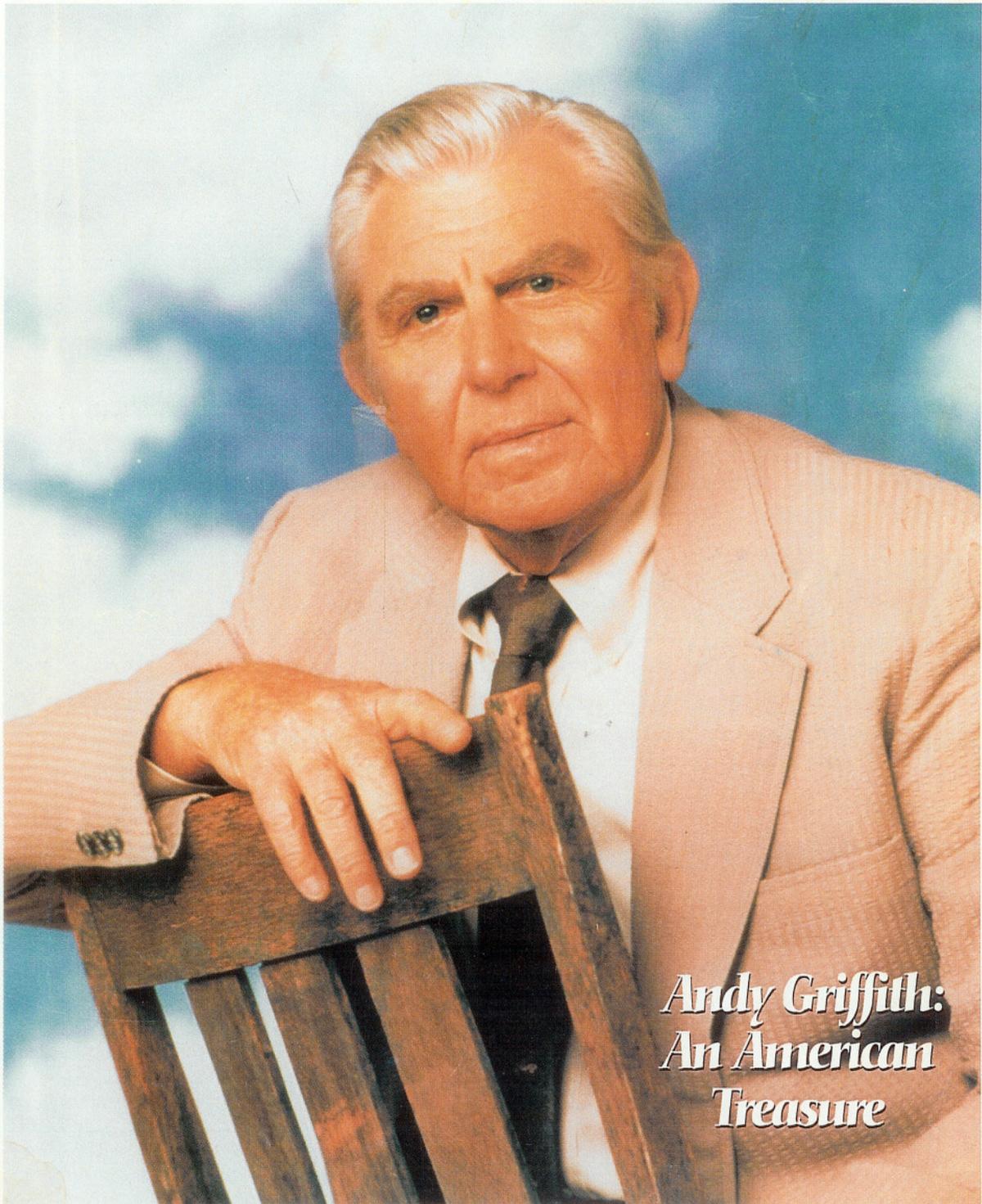


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Today's Chiropractic

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**Andy Griffith:
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The World's Most Influential and



Widely Read Chiropractic Publication

Guidelines for Pre and Post Radiographs For Care Documentation

Pre and post X-rays have been important standards of care in the chiropractic profession for 49 years.

