

THE SCOPE

JULY 2012

“A 501c3 non-profit corporation dedicated to the Gonstead System of Chiropractic”

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The Gonstead Clinical Studies Society presents

Gonstead Meeting of the Minds IX

“The Upper Cervical Segments and Pelvic Ring—A Detailed Focus”

Logan College Of Chiropractic ~ Chesterfield, MO 63006

October 13-14, 2012 (Saturday-Sunday)

REGISTER TO ATTEND

MOM-IX

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The upper cervical and pelvic regions of the spine will be the full focus of the seminar program, setting aside the typical spinal segments. The typical segments of the spinal column from L-5 to C-2 vary in shape to a degree depending on the regional anatomy and transitional areas. However, the upper cervical segments and pelvis, both represent very different anatomies and biomechanics from the spinal column segments. Their analysis, correction, management and clinical considerations are unique. Entire chiropractic techniques have been developed specializing in just these specific areas. We will put these segments “under our microscope” for discussion and take in presentations by guest speakers and our own members, who have had decades of Gonstead seminars and/or clinical practice.

MoM happens only once per year.

This dedicated focus on the upper cervical and pelvic regions is rare.

Come see what you've been missing!

Who Can Attend this premier gathering?

Because it is a participatory event, MoM is open solely to GCSS Fellows, Diplomates, and Diplomate-candidates, as well as, Gonstead chiropractors who have been in practice at least 20 years. Membership with the GCSS is *not* a pre-requisite.

Haven't reached your 20 year mark?

If you don't yet meet the attendance qualifications, become a Diplomate Candidate. There will be GCSS Diplomate testing at MoM. Pre-arrangements for testing are required. Learn more about the GCSS Diplomate Program by visiting the Diplomate page on www.gonstead.com. For questions and more information about the GCSS Diplomate program, contact Diplomate Committee Chair Dr. Lydia Dever by phone at 404-866-2300 or by Email ldever@life.edu.

Registration — \$295 before October 1 ♦ \$345 after October 1 (Add \$50 for 12 hours of CE Credits) Register for the seminar on www.gonstead.com or by calling Michele at 888-556-4277.

See page 2 for the detailed meeting schedule



XI-WOW



Saturday, October 13, 2012 – Welcome to the Gonstead *Meeting of the Minds*

8:00-9:00 am

My Time with C. S. Gonstead-Richard Cranwell, DC spent nearly 2 years from 1976-77 as Dr. Gonstead's "shadow", becoming a good friend as well as an accomplished intern in the process. Learn about the Clinic at its zenith, and other not-so well-known facts about Dr. Gonstead's likes, dislikes, how he really treated his patients, and his Florida home—Richard Cranwell, MS, DC, DABCN

Examining Upper Cervical and Pelvic Anatomy, Biomechanics, and Systems

9:00-10:00 am

Guest Presenter: Patrick Montgomery, DC reviews the anatomy and biomechanics of the pelvis with reference to its effects on spinal column function and an explanation of the system HB Logan, DC developed over 80 years ago.

10:15-11:15 am

Guest Presenter: Frederick Schurger, DC reviews the anatomy and biomechanics of the upper cervical region with reference to the effects it has on spinal column function and health. The methods of the upper cervical specialty practitioner are explained.

11:15am-12:15 pm

Basic considerations of the upper cervical region & pelvic ring- The Gonstead practitioner perspective- Comparisons of how they are analyzed and corrected to typical vertebrae of the spinal column will be delineated. **Steven Rindal, DC** will review and compare Dr. Gonstead's understanding of these regions, to the concepts presented by Drs. Schurger and Montgomery

Increasing Accuracy and Specificity of Subluxation Correction

1:45-2:45 pm

Mark Lopes, DC discusses anatomical variants, anomalies, deformities, non-fusions and special listings in the pelvis and upper cervical regions. How these effect the doctor's setups, table choice, thrusts, and management will be open for group discussion.

2:45-3:45pm

Dr. Gonstead on how to adjust the pelvis and upper cervical spine. Dr. Roger Heschong will present a collection of x-rays showing distortions, anomalies, and odd configurations of the upper cervical segments and pelvis. Using these examples, we will discuss their ramifications on the analysis and correction and ultimately sharpen our focus on these areas. Plus video tapes of Dr Gonstead discussing and demonstrating how to analyze and adjust the pelvis and upper cervical spine will be shown.

4:00-5:00 pm

Tract One: *Case Management of common conditions—Dennis O'Hara, DC* presents conditions commonly related to the upper cervical spine and pelvis with adjusting considerations.

Tract Two: *The Adjusting Lab-Charles Martin, DC* leads the digital camera recording session that provides an opportunity for doctors to view their pelvic and upper cervical set-ups and/or adjustments that are simultaneously recorded from four camera angles. They will be compared and contrasted with other attending doctors and with Dr. Gonstead's adjusting.

