





BLAIR
UPPER CERVICAL
CHIROPRACTIC SOCIETY



The Myths of Upper Cervical



Dr B.J. Palmer, DC PhC 1882-1961

“Separate & Distinct”

Chiropractic

- **I**nside **O**ut
- **S**ubluxations
- **A**djustment, (restore/correct the cause)
(treat effects)
- **S**ubluxation
- **M**isalignment
- **O**ccclusion
- **P**ressure on Nerve
- **I**nterference of **M**ental **I**mpulse

The Myths of Upper Cervical

- Spino
- Ne
- + 'Tempo



- A
- SUBTAXATION

- Precise, Pos-Constant Sp
- Clin Contr Ch



Verifiable & Testable Neurology

“NUCCRA (National Upper Cervical Chiropractic Research Association) is dedicated to researching the vertebral subluxation wherever in the spinal column it can be validly demonstrated to exist. It regards all chiropractic techniques simply as tools to utilise the research.

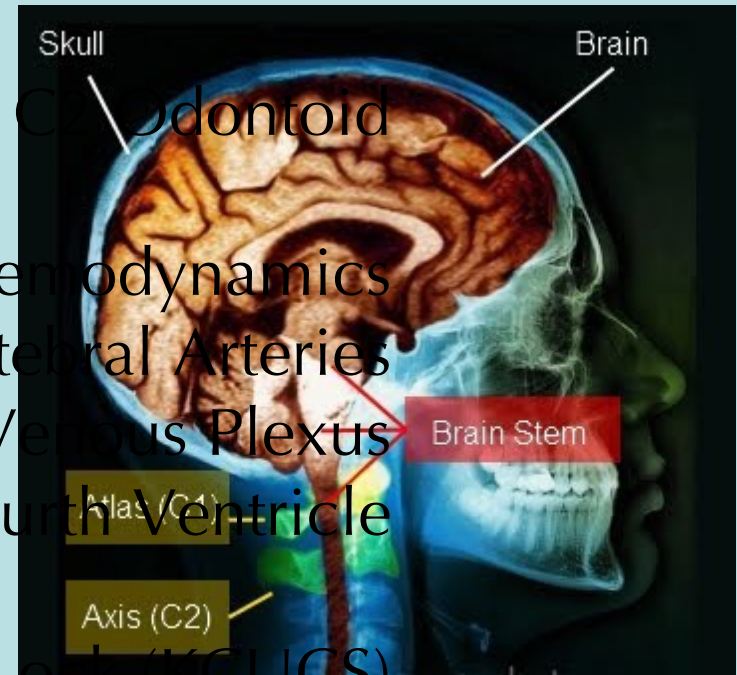
“NUCCRA is designated an upper cervical organisation because, at the present time, subluxations of the upper cervical spine present more research promise, produce more detriment, and cause more wide-spread effects throughout the human organism than those of subjacent areas of the spinal column.

“In short, the effects of the Atlas Subluxation Complex on the central nervous system and on the spinal column are more verifiable, testable, objective and measurable.”

March 1973. Vol 1, Ed 1 of Upper Cervical Monograph

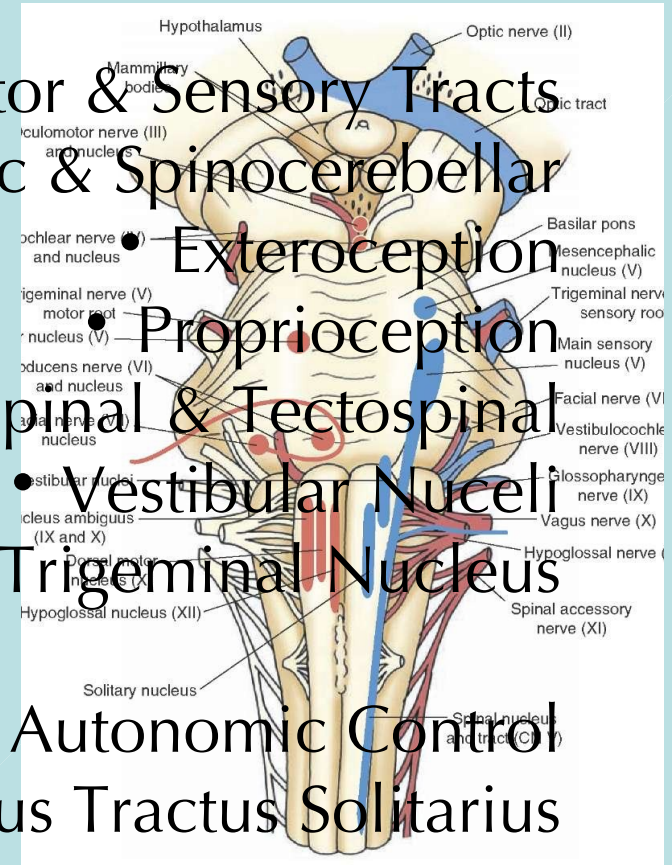
Verifiable & Testable Neurology

- Brainstem = C1 & C2
 - Haemodynamics
 - Vertebral Arteries
 - Suboccipital Venous Plexus
 - Fourth Ventricle
- Medullary Lock (KCUCS)
- Dentate Ligament Hypothesis (Grostic)
 - Adverse Mechanical Tension (Brieg)



Verifiable & Testable Neurology

- Motor & Sensory Tracts
- Spinothalamic & Spinocerebellar
- Exteroception
- Proprioception
- Cerebrospinal & Tectospinal
- Vestibular Nuclei
- Spinal Trigeminal Nucleus
- Autonomic Control
- Nucleus Tractus Solitarius
 - Dorsal Vagal Nucleus □ Vagus Nerve
 - Intermediolateral Cells □ Sympathetic Chain
 - Hypothalamus □ Pituitary Gland



Upper Cervical Research - Immune System (Grostick)

Selano JL, Hightower BC, Pfleger B, et al: "The effects of specific upper cervical adjustments on the CD4 counts of HIV positive patients." Chiropractic Research Journal 1994;3(1):32.

"The effect of specific upper cervical adjustments on the immune system CD4 cell counts of [10] HIV positive individuals was measured by CD4/mm³ in the blood. ... **A 48% increase in CD4 cells was demonstrated over the six month duration of the study for the adjusted group.**"

p = 10

Upper Cervical Research - Hypertension (NUCCA)

Bakris G, Dickholtz M Sr, Meyer PM, et al. Atlas vertebra realignment and achievement of arterial pressure goal in hypertensive patients: a pilot study. *J Hum Hypertens*. 2007 May;21(5):347-52.

“No adverse effects were recorded. We conclude that restoration of Atlas alignment is associated with marked and sustained reductions in BP similar to the use of two-drug combination therapy.”
p = 50

Upper Cervical Research - Multiple Sclerosis (Knee Chest)

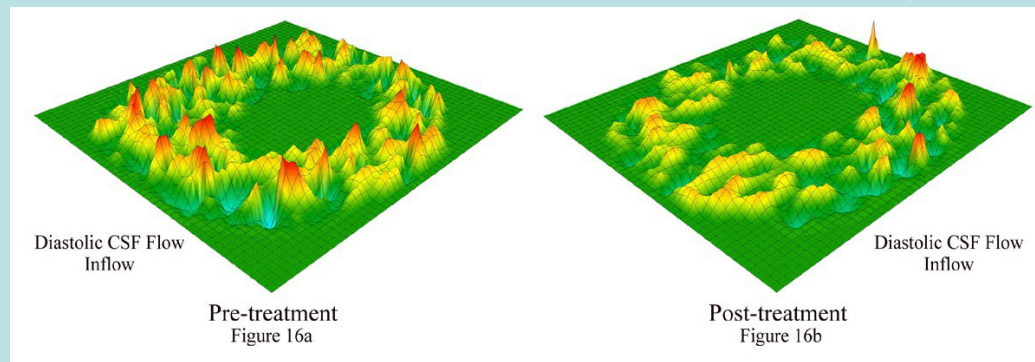
Sandro Mandolesi S, Marceca G, Moser J, et al. Preliminary results after upper cervical chiropractic care in patients with chronic cerebro-spinal venous insufficiency and multiple sclerosis. Ann. Ital. Chir., 2015 86: 192-200.

"We believe that the Upper Cervical correction on C1-C2 could be the main non-invasive treatment of the CCSVI mechanical type in patients with MS."
p = 77

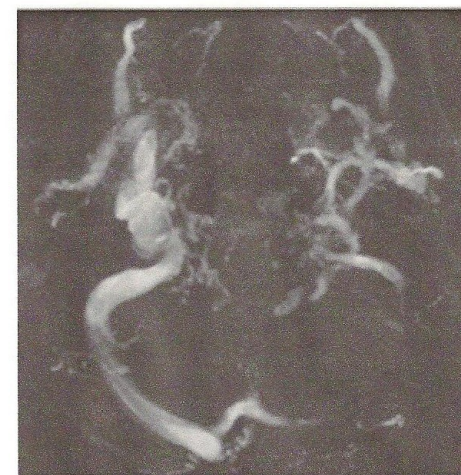
Upper Cervical Research - CSF & Haemodynamics (AO)

Rosa S. (In The
Craniocervical
Syndrome and MRI.
Dworkin
& Smith ed). 2015.

Flanagan M. The
Downside of Upright
Posture. 2010.
p = (ongoing)



Pre Atlas Correction



30 Day Post Atlas Correction

Upper Cervical Research - Meniere's Syndrome (Blair)

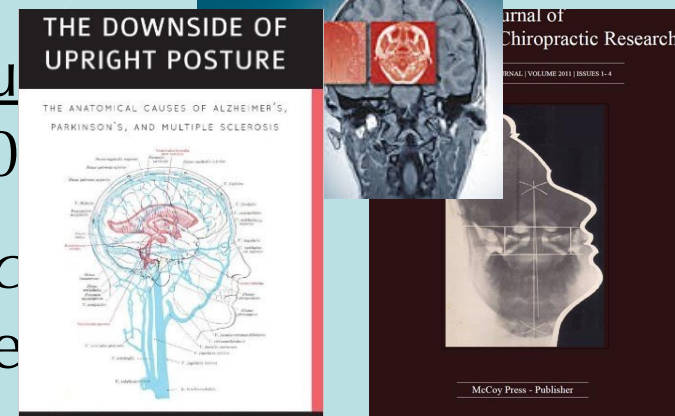
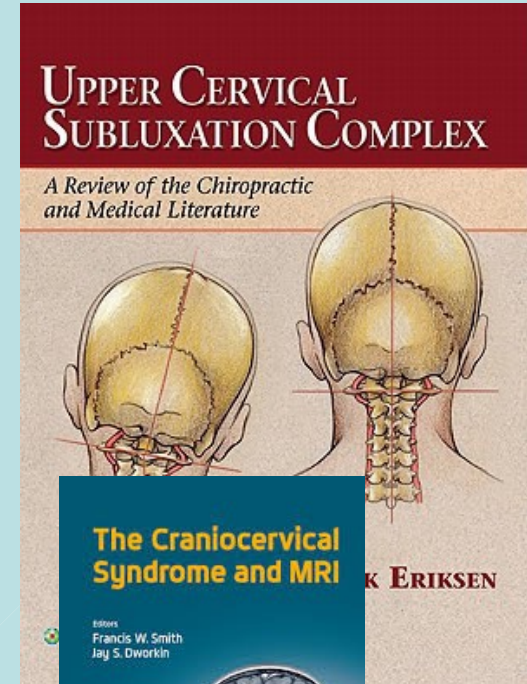
Burcon MT. Health Outcomes Following Cervical Specific Protocol in 300 Patients with Meniere's Followed Over Six Years. Journal of Upper Cervical Chiropractic Research ~ June 2, 2016 ~ Pages 13-23.