By Roy W. Sweat, DC., B.C.A.O.
Matthew H. Sweat, DC., B.C.A.O.

DR. B.J. PALMER, THE "developer of chiropractic," introduced X-rays to the chiropractic profession in 1911.¹ He stated it was necessary to X-ray the spine to find vertebral misalignment on a scientific basis.²

In 1946, Dr. John F. Grostic introduced to the chiropractic profession post X-rays, which were taken immediately after the atlas adjustment in order to compare them to the pre X-ray taken before the adjustment.³ He stated that if pre X-rays showed the vertebral subluxation, then post X-rays should show that the subluxation was reduced, improved or that it was a non-reducible subluxation.⁴

I began conducting seminars

with Grostic in 1952. During these seminars, no patient would receive adjustments in the occipital-atlas-axis area unless pre X-rays were taken. All patients were post X-rayed immediately following the

adjustment, and those radiographs were compared to the pre X-rays.

I was an instructor at the John F. Grostic Seminars in Ann Arbor, Mich., in the late 1950s. After Grostic's death in 1964, we presented atlas seminars that required pre and post X-rays.

The primary objective of the chiropractic profession is to find

and correct spinal subluxations. This is the one service our profession has to offer that no other profession offers as a main objective. It is quite common in the medical

Post x-rays are important to document the efficacy of the chiropractic care plan.

profession to post X-ray fractures and luxations to compare with the pre X-rays to see if they have been reduced and improved.

In the atlas orthogonal programs, the patient must have three pre cervical X-rays and two post X-rays immediately after the adjustment in the cervical area. When there are other areas of the body involved, they must be X-rayed in addition to the five cervical orthogonal X-rays.⁵

Some subluxations reduce better than others, and some require a fewer number of adjustments. Some maintain their corrected position, but some remain unstable.

X-RAY UTILIZATION

The typical high and low subluxations usually result from a single trauma. The atypical subluxation usually results from multiple traumas at different times or from multiple impacts within one trauma.⁶

Congenital architectural malformations, aberrations and soft tissue integrity are also primary considerations in cervical spinal stability.

Many patients with atypical subluxations or multiple traumas will respond favorably to the vectors and formulae to correct the subluxation, and the symptomatic condition