5:00-6:00 pm

Dennis O'Hara, DC will lead a discussion about case management and fine-tuning adjustments with highlights of the filmed set-ups/adjustments.

Sunday, October 14, 2012

8:00-9:00 am

"GCSS Research Goals- Accomplished, current and proposed." - **Roger Coleman, DC** Director of Research, will deliver a research update on Sunday morning. He will also talk about the overwhelmingly positive response to his presentation on the history of GCSS at the Association For The History of Chiropractic seminar at Palmer in Florida.

9:00-10:00 am

David Ablett, DC presents his treatment of a spinal fracture case that is now an entry in *Medicus*. A patient in the trauma unit prepped for immediate cervical fusion following cervical fracture with paralysis. Then DC takes over. Find out the results, treatment, and management concepts.

10:15-11:15 am

Dr. Gonstead and the upper cervical spine, Dr. Gonstead focused his study on the atlas and upper cervical region in the last years of his life. **Steven Rindal, DC** will present some of his key thoughts from that time with discussion in light of contemporary information.

11:15-12:15 pm

Richard Cranwell, MS, DC, DABCN discusses nutritional deficits associated with metabolic disorders resulting from upper cervical or pelvic subluxations, and concepts of nutritional/dietary support to consider with subluxation correction in these areas.



Research Update

Roger R. Coleman, DC-GCSS Director Research
Mark A. Lopes, DC-Research Committee Chair

In the last *G-Note*, I promised an update on the cool projects going on—which I will give you—but I also want to discuss my recent visit to Davenport! With respect to our on-going projects, the x-ray article submitted to the *Journal of the Canadian Chiropractic Association* has returned from the reviewers asking for further changes. It is my policy to say little about articles that are in review, but here is the situation; imagine trying to simultaneously satisfy different wishes from five different reviewers on an article concerning x-ray. We can say that this time that the reviews were mostly positive, and it looks favorable, although, nothing is guaranteed. In the words of Spiderman, “Nuf said.”

The purpose of our visit to Davenport was twofold: one was to garner research material for a forthcoming history article concerning palpation, and the second was to complete our current article on the history of x-ray in the chiropractic profession.

The article on the history of x-ray is virtually completed. We are fussing over the small things in the manuscript and I have already started taking the pictures that will be in the submitted paper. I have two strong feelings concerning this article. First, Ken Wolf and Mark Lopes have done great work on this paper. These are team efforts. Ken told me right off the bat that this is a project that probably could not be done. But, we have a great manuscript. There are references from 400 BC to 2012. It presents a point of view on radiography that has never been previously explored. It is aggressive without being offensive. It utilizes references generated within the first 15 years of chiropractic. It is a work of which a historian could be proud. It has support from Mike Wilson, DC of Yakima, WA who allowed us to search for material for the article from his personal volumes of first-edition chiropractic books and in his library for needed material. We are very grateful to him. In addition Mike has consented to allow us to utilize a photograph of a very rare leather bound first-edition for an upcoming article. Without Mike, this article would be sorely lacking. The most important thing about this manuscript is its relevancy to the problems we have today. I am amazed at the insightfulness of some of the early chiropractors.

Soon, Professor Wolf will take a group of students to Germany for about three months so, we have worked very hard to finish the article before his departure.

In Davenport, we were able to purchase books at the Palmer bookstore, visit the Palmer library to obtain a needed document and spend time in the special services library. All of the people at Palmer were very helpful, and because I called in advance, they were waiting for me in the special services library. It was a great time. We copied about 200 pages from old first-editions, and they found a book for me that I did not know existed. In fact, I had never heard of the author. All the people at Palmer have always treated us with great professional kindness, and they make working with them a pleasure. Perhaps Dr. Rick Burns can pass that along to them.

Mark Lopes has been spearheading the work on the project which involves leg length and pelvic questions. We are going through the very detailed Institutional Review Board process, and Mark is handling that very complicated but necessary procedure.

Are there other things? Of course. We have the data from the Life West x-ray study that has been partially extracted, and there are always things coming up and changing on a daily basis. But, that can wait for the next *Scope* or *G-Note*. For now, I want to thank everyone who has been so helpful, and without whom, we could not have made all this progress. I also hope that you enjoyed the reprint of “The Gonstead Clinical Studies Society” article that was published in *Chiropractic History*. This is a great journal under the editorship of Stephan Troyanovich, DC and although he is a demanding editor, he has treated us in a fair and upright manner. We are proud to be published in what is certainly the most authoritative journal in its field. We hope to publish many more articles in *Chiropractic History*. I have already spoken with Professor Wolf in an attempt to get his commitment to help us on other projects. We are as always, busy and hopeful.♦

<u>GCSS Financial Statement</u>	
<u>Revenues & Receipts</u>	<u>\$99,647</u>
Research Contributions	35,190
Membership	64,259
Other	18
<u>Expenses</u>	<u>\$99,864</u>
Professional Fess	66,024
<i>(Inc. Research Director, Executive, Director, Editor & Executive Secretary salaries)</i>	
Rent/Utilities	9,669
Printing/publications/postage	10,888
Other	13,283
<i>(office supplies, travel, licenses/permits banking, promo, gifts & entertainment)</i>	



ABSTRACTS

By Steven T. Tanaka, D.C.