"Vertigo intensity rated by 300 patients on a scale of 0 to 10, with 10 being the worst imaginable. Prior to treatment mean score was 8.5, six weeks post treatment average was down to 3.0 ... **Ninety seven percent claimed a dramatic improvement in vertigo.**"
p = 300+

Upper Cervical Resources

Upper Cervical DCs & Researchers

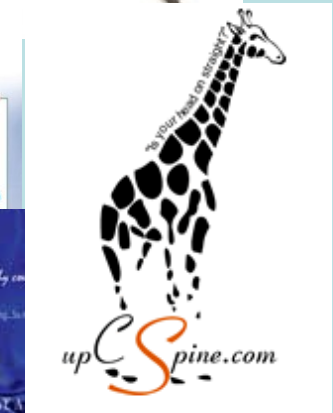
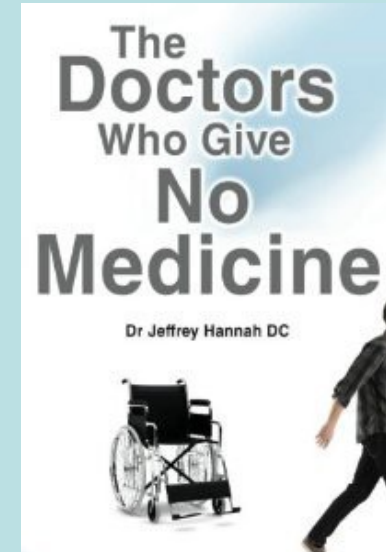
- Upper Cervical Subluxation Complex: A Review of the Medical & Chiropractic Literature. Eriksen. 2006.
- The Craniocervical Syndrome & MRI. Smith & Dworkin. 2015.
- The Downside of Upright Posture. Flanagan. 2015.
- *Journal Upper Cervical Chiropractic Research (JUCCR)*. McCoy Press



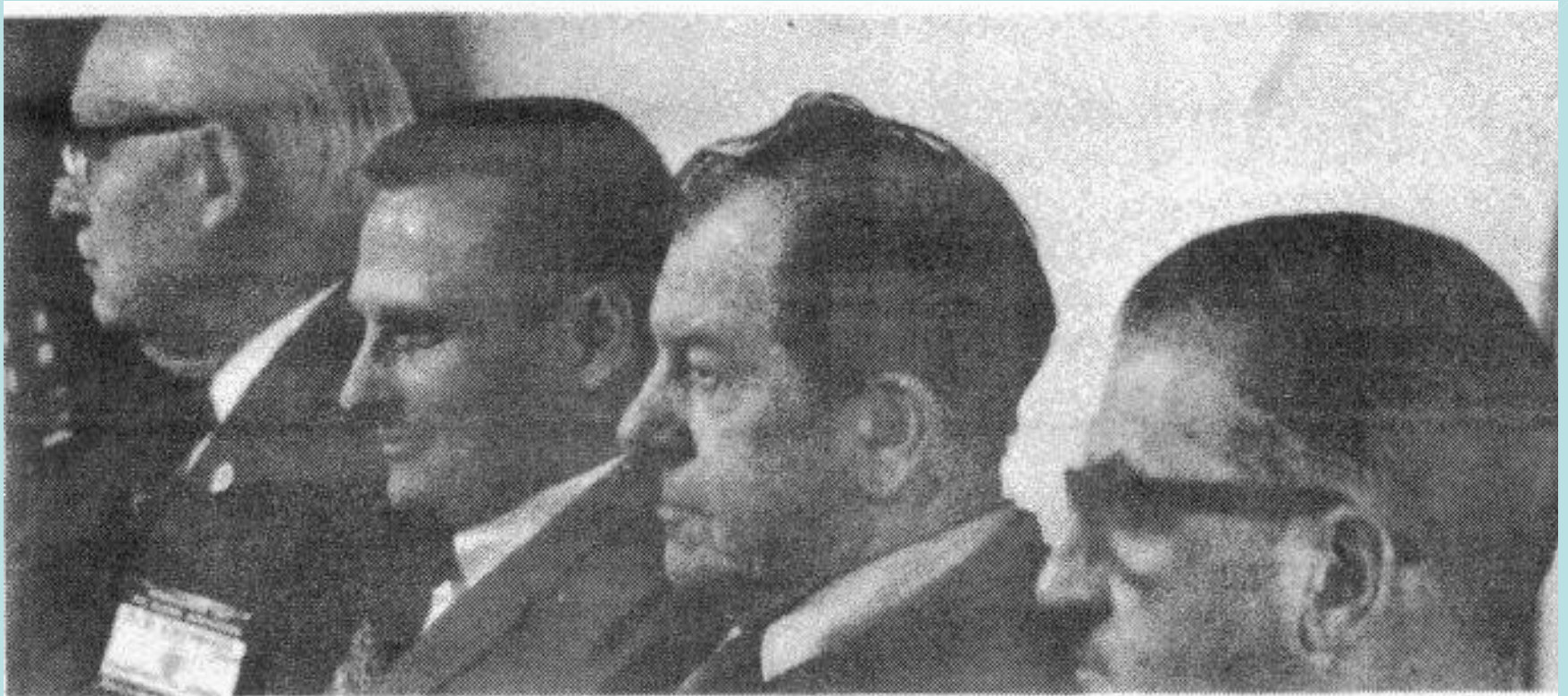
Upper Cervical Resources

DCs, Students & Public

- The Doctors Who Give No Medicine. Hannah. 2012.
- The Best Kept Secret in Healthcare. Drury. 2012.
- *The Power of Upper Cervical Care: 17 Questions* Upper Cervical Health Center
- *UPCSpine.com.* Buchanan.



Dr Blair's Work Summarised in One Picture



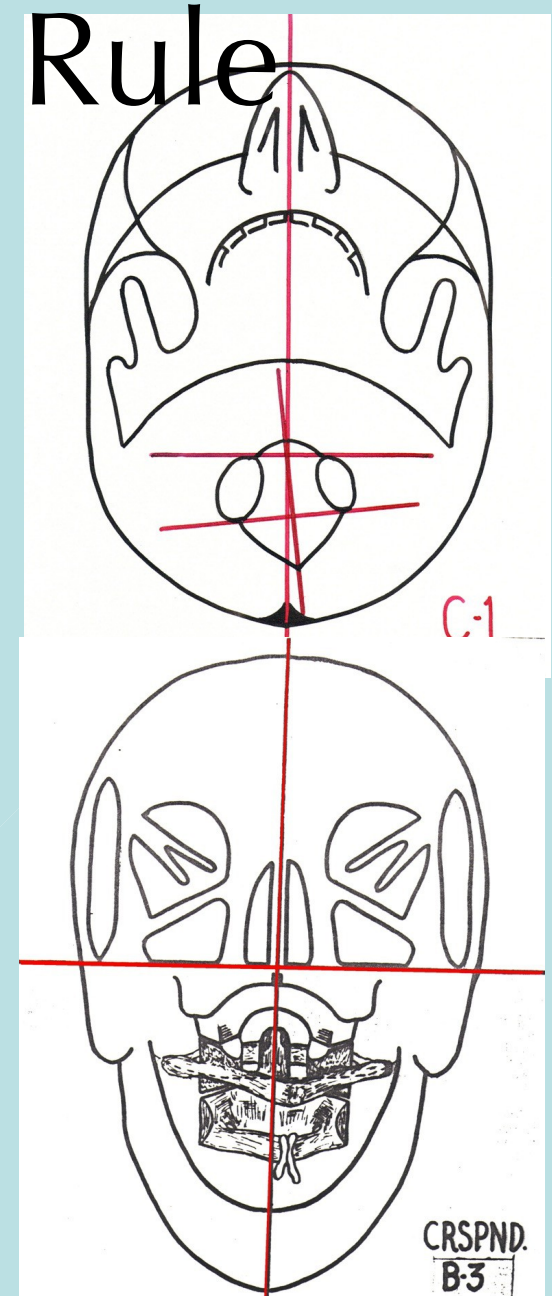
Dr.'s M. B. Jarnette, William Blair, Clarence Gonstead, and Dr. Ralph Gregory await their turns to speak at Palmer Homecoming, 1969.

Asymmetry is the Rule



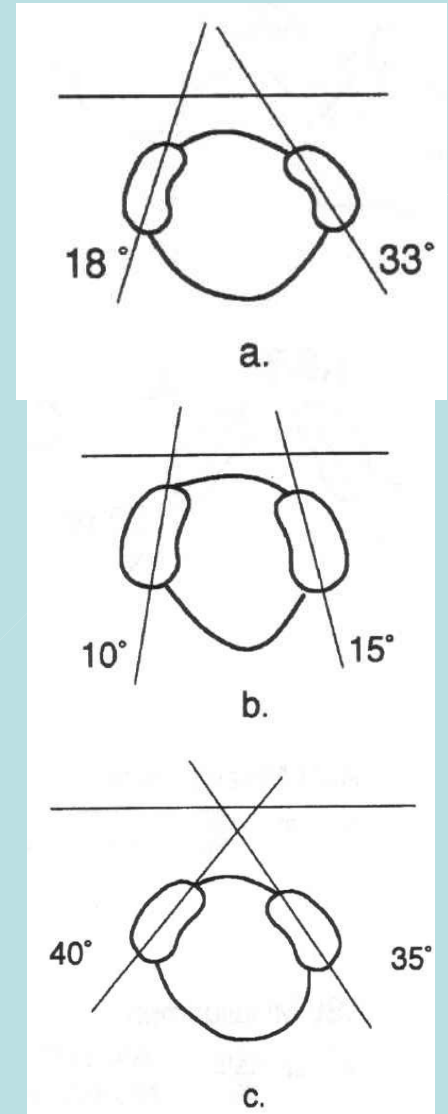
Asymmetry is the Rule

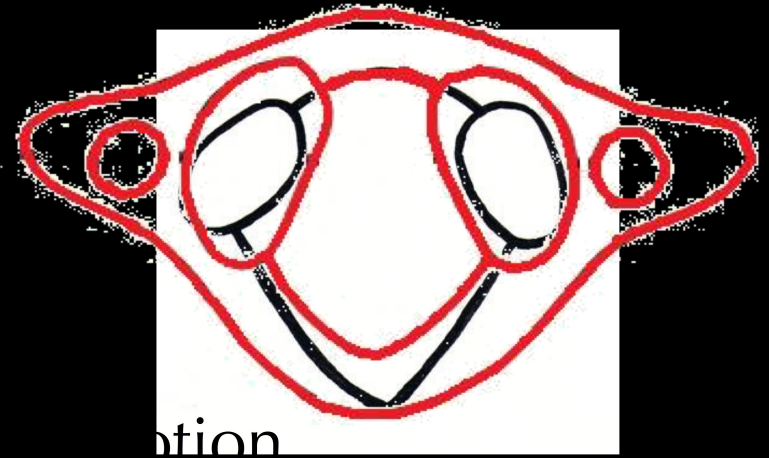
- Anterior or Enlarged Condyle
79-83% - C1 "Rotation"
- Offset Foramen Magnum
66-77% - C2 Rotation
 - Short Condyle
57% - Head Tilt/C1 Laterality



Asymmetry is the Rule

- Enlarged Transverse Process
??? % - C1 "Laterality"
- Convergence Asymmetry
??? % - Occiput Fixation
- Combinations
??? %





ation



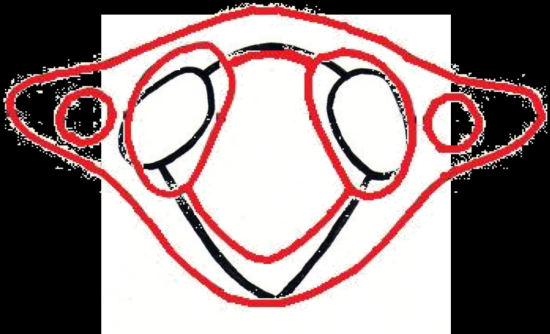
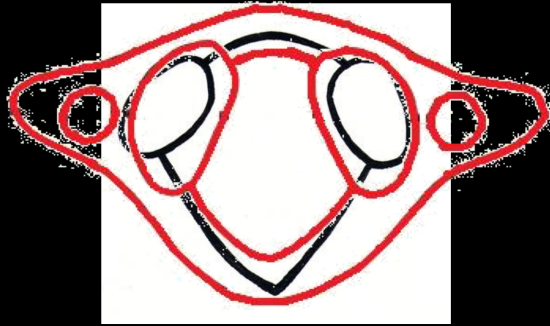
» 30
Fl

