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front cover + page 40 -
42

No page 41

**X-ray
ology**

**Are You Sitting
on an Old Mine?**

**Buyers' Guide
& Directory**

by Gysèle Rainville, BA Psy., DC

The Atlas: The Missing Link in Cervicogenic Headaches

In this case study, Sweat's Instrument realigned a patient and obliterated 40 years of migraines.

Very often, cervicogenic headaches are related to Cervical Spine Dysfunction (CSD), and more specifically to upper cervical dysfunction.^{1,2} Understanding the occipital atlanto-axial complex of subluxation facilitates successful chiropractic treatment of these headaches.

Because of the complexity of this diarthrodial-synovial joint and its relationship to the head and neck, it is important to use great precision when adjusting. The atlas orthoganol (A.O.) technique provides that precision.

CHIROPRACTIC EXAMINATION

Most of the time, a patient suffering from CSD headaches feels tension—if not acute pain—in the nuchal area, which moves up to the head.

It is important to remember the C1-C2 nerves location. In the A.O. chiropractic examination, a digital pressure called scanning palpation is applied over the C1 spinal nerve area, which is located inferior to the occiput and superior to the posterior arch of the C1 (not lateral).

The scanning is completed by moving down to the second dorsal ramus between the posterior arch of the atlas and the lamina of the axis (C2). Even though a moderate pressure is used to create a light compaction of the soft tissue, sometimes the jump sign may happen. The soreness of the area may cause the patient to react to the palpation, but not necessarily.

These spinal ganglions, also known as nerve roots, were described by Spine Magazine¹ as vulnerable and linked to cervicogenic headaches. They may be irritated by an upper cervical displacement. Chiropractic orthoganol procedure, therefore, must analyze and correct this subluxation with precision.

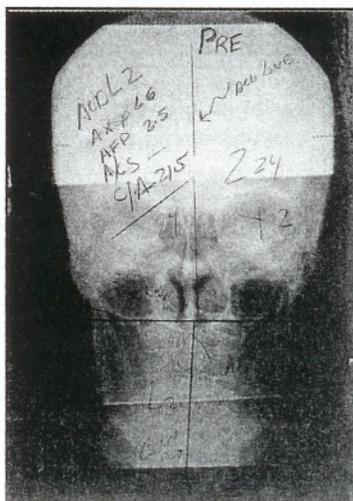
The human body is a vertical structure³: the atlas should be horizontal, but the head and the rest of the cervical spine should be vertical, achieving orthogonality (meaning right angles).

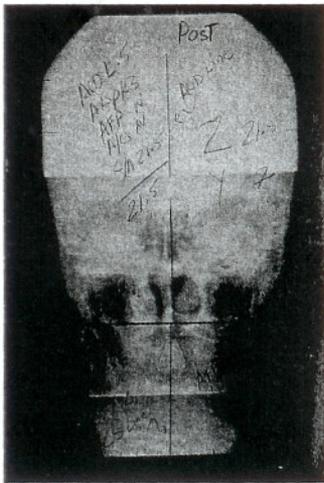
The x-rays of cervicogenic patients usually indicate that normal positioning no longer exists. The head is displaced to the right or left. The atlas is up, and in a posterior or anterior rotation that creates a gravitational imbalance. Releasing the spinal ganglions C1-C2 through orthoganol adjustment will restore neutral positioning.

CASE STUDY

A woman in her early twenties started to experience insidious migraine headaches, which continued for forty years. She tried medication to cope, if not heal, the headaches that persisted every day, every week, every month. She developed a need for silence and darkness, as noise and light became almost unbearable. Her daily activities were a challenge. Pain in the occipital area, pressure on her head, and nausea brought her to an Atlas Orthoganol chiropractor.

The usual scanning palpation revealed the typical area of pain related to an atlas





subluxation. X-rays were taken according to the A.O. procedure (sagittal, frontal, and vertex). The Pre-X-ray shows the geometric relationship of the upper cephalic angle, Atlas Cephalic Displacement (ACD) and the lower cervical angle (CS). Both should be vertical. Here, the ACD and cervical spine are two degrees to the left, creating a pattern called ipsilateral. Both angles go in the same direction.

Without orthoganol global positioning, her gravity is unbalanced, and her C1-C2 nerves irritated.

The patient was adjusted with a percussion force type of instrument, called Sweat's Instrument. It was invented by founder of the Atlas Orthoganol, Dr. Roy Sweat, of Atlanta, Georgia.⁴

According to her type of atlas displacement, the patient was set up biomechanically in a specific positioning on the chiropractic table. A light thrust (six pounds) given through the stylus moved the atlas within its natural range of motion. The usual occurrence of the muscle contraction related to the body's resistance was avoided.

Post x-rays (frontal and vertex) were taken after her third visit. The frontal x-ray shows that these structures have

moved towards vertical (CA and ACD lines) and that the atlas is totally horizontal, from five millimetres to neutral. The x-rays show that the line of correction of the complex of subluxation has been satisfactory.

The same vector of correction is used when the patient requires another adjustment.

Within two weeks, she started having fewer migraines and by 10 treatments, she was completely pain free. She has not experienced migraine headaches in the last two years.

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- 1 *Spine* (1998), Lippincott-Raven Publishers, Volume 23, No. 6, pp. 649-652.
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- 3 *Atlas Orthogonality: A Technique Review, Part One of Three.* Sweat, Dr. Roy W., *Today's Chiropractic*, 1983.
- 4 *Atlas Orthogonal Percussion Adjusting Instruments*, Sweat, Dr. Roy W., *Today's Chiropractic*, 1984.



A 1991 Palmer Iowa graduate, Dr. Gysèle Rainville completed her preceptorship with Dr. Sweat, founder of the technique of the Atlas Orthogonal in Atlanta. In 1994 she became the first Canadian Atlas Orthogonal Certified doctor. Since then she has been teaching the technique, and practices in Granby, Quebec.