

THE TAILOR-MADE ADJUSTMENT

vs.

HAND ME DOWN PUSHES

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HAND-ME-DOWN SUITS are cut, sewed, patterned, hole-salad, retailed, and sold in wholesale lots, all alike, and sold to wholesale people who are very much unlike. Fat men, tall men; thin men, short men, buy them as they are. 1,000 men, 1,000 suits. Men are fitted to the suits, ready-made. Because they are wholesaled, they are cheap; made cheap, sold cheap. TAILOR-MADE SUITS are cut, sewed, patterned, and are sold one by one and fitted to the man. Each suit is individual, special for the man who is to wear it. Instead of squeezing differently shaped, and different heights of men into ready-made, hand-me-down suits, all machine made and alike, and turned out by thousands, none of which fits except by accident, we now call in the tailor; have him measure each man to his individual height and shape, no two of whom are alike; cut the cloth to fit each man, and make the suit to fit the man. Chiropractors in previous days thot of an atlas in terms of ASR, AIL, etc., in various positions, as just that, each being like every other subluxation of same direction—all come alike, all to be adjusted alike. Chiropractors placed their nail hand somewhere “up on the neck,” “around the atlas somewhere,” thinking of one atlas as like all atlas subluxations. Wasn’t it an atlas? The average Chiropractor has been selling HAND-ME-DOWN adjustments. They are cut, patterned, wholesaled, all alike; and sold to sick people who are very much unlike. 1,000 sick people; 1,000 adjustments. Sick people are fitted to the adjustments, ready-made. The exceptional Chiropractor has learned or is learning that adjustments must be tailor-made; cut, sewed, patterned and must be sold one by one and fitted to the subluxation. Each adjustment is individual, special for the person who carries a subluxation; no two adjustments fitting each other, because no two subluxations are exactly alike. The average Chiropractor thinks of an Axis PRI (or other 456 THE ADJUSTMENT SPECIFIC subluxation) as an Axis PRI, each Axis that is PRI being like every other Axis that is PRI; all come alike; all to be adjusted alike. When this average Chiropractor places his hand on the back, he thinks of one Axis PRI in Mrs. Jones, as like the Axis PRI in Mrs. Brown. Isn’t it an Axis? And, isn’t it PRI? Subluxations, to his understanding, come in wholesale lots, in wholesale form, to be delivered in wholesale, to a wholesale group of people who walk around under different names. When he gives an adjustment, as he understands it, it is like all other adjustments; so much hands on so much back; so much push at so many places. The average adjustment of the average Chiropractor is just a hand-me-down; they are delivered from the wholesale school to the jobber-student who peddles them retail to the sick multitudes in wholesale quantities. Naturally this wholesale service IS cheap. The adjustments fit in cheap manner onto an expensive subluxation; hence cheap health service is the net result. The exceptional Chiropractor has learned or is learning that the torqued subluxation and torque adjustment must be tailor-made; each adjustment built for each particular subluxation in this individual person who carries a subluxation unlike any other. Study your lateral and A-P spinographs. There are no two torqued subluxations wherein the three directions are always of the same relative and comparative quantities of degrees of positions. Suppose “P,” “R,” and “I” could be based on a 100% subluxation quantity-position basis. “P,” in one case could be 20%; “R” or “L” could be 30%, and “I” could be 50%. In another case, “P” might be 40%; “R” or “L” could be 20%, and “I” could be 40%. Both ARE PRI or PLI, but each of the

three directions of DIFFERENT degrees. Obviously, you couldn't wholesale a hand-me-down adjustment for both alike, and accomplish the normal demanded tailor-made correction. No two sublaxations of either Atlas or Axis, in any of their various possible sublaxations, are ever alike in quantities of the various three torqued directions; hence, each adjustment must be tailor-made for each sublaxation. If "P" were 10% sublaxated, it should not be 30% adjusted. If "T" were 70%