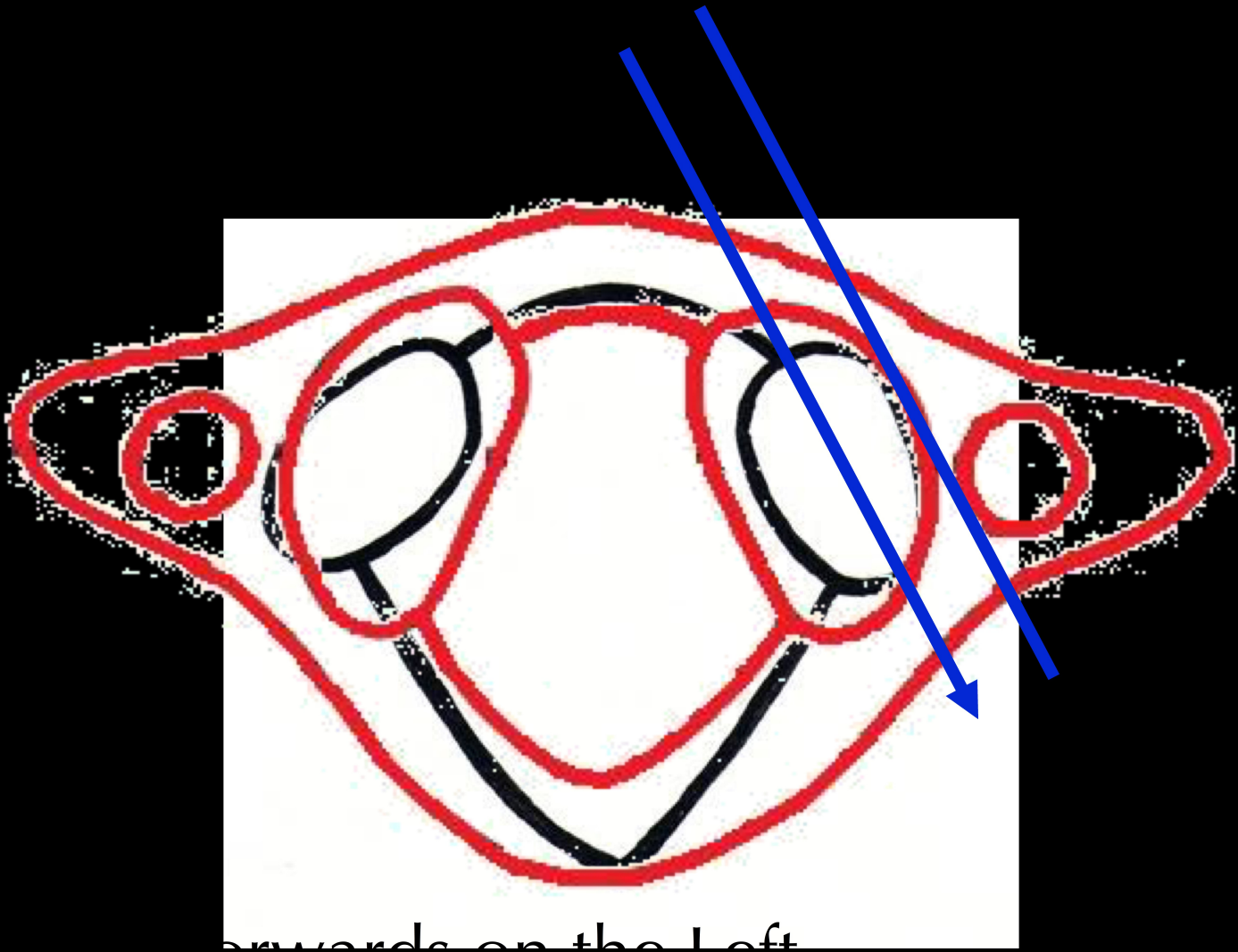
Applied Biomechanics: Theory vs Reality

- Atlas Rotation
 - Theory - C0-C1 Rotates Anterior/Posterior
 - Reality - 0o Rotation
 - C1 and/or Foramen Magnum Asymmetry
 - C1-C2 Rotation (compensation only)
 - **Right Anterior \neq Left Posterior** (or *visa versa*)

Applied Biomechanics: Theory vs Reality

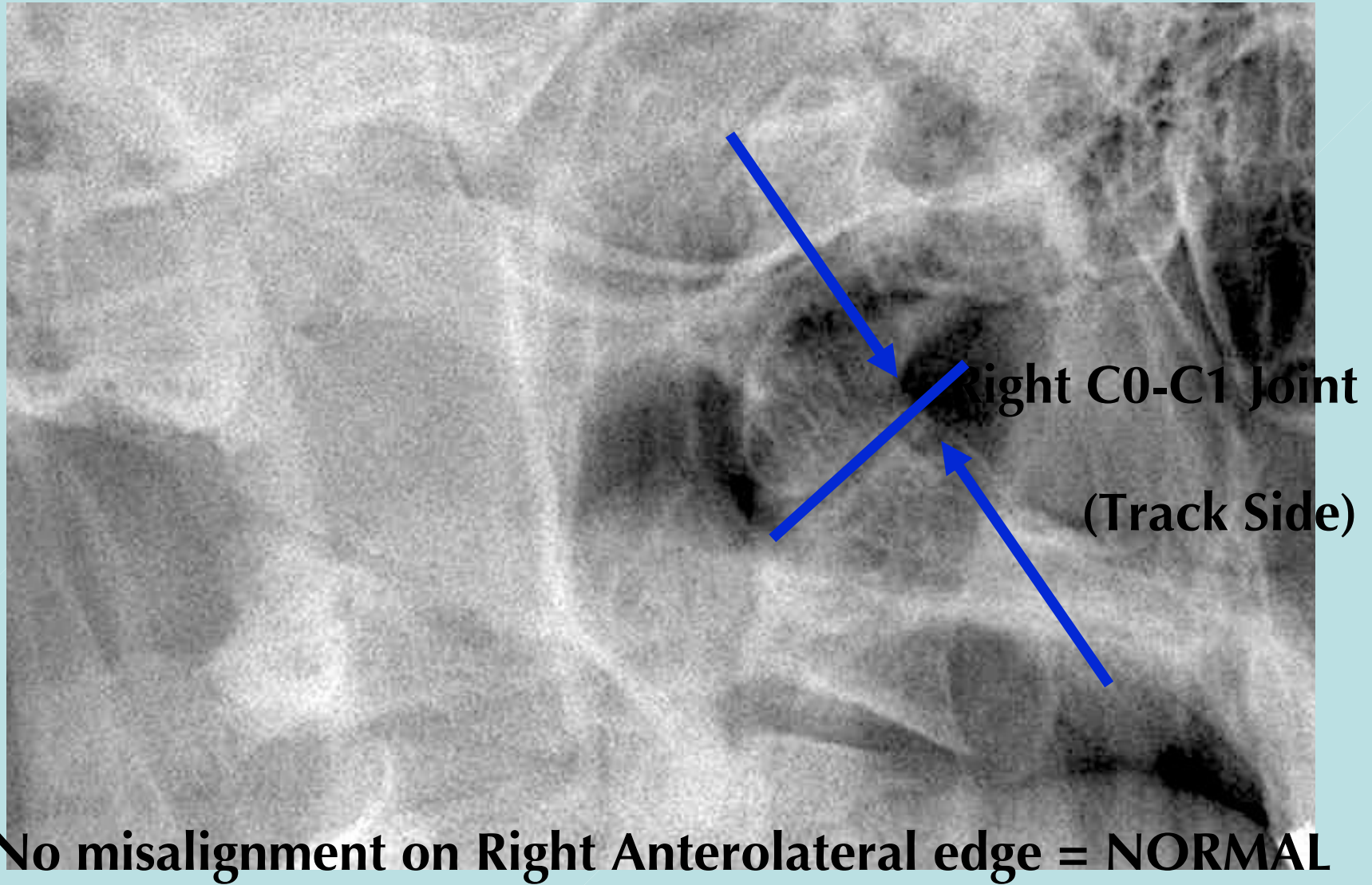
- Alignment & Motion
 - Theory - Orthopedically Straight
 - Reality - Neutral Articular Alignment
 - Normal = Both C0-C1 Joints Guide Motion
 - **Misalignment Changes Motion**
 - » Slipping (*ie*, Misalignment)
 - » Tracking (*ie*, Normal)