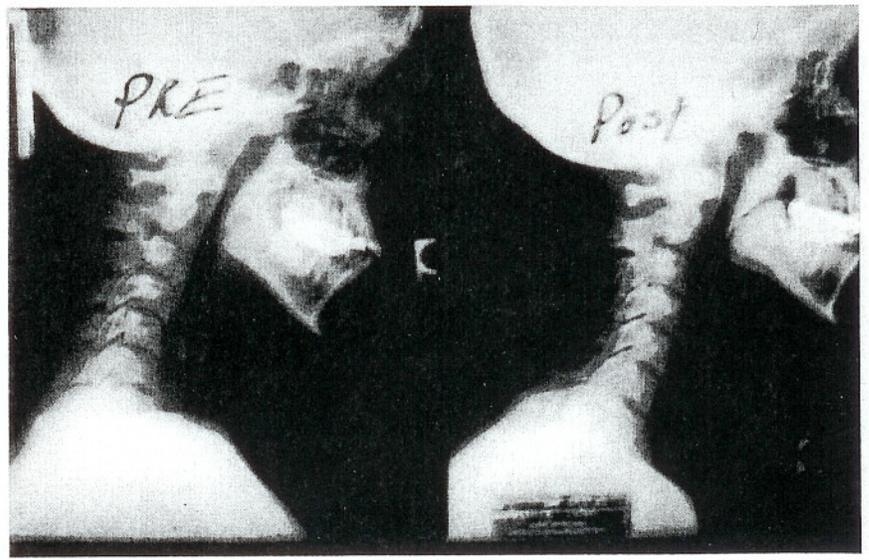


Figure 1

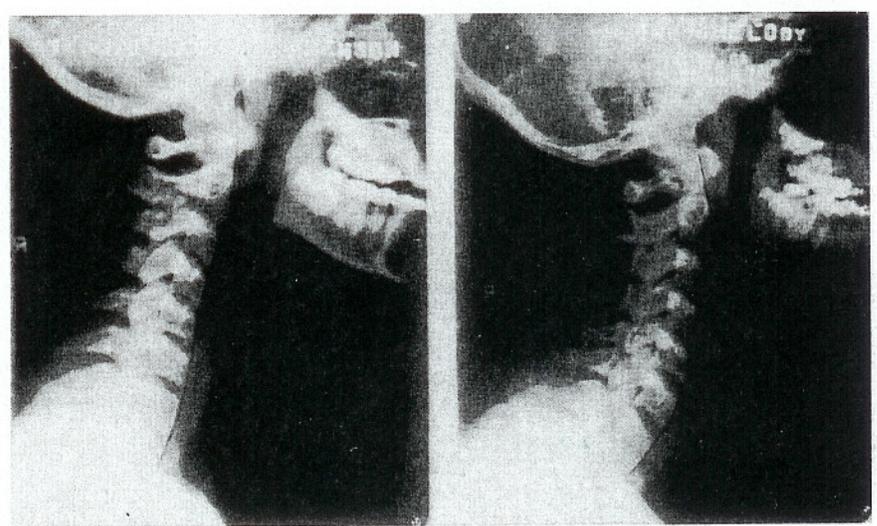


Figure 2

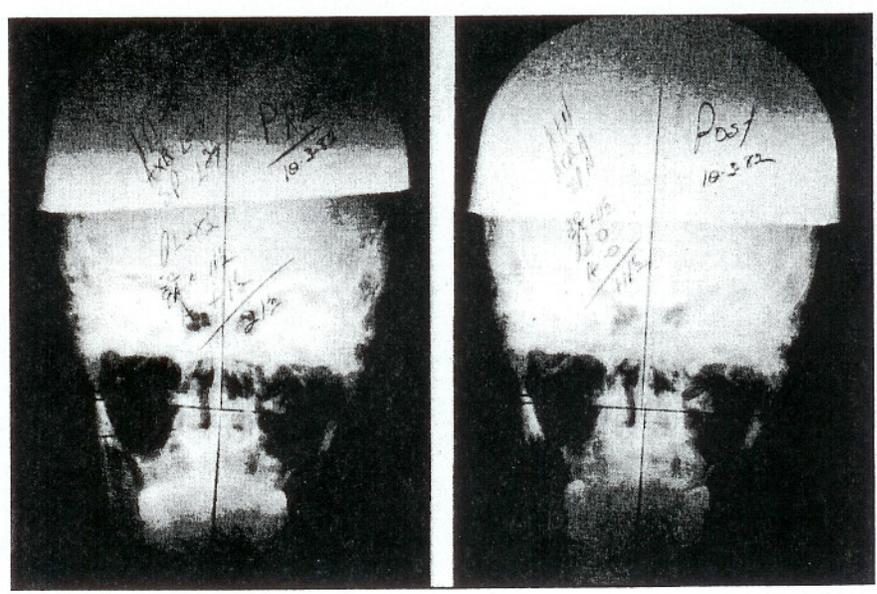


Figure 3

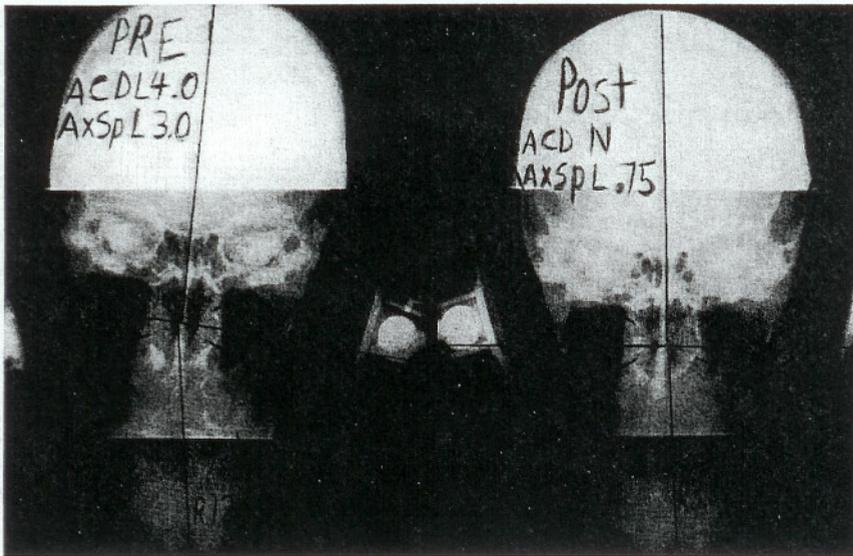


Figure 4

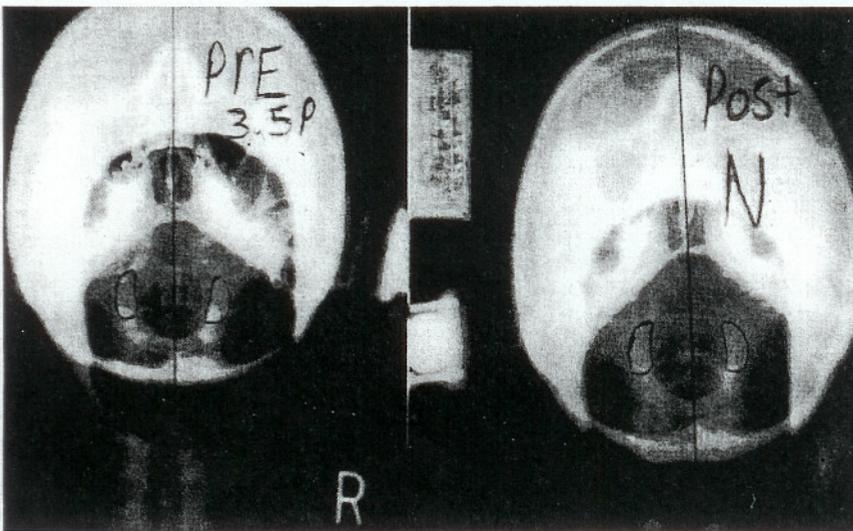


Figure 5

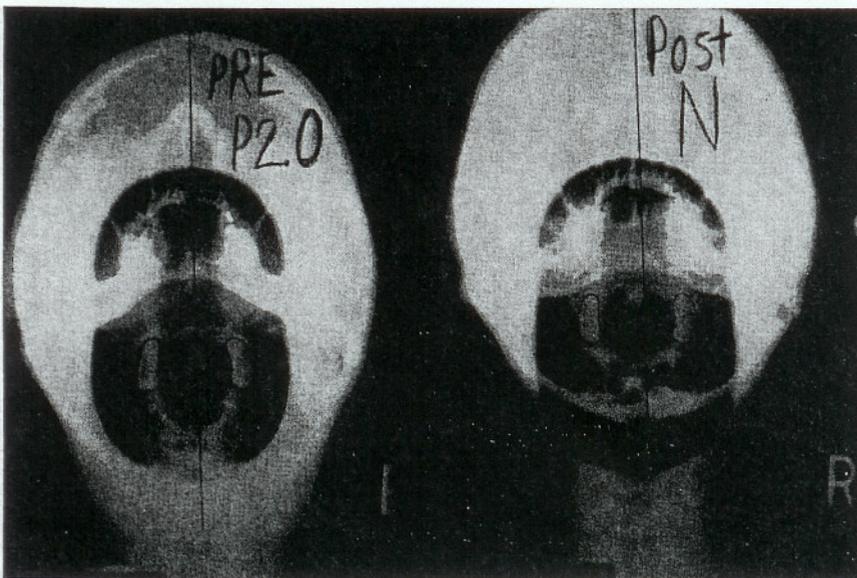


Figure 6

improves dramatically. Sometimes during the course of care, the subluxations may change to one of the earlier positions that they were in before the second or third trauma. The only way the doctor can recognize this is when the adjustment that had been working and improving the patient's condition suddenly becomes ineffective and does not work.

It is absolutely necessary at this time for the doctor to take new pre X-rays to see if the subluxation patterns have changed. He must then formulate new vectors to adjust the patient in the new position, and he must take post X-rays to document the efficacy of the new adjustment.

