Palmer Upper Cervical Specific – HIO [Hole-in-One]

B.J. PALMER

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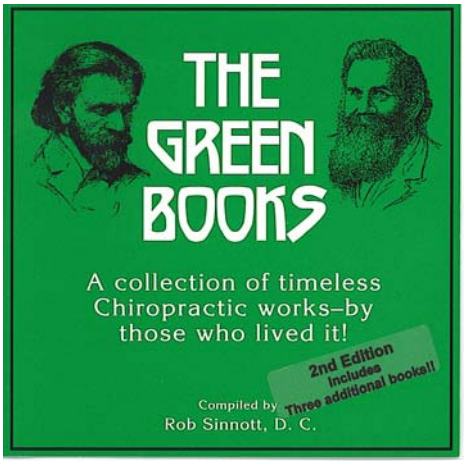

It's now many years since my head injury (1997) and in that time I came to find out about and to read through the Green Books, which is A COLLECTION OF CHIROPRACTIC WORKS and absolute essential reading for any person involved in chiropractic and I would suggest any other medical professional. I had to shed a tear as I realized that if I had read this earlier on or investigated 'specific' upper cervical chiropractic initially, then I would not have had to suffer as long as I did and I certainly would have avoided the needless trauma inflicted upon me during and after TMJ surgery. The "Scientific Chiropractic; Hole-in-One" Chapters 18 through 20 describe B.J. Palmer coming to a realization that the only subluxation which really exists are those of the upper cervicals, namely Atlas and Axis. My thinking after years of research seems so much in tune with his that I must have met him in a previous life! I also find that other people who have had similar experiences (i.e. atlas subluxation) think exactly the same way. Funny thing that, how people who have actually had the problem understand it so well. There is a message there I suggest! [Visit **www.uppercervical.org** for Louella Harris' story].

Along with this realization Palmer chose a path of scientifically proving his HIO theory and in doing so would alienate many people and even challenge the established principles of chiropractic. He seemed to agree with the medical profession "subluxations … below the inferior [bottom] surface of the Axis [C2] is an impossibility". The Green Books cite a Dr. Fishbein who states, "Professors of anatomy have dissected thousands of dead bodies and have been unable to find any spinal nerves pinched or compressed in the manner which Chiropractors allege is responsible for disease. The X-ray has been used to search for the dislocations which the Chiropractors assert are present, but those dislocations cannot be found." It goes on to say "the fundamental dogma of Chiropractic, that disease is caused by dislocations or subluxations of the bones of the spinal column, pressing on nerves, is simply a complete misrepresentation of the demonstrable facts. Any Chiropractor who tells an invalid that he is ill for that reason is either willingly deluding the patient or deluding himself." Mind you I think that finding compression or traction of a muscular nature would still today, even with the imaging available, be difficult to observe.

This is because of the "firmly interlocking articular facets on those vertebrae and their peculiar relationship with the related facets on the contiguous vertebrae." A Doctor I once met told me that he had witnessed, "large, strong orthopaedic surgeons in white coats who were not able to move vertebrae." You only have to understand the anatomy to realise that direct compression by misaligned vertebrae would require the vertebrae to be significantly displaced, such displacement being readily viewable on radiological imaging.

Looking at the anatomy Palmer concludes, "we chiropractors were wrong in part when we said that every vertebrae can be subluxated, and yet we had overlooked this vulnerable point at the top" – a reference to the occipito-atlanto-axial complex and further "All pressures here are spinal cord pressures".

What is scientifically undeniable however is that subluxations do occur at the occipito-atlanto-axial articulations and these actually occur quite easily. B.J. and his independent researchers found “that patients recovered from almost all conceivable incoordinations following an Atlas or Axis adjustment only, with no “manipulation” or adjustment at the other places formerly termed as subluxations, now termed more correctly as misalignments.” My findings reveal that most of the compelling case studies I have found come out of upper cervical chiropractic, and I have personally witnessed near ‘miracle’ responses to upper cervical adjustments. It would seem that there is indeed mounting proof which supports B.J.’s HIO scientific approach.