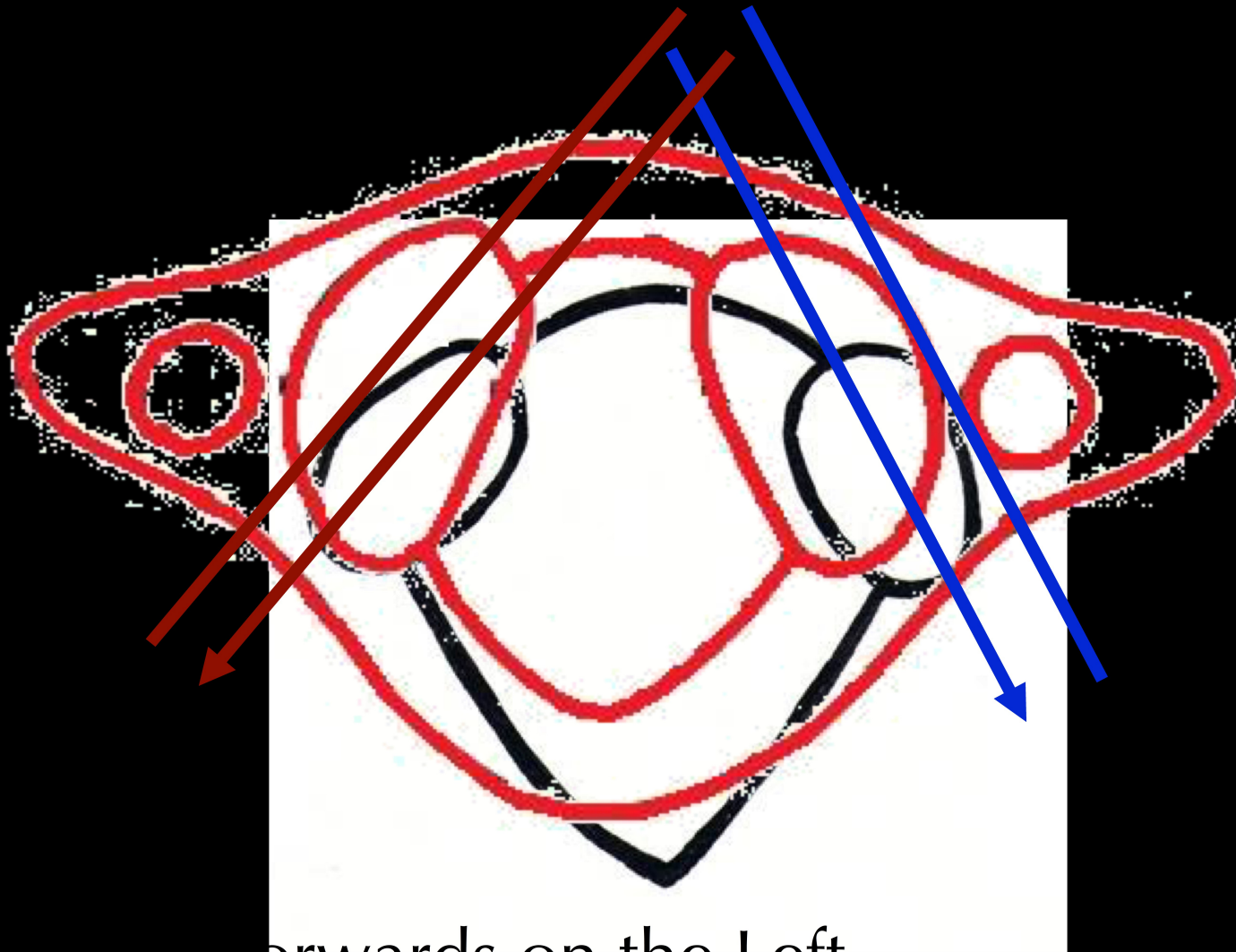




erwards on the Left

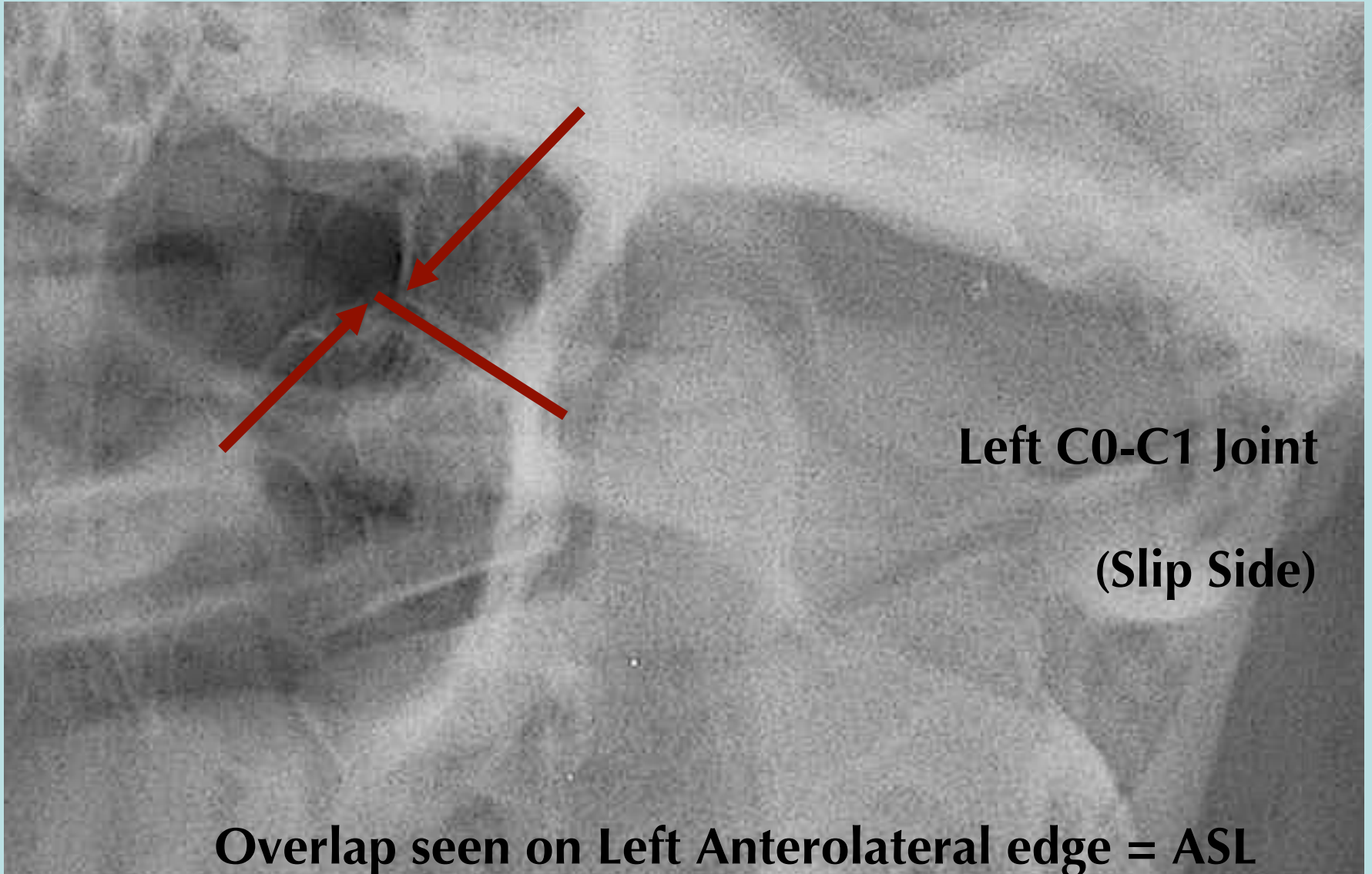
Tracking & Slipping





erwards on the Left

Tracking & Slipping

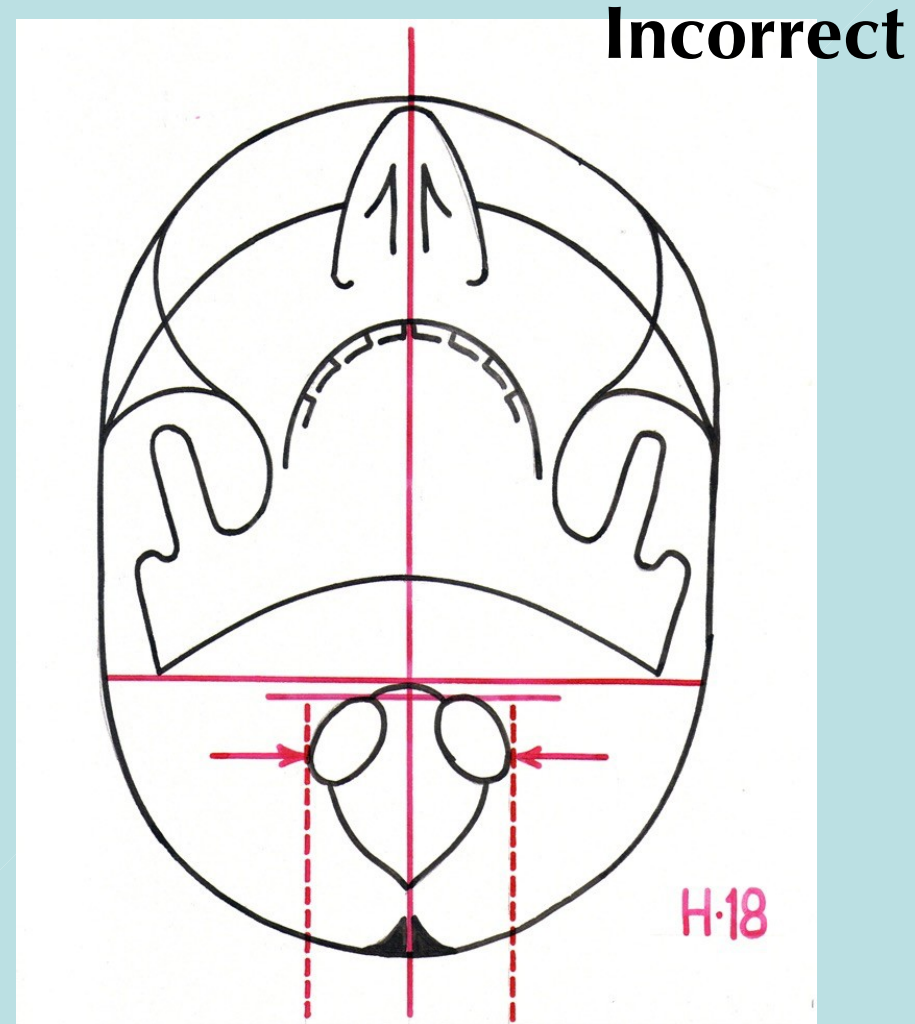
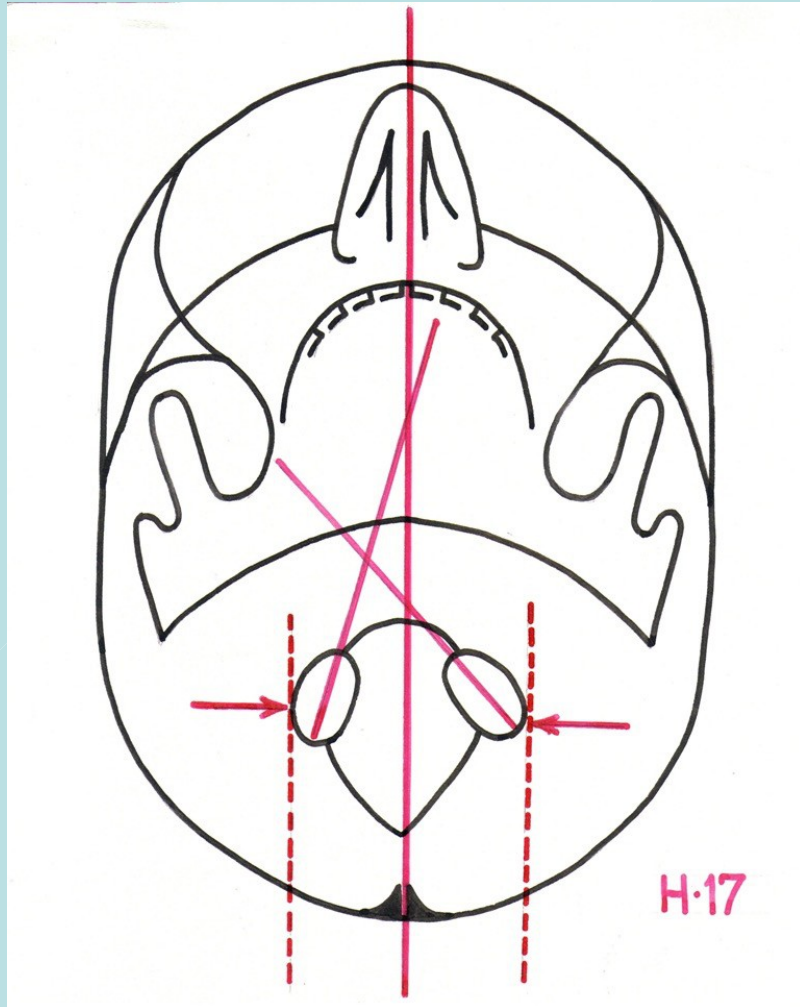


The Anterolateral Edge

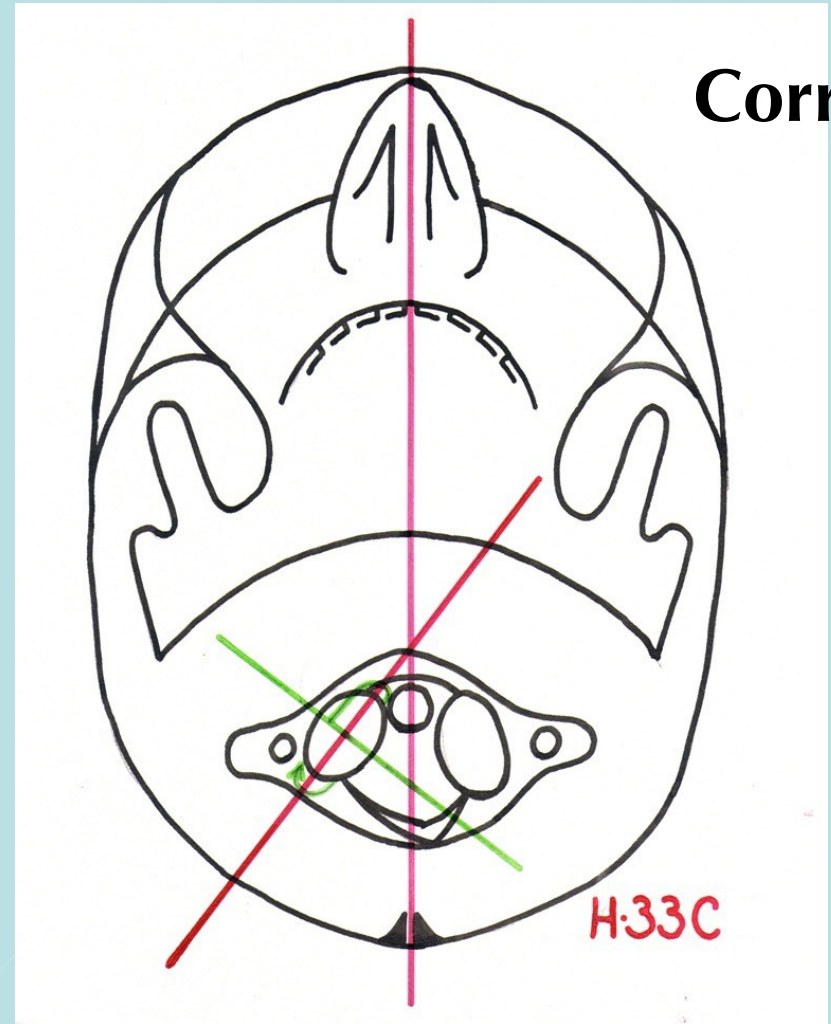
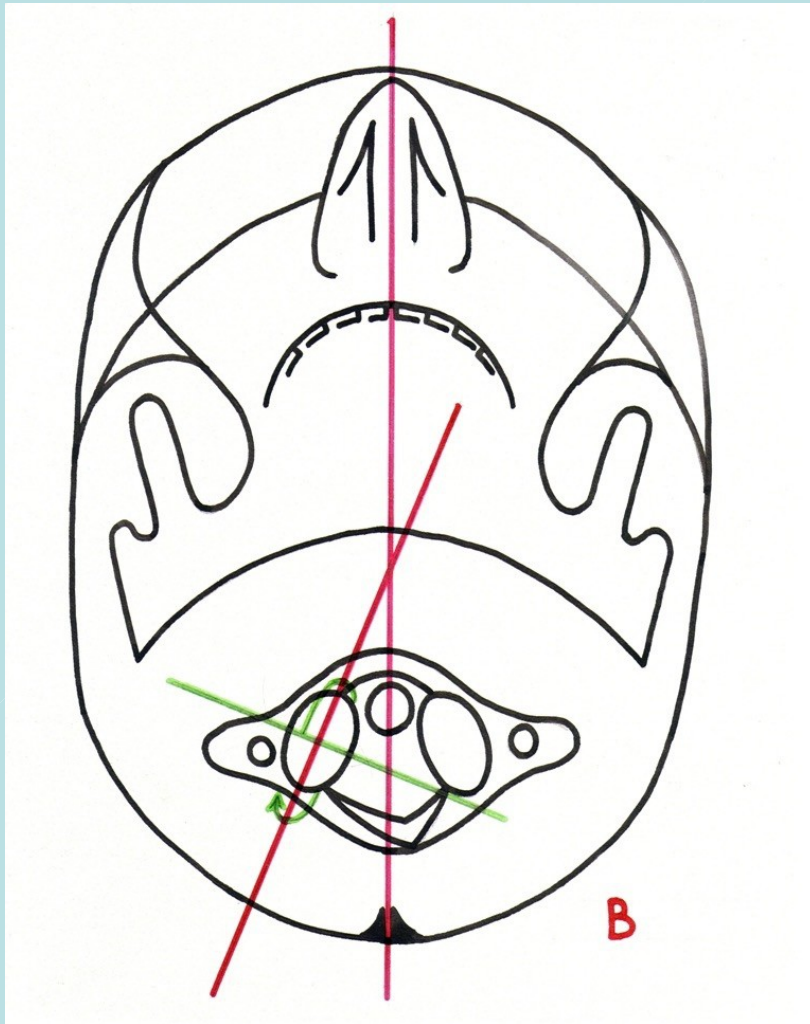


Why not the APOM or Nasium?