Liebenson C. Musculoskeletal Myths. Journal of Bodywork & Movement Therapies April 2012; 16 (2):165-182.

ABSTRACT: This paper discusses a number of common myths in the musculoskeletal pain management and rehabilitation/athletic development fields. The origins or rationale for these beliefs are reviewed. New scientific evidence disputing or refuting the myth is presented followed by an explanation and evidence for an updated perspective.

Myth #1: Low back pain is a benign, self-limiting condition. The statement that 75% to 90% resolve within 4-6 weeks comes from insurance data that tracks disability. He notes that studies have disputed the concept of acute episodes resolving quickly and completely [pain is a symptom, not a condition]. Second, it is more cost effective to prevent a chronic condition in at-risk individuals. About 7.4% who develop chronic disability incur most of the costs. Acute original episodes tend to last up to 3 months, not 4-6 weeks and it usually does not resolve completely and has periodic flare-ups.

Myth #2: The cause of musculoskeletal pain can be found on an x-ray or MRI. It has been found that over 90% of the time, there is structural evidence of lumbar disc herniation with the appropriate symptoms, but 28-50% of asymptomatic individuals also have the same positive findings. Imaging studies in the case of neck pain has a 75% false positive finding in asymptomatic individuals. Prediction for future problems cannot be determined from imaging studies. [Dr. Gonstead said that you find the problem on the patient, not on the x-ray.]

Myth #3: All back pain patients are alike. 85% of back pain patients are said to have non-specific back pain. A top priority is to classify the various forms of "non-specific" back pain. It would help to direct the patient to the appropriate treatment(s).

Myth #4: Let pain be your guide. It is a way that can lead to chronic conditions and deconditioning.

Myth #5: Acute & chronic pain are similar. "Pain is an alarm, signaling tissue damage or threat." It is "up-regulation from peripheral tissue to the central nervous system."

Myth #6: More is better. Rather than on numbers, movements should be done skillfully. For example, lifting a lot of weights frequently is not as important as doing it skillfully and using proper biomechanic movements.

Myth #7: The deep intrinsic muscles such as the transverse abdominis are the keys to stability. The lumbar spine requires an appropriate combination of muscle for stability and movement.

Myth #8: We should breathe out with exertion. Not always true. Many times there is a balance between the abdominals and diaphragm that must be coordinated.

Myth #9: Why does my back hurt – I do 100 sit-ups every morning. As we know, disc load is high during sit-ups. Also morning is probably the worst time for the spine to do sit-ups. About 54% of the disc height is lost in the first 30 minutes after rising with disc-bending stresses increased to 300% and ligament stresses by 80%.

Myth #10: No pain, no gain. This can be true to a point for an athlete who can tell the difference between injury and a hard workout (some of the time, anyway). Muscle pain isn't always bad; joint pain is.

Dr. Gonstead said that you find the problem on the patient, not on the x-ray.

Liboff AR. Electromagnetic Vaccination. Medical Hypotheses 2012 (in press).

ABSTRACT: Numerous reports indicate robust mitogenic responses in human lymphocytes to low frequency electromagnetic fields. We hypothesize that these observations reflect a wider platform for immune capability than presently recognized, whereby weak electromagnetic signals play the role of antigens. This notion hinges on whether pathogenic bacteria can emit correspondingly detectable electromagnetic signals. We make this case, recalling pertinent experimental evidence by Pohl and others implicating signal emission during cell replication due to rapid electric charge redistribution. If correct, this hypothesis would also offer a new approach to the coupled problems of hospital-acquired infections and rapid adaptations to antibacterial agents, suggesting the possible treatment of patients at risk using an electromagnetic vaccination procedure. Under the reasonable assumption that signals arising from diverse bacterial varieties can be separately catalogued, prophylaxis would be achieved by prior exposure of patients to electromagnetic signatures from high-morbidity sources. Among its potential advantages such treatment would be non-invasive, inexpensive, rapidly deployed, and conceivably, less likely to lose effectiveness over time due to bacterial adaptation.

