GonsteadClinical
STUDIES SOCIETY
Chiropractic Research, Education & Fellowship

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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 Dipolmate 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: michele@gonstead.com. No more than 6 doctors are tested each April. The first 6 applications received secure a place on the testing schedule .

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

David M. Waller D.C.
4210 Ridge Rd. Ste 102
Heath, TX 75032
972-722-0054
E-mail: drdmw@yahoo.com

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

Application Form & Requirements

Seminar Hours Certification Form

About the test

What A Diplomate Needs to Know

Sample Written Test

Application for Diplomate Certification

Gonstead Clinical Studies Society

"A 501c3 Not For Profit Chiropractic Corporation"

[Important! This application and supporting documents must be received by GCSS at least 30 days prior to the test date. Email your application to michele@gonstead.com]

Requirements to become a Gonstad Diplomate:

1. Minimum of 5 years active Gonstead practice.
2. Documentation on required 300 hours of GCSS approved instruction. (200 hours post-grad and 10 hours teaching*) from Gonstead Methodology Institute, The Gonstead Seminar, Gonstead Advanced Technique, Herb Wood Seminars, Gonstead Adjusting Academy by Dr. David Currie, Gonstead System Academy by Dr. Rick Brescia, seminars by Drs. Daniel Lyons, Gregory Plaugher, David Borges, David Waller and any other GCSS approved seminars, symposium, or workshop.
3. Have and maintain active membership in GCSS.
4. 3 Letters of Recommendation from Active Diplomates/Fellows in GCSS.
5. Must practice the Gonstead Technique in your office. The GCSS may verify your practice methods.
6. Teach a workshop or seminar with an active Diplomate/Fellow and receive documentation from the doctor that you can teach.*
7. Completed application.
8. One-time application fee of $300.00.
9. 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. (A sample test is included with this packet and intended as a study aid.)
10. Resume/CV

The candidate must take and pass a written and practical test with a score of 80% or higher on all parts.

1. The Written Exam – One hour. Written exam must be passed with 80% or better to move on to the practical portion.
2. The Practical Exam – Bring 2 recent sets of 14 x 36 x-rays (if using plain film) from your practice, 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 or bring them on a USB thumb drive (in jpeg format) to be opened on our computer. You will be asked to demonstrate a complete Gonstead analysis with adjustment setups so bring your Nervo-scope (or other instrument) to the practical.

To maintain active diplomate status on the GCSS website as a Diplomate you must attend one Meeting of the Minds (MOM) every 3 years. If a Diplomate allows active status to lapse, you must attend a MOM to be reinstated to active status.

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: _____

Email your application to michele@gonstead.com: This application and supporting documents must be received by GCSS at least 30 days prior to the test date.

Notify michele@gonstead.com of your intentions to test as soon as possible. Up to 6 candidates are tested at one time. The first 6 applications received will test at the next test date.

Do not write below this line

Written Exam Date:	Passed with	%
Practical Exam Date:	Passed with	%
Board Recommendation – Date:		
Comments:		

Revised 10/23/2023 mh

Seminar Hours Certification Form

(Please print clearly)

Seminar Attendee Name: _____

Phone: _____ Email Address_____

Instructor/Presenter: Your signature certifies that the above attendee has completed the number of hours of instruction on the date(s) locations(s) listed. These hours of Gonstead technique instruction are credit toward their Gonstead Diplomate/Gonstead Fellow educational hours.

Gonstead Clinical Studies Society

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead Methodology Institute

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead Adjusting Academy by Dr. David Currie

Presenter Signature:	Course Date(s)	Location	Hours attended

Dr. Herb Wood Gonstead Technique Seminars

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead System Academy by Dr. Rick Brescia

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Daniel Lyons

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Tyler Simpson

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Gregory Plaugher

Presenter:	Course Date(s)	Location	Hours attended

Rowe Chiropractic Gonstead Technique Study Club and Training Session

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Advanced Technique (GAT) Seminars

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Seminars, Inc.

