The Vertebra That Looks The Worst On X-ray

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The vertebra that looks the worst on X-ray is usually NOT the location of the subluxation

The last several years in our central Iowa Gonstead study group we have encouraged members to put lead markers on the X-ray marking the location of the scope reading PRIOR to taking the X-ray and most members do. After the doctor/student has done their presentation of the case history, ortho/neuro findings, EMG and Thermal scan finding, gait analysis, visualization and motion and static palpation findings we review the X-rays and the listings. The doctor/student relates what has been adjusted and the results of the adjustments. Sometimes the doctor/student relates what is being adjusted is not the same vertebra that is noted by the lead marker on the X-ray as to the location of the "break". When asked "why" the vertebra at the level of the "break" isn't being adjusted the answer is "When I looked at the X-ray, the vertebra I adjusted looked a lot worse than the vertebra that I marked with the lead marker so I adjusted this one" This concept is "WRONG". Frequently the level of compensation looks worse than the subluxated vertebra due to it having to move a lot more than the subluxated one that has lost its normal range of motion. Often the doctor/student is told to go back and adjust the vertebra that correlates to the initial "break' and report back. Most of the time the doctor/student reports back that the patient responded favorably to the adjustment where the initial "break" was. Remember, Dr. Gonstead said "take all the time necessary to examine the patient, find the subluxation, ACCEPT it where you FIND it, fix it and leave it alone". I would like to add, I try to take new X-rays of the patient when the subluxation is corrected so I have some idea of how the patient looks when they are doing well so I have a reference set of films for when the patient has problems in the future. Otherwise the only films of the doctor has on file are the ones taken when the patient is messed up.

Another frequent situation is that the doctor/student reports that they adjusted the lead marked vertebra once and the patient didn't show any improvement so they went to another vertebra and when that didn't show an immediate response, they adjusted another vertebra and the patient has gotten markedly worse. Again this is "WRONG". For correction of a subluxation, you must be on the correct bone, moving it in the correct direction and adjust it as many times as it takes to remove the nerve pressure. It takes TIME and Repetition to make a correction of a vertebral subluxation. Follow your Nervoscope/Delta T readings as well as your motion and static palpation findings to determine how the patient is progressing. The scope will tell you more about HOW the patient is doing versus what the patient may be relating verbally to you. I read more out of a person's body language than what comes out of their mouth. ♦