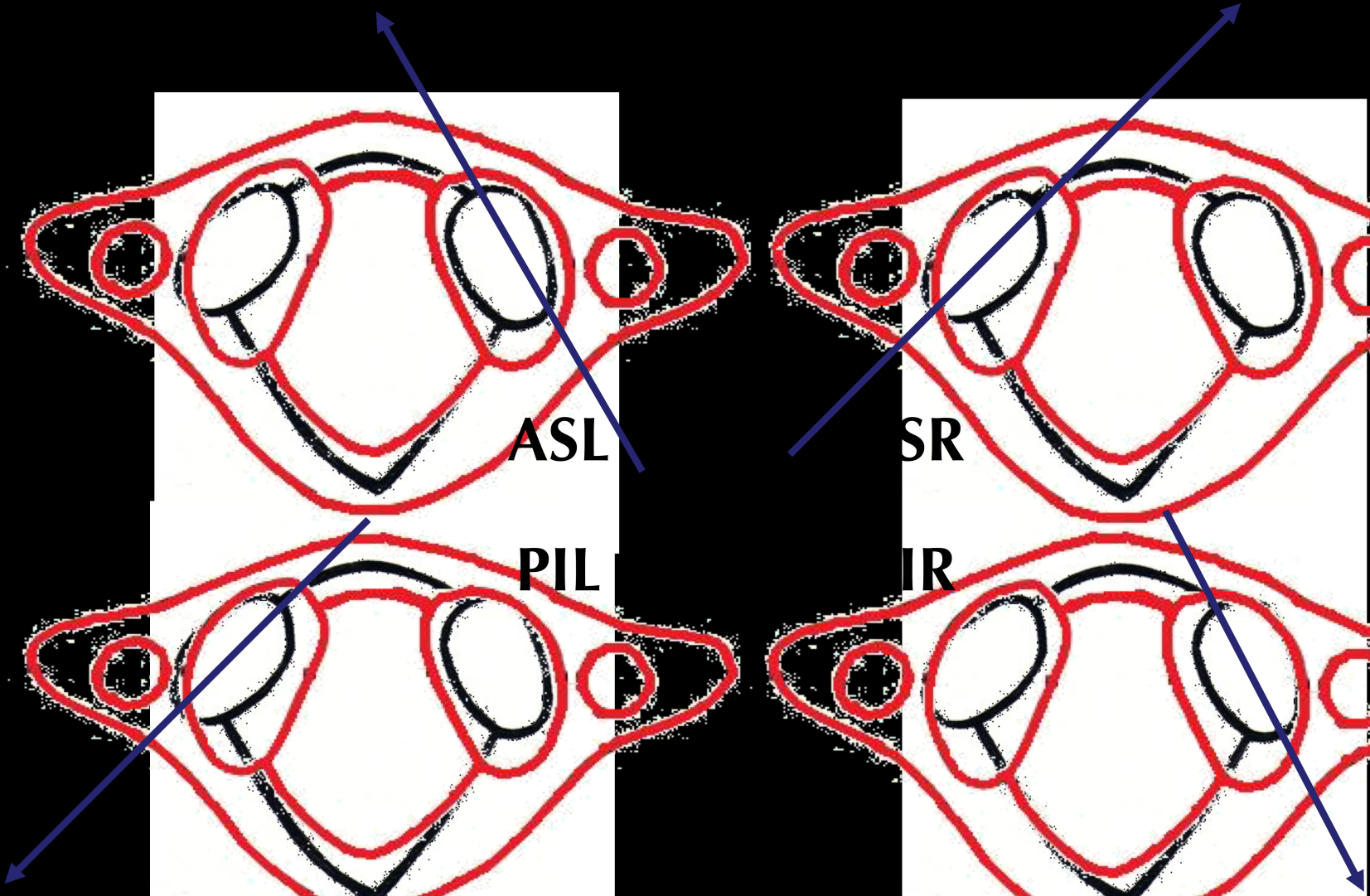
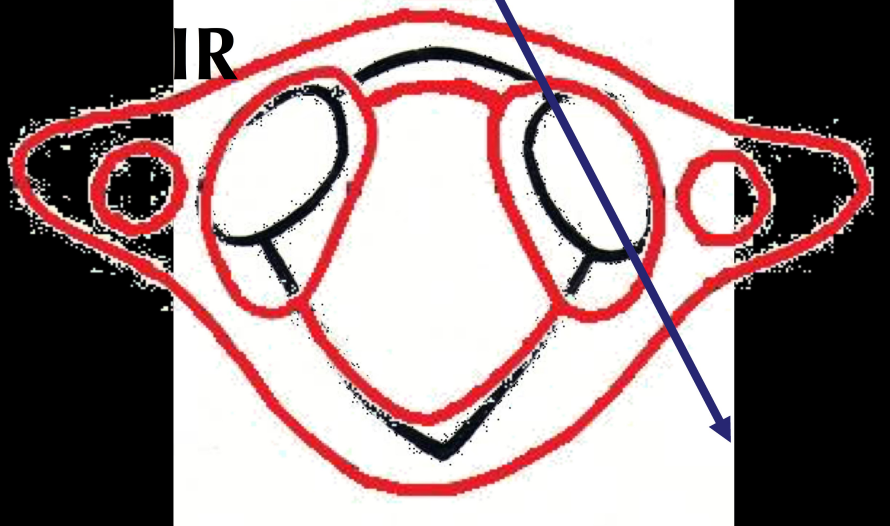
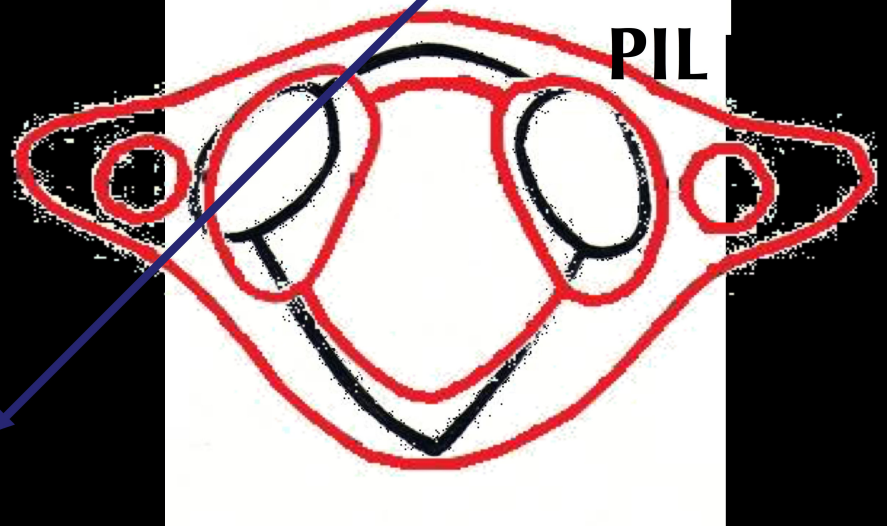
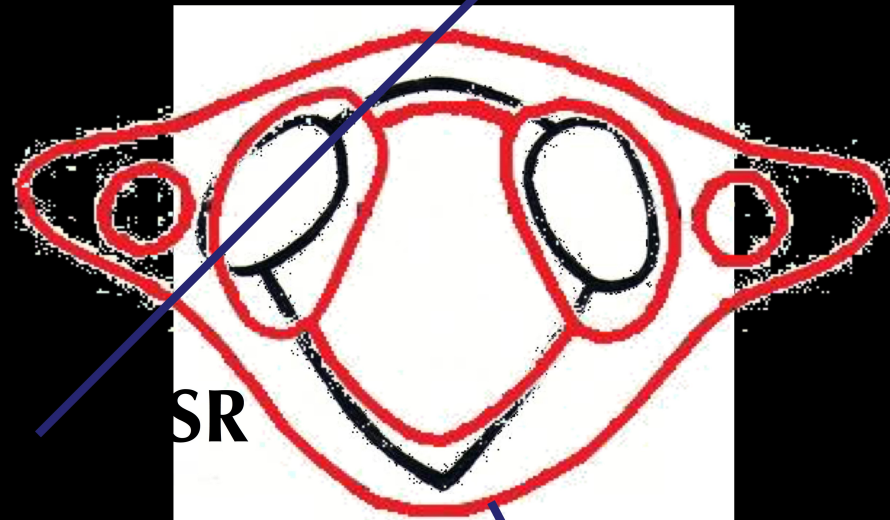
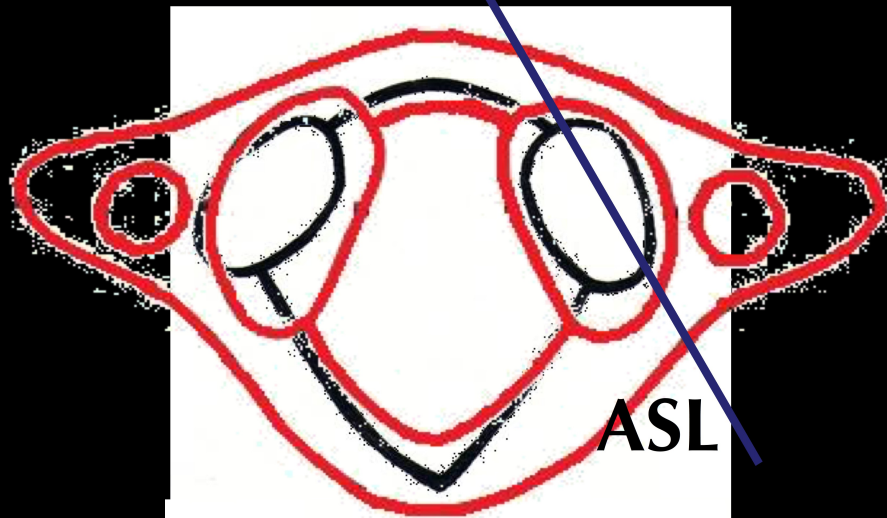
The Anterolateral Edge



