.
- Explain the modifications one makes when adjusting a child in comparison to adjusting an adult – different positions, doctor’s contact points.

## Sample Questions for the Diplomate Examination

1. When an ilium becomes misaligned, it does so in relationship to the:
  - a. femoral head
  - b. pubic symphysis
  - c. sacrum
  - d. L5
2. When determining which ilium is potentially subluxated on the x-ray, what is the major factor to consider?
  - a. It will most likely be on the side of the PI ilium
  - b. It will most likely be on the side of the AS ilium
  - c. It will most likely be on the side of the rotated body of L5
  - d. It will most likely be on the side of the posterior rotated sacrum
3. In the compound listing misalignment PI12EX10, as viewed on x-ray, one would expect to see which of the following?
  - a. higher femur head height on that side
  - b. an increased diagonal and base of the obturator on that side
  - c. a decrease in lumbar lordosis
  - d. a scoliosis to the opposite side
4. In the compound ilium misalignment AS10IN10 with a measured leg length difference on the opposite side of 10mm, the actual leg length inequality is:
  - a. 6mm
  - b. 2 mm
  - c. 4 mm
  - d. 8 mm
5. In the compound right ilium misalignment PI14 EX6, with a measured leg length difference of 8mm on the left, what is the actual leg length inequality?
  - a. 16 mm on the left
  - b. 16 mm on the right
  - c. 4 mm on the right
  - d. 0 mm on the left
6. What is a contraindication for a heel lift?
  - a. lumbar scoliosis to the opposite side of the low femur head
  - b. lumbar body rotation to the same side of the low femur head
  - c. actual deficiency of 10 mm
  - d. patient is 20 years old
7. The left ilium is fixated and misaligned AS4EX6 and the sacral rotation is P7-L, the doctor should adjust:
  - a. the left sacrum
  - b. the right sacrum
  - c. the left ilium
  - d. the right ilium
8. The right ilium is fixated with a misalignment of PI4IN10 and a sacrum listing of P8-R with evidence of sacral malformation. What should the doctor adjust?
  - a. the left sacrum
  - b. the right sacrum
  - c. the left ilium
  - d. the right ilium

9. A base posterior listing is classified as a subluxation involving which articulation?

- a. sacro-iliac
- b. lumbosacral
- c. either a or b
- d. neither a nor b

10. In the Gonstead system, when referring to a particular vertebral disc level we are speaking about the disc that is:

- a. directly above the vertebra
- b. directly below the vertebra
- c. two segments above the vertebra
- d. two segments below the vertebra

11. The optimal relationship between the vertebral bodies is said to be:

- a. wedged on the lateral x-ray
- b. wedged on the A-P x-ray
- c. parallel on the A-P and lateral
- d. parallel on the A-P but inferior on the lateral

12. A subluxation, as defined by the Gonstead System, is said to occur at the:

- a. facet joints
- b. spinous process
- c. vertebral bodies
- d. disc

13. Which describes a D3 disc?

- a. the entire disc is swollen and thickened
- b. the disc is extremely wedged, the body having misaligned posteriorward and inferiorward
- c. the entire disc is thin and has reduced it's height by 2/3rds
- d. the entire disc is thin as has reduced it's height by 1/3rd

14. Which of the following describes a D5 disc?

- a. the entire disc is swollen and thickened
- b. the disc is extremely wedged, the body having misaligned posteriorward and inferiorward
- c. the entire disc is thin and has reduced it's height by 2/3rds
- d. the entire disc is thin as has reduced it's height by 1/3rd

15. A motor unit that shows a scope reading, swelling and excess motion is considered a:

- a. secondary subluxation
- b. primary subluxation
- c. compensation
- d. normal

16. On x-ray, L5 has a spinous process rotated to the right and it is to the open side of the wedge and the lumbar have a right scoliosis. What is complete L5 listing?

- a. PRS-Sp
- b. PRS-M
- c. PRI-Sp
- d. PRI-M

17. On X-ray, L2 shows a spinous process rotated to the closed side of the wedge. This listing is considered:

- a. simple
- b. rotatory
- c. primary
- d. compensatory

18. Why does L5 have special listings?

- a. because it can never subluxate with a simple listing
- b. because it never conforms to the scoliosis
- c. because it has a stabile foundation
- d. because it never has open wedging

19. An x-ray shows a T7 pedicle shadow to be wider on the right with a right lateral flexion malposition. What is the listing?

- a. PRI
- b. PRS
- c. PLI
- d. PLS

20. Mid thoracic vertebra commonly subluxate:

- a. anterior
- b. posterior and inferior
- c. posterior and superior
- d. they don't subluxate

21. When delivering the corrective adjustive thrust to any spinal vertebra with a subjacent disc, it is important that the line of drive be applied \_\_\_\_\_ in the \_\_\_\_\_.

- a. Right to left - plane of the facets
- b. left to right - plane of the facets
- c. P-A - plane line of the disc
- d. P-A - plane line of the facets

22. When adjusting a mid thoracic with an PRS listing and an elongated spinous process, the contact point should be:

- a. posterior inferior spinous
- b. posterior lateral spinous
- c. lateral spinous
- d. superior portion of the spinous

23. Which of the following can result in an alteration of the cervical lordosis?

- a. subluxation of an upper thoracic
- b. scoliosis
- c. developmental abnormalities
- d. all of the above

24. Lower cervical subluxations could be produced by what motion?

- a. rotation
- b. hyper flexion
- c. hyper extension
- d. lateral flexion

25. In x-ray evaluation of a cervical film, a subluxated cervical vertebra will usually exhibit a disc plane line that:

- a. converges toward the anterior
- b. diverges toward the posterior
- c. converges toward posterior
- d. is parallel with the lines above and below

26. The primary reason for adjusting a cervical vertebra in the seated or prone position, instead of supine is:

- a. supine adjustments hurt
- b. inferiority is impossible to remove in a supine position
- c. supine adjusting increases rotation
- d. it is easier for the doctor to get a contact

27. When a subluxated cervical vertebra rotates so that the spinous process moves toward the closed side of the wedge, segmental contact point will be the \_\_\_\_\_ on the \_\_\_\_\_ side of spinous rotation.

