

emy Award Winner,
Nicholson, with
LeRoy Perry, Jr.

P. 57



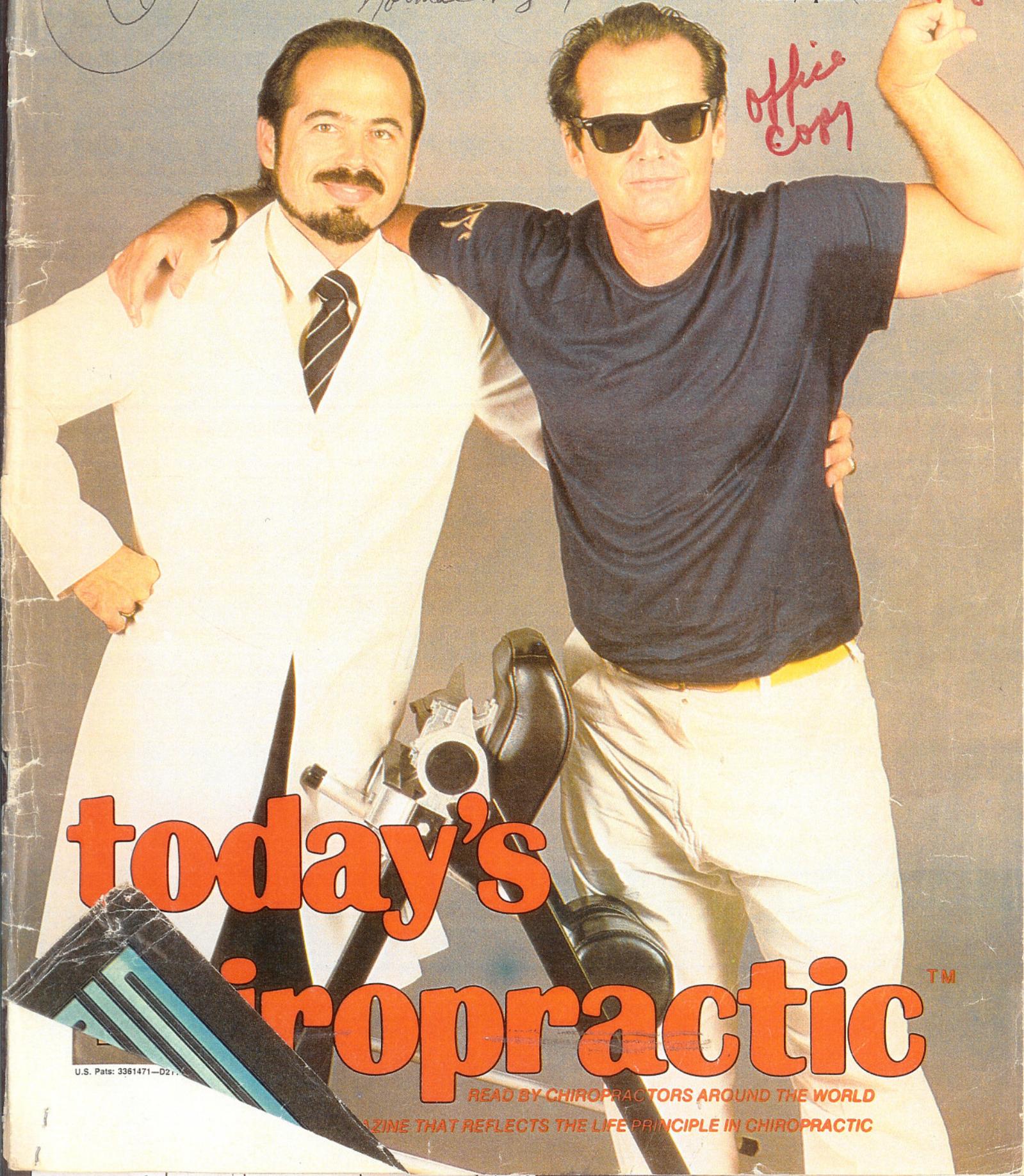
Atlas Complex Subluxation Pattern

Normal High, Normal Low, Abnormal

March/April 1984

3 pages

Office Copy



today's Chiropractic™

U.S. Pat: 3361471-D2

READ BY CHIROPRACTORS AROUND THE WORLD
MAGAZINE THAT REFLECTS THE LIFE PRINCIPLE IN CHIROPRACTIC

Atlas Complex Subluxation Patterns



by Roy W. Sweat, D.C.

