

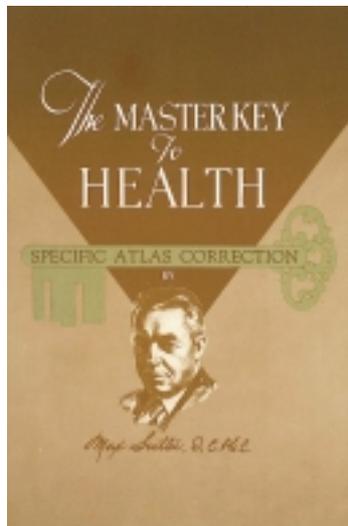


## SUTTER SPECIFIC ATLAS CORRECTION – Max Sutter, D.C., Ph.C.

©1941 Max Sutter, ©1957 Max Sutter and Theodore J. Sutter  
Republished with permission from Ted and Jean Sutter

*“Your booklet (The Master Key to Health) IS a WONDERFUL, clear, concise and simple explanation of what and how to get sick people well. We congratulate you on having done a GREAT job.” – B.J. Palmer*

Max Sutter graduated from The Palmer School of Chiropractic, Davenport, Iowa in March 1925. In November 1925 he was licensed to practice Chiropractic in the State of California. His offices were opened in Huntington Park, California, in July 1926, and he was in continuous practice at that same location. Max engaged in original research from 1938 to 1940, the results of which are touched upon in the reproduction of his booklet ‘The Master Key to Health’ on this web page. Some of his original research provided to me by Ted and Jean Sutter, is reproduced in the downloadable file [“Sutter Research”](#). All rights are reserved.



### THIS I BELIEVE

That there is a Creative Intelligence in back of all laws and life on earth, call It God, Universal Intelligence or what you will.

That we are instruments placed upon this earth for self-development and service.

That whatever abilities, capacities and aptitudes we have been endowed with have been given to us to be used in serving our fellow-man.

That the greater the abilities, capacities and aptitudes the greater the responsibilities in using them, and the more they are used the more they are kept, and the more they are used the greater the opportunity for the development of greater abilities, capacities and aptitudes.

That the more we give the more we receive, and the greatest among us is the one who serves the best.

That health is natural and disease is unnatural.

That disease is caused by an interference with the Creative Intelligence that wills normality within the body.

That such interference is caused by obstruction of nerve impulse flow from the brain to the body due to a subluxated spinal vertebra.

That this Chiropractic principle is the greatest boon to suffering humanity and supplies a need for which there is no substitute.

That in spite of all misunderstanding and the bitter opposition of entrenched authority that this principle, being true, will survive and many present-day theories and beliefs will be discarded.

That life can hold no greater satisfaction than this — to have assisted in the development and preservation of the Chiropractic principle and practice for the living present and the living future, and to count it a privilege to do the best I can for each and everyone placed under my care, to ease the burden of sickness and suffering of those afflicted and to put service foremost.

That God gives me strength to adhere to this principle and bear with the criticism of those who do not understand.

That there is much that is bad in the best of us and much that is good in the worst of us.

That life is a positive force and that that which is bad will become less and less and that which is good will become greater and greater.

That what is true and serves most effectively will survive. This I believe.

*Max Sutter, D.C., Ph.C.*

## SUTTER SPECIFIC ATLAS CORRECTION

At the back and lower part of the head is a large opening called the foramen magnum. Through this large opening pass certain nerves, arteries supplying the brain and spinal cord, ligaments connecting the head and second vertebra of the spine, a part of the hind brain called the medulla oblongata and its coverings. At the level of the upper margin of the arch forming the back portion of the first vertebra of the spine, the atlas, the medulla oblongata is continuous with the spinal cord. Within the medulla oblongata and adjacent structures are nerve centers and nerve connections from the brain to the entire body of vital importance in control of normal body function.

*Although for descriptive purposes the nervous system has been divided into different parts, between the various brain and spinal cord centers and the rest of the body exists a complex interrelationship that binds the body into one functioning, coordinating unit.*

The top-most vertebra (spinal bone) of the spine is called the atlas. On either side of the large opening at the back and lower part of the head, the foramen magnum, is a bony projection called a condyle. These condyles rest upon the upper surfaces of the atlas vertebra allowing normally for a free forward and back nodding movement of the head.

The second vertebra of the spine is called the axis. The head and atlas vertebra together move upon the axis in a complex pivoting movement when the head is turned.