of the total direction torqued in its sublaxation, it should not be adjusted 30% of that direction. To tailor-make each adjustment requires FREQUENT study of Mrs. Jones, spinographs before giving Mrs. Jones her adjustment for Mrs. Jones, sublaxation. By frequent study of Mrs. Jones, spinographs, you gain the picture in your mind of the varied percentages of three different directions of sublaxation in Mrs. Jones before giving Mrs. Jones HER tailor-made adjustment. As you SEE Mrs. Jones, individual sublaxations, you think of those percentages of three differing directions of Mrs. Jones, sublaxations; you photograph them in your mind; and as the picture, so are your hands directed accordingly to manufacture and cut a tailor-made adjustment for Mrs. Jones. In this way you fit adjustment to sublaxation and not sublaxation to adjustment. Tailor-made torque adjustments are individually builded; they individually accomplish individual requirements of individual sublaxation. They must be individually adjusted. Torqued sublaxations cannot be wholesaled and thrown into back bones of the human race, in wholesale form, all alike. The more spinographs a Chiropractor studies, both A-P and lateral, in sets of same person, the more he deciphers and understands torqued sublaxations of atlas and axis and the more he becomes convinced that no two torqued sublaxations, even of same direction, are ever exactly alike. He might have 200 PRI true axes, and no two will be alike. It will dawn into his consciousness that EACH torqued sublaxation is individualistic; different from all others; that each torque adjustment is also individualistic and must be manufactured especially to fit that sublaxation.

No Chiropractor who conducts an office practice can remember the individualistic torqued sublaxations from day to day or week to week; nor can he repeat individualistic torque adjustment of various cases that constitute his office practice from day to day and week to week. In addition to this in ability to keep the direction-value constantly in mind, that case will return day after day, week after week, checking daily, without the necessity of an adjustment. Some day that case will come in and the check will prove necessity FOR an adjustment. No memory is sufficiently perfect to recall detail of THAT torqued sublaxation or to remember sufficiently to be able to duplicate THAT torque adjustment necessary to fit THAT torqued sublaxation; hence the necessity that is constantly arising in our minds to refresh our minds of the specific evaluations of each of three directions of sublaxation to fit equivalent evaluations of each of three directions of adjustment. With that necessity in mind, let me suggest an ideal arrangement to overcome this problem:

1. When that day arrives that your NCM readings prove the necessity for an adjustment, do this:
2. Have two reading view-boxes, hooked up for restudy of the spinographs of your case now before you.
3. Have close by your rubber-top, adjusting drill stool.
4. Take A-P and lateral views of THAT case.
5. Put them in view-boxes and restudy them, refreshing your mind of its individualistic characteristics.
6. Have these view-boxes directly in front of your rubber-top adjusting drill stool.
7. Then and there, observe and study evaluations of the three possible degrees of the three different quantities of directions of THAT torqued sublaxation; and WHILE STUDYING THE FILMS BEFORE YOUR EYES, go thru an adjustic drill, untorquing

the torqued subluxation ACCORDING TO THE SPINOGRAPHS UPON WHICH YOU ARE NOW GAZING.

8. After giving a few “dummy” torqued adjustments, upon the stool,

9. GO TO YOUR PATIENT AND GIVE IT EXACTLY AS YOU WORKED IT OUT ON THE DRILL STOOL AS YOU EXACTLY SAW IT IN THE FILM IN THE VIEW-BOXES.

This should be established as a regular daily form ON ALL CASES, when they need an adjustment. You will be surprised to see HOW MUCH MORE PERFECT your adjustments will be delivered; how MUCH MORE EFFICIENTLY it will step-up net results in your case, because you will more competently untorque the torqued subluxation. The distance between pitcher’s plate, in a baseball diamond, and catcher’s plate is 60 feet. 60 feet from the catcher’s plate, the pitcher puts a “twist” in a ball that goes straight as a bullet out of a gun for approximately 58-1/2 feet; then mysteriously and peculiarly, suddenly when only 18 inches from the batter, the ball “breaks” and ceases to follow that straight line, and “ducks” either up or down, to left or right. The peculiar thing is that the “twist” is put into the ball 58-1/2 feet away, but that “twist” does NOT break into a “twist” until it is only 18 inches away. The batter sees it coming. From the way it is coming, he knows just where it is going to be when he gets ready to hit it; but by the time he swings his bat at where it is GOING TO BE, it isn’t there—it has “spit” into a “twist” that “breaks” different than it appeared coming. If that day ever arrives when any pitcher can bring that ball up to 9 inches before it “breaks,” he will fool every batter far more than today. For 58-1/2 feet, that ball carried a “twist” while going as straight as a bullet. The same issue exists in torquing a subluxation. The actual distance between Chiropractor’s head, down thru his arms, thru wrists and hands, to nail point, may be approximately three feet; but the actual torque “break” occurs in the last ONE INCH of downward action, occurring under the nail point of the nail hand. The torque BEGINS in that in the head; it travels down thru action of arms, but it “breaks” only in THE LAST ONE INCH exactly AT THE MOMENT the hand contacts tip of transverse process or tip of spinous process as they transfer force from nail point of nail hand into vertebra to be untorqued. AT THAT MOMENT, IN THAT INCH OF ACTION, the torque twist is delivered which untorques the torqued subluxation. True, the torque is put into action when it is that in the brain 3 feet away. It is in the arms all the time the arms are in motion; but it doesn’t “break” except in that last one inch of PRI, PLI, ASL or AIL action.