About the Author: Dr. Roy W. Sweat's practice is in Atlanta, Georgia. He is a graduate of Palmer College. In 1952, he began a course of study specializing in the upper cervical occipital-atlanto-axial complex under Dr. John F. Grostic. Dr. Grostic chose him as an instructor at his seminars. Sweat completed a three-year program in chiropractic orthopedics from the National College and is an associate professor at Life College.

Dr. Sweat designed the cervical analysis instrument. In 1981 he created the program of chiropractic Atlas Orthogonality and wrote a series of five books. Dr. Sweat has designed a chiropractic adjusting instrument and also a series of x-ray machines and the orthogonal adjusting tables.

Normal High, Normal Low, Abnormal

Some subluxations reduce better than others and some require a fewer number of adjustments. Some maintain their corrected position but some remain unstable. When all geometric designs of the subluxated or misaligned structures favor one vector they will return to their neutral position more satisfactorily.

When a subluxation contains misalignments in which one factor favors a high adjusting vector and another factor favors a low adjusting vector this produces contra-adjusting vectors. The adjustment must be arrived at as a mean vector to reduce both misalignments to some degree proportionately, but will not reduce either misaligned factor as satisfactorily as if they all favored one vector.

Congenital architectural formations and soft tissue integrity are also primary considerations in cervical spinal stability.

NORMAL HIGH SUBLUXATION

The atlas plane line will be high $3/16''$ or higher on the side of atlas laterality. The lower cervical spine angle will be misaligned the same degree or larger on the opposite side of atlas laterality. The spinous will be misaligned toward the same side as the atlas laterality. The atlas rotation will be anterior on the side of laterality and will be consistent with the direction of the spinous misalignment. All misalignment factors will favor a high adjusting vector and all factors will reduce good or satisfactorily.

NORMAL LOW SUBLUXATION

The atlas plane line will be horizontal or no higher than $2/16''$ and may be $1/16''$ or $2/16''$ below horizontal on the side of atlas laterality. The lower cervical spine angle will be misaligned on the same side as the atlas laterality. The spinous will be misaligned opposite

the side of atlas laterality. The atlas rotation will be posterior on the side of laterality and will be consistent with the direction of the spinous misalignment. All misalignment factors will favor a low adjusting vector and all factors will reduce good or satisfactorily.

ABNORMAL SUBLUXATION PATTERNS

The atlas plane line will be high $3/16''$ or higher on the side of atlas laterality. The lower angle will be on the same side as atlas laterality. The atlas rotation will be anterior on the side of atlas laterality. The atlas rotation will be opposite the spinous misalignment.

The atlas plane line will be horizontal or minus $1/16''$ or $2/16''$ on the side of atlas laterality. The lower angle will be on the opposite side of atlas laterality. The spinous will be misaligned toward the same side of atlas laterality. The atlas rotation will be posterior opposite the direction of the spinous misalignment.

The abnormal subluxation contains contra-adjusting vectors. The vector that favors one factor is the opposite vector for another factor. Some factors may reduce good or satisfactorily and other factors may reduce very little or not at all.

The doctor of Chiropractic may be rendering a very high level of efficiency in adjusting programs but due to contra-adjusting vectors the subluxation may not reduce good or satisfactorily.

TRAUMA

The normal high and the normal low subluxations are usually from a single trauma. The abnormal subluxation is usually from multiple traumas at different times or multiple impacts within one trauma.