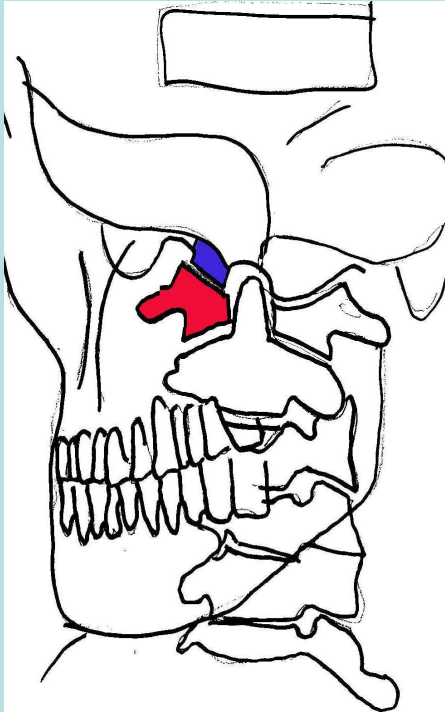
The Anterolateral Edge



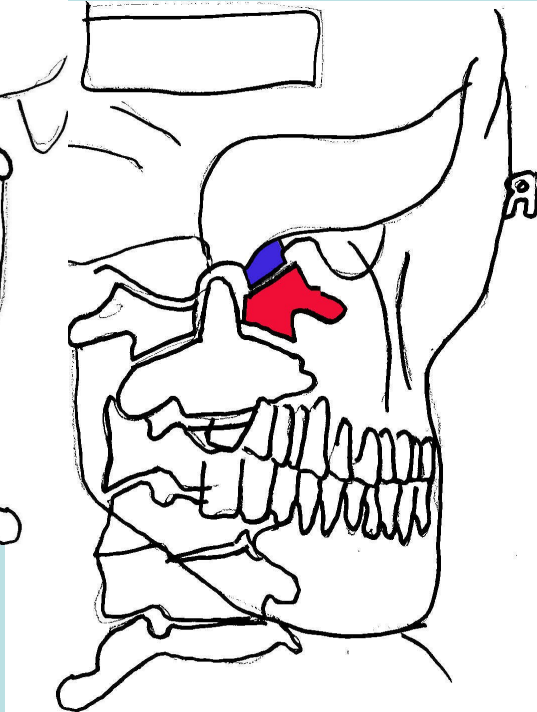
Correct



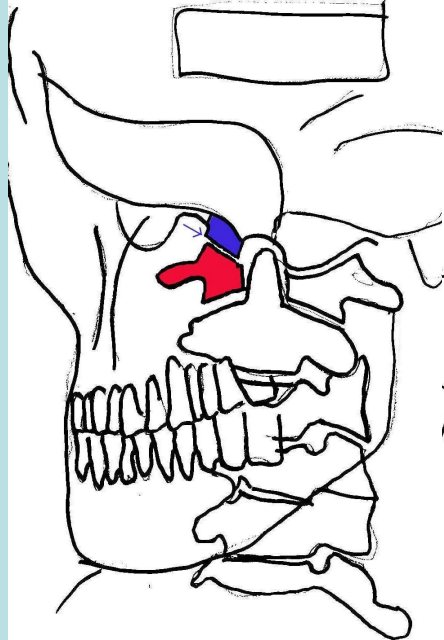
Blair Primary C1 Listings



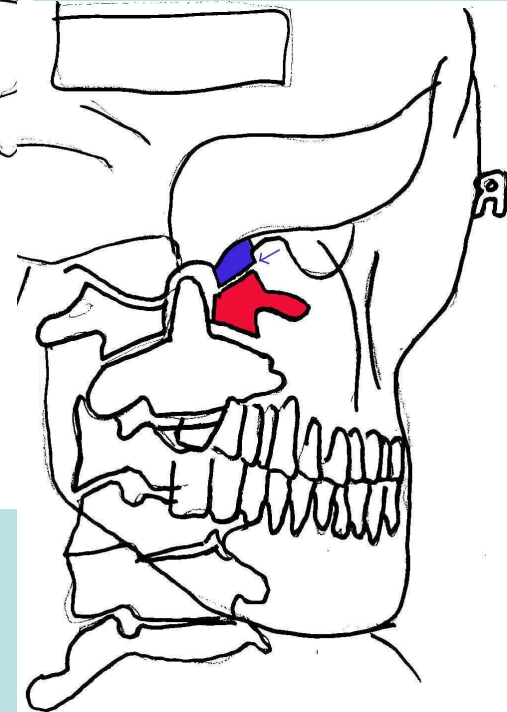
ASL



ASR

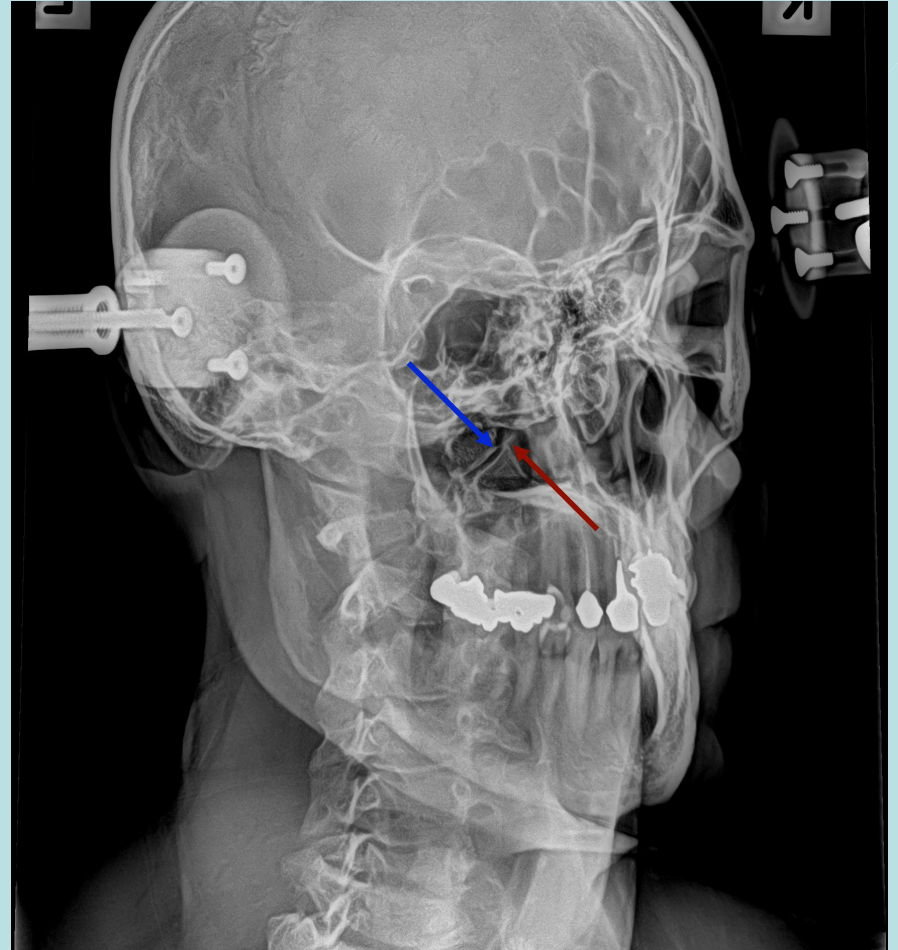
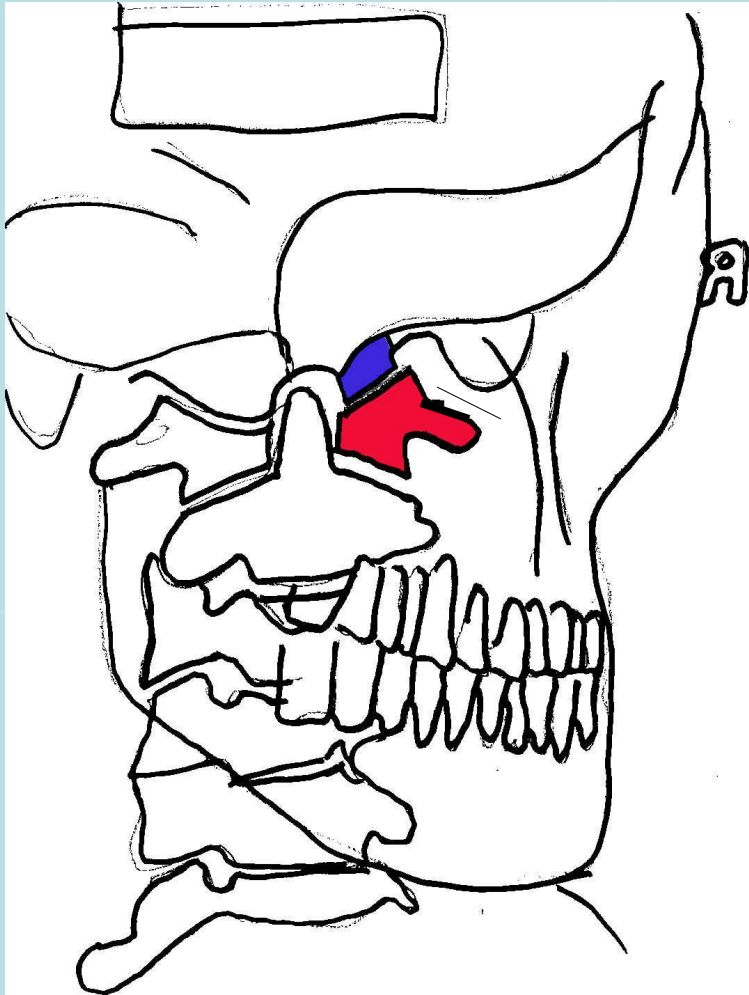


PIR

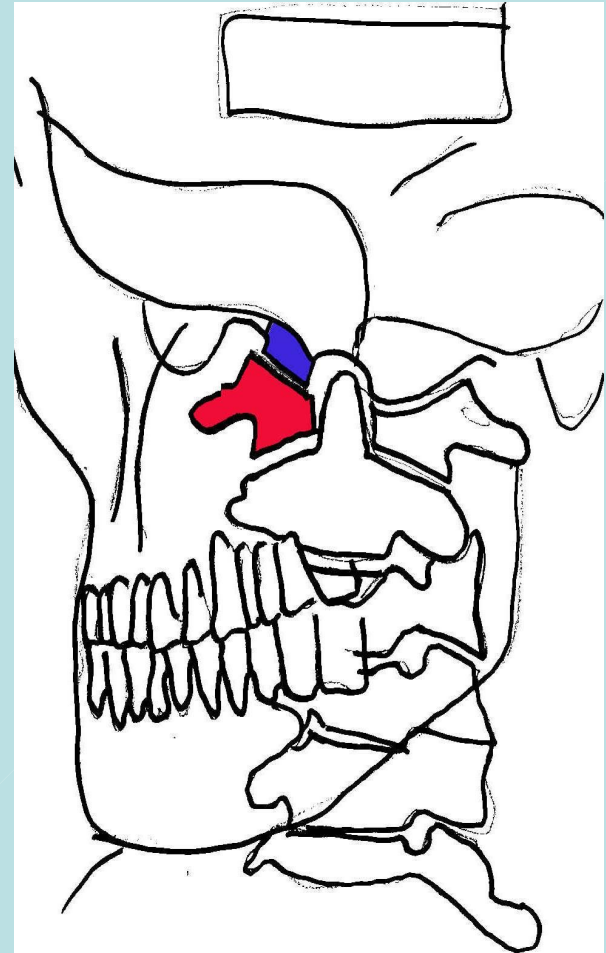
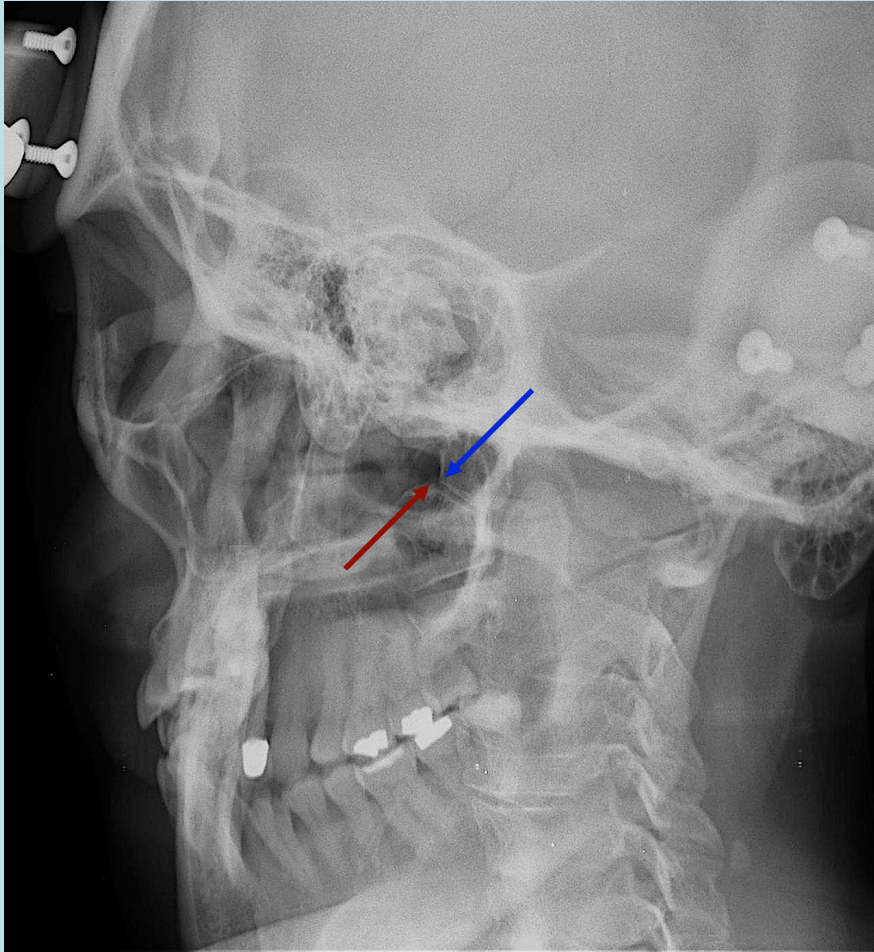


PIL

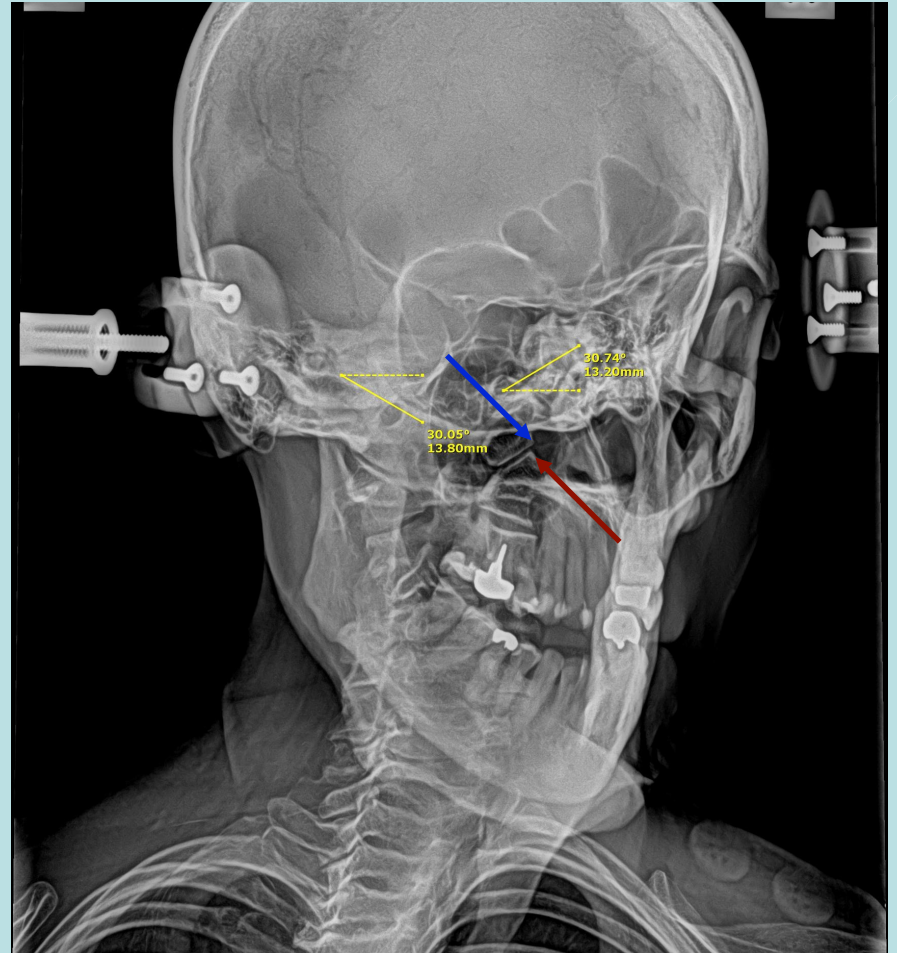
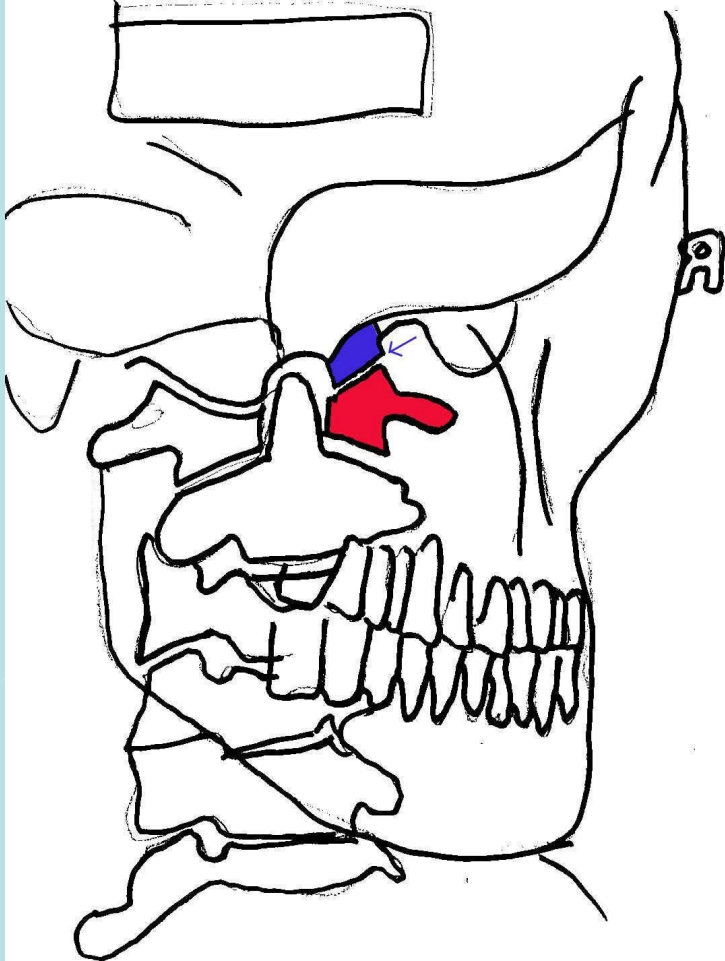
ASR – Right Protracto View