Chiropractors in general have impression that if atlas is left, then vertebra must be SHOVED to right; if anterior, it must be SHOVED to posterior; if superior, it must be SHOVED to inferior. He places his hands and delivers A SHOVE which he hopes will be an adjustment. Imagine a pole sticking in ground, to be driven INTO ground with a pile driver coming in contact. Visualize that pile driver making contact with SPIRAL CORKSCREWING TWIST at split second it contacts, before it springs away. It did not SHOVE pole in three directions, yet it MOVED downward, around, and to right, etc., a movement brot about by a THREE-DIRECTION MOVING TRANSFERENCE OF FORCE, WHICH TWIRLED POLE IN ITS MOVEMENT. Detail is important in untorquing torqued subluxations. Any “minor” detail is just that important that as long as it exists it keeps the player from becoming champion; which, if corrected, will make him champion. It is told that Bobby Jones was runner-up for golf champion for several years. A “pro” told him that if he would move his left foot 2 inches, in his stance, he would be champion next year. He did, and he was! It is attention to detail that makes the difference between dubs and champions. The average Chiropractor slaps his hands down on a back, any place, any way; pushes many bones many ways, carelessly, and wonders why his case doesn’t get well while some other Chiropractor can take the same case, give ONE adjustment, ONE place, ONCE, and get him well without further service. It is the difference in studying accuracy and competency to detail that makes THAT difference. Every Chiropractor has many details

carelessly lost in the shuffle. And, what is worse, constantly slipping and getting worse. He needs a “pro” to check him, to tell him to do this, that, and the other thing, just this way or that way, to get him into championship form; and then he too can say: “THE FIRST CONSIDERATION OF THIS OFFICE IS TO HAVE EVERYTHING DONE EXACTLY RIGHT.” Doing EACH detail EXACTLY right, will make him a champion untorquer of torqued subluxations. Some day he too can be A HOLE-IN-ONER. Every Chiropractor needs return to The PSC Pre-Lyceum, every year, for four weeks of BJ.’s “pro” checking.

Pursuant to this idea, I wish I could find out, or know, or use some method which would express in quantity that which exists only in an abstract sense and, while with quantity, is always without that quantity factor being within our reach. Let a student study 1,000 PRI axis torqued subluxations, he will come to the conclusion that no two are of the same quantity of misalignment in same directions. To list the adjustment as “PRI” is to make it appear that all 1,000 should receive a common hand-me-down adjustment. One may be more lateral than another; another may be far more inferior than some others, etc. How then can we express ourselves? When we refer a case from one city to another, from one Chiropractor to another, how are we to indicate to him how much of each direction to give in his adjustment to properly tailor-make his adjustment for this particular torqued subluxation which is not like any other? Modern writers indicate their estimated value on motion pictures by giving them an A, on up to AAAA. Let me suggest the following for torque adjustments: If the basis were 100% and each were divided into equal quantities, then “P” would be 33-1/3%; “R” would be 33-1/3%, and “I” would be the same. Thus should I indicate that adjustment as “PRI” it would mean that, in my opinion, it should be adjusted as much “P” as it would be to “R” and “I”. Should I list the adjustment: P x R xx I xxx, it would say that it should be adjusted “P,” but the adjustment should be TWICE AS MUCH from the “R” as from “P” and three times as much from “I”. So, a table could be approximated something like this: “P” “R” “I” OR “R” “A” “S” P x R x I x R x A x S x P xx R xx I xx R xx A xx S xx P xxx R xxx I xxx R xxx A xxx S xxx In this way the pluses would indicate the variations in direction to which additional direction must be added to properly and accurately correct direction and quantity of adjustic delivery to efficiently “set” odontoid process back into its fovea dentalis and thus Chiropractically untorque the torqued subluxation.

