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“The Scope” Editor

Michele A. Hohmann

GCSS

1280 17th Avenue
 Suite 101

Santa Cruz, CA 95062
 888-556-4277

www.gonstead.com

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Gonstead Chapters X-ray: The “WHY” of Gonstead Full Spine X-ray Analysis



By: Rick Elbert, D.C. — Gonstead Fellow
 Ogden, IA

Dr. Gonstead would do his examination of the patient including running a Nervo-scope on the patient’s spine, looking for heat differences. He would find the sublaxations on the patient and list them. Then he would say “*Now let’s see if the x-ray agrees with the sublaxations I have found on the patient.*” Dr. Phyllis Markham often would comment about Dr. Gonstead coming into the dark room to look at

the full spine x-rays while they were still wet from processing and had not been evaluated. He said he wanted to look at the x-rays before there were lines drawn on the films to distract him. Dr. Gonstead would first look at the global lateral full spine x-ray, looking at how the curves appeared and thinking how they should appear. When Dr. Gonstead was in practice, he used regular x-ray film and when the films were evaluated the extremely thin lines were drawn with a pencil. In essence, dark gray lines drawn and words written on a gray toned film. When done correctly, the doctor could see the overall global interaction of the spine and pelvis without being distracted by excess lines and words in bright colors interfering with the overall global evaluation. What Dr. Gonstead was looking at was how the lateral vertebral alignment, lateral spinal curves, A-P vertebrae and pelvis were interrelating; in short, the geography of the spine and pelvis. What did this entail? After evaluating for obvious pathologies, he looked at the lateral x-ray first from the bottom up to see how the foundation [lumbo/sacral area] appeared: lordotic, hypo lordotic, hyper lordotic, straight or kyphotic; how were the lumbar vertebrae bodies formed, were any malformations of the vertebral bodies, spondylolisthesis, spondylolysis, how well did the posterior aspects of the vertebrae align on the lateral x-ray? How did the intervertebral discs appear? Were they similar in height and shape, did the disc spaces appear parallel to mildly open at the anterior, were the disc’s color similar or was one more eburnated than the others?

When he was done looking at the lumbar spine, he would look at the lateral thoracic spine for overall shape, kyphotic, hypo kyphotic or hyper kyphotic; how did the vertebral bodies appear in size and shape, were any malformed or misshaped, were the intervertebral discs similar in size, color and shape. How did the vertebral bodies align, were they in alignment, were they posterior, open or dropped down at the posterior of the disc space?

When he was finished looking at the lateral thoracic portion of the x-ray, he would move up and evaluate the cervical spine looking for a lordotic, hypo lordotic, straight, hyper lordotic, or kyphotic spinal curve. Were the vertebral bodies similar in size and shape, were any malformed, how was the alignment of the posterior aspects of the vertebral bodies. How did the cervical discs appear? Were they similar in size, shape [parallel to slightly open at the anterior] and color [density].

When he was satisfied with evaluating the lateral x-ray, he would turn his attention to the A-P full spine x-ray and evaluate it for obvious pathologies. He would first look at the overall A-P view globally and he would look at the sacrum and ilium and determined how

(Continued on page 2—The “WHY” of Gonstead Full Spine X-ray)

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they worked together to cause the lateral lumbar curve. He would list the ilium he found misaligned during his examination of the spine, usually the ilia on the side of lumbar body rotation.

When he was done with the pelvis he would go to the lumbar area and list any vertebra that he found subluxated in his examination. He would look at the vertebrae, how they appeared, how they may be misaligned. Finishing that he would do the same with the thoracic and cervical vertebrae. Dr. Phyllis Markham, when the x-ray was dry after processing, would mark the pelvis, list L5 and any other lumbar, thoracic or cervical vertebra that Dr. Gonstead found to be subluxated.

When we have our Monday night meetings, one of my pet peeves is when someone shows the patient’s x-rays, the views are covered with lines, analysis markings, notes about what was found, etc. in bright colors. I find that I am unable to evaluate the x-rays due to the overlying notes and lines distracting my view of the global aspects of the spinal curves, vertebral alignment, and vertebral and pelvic rotation. I find that when I evaluate my patient’s x-rays, I do all of my line analysis except for the pelvis on the unstitched views. I have my lines set to the thinnest size possible. I tape BB’s where I find evidence of temperature differences on the patient before I take the patient’s x-ray. After I am done analyzing the x-rays, I put text boxes with the listing where I found temperature differences on the stitched A-P view. Any other necessary information is in a text box at the bottom of the X-rays. This way I can see the uncluttered view of the patient’s lateral and A-P x-ray views showing the lateral curves, shape of the vertebrae, lateral alignment of the vertebrae, the shape and color of the disc, the analyzed pelvis [with extremely thin lines], how the ilia and sacrum are positioned, how the L5 sits in the pelvic cradle on the sacrum, how the vertebrae are positioned and rotated, how the patient’s posture matches my examination findings and anything else noteworthy.

In short, the reason, the *WHY*, we take full spine x-rays is to view how a patient’s spine is working and looking. From that, we need to decide what is happening in their situation to make it work and look that way. Then we need to determine what needs to be corrected to change the patient’s spinal situation to an improved status.

Years ago, I am not sure who said this, “*To see is to know, not to see is to guess, and I am not going to*

guess about your health”. Putting all of your x-ray lines and marking on your stitched views is impeding your ability to “see” your x-rays and what you are able to learn when you are looking at them. Putting all of your measurements on the unstitched views, unclutters the stitched full spine x-rays views and allows you to “see” your x-rays better. ✱