



2010 Sacro Occipital Technique Research Conference

October 28, 2010 • New Orleans, Louisiana

INSTRUCTIONS ON SUBMITTING ABSTRACTS

We are well aware that doctors in practice often see the submission of research to be daunting and we wish to encourage all interested doctors to submit a request for help if they want to participate, but need assistance. We are here to assist your process participating with presenting your research at this conference. With our assistance this year we are hoping that next year you might be in a position to help someone else who may be in a similar position to you at this time.

Categories of Sacro Occipital Technique (SOT) Related Research.

SOT related research is fairly open ended and inclusive of many aspects of investigative science, clinical experiences, as well as pertaining to historical presentations and other related perspectives. In general the submission should pertain in some way to sacro occipital technique, which includes but are not limited to topics such as:

- Traditional SOT Category Analysis and Treatment
- Use of Pelvic Blocks for Treatment
- Treatment or Theory Involving the Stomatognathic System
- Treatment or Theory Involving Temporomandibular Disorders
- Treatment or Theory Relating to Cranial Bone, Dural Membrane or CSF Flow
- Treatment or Theory Relating to Viscerosomatic or Somatovisceral Reflex Balance
- Any Treatment or Theory that could be Reasonably Related to SOT
- Dental Chiropractic Co-Treatment of Temporomandibular Disorders

Abstracts should be submitted in one of the following categories:

Basic Sciences. Includes the use of animals and computer-related research or investigation on cadavers, in fields such as anatomy, physiology, biomechanics, biochemistry, immunology, etc.

Diagnostic Sciences. Includes the evaluation of various diagnostic or analytical methods or instruments. Where new concepts are presented there should be accompanying data collection on normal and abnormal populations of patients. Clinical examination techniques such as palpation or x-ray and interexaminer reliability studies are encouraged.

Clinical Management. Includes clinical trials, retrospective studies and multiple case studies. The presentation of new adjusting/manipulation methods are encouraged but such presentations should include some clinical data collection on why the techniques should be considered.

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Special Interest. Papers on history, anthropology, epidemiology, cost of care, standards of care and educational methods fall into this category. Philosophical papers will also be reviewed provided they follow formal philosophical argument with references rather than the presentation of personal opinion.

Deadline for Abstracts: July 31, 2010

Publication. If your abstract is accepted for this conference it will be part of the Proceedings of the 2010 Sacro Occipital Technique Research Conference (SOTRC) and the Conference Proceedings may be published in the Journal of Vertebral Subluxation Research (JVSR).

Submission Instructions. Use the following form to submit your abstract directly to the SOTRC by e-mail. **Please remember that you must submit your abstract by e-mail.**

Please type your abstract in 12 point Times New Roman font, single-spaced. TITLE OF THE PRESENTATION SHOULD BE IN TITLE CASE ONLY. (This means that only the first letter of the words in your title is to be in uppercase.) Please list all authors, including degree(s), institutions/organizations, and contact information. Please note which of the authors will be the presenter. Abstracts should be no more than a maximum of three (3) pages in length. If you consider references to be necessary for your abstract, please submit a maximum of FIVE references only.

Sample Abstract. Here is a sample abstract to assist you.

Sitting Disc Technique: Video Myelogram Fluoroscopy Study

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Private Practice¹ – United States, Private Practice² – Australia

Introduction: Conservative management of lumbar herniated discs and their possible affects on the thecal sac and CSF circulation deserves consideration as a possible modality. Sacro occipital technique method of care called the sitting disc technique [1] and its treatment being rendered were visualized during a video myelogram fluoroscopy. The fluoroscopy study allowed for direct visualization of the CSF, thecal sac and the doctor's thumb contact at the L4 spinous process.

The procedure was performed in Japan with the patient's consent and was part of the treating medical doctor's normal procedure for guiding and rendering treatment. The treatment was videotaped so that the practitioner could evaluate the results of therapy and that fluoroscopic studies would not be needed when future therapy was rendered. The treatment was rendered 15 years ago and at that time the videotape was not initially anticipated to be used for research purposes.



Methods and Intervention: The sitting disc technique was performed on a 50-year-old man presenting with a left spinal inline, right sided sciatica, and decreased CSF circulation as visualized on video myelogram fluoroscopy. The sitting disc technique was applied approximately 3-5 intervals to L4 as the patient flexed and extended their lumbar spine under the direction of the doctor.

Results: Following the procedure the patient reported less pain, and greater movement could be visualized of the vertebra as well as increased CSF circulation during application of the sitting disc technique during video fluoroscopy.

Discussion: There are various theories as to why there would be this increased CSF circulation in the lumbosacral region following the application of the sitting disc technique. These might be associated with an actually mechanical increase in disc height through a form of distraction on the disc and local L4/L5 decompression [2], balancing tensions on the related meningeal or thecal structures [3], and affects of increased CSF fluctuations and circulation secondary to diaphragmatic or vascular influences. [4]

Conclusion: While the patient's improved posture and decreased pain were successful outcomes of the sitting disc technique procedure, [5] of greater magnitude was the visualization of the increased circulation of the CSF following and during application. Greater investigation into this conservative method of care and determination of whether this single procedure might have a greater application beyond this single subject study is warranted.

1. Getzoff H, **Disc Technique: An Adjusting Procedure for any Lumbar Discogenic Syndrome** *The Journal of Chiropractic Medicine* Fall 2003; 2(4): 142-4
2. Gose EE, Naguszewski WK, Naguszewski RK, **Vertebral axial decompression therapy for pain associated with herniated or degenerated discs or facet syndrome: An outcome study** , *Neurological Research* Apr 1998; 20(3): 186-990.]
3. Bashline SD, Bilott JR, Ellis JP, **Meningovertebral ligaments and their putative significance in low back pain** , *Journal of Manipulative and Physiological Therapeutics* , Nov-Dec 1996, 19(9): pp. 592-6.
4. Brisby H, Olmarker K, Larsson K, Nutu M, Rydevik B, **Proinflammatory cytokines in cerebrospinal fluid and serum in patients with disc herniation and sciatica** , *Eur Spine J* , 2002 Feb; 11(1):62-6.
5. Hahne AJ, Keating JL, Wilson SC. **Do within-session changes in pain intensity and range of motion predict between-session changes in patients with low back pain?** *Aust J Physiother* . 2004;50(1):17-23.



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Questions

If you have any questions, please direct these in the first instance to Charles L. Blum, DC, SOTRC Coordinator at drcblum@aol.com

Submission Form

Please now complete the submission form below. Please type all information to ensure an accurate listing in the Program and Index of the Proceedings. Fields marked with an asterisk are required.

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Your work is eligible for acceptance at the 2010 Sacro Occipital Technique Research Conference even if it has been presented at another meeting, but not if it has been published and you have signed over copyright privileges.

Please enter your abstract as a Word Document making sure you are using 12 point Times New Roman font. Please use the following headings in your abstract: Introduction, Method, Results, Discussion, and Conclusions. When finished, you will need to attach your presentation to an email. If you have any difficulties or questions please do not hesitate to contact us at drclum@aol.com

