

Zenith HyLo—The Adaptable Table

*By: Charles J. Martin, D.C., D.A.C.A.N.
Secretary-GCSS College of Fellows Committee
Monterey, CA*

(From the September 2021 The “G”Note)

Dr. Gonstead modified existing chiropractic equipment and adjusting tables to more specifically analyze and correct vertebral subluxations. He developed split screens and the Viking x-ray unit; a more stable adjusting chair, refined the open abdominal area table (knee chest) and settled on the best fabrics and foams for the side posture table. Dr. Gonstead also worked with the Williams Company to modify the Zenith HyLo table. Completing a more precise correction of vertebral segment misalignment, position and motion dynamics was his constant clinic pursuit. He felt every Gonstead doctor's adjusting room called for the Gonstead “set” of tables (knee chest, pelvic bench, and a cervical chair) and a HyLo table.

The HyLo may serve as a “backup” surface to give an adjustment to the patient, if the adjustment on one of the other “Gonstead tables” was inadequate. However, a different way to look at the HyLo table and all the Gonstead equipment is to understand what unique mechanical advantages each gives by virtue of their design and construction. Considering them in this way develops a deeper thought process in the practitioner and an appreciation of the patient's unique anatomy, physiology, age, and presentation.

This article will serve to guide the reader through understanding the unique properties of the HyLo table and how it can provide the ideal surface for correction of certain patients and subluxation types. The table may be the Gonstead chiropractor's initial choice of adjusting tables, saving the patient from unnecessary thrusting attempts on the others. The underlying principle of selecting the best chiropractic table is that it gives the doctor the best advantage to specifically correct a segment's misalignment and function. Always remember that it is the chiropractor's responsibility to find and “characterize” the patient's subluxation with the highest level of certainty, and then apply a corrective force in the most specific way possible in order to restore or at least benefit spinal function.

Simply, the two important factors that lead the doctor to use the HyLo table are the doctor and the patient. 1. The doctor's size, stability, coordination, muscularity, and quickness will determine table choice. 2. The patient's physio type, flexibility, pain levels, anxiousness, ability to comfortably relax on a table for the adjustment will be table choice factors.

The primary advantage of HyLo is that a prone lying position provides a very stable, static support for the patient's body. This differs from both the side-lying position on the pelvic bench and the sitting position in the cervical chair which allows the doctor to vary their body position, and how final stabilization of the patient's spine at the time of the thrust will be. For example, when using the cervical chair, the doctor may alter chin tuck, the forward or backward position of the head and

neck, or stabilization by using a strap or even an assistant. As well, when using the side posture table, the patient's pelvis can be tilted toward the doctor, or away from the doctor, and tension of the lumbar fascia controlled by knee elevation, at the time that body drop/thrust are given. And using the knee chest table, tension of the lumbar fascia can be increased or decreased by positioning of the knees under the pelvis. For some patients and doctors this maybe gives more dynamics of the stabilization/thrust elements that they can manage or make. Features of the HyLo table can be adapted to provide patient positioning and spinal support/relaxation that is very similar to the tables of the Gonstead set, such as head and pelvic tilt to provided more optimal stabilizations. How the table settings accommodate stabilization and relaxation will be covered in detail below.

There are times when the table choice leans strongly toward using the HyLo. This is when the patient cannot tolerate lowering themselves onto the pelvic bench, or lay on either side. The HyLo becomes more likely to be first choice of equipment as the patient's age increases above 50 years, with more severe scoliotic curvatures, and with greater patient apprehension. ✱