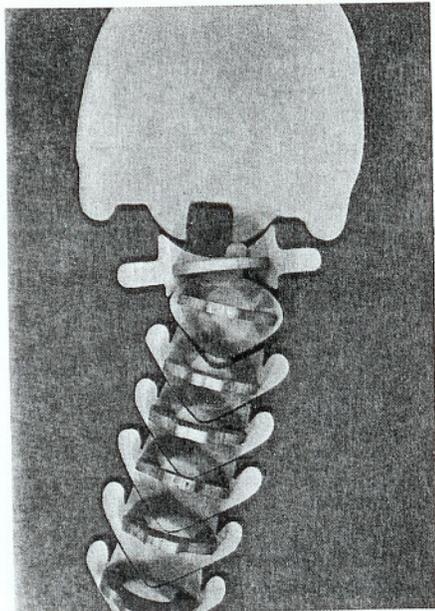


Fig. 1-A

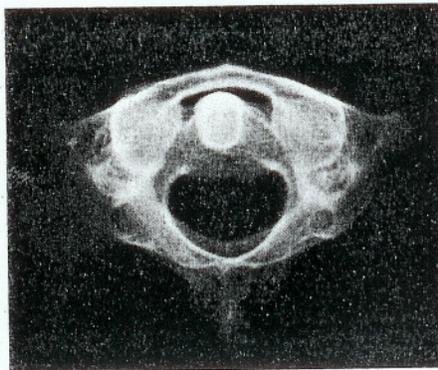


Fig. 1-B

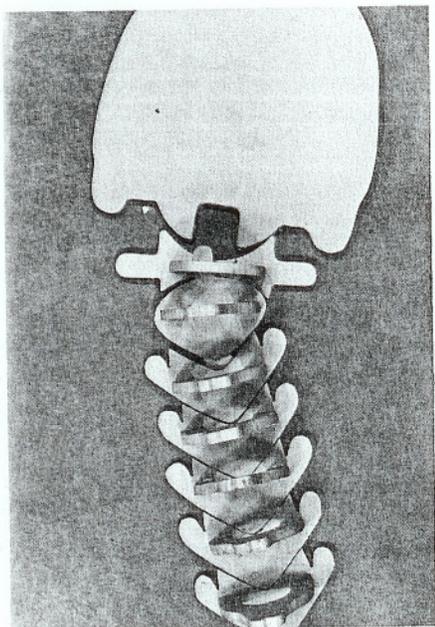


Fig. 2-A

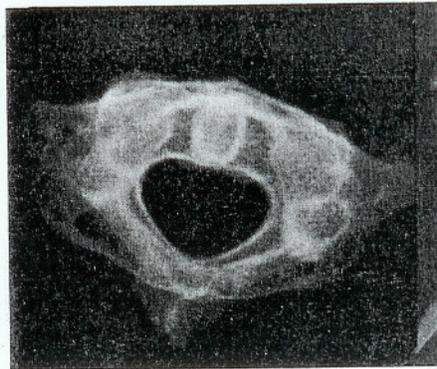


Fig. 2-B

CHIROPRACTIC FIRST

The major medical program recommended in Clinical Biomechanics of the Spine, by White and Panjabi, for the treatment of the atlas complex subluxation and instability is spinal