In the Spring of 1930 Palmer proclaimed “the principle of HIO, that there could be only one place in the spinal column that a subluxation could exist, and that was at the occipito-atlantal-axial region” and “You never got a sick person well by anything you ever did below the inferior of the Axis.” Needless to say that this would shock the chiropractic world and shake even his most ardent supporters. Today the profession still is in a quandary over this, and I suggest that there is one solution for this – “ALL CHIROPRACTORS MUST LEARN SPECIFIC UPPER CERVICAL”. For those not certain about their manual adjustment capabilities then perhaps instrument adjusting should be considered. Although Palmer would probably have cringed at the suggestion to use instruments, he may not have foreseen the accuracy and downright effectiveness of the instruments of today.

The HIO adjustment which Palmer carried out daily in his clinic, whilst targeted specifically to correct upper cervical subluxations also proved that there was an ‘innate’ part to the chiropractic adjustment, with the body making its own adjustments. He used X-rays to show the positioning of the subluxated Atlas before and after adjustment, and states “Atlas is shown to be gradually assuming its normal position in the occipito-atlanto-axial line up, thus showing that some force within the patient is having an influence in the realigning of subluxated vertebrae.”

Palmer dedicated the major part of his time since 1930 to establishing the premise of HIO on a scientific basis and upper cervical chiropractors carry on that work today, however these types of chiropractors are unfortunately for us patients far in the minority. He provided evidence of the spinal cord occupying much of the neural canal and showed also that there is a great deal of shrinkage of the spinal cord, shrinking to “80% by the time we could perform the dissections and make the necessary measurements of its size in the neural canal, and 80% of the pressure value you want to show is not there.”

There are many thoughts as to the actual causal mechanisms of human disease and illness, but for others and me nothing is more compelling than HIO theory. Whether its spinal cord pressure or pressure on cranial nerves or blood vessels at the skull base, as I suggest, or other contributing factors I think needs to be clarified further. Regardless the upper cervical spine in a sick person should be checked for atlas subluxation first, something which is rarely carried out. The positive health benefits will not be disputed when this is given further consideration and research. Palmer’s work at least deserves that.

Source: The Green Books; Compiled Rob Sinnott, D.C.
Chapter 18 – Scientific Chiropractic; Hole-in-One

TOGGLE RECOIL ADJUSTMENT

The upper cervical adjustment so named toggle recoil involves today the chiropractor placing the pisiform lead on the Atlas transverse process to carry out the adjustment. According to the Green Books “The Palmer Recoil was just beginning to be taught at the P. S. C. in 1909-10, and is still the basic fundamental of the present Palmer Torque-Toggle-Recoil in use in Hole-in-One. The secret—as far as it can be told in a few words—of efficient delivery of the Palmer Recoil is to secure, first, as complete a relaxation on the part of the patient as possible, immediately before and during the delivery of the external adjustic force. The object is to all the better secure the patient’s recoil reaction. Second, it is necessary for the Chiropractor himself to acquire, at the same time, complete relaxation in his arms and shoulders as a preliminary immediately before delivery. Having accomplished

this relaxation as far as possible, the Chiropractor gives his external force with great speed, followed by a swift withdrawal of the contact point of his adjusting hand, so as not to resist the natural recoil of the patient. The object is to enable the Innate Intelligence of the patient to perform its part in completing the adjustment. The patient's internal recoil reaction was all laughed at by those "leaders" I have so often mentioned as just so much "baloney", although B. J. is now demonstrating conclusively that the patient does have a very considerable part in the complete adjustment. B. J. has often illus-trated this by showing how great a weight is required to push a nail into a piece of wood, whereas it requires only a light hammer to drive it, provided the driving force is swiftly and accurately applied. So it is with the efficient delivery of the Palmer Recoil adjustment. In the latest development of the recoil for use by the practitioners in hole-in-One, B. J. was equally free in demonstrating the latest knee posture adjustment procedure, as well as the reclining type posture, this last one that gives the utmost relaxation of the patient, so that even a little child has the strength needed to give it."

Anyone who has experienced a modern day TOGGLE RECOIL adjustment will tell you that, when delivered correctly this adjustment is very tolerable and very effective.

Source: The Green Books; Compiled Rob Sinnott, D.C.
Chapter 7 – Pages 117-118

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