How rapidly things change as fundamentals arise and new principles of science are developed and introduced into our work. In former days (and that isn’t long ago) we used to “palpate subluxations.” We used to think that we could palpate the transverse processes of the atlas and tell whether it was or was not subluxated; and, if so, which way. Our primary direction, in palpating the atlas, was to palpate the transverse process to see if it was Right (R) or Left (L); whether it was Anterior (A) or Posterior (P) was secondary. We have learned recently, since this torque work has assumed greater importance and has revealed more scientific information, that it is IMPOSSIBLE to palpate ANY subluxation (either atlas or axis) with ANY degree of accuracy or reliability. A careful check-up of The PSC spinographic laboratories with my most careful palpation proves 80% of mistakes. Can it be wondered why we do not now and cannot rely upon palpation as being an efficient method? Today we rely 100% upon what the spinograph reveals. Spinographic pictures, taken accurately, reveal an absolute reproduction of what is internal. Even present day spinographic interpretations force us to change our method of listing vertebral torqued subluxations. Under palpation methods we listed laterality primarily; anteriority or posteriority secondarily; and superiority or inferiority thirdly; thus RAS or LPI. Under spinographic analyses of torqued subluxation interpretations of atlas, we know that the ONLY directions atlas CAN BE subluxated are ANTERIOR and to left or right; so A is now listed primarily first. This A (anterior) subluxation can be, secondarily, S (superior) or I (inferior). Any atlas that is torqued either AS or AI is either of these on the L (left) or R (right). The listing today, then, would be as follows: ASL; AIL; ASR; AIR. Atlas—ASL AIL, ASR, AIR
The day was when a Chiropractor

- thot a vertebra was subluxated
- thot it was producing a pressure upon nerves
- thot it was interfering with transmission
- thot he knew where it was
- thot he was giving adjustments
- thot when he shoved them, he shoved them at right place, right direction, right time
- hoped the patient would get better.

Those days are GONE!

Now a Chiropractor has a way of

- KNOWING where interference is
- KNOWING when interference is
- KNOWING the three directions of his kink, twist, wrench, torque locked vertebrae
- KNOWING what directions to deliver to unkink, untwist, unwrench, untorque, unlock the vertebral subluxation.
- KNOWING whether he has or has not corrected it
- KNOWING there was or was not a restoration of transmission
- KNOWING whether case is or is not getting better. He has scientific methods of checking subluxation both before and after. He can KNOW whether he has unlocked the health reservoir “of the Kingdom of God that is within us” by unlocking its cause of interference.

ADJUSTING TABLE IS ESSENTIAL IN STAYING-PUT ADJUSTMENTS

Each of following essentials is VITALLY necessary to build up that adjustment with that extra something with staying-put value:

1. An NCM—to determine LOCATION of interference
2. A SPGH—to ascertain POSITION of vertebra at location interference
3. The toggle-recoil-Innate adjustment
4. THE KIND OF AN ADJUSTING TABLE TO ACCOMPLISH THE OBJECTIVE.

Four elements comprise the complete and perfect Chiropractic kit-bag:

1. X-ray spinographs; correctly taken and correctly interpreted.
2. NCM accurately used and accurately interpreted.
3. Chiropractic adjusting technique art, efficiently delivered.
4. An adjusting table on which all focalizes into competent adjustments honestly delivered. It is this last point I now outline. You can't change any element by addition or subtraction; the quantities, by plus or minus; the qualities, either in essence or dilution, or vary the sequence and make the law work AS A LAW equally applicable to all cases alike. ALL elements must be there. TABLE is one essential ingredient. I know Chiropractors who TRY to practice HIO and contend that everything they do is in strict accordance with HIO work, and yet “I don't get the staying-put value.” Upon inquiry, I find they try to give “adjustments” thru, on, and because of feather beds, which spoils every essential ingredient in the toggle-recoil, Innate adjustment.

For years the Chiropractic profession who knew better, have placed their profession in jeopardy by placing themselves at the mercy of suggestions offered by patients who knew no better. Today there exist adjusting tables builded by patients who knew not the needs of a Chiropractor. The PATIENT wanted a table TO PLEASE THE PATIENT, consisting of big, wide, heavily soft-padded, over-stuffed feather beds; over-lain with air-cushion doodads; plastered with

thingamajigs to push forward and pull backward; gadgets to lower this and raise that. Under-slung furbelows with thingamabobs on top—all of which have been paralyzing the Chiropractor's ability to deliver a correct, accurate, efficient, competent, and honest adjustment. To please comfort of patient, he was sacrificing delivery of health, via adjustment. In exact ratio as he introduced feather-bed and air-cushion to make it "soft" for patient, he made it "hard" for himself to give an adjustment. No adjustment, no results. No results, a mixer was born!