Pre and post X-rays have been important standards of care in the chiropractic profession for 49 years. The doctor of chiropractic orthogonality is extensively trained in utilizing pre and post X-rays. Care programs involving procedures executed at the base of the skull are vitally important and must be scientific and accurate.

Finding and correcting spinal subluxation programs for chiropractic care and using scien-

tific equipment will not be discontinued or cut short in any way because of fees, whether paid by the patient or by the insurance company. The quality of care will not be compromised. Care programs and fees should be explained to the patient prior to delivery of adjustments.

CONCLUSION

Pre X-rays are a vital part of the chiropractic examination. Post X-rays are important to document the efficacy of the chiropractic care plan. Most chiropractic malpractice insurance companies state: "No X-rays, no defense."⁸

Figures 1-7 show pre (left) and post (right) X-rays. Figure 8A shows a pre X-ray, and Figure 8B shows a post X-ray. The pre and post X-rays were taken with precision-aligned X-ray equipment, and the chiropractic spinal adjustments were performed with the scientifically designed Atlas Orthogonal Percussion adjusting instrument.



Figure 7

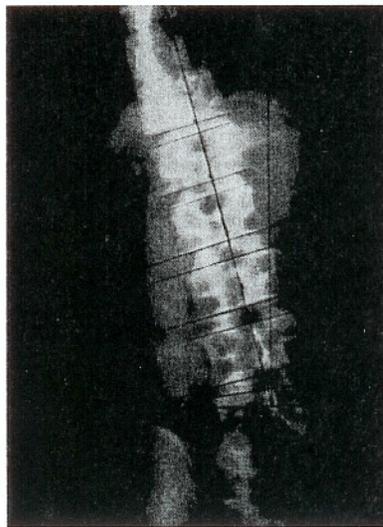


Figure 8a

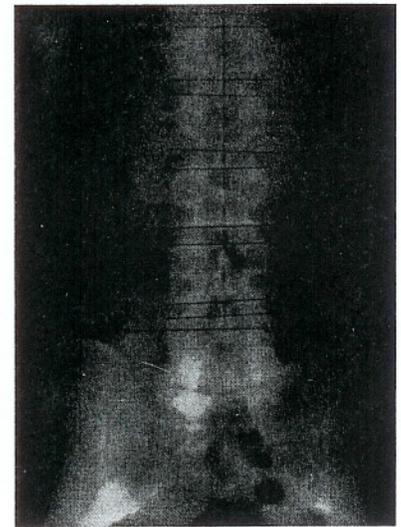


Figure 8b

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atlas orthogonal computerized X-ray analysis program, a chiropractic adjusting instrument and X-ray equipment. Matthew H. Sweat, D.C., B.C.A.O., a 1989 Life College graduate, is board certified in atlas orthogonality and delivers lectures on the program. He has completed extensive post-graduate studies of the upper cervical area, and he is certified in videofluoroscopy. For more information, write to the Sweat Chiropractic Clinic, 3274 Buckeye

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