- a. spinous, same
- b. lamina, opposite
- c. lamina, same
- d. transverse process, opposite

28. On x-ray, the axis exhibits an open wedge on the right, a spinous process deviated to the right and an A-P plane line crossing closely to the C3 body. What is the most appropriate listing?

- a. PRS-inf
- b. PLS-inf
- c. PRS
- d. PLS

29. What is atlas laterality in the listing ASRP according to the Gonstead System?

- a. atlas has deviated to the right side
- b. atlas has a swollen joint capsule on the right
- c. atlas has deviated to the left
- d. atlas has a swollen joint capsule on the left

30. What is occiput laterality in the listing AS-RS-RP?

- a. occiput has deviated to the right
- b. occiput has deviated to the left
- c. occiput has a swollen joint capsule on the right
- d. occiput has a swollen joint capsule on the left

31. When viewing the A-P film, the lateral mass appears wider on the side of open wedge, it is said to be:

- a. anteriorly rotated on that side
- b. posteriorly rotated on that side
- c. laterally deviated to that side
- d. laterally deviated away from that side

32. If C1 becomes subluxated, what direction does it always misalign?

- a. laterally
- b. anterior
- c. posterior
- d. superior

33. The “peak” of an instrumentation reading occurs at the:

- a. level of the facets of the subluxated vertebra
- b. level of the spinous process of the subluxated vertebra
- c. level of the disc above the subluxated vertebra
- d. level of the disc of the subluxated vertebra

34. When considering an instrumentation reading between C2 – T3, the reading will be found:

- a. inferior to the spinous process
- b. superior to the spinous process
- c. at the level of the spinous process
- d. instrumentation isn't done in this area

35. When considering a subluxation between T10 – T12, where will the instrument “peak” be found?
- inferior to the spinous process
  - superior to the spinous process
  - at the level of the spinous process
  - at the level of the facet joints
36. Where would you expect to find an instrumentation reading for a subluxation at the level of L2?
- at the lower ¼ of the spinous process
  - at the upper ¼ of the spinous process
  - in the interspinous space above the vertebra
  - in the interspinous space below the vertebra
37. The proper contact point for an IN ilium pull move is the:
- inferior boarder of the PSIS
  - medial boarder of the PSIS
  - lateral boarder of the PSIS
  - Gonstead notch
38. The proper segmental contact point for an atlas subluxation is:
- posterior arch
  - lateral boarder of the TP
  - anterior/lateral boarder of the TP
  - posterior/lateral boarder of the TP
39. The preferred method of adjusting a PI1, EX15 would be:
- side posture push
  - side posture pull
  - prone on the hi-lo
  - knee chest
40. In considering the antalgic patient with a severe L5 subluxation, which of the following is not indicated:
- place the patient in side posture and adjust with a pull move
  - use ice prior to the adjustment
  - use side posture to pump the disc
  - adjust the patient on the Knee Chest table
41. The correct segmental contact point for the correction of an L3 PRI pull is:
- right mamillary
  - left mamillary
  - right side of the spinous
  - left side of the spinous
42. When adjusting an A-IN femur, the proper contact point, segmental contact point and LOC are:
- thenar eminence on the lateral femoral condyle with posterior lateral thrust
  - pisiform on the medial femoral condyle with a posterior medial thrust
  - thenar eminence on the medial femoral condyle with a posterior lateral thrust
  - thenar contact on the medial femoral condyle with a posterior medial thrust
43. In a patient with pain in the coccyx and no history of trauma it is best to:
- adjust sacrum to coccyx
  - adjust coccyx to sacrum
  - adjust ilium to coccyx
  - leave the coccyx alone

44. What is the segmental contact point for a PLI-Sp?
- right mamillary
  - left mamillary
  - right side of spinous
  - left side of spinous
45. The ilium will appear wider at the crest on an x-ray when it has misaligned:
- internally
  - externally
  - posterior and inferior
  - anterior and superior
46. An IN ilium subluxation can cause the foot to:
- point in
  - point out
  - plantar-flex
  - dorsi-flex
47. A posteriorly rotated sacrum is only considered significant if there is a measured difference of at least:
- 1 mm
  - 4 mm
  - 7 mm
  - any rotation is significant
48. When analyzing an A-P x-ray, what method is used to determine sacral malformation in an adult?
- lines drawn through the L5 and sacral base are wedged
  - lines drawn through the lateral borders of the sacrum are not parallel
  - lines drawn through the sacral apex and S2 are deviated
  - lines drawn through the sacral foramen are wedged
49. What is a common mistake used when scoping?
- glide is too fast
  - probes are completely coupled with the skin
  - probes follow the curve of a scoliosis
  - instrument is held perpendicular to the spine
50. What table is preferred to adjust a patient with an SI joint subluxation and a hip replacement?
- side posture pull
  - side posture push
  - hi-lo
  - knee chest