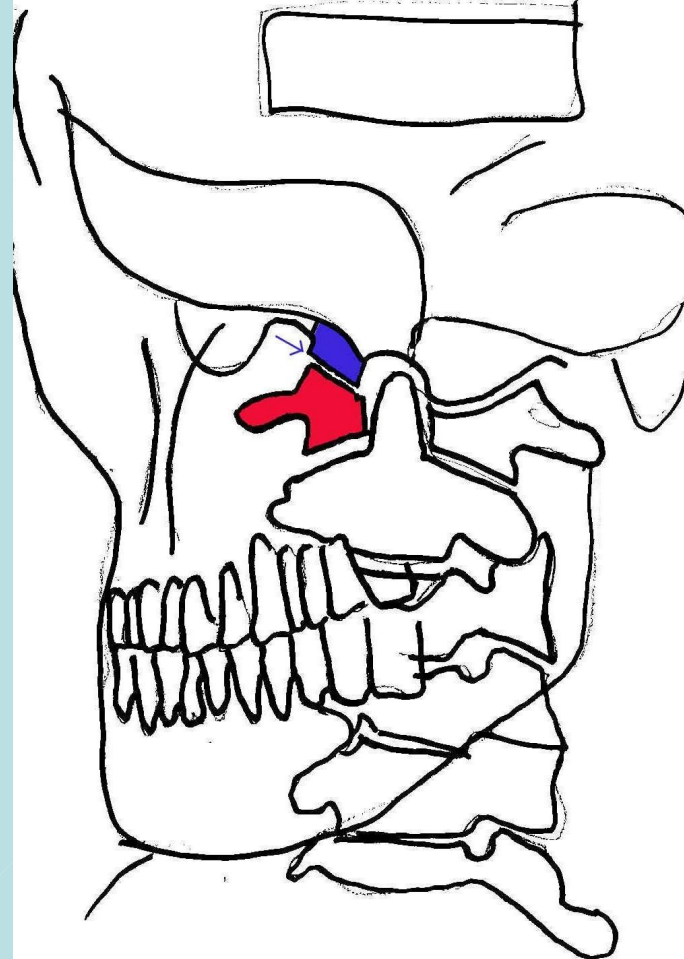
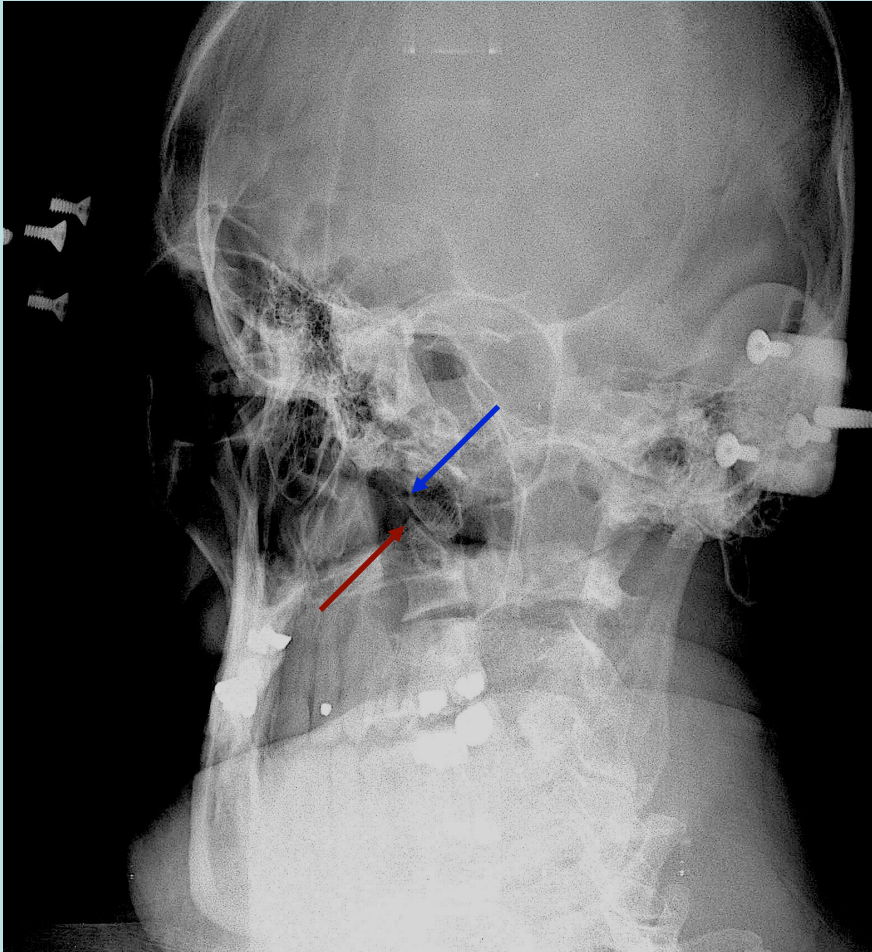
ASL – Left Protracto View

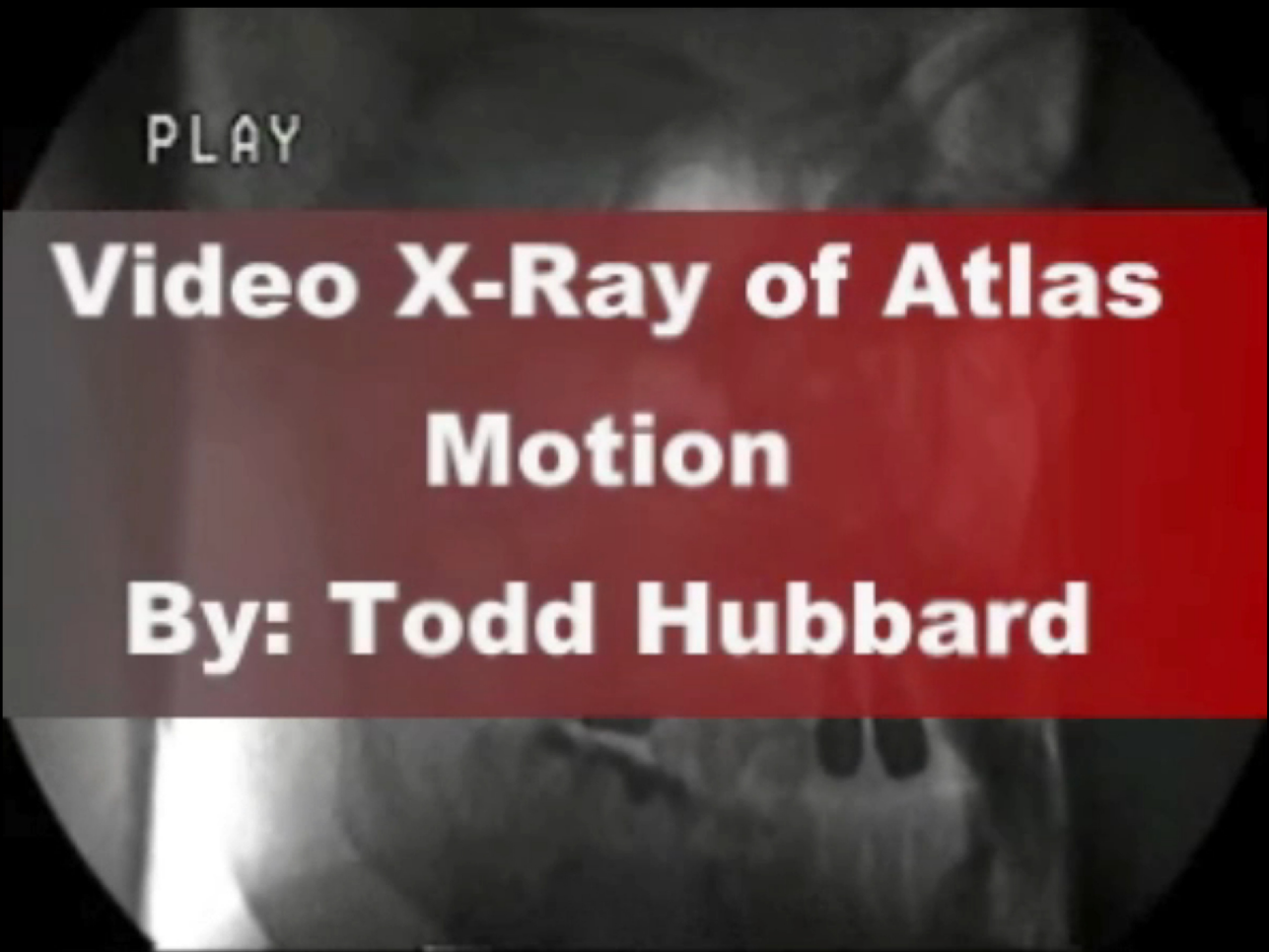


PIL – Right Protracto View



PIR – Left Protracto View





PLAY

**Video X-Ray of Atlas
Motion**

By: Todd Hubbard

MPR: Jeffery Hannah - 25/10/1982 (34 y) - C-S dicom (22699)

Tools: [Icons for various tools]

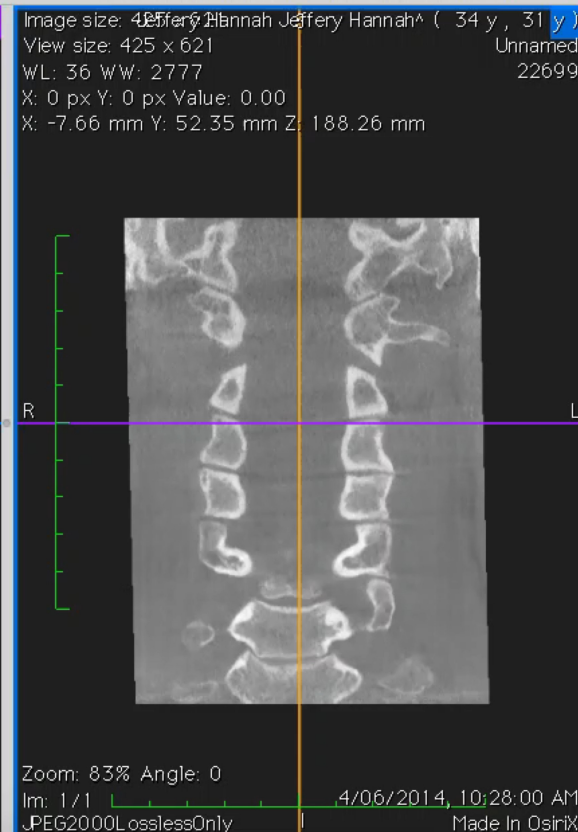
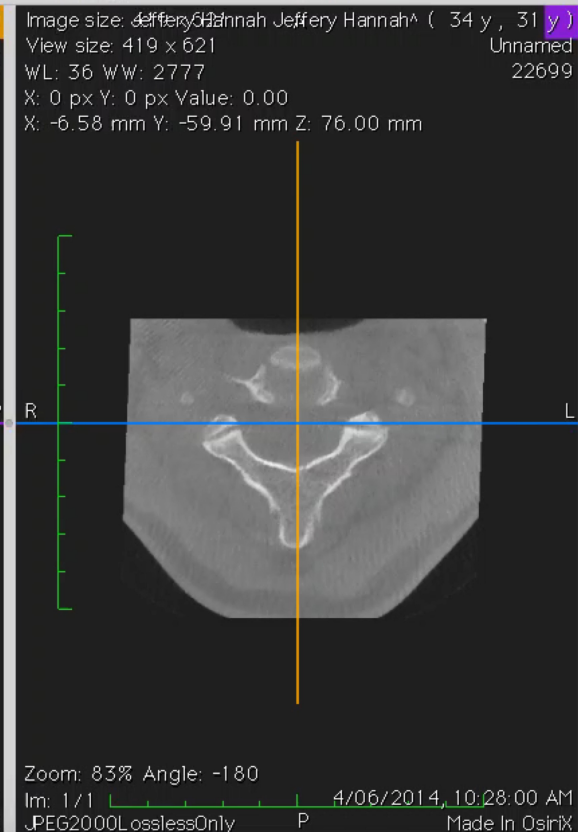
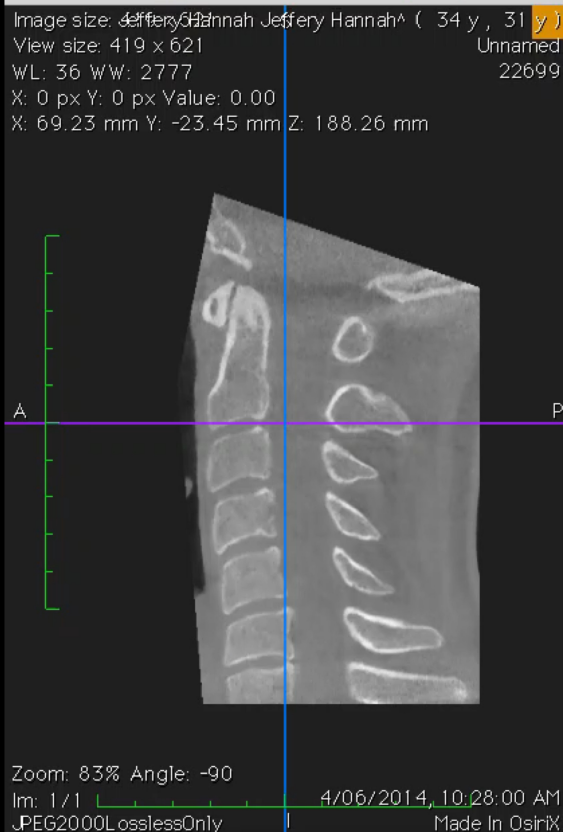
WL/WW: Other
 CLUT: No CLUT
 Opacity: Linear Table