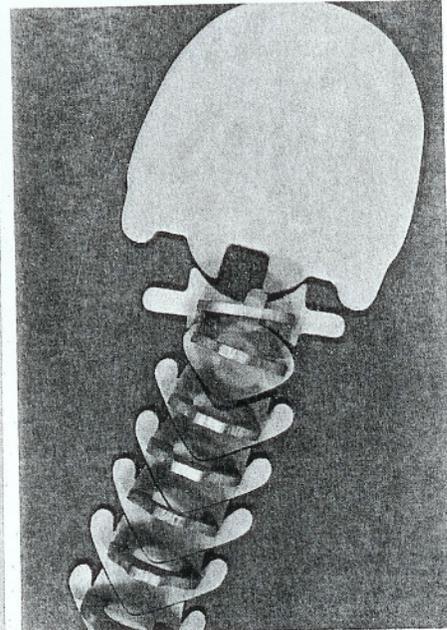


Fig. 3-A

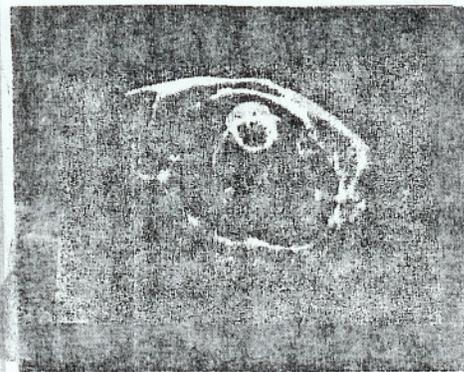


Fig. 3-B

NORMAL SUBLUXATION PATTERNS

HIGH
 High Atlas Plane - Plus 3/16" or higher on side of atlas laterality
 Lower Angle - Opposite side of atlas laterality
 Spinous - Same side as atlas laterality
 Anterior Rotation - Same directional turn as spinous

LOW
 Low Atlas Plane Line - 0 to high 2/16" or 0 to low 2/16" on side of atlas laterality
 Lower Angle - Same side as atlas laterality
 Spinous - Opposite side of atlas laterality
 Posterior Rotation - Same directional turn as spinous

ABNORMAL SUBLUXATION PATTERNS

High Atlas Plane Line - Plus 3/16" or higher on side of atlas laterality
 Lower Angle - Same side as atlas laterality
 Spinous - Opposite side of atlas laterality
 Anterior Rotation - Opposite directional turn as spinous

Low Atlas Plane Line - 0 to low 2/16" on side of atlas laterality
 Lower Angle - Opposite side of atlas laterality
 Spinous - Same side as atlas laterality
 Posterior Rotation - Opposite directional turn as spinous

NEUROLOGICAL INSULT

The human body is a self-healing organism. When the nerve to a tooth dies the tooth turns black and dies. I spoke to an orthopedic surgeon recently about disc surgery and he stated that "if a joint can heal itself it is better and will last longer than for us to use surgery to try to remove or repair damaged parts". When there is a neurological insult associated with spinal subluxations and imbalances, that related part of the body will deteriorate and degenerate. It is quite a pleasure to watch these areas repair themselves when normal neurological integrity is restored.

continued on page 56

A6

Atlas

continued from page 52

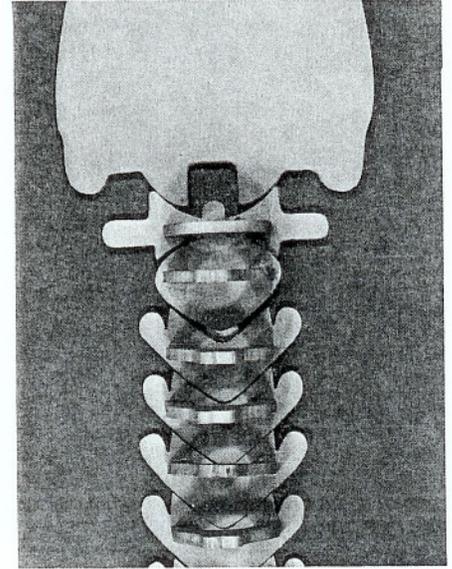


Fig. 4

fusion. I think in the future no spinal surgery will be done until a chiropractor has been consulted and he has examined the patient to determine if chiropractic care is possible first. When I graduated from chiropractic college in 1949, the common slogan was "everything has not been included unless chiropractic has been included". I think the new slogan should be "Chiropractic first, side-effecting drugs and chemicals second, and irreversible surgery last." ■

REFERENCES

1. Dr. John F. Grostic Seminars - Ann Arbor, Michigan
2. Dr. B. J. Palmer - *Constants and Variables*
3. White and Panjabi - *Clinical Biomechanics of the Spine*
4. Dr. Roy W. Sweat - Case History Studies - Pre and Post X-Rays