Base Anterior Sacrum

-by Dr. Richard E. Thornton, D.C.

I have practiced Chiropractic now for 38 years. My first Gonstead Seminar was during my first year of practice. Dr. Gonstead impressed me because of his scientific way of presenting the adjustment. I knew from the first seminar with him that I wanted to learn more about his technique.

One of the most notable phenomena in Gonstead technique that I have seen is the discovery, use and apparent controversy, concerning the listing in the pelvis which I simply call Base Anterior Sacrum.

The listing has also been called the Sacral Apex. I personally do not like the term Sacral Apex for two important reasons:

1. We have a listing called the BP or Base Posterior, which has been used, very successfully by Dr. Gonstead and many of my colleagues. It has stood the test of time.

2. The term apex may be misunderstood as a point of contact for adjusting the listing. In a BP listing the point of contact is the 2nd sacral segment. In the BA listing it is to be no lower than the 3rd. The difference is the line of drive.

Since the BA listing was introduced in the late 80's, many Gonstead Doctors have used it, despite it not receiving the official status by the staff doctors at the then Gonstead Clinic. They refused to accept it for whatever reason. One reason I heard was that the sacrum could not go forward because of the ILIUM articulation. This argument, however, could be made as well for the BP listing. In fact, would make more sense that way. And we know the BP is a viable listing. As far as I know it is still not accepted by the former Gonstead staff doctors.

A close friend and colleague, Tom Sherman of Iowa, first brought the listing to my attention. He stated that Dr. Gonstead used this on one of his patients and he found out by closely asking her detailed questions about the point of contact.

The BA listing is not as common as say a 5th lumbar subluxation but it may be just as common as the BP listing.

On a lateral x-ray the 5th lumbar appears posterior making it appear as a 5-L posterior. The difference however is close observation of the lumbo-sacral angle and the obturator foramen on the A-P and Lateral films. The obturators will appear narrower longitudinally on the AP film. On the lateral film the sacrum will be flattened appearing more horizontal than normal. In addition, lumbar extension will be similar to a posterior 5th lumbar and opposite of the BP sacrum in which the patient will have difficulty in lumbo-sacral extension. While this can happen with a 5th lumbar, it is more likely to represent loss of ROM in the oblique extension mode. Symptomatically, it will act as a 5th lumbar in that sitting increases the pain and the patient may or may not have ridiculitis or numbness. Also, the patient will exhibit a positive Thornton's test indicating that the sacrum is somehow involved.

So, if you have a patient in which you have been adjusting the 5th lumbar but are having problems with the stay put value, you might want to re-evaluate the x-rays and if it has been a while since they were taken, new x-rays may be warranted.