Although many ligaments and muscles join the head, atlas vertebra and axis vertebra move together to keep movements within normal bounds and to keep the head and these vertebrae in their normal relation to each other we do not find here the same construction of bony "locks" and tough discs of fibro-cartilage that limit the movement of individual vertebrae from between the second and third vertebrae downward. At no other area of the spinal column do we find any degree of movement that remotely approaches that found between the head and the atlas vertebra and between the atlas and axis vertebrae.

*Because of the freedom of movement necessary in the region immediately above and below the atlas vertebra, and because of the construction necessary to allow for such freedom of movement, the atlas vertebra can be subluxated, that is, "locked" out of its normal articular relation sufficiently to affect vital nerve structures and thus affect the normal control of function of any organ or part of the body.*

Strains, variously produced, at birth, in infancy, childhood, and in adult life, affecting the atlas vertebra, may result in a sub-luxation of the atlas vertebra, and so be the initiator of an interference within the nervous mechanism leading to the development of some abnormal condition of the body. Little or no local symptoms may be present at the time the atlas vertebra is subluxated, or symptoms may fade out and disappear, and so be forgotten, and yet be the beginning of some abnormal condition that shows up in later years.

*So long as this subluxation of the atlas vertebra is not corrected, efforts to regain lost health may prove of little or no avail.*

The exact variation of the atlas subluxation in relation to its surrounding structures peculiar to the individual case must be accurately determined. This can only be done through a specialized X-ray technique and analysis.

With the precise analysis of the atlas subluxation in degrees of deviation from normal articular relation the first important step in specific atlas correction has been accomplished.

The specific correction of the atlas subluxation corrects the basic cause of interference within the nervous mechanism allowing the Innate Intelligence within the body to bring about a return to normal function.

Specific Atlas Correction is not primarily concerned with the classification and naming of a symptom or a group of symptoms or what organ or tissues are affected, or in what manner they are affected. It realizes the great difficulty, not to say impossibility, involved in diagnosing accurately the various complex factors involved in each individual condition, and that the most accurate diagnosis is of little fundamental curative value unless it at the same time locates the cause of such derangement of function or structure.

Specific Atlas Correction is primarily concerned with the definite determination of the specific subluxation of the atlas vertebra initially responsible for the development of the abnormal condition, or conditions, affecting the body, and its correction. Unless such correction has been accomplished the last word as to the ability of the Innate Intelligence within the body to bring about a natural restoration to health has not been said.

Specific Atlas Correction is not concerned with palliative measures, the treatment of symptoms that may afford temporary relief, leaving the underlying disturbance as bad as or worse than before. No basically useful purpose will be served by doctoring or suppressing symptoms as long as the cause is not corrected. Only when symptoms disappear, following the correction of the cause of the condition within the body, as a result of regeneration by the Innate Intelligence within the body has anything really worth while and of lasting benefit been accomplished.

Specific Atlas Correction does not concern itself with electricity, radionics, lights, diet, massage, medicine, general spinal manipulation, or surgery.

If you are one of the many who have failed to obtain a correction of your condition through any means, Specific Atlas Correction invites your serious consideration.

## PRACTICAL APPLICATION OF MAX SUTTER'S RESEARCH

### Analysis of the Atlas Misalignment

The following X-rays were used by Max Sutter in the analysis of atlas misalignment

1. Lateral upper cervical spine are usually taken
2. AP open mouth being careful to make certain that the central ray is angled upward at about a 6 degree angle and closer to the bottom teeth than the upper teeth, so that the anterior arch of the foramen magnum is clearly visible

### Interpretation

The LATERAL is checked as per the usual Palmer hole-in-one (HIO) protocol to determine superior (too far forward) or inferior (to far backward) on the condyles.

The AP open mouth – using the anterior arch, find the center of the foramen magnum using a compass and then keeping one point at the center, compare the distance of the lateral masses of the atlas using the same structures for comparison. A significant difference will show left or right laterality of the atlas.

### Application

The Sutter adjustment consists of a toggle recoil, but instead of using the pisiform bone in the hand to contact the atlas, a thumb contact was used on the atlas transverse process, on the theory that a better direction could be given. The thumb used for adjusting is held firmly to the fist by the thumb and forefinger of the other hand.

### Frequency

Frequency of adjustment was usually 3 times per week for the beginning patient, which was then reduced to twice per week, once per week, once every two weeks, and finally to once a month, which was considered adequate for maintenance.