Mode: MIP - Max Intensity Prc
 0.15

Shading: [] Shading
 Ambient: 0.5
 Diffuse: 0.6
 Specular: 0.6, 2.0

Views: [Icons for view selection]

Reset DICOM Movie Export Axis Mouse Position Sync Zoom

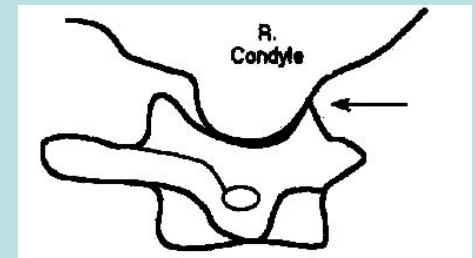
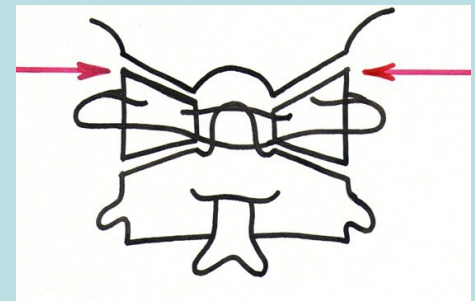
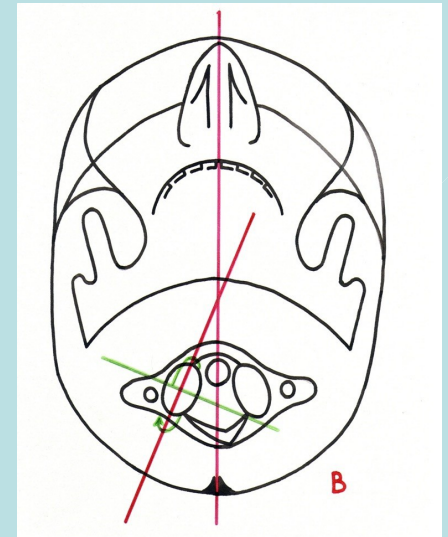


Adjusting: Theory vs Reality

- Adjustment
 - Theory - Laterality w Rotation
 - Reality - **3D Customised Torque-Recoil**
 - **Anterior misalignments are most common**
 - Upper Cervical Locking Mechanisms
 - » Convergence
 - » Slope
 - » Convexity
 - Hammer vs Screwdriver

C1 Locking Mechanisms

- Convergence Angle
 - Long axis of Occipital Condyles
- Slope
 - Lateral Steepness of C0-C1
- Convexity
 - Cupping of Ant & Post C0-C1

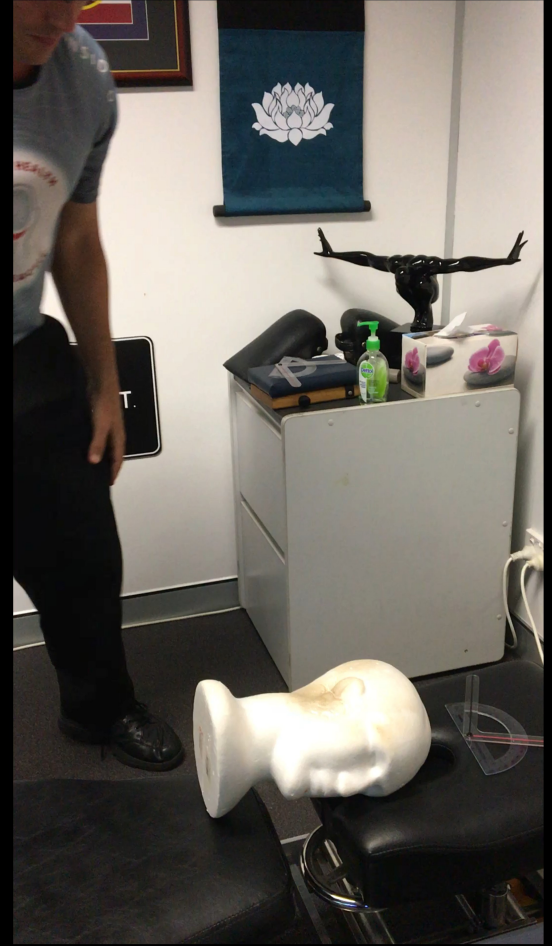


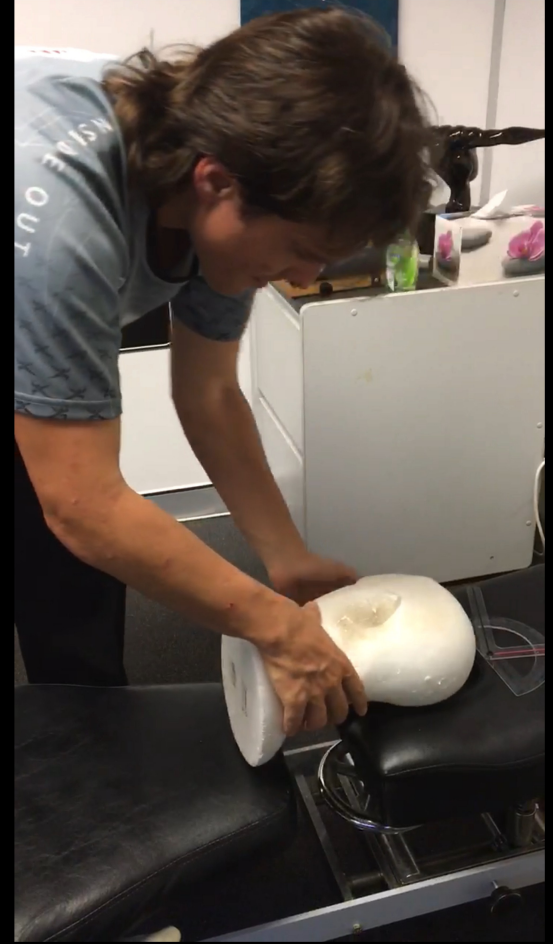








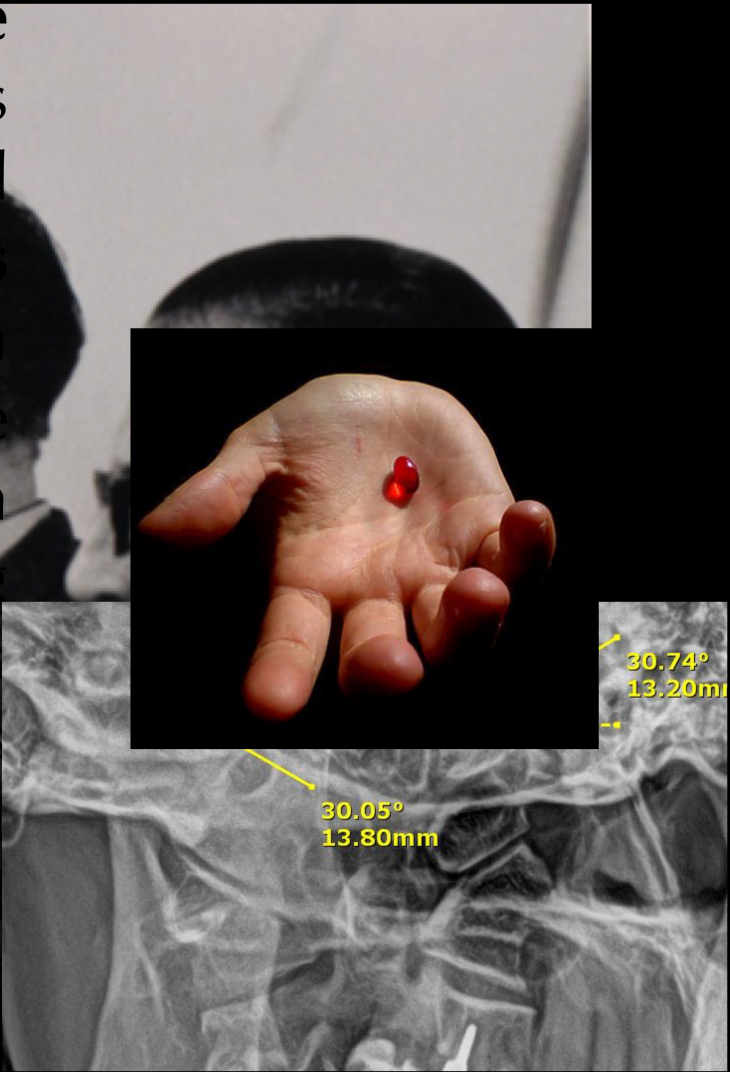








- **Asymmetry is the Rule**
- Orthopaedically Straight vs Properly Articulated
 - **Biomechanics**
 - AP is Primary Motion
 - 360o Gyroscope
- Misalignment changes Motion
 - Slipping & Tracking
- **Analysis**
- Blair Protracto Views
 - **Adjustment**
 - Torque Recoil



Benefits of The Blair Technique

- **Pr**
- Tailor-made Adjustments
- Goal is *Optimum Adaptation*
(ie "Holding Your Adjustment")
- **Ce**
- Blair Protracto Radiometer
- When You See, You



- Torque \neq Rotation
- Safe to Practice

Dr William G Blair, DC PhC

1922-1985



The Red Pill

1. Thompson-Derifield Leg Length

- Cervical Syndrome

2. Toggle Recoil

- Determine C1 Left/Right
- No Rotatory Adjustment



Three-Point Drill—Count One



Three-Point Drill—Count Two



Three Point Drill—Count Three





The Red Pill

1. Thompson-Derifield Leg Length
 - Cervical Syndrome

2. Toggle Recoil
 - Determine C1 Left/Right
 - No Rotatory Adjustment

3. Recheck Leg Length
 - **Do NOT adjust anything else**

4. Recheck Patient in a Few Days





The Red Pill

1. Blair Chiropractic Society

- Blairchiropractic.com

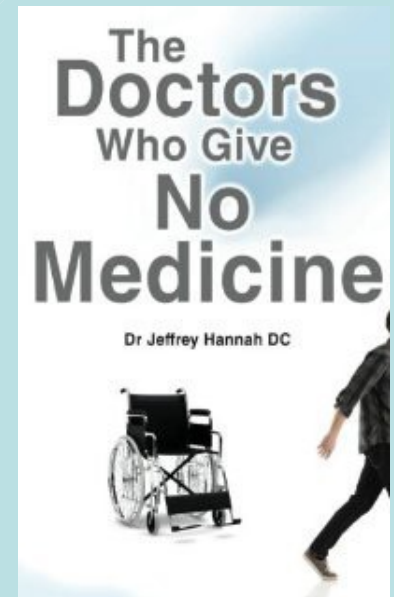
2. Research

- [The Doctors Who Give No Medicine](#)
 - UCStuff.com & UPCSpine.com



3. Blair Seminars Australia & New Zealand

- Facebook
 - Level 1 - Basic - April
 - Level 2 - Intermediate - July
- Level 3 - Advanced - November





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