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Chiropractic Society-Australia

Presenter:	Course Date(s)	Location	Hours attended

France Gonstead Seminar

Presenter:	Course Date(s)	Location	Hours attended

Forun Institute For Advanced Chiropractic Studies

Presenter:	Course Date(s)	Location	Hours attended

Other:

Presenter:	Course Date(s)	Location	Hours attended

Note to attendee: If the course you attended is not named here, please contact Dr. David Waller-GCSS Diplomate Committee Chair (drdmw@yahoo.com) to request a review/approval of other hours/courses that you've attended.

Rev. 04/2024

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 Plaugher, and *"The Textbook of Clinical Chiropractic"* by Drs. Plaugher & 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 appendicular 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 Plaugher, DC, Mark Lopes, DC
"*Chiropractic Science and Art; The Chiropractic Methodologies of Clarence S. Gonstead*", Roger Herbst, DC
"Pediatric Chiropractic", Claudia Anrig, DC, Gregory Plaugher, DC

<u>Gonstead Chiropractic Theory</u>

- 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 lumbars 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.

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, lumbars, 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 lumbars 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?
a. inferior to the spinous process
b. superior to the spinous process
c. at the level of the spinous process
d. 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?
a. at the lower ¼ of the spinous process
b. at the upper ¼ of the spinous process
c. in the interspinous space above the vertebra
d. in the interspinous space below the vertebra

37. The proper contact point for an IN ilium pull move is the:
a. inferior boarder of the PSIS
b. medial boarder of the PSIS
c. lateral boarder of the PSIS
d. Gonstead notch

38. The proper segmental contact point for an atlas subluxation is:
a. posterior arch
b. lateral boarder of the TP
c. anterior/lateral boarder of the TP
d. posterior/lateral boarder of the TP

39. The preferred method of adjusting a PI1, EX15 would be:
a. side posture push
b. side posture pull
c. prone on the hi-lo
d. knee chest

40. In considering the antalgic patient with a severe L5 subluxation, which of the following is not indicated:
a. place the patient in side posture and adjust with a pull move
b. use ice prior to the adjustment
c. use side posture to pump the disc
d. adjust the patient on the Knee Chest table

41. The correct segmental contact point for the correction of an L3 PRI pull is:
a. right mamillary
b. left mamillary
c. right side of the spinous
d. left side of the spinous

42. When adjusting an A-IN femur, the proper contact point, segmental contact point and LOC are:
a. thenar eminence on the lateral femoral condyle with posterior lateral thrust
b. pisiform on the medial femoral condyle with a posterior medial thrust
c. thenar eminence on the medial femoral condyle with a posterior lateral thrust
d. 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:
a. adjust sacrum to coccyx
b. adjust coccyx to sacrum
c. adjust ilium to coccyx
d. leave the coccyx alone

44. What is the segmental contact point for a PLI-Sp?
a. right mamillary
b. left mamillary
c. right side of spinous
d. left side of spinous

45. The ilium will appear wider at the crest on an x-ray when it has misaligned:
a. internally
b. externally
c. posterior and inferior
d. anterior and superior

46. An IN ilium subluxation an cause the foot to:
a. point in
b. point out
c. plantar-flex
d. dorsi-flex

47. A posteriorly rotated sacrum is only considered significant if there is a measured difference of at least:
a. 1 mm
b. 4 mm
c. 7 mm
d. any rotation is significant

48. When analyzing an A-P x-ray, what method is used to determine sacral malformation in an adult?
a. lines drawn through the L5 and sacral base are wedged
b. lines drawn through the lateral boarders of the sacrum are not parallel
c. lines drawn through the sacral apex and S2 are deviated
d. lines drawn through the sacral foramen are wedged

49. What is a common mistake used when scoping?
a. glide is too fast
b. probes are completely coupled with the skin
c. probes follow the curve of a scoliosis
d. 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?
a. side posture pull
b. side posture push
c. hi-lo
d. knee chest