The average Chiropractor permits his patient to tell him what kind of an adjusting table he wants to take an "adjustment" on. He wants something soft, fluffy, easy, comfortable, that doesn't hurt; that lulls him to sleep, etc. To that end, we have the big, heavily-padded Griffin table that reminds one of a feather bed. Then there are the recent air-filled, rubber, inflated pads that lie on top of the ordinary, heavily-padded table. Between all of this, we have many kinds of belly supports that hang between the front and end sections of a divided table. Some of them are mere slits or strips of leather; some are on hard and stiff springs, and are supposed to give up and down to fit the shapes of abdomens that protrude into them. **NONE OF THESE CAN MAKE POSSIBLE THAT KIND OF AN ADJUSTMENT WITH THAT EXTRA SOMETHING, WITH STAYING-PUT VALUE, THAT MAKES IT POSSIBLE.**

Since 1923, the PSC has had the courage to reconstruct the Chiropractic structure from theory to science; from palpation to spinograph; from guesswork to NCM; from treatments to HIO; from guess-so to scientific knowledge Chiropractic. SPINOGRAPH gives CORRECT knowledge of POSITION of subluxated vertebrae. NCM gives ACCURATE knowledge of LOCATIONS of and TIMES of interferences. The "adjustment with that extra something with staying-put value" makes possible EFFICIENT Chiropractor ability. And now comes AN ADJUSTING TABLE BUILT BY A CHIROPRACTOR TO MEET THE DEMANDS OF CHIROPRACTIC. If you try to be a HIO worker, all else may be perfect. IF YOU TRY TO GIVE AN "ADJUSTMENT" on any of kinds of tables mentioned above, your work will fail for want of proof to prove it. Don't blame HIO IF you fail to secure staying-put value of an adjustment; for if it isn't such in fact, it CAN'T stay, BECAUSE IT HASN'T BEEN PUT; AND IT HASN'T BEEN PUT BECAUSE YOU WASTE TIME TRYING TO GIVE such on a feather bed, which isn't possible. After extensive, clinical-laboratorial, scientific research, we come TO THE UNALTERABLE CONCLUSION that in knee-chest posture with chest on head end of front table, solidly padded, can such results be attained. I use that kind of table. I would not use any other. A recoil-toggle, INNATE adjustment cannot be secured any other way.

THE B. J. SPECIAL ADJUSTING TABLE is built low. This permits perfect balance for average individual. It is better to be too low than too high. The average adjusting table now on sale or in use is too high to permit any balance. The knee-pad is built on floor; is adjustable forward and backward, altho rarely necessary to be changed. Space between knee pad and front piece has been built to allow plenty of foot room to permit chiropractor to get close to the table for perfect balance. Space under front table permits free access to foot room, vitally necessary to perfect delivery of adjustment. Front pad on front table is solid and is so curved in padding that it permits rest for upper chest on rear portion and location forward for head, creating a dip which permits FLOATING NECK space between to permit Innate recoil for atlas or axis. THIS IS VITAL to a correct adjustment of wedge-side-slip of atlas. Front table top is narrow which permits chest to relax and arms to drop on side which gives firm contact. THE KNEE-CHEST HARD FRONT PIECE MAKES IT MOST POSSIBLE, in table devices. Patients do not know this; neither can they be expected to know it; yet they too frequently dictate terms for taking adjustments, and spoil all by asking for feather beds. YOU, WHO KNOW, must determine table as well as NCM, SPGH, or any other essential to getting them well. The B.J. SPECIAL has no feather-beds, no air-cushion rest couches. No thingamabobs, thingamajigs, gadgets, or furbelows. It is not

designed to sleep on, rest on, give massage on, nor can it be used for rectal dilations; nor is it a diagnostic examination table. It was not built to please patients. No patient's opinion, counsel, or advice was asked in its construction. IT IS A CHIROPRACTIC ADJUSTING TABLE—nothing more, nothing less! It was built TO PLEASE B.J. THE CHIROPRACTOR so HE could give better adjustments with a better adjusting table. It is a PRIVATE table, built for his PRIVATE use, to meet his PRIVATE scientific demands.

The B.J. SPECIAL adjusting table was built in every particular upon specified CHIROPRACTIC requirements, plans designed to make possible specific scientific adjustments in accordance with instructions laid down in this book. It is used by B.J. exclusively. Chiropractors who desire to give HIO CHIROPRACTIC adjusting service will find EXACTLY what they need in THIS table. Few tables now on sale or in Chiropractors, offices make that possible. The profession is permitted to enjoy the B.J. kind of Chiropractic service B.J. the Chiropractor uses on the Chiropractic table BUILT FOR B.J. BY B.J. for his personal, private, professional use.