COMMENTS: The article begins by stating that in spite of expectations of the mid-20th Century, i.e., the development of antibiotics and vaccines, infectious diseases by

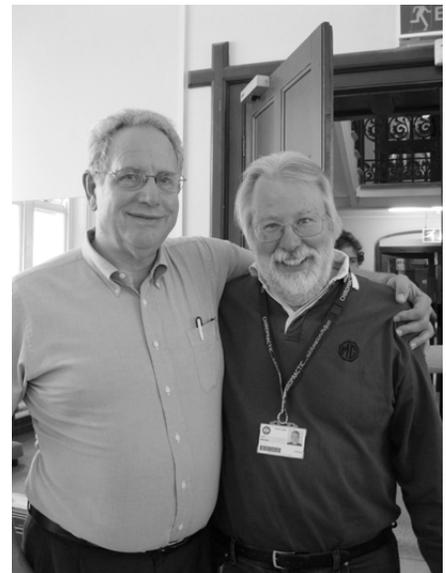
Gonstead Clinical Studies Society at AECC

By: Jeanne Taylor, DC

The 2012 Gonstead Master's Series at Anglo European Chiropractic College came to a close this past weekend when Drs. Patrick Ryan and David Rowe taught the Upper Cervical/Occiput Class. Assisted by both Dr. Kent Edlund and Geri Ryan, there was a great doctor to student ratio! This marked the eleventh consecutive year GCSS has had a presence at AECC.

On average, thirty-plus students and doctors participate in these classes which include both classroom instruction as well as a lot of hands-on practice. The instructors for this particular series were: Drs. Mark Lopes (Exam, Evaluation & Research); Lydia Dever & Michael Tomasello (Pelvis); Pete DeLoe (Lumbar); Jeanne Taylor (Thoracics); Rick Elbert & Gertjan VanKoert (Lower Cervicals); and Patrick Ryan, Geri Ryan & David Rowe (Upper Cervicals and Occiput). Additional courses in the past have included Case Management, Extremity Adjusting, Pediatrics, and Women's Issues. ♦

Below left: Anglo-European College of Chiropractic front entrance. Below right: Dr. Jeanne Taylor and student. Below left to right: Drs. Taylor & Kent Edlund, AECC library, Drs. Rick Elbert and Kent Edlund.



**Would you like to attend the
Gonstead Meeting of the Minds
but haven't reached your 20 year mark?**

***Solution*—Become a GCSS Diplomate**

If you don't yet meet the attendance qualifications, it's not too late to become a Diplomate Candidate. There will be GCSS Diplomate testing at MoM. Pre-arrangements for testing are required. Learn more about the GCSS Diplomate Program by visiting the Diplomate page on www.gonstead.com. For questions and more information about the GCSS Diplomate program, contact Diplomate Committee Chair Dr. Lydia Dever by phone at 404-866-2300 or by Email ldever@life.edu.

The GCSS Executive Office has moved!

Please make a note of the new address especially when renewing your membership for 2013. *Phone and fax numbers are the same.*

GCSS

**1280 17th Avenue, Suite 101
Santa Cruz, CA 95062**

Classified Ads

Associate Wanted In Connecticut—Future Gonstead Diplomate who can already move bones! You will train with Dr. Thiele on Monday through Thursday, workshops and spinal screenings. You will attend multiple seminars and coaching calls as well as train on Dr. Steve Franson's MVP 360 procedures and promotions. I recommend that you are in good shape and ready to work hard and learn. Upon completion of the two year program, you will be ready to open your own successful office. 3 month internship (preceptorship), 1 year, and 2 year programs available. Dr. Steve Thiele (860)558-8726 or drstevethiele@yahoo.com

Geneva Illinois (far west suburb of Chicago)—Associate wanted for busy Gonstead Chiropractic office. Beautiful town with upper middle class patient base. Great opportunity to learn the "ropes" of a busy successful practice while providing high quality care. Office provides top notch patient education through use of video, email, and monthly newsletter. Must be outgoing, willing to learn, be self motivated and have desire to work hard to provide excellent patient care and practice growth. Send resume to daveg@kidchiro.com. Some clinical experience with Gonstead technique and a willingness to learn is needed.

Independent Contractor-Boise, Idaho area—position available for a chiropractor who is a self-starter, subluxation-based, has positive energy, and ready to work smart and play hard in the Boise, Idaho area. Great opportunity to work with a 10 year seasoned cash practice team. The IC will have access to x-ray machine, pediatric table, 2 Zenith Hi-Lows with breakaway thoracic pieces for pregnant moms, Gonstead equipment, and subluxation station. You will be supported by a clinic that services patients from day-old babies to the elderly. The Boise area is a great place to be single or raise a family. Boise has great city parks, schools, museums, Shakespeare festival, theaters, sports, outdoor concerts and festivals and all kinds of outdoor activities. Outdoor activities range from fly fishing, white water rafting, skiing, mountain-biking and camping. A great place to live, work and play! Please respond by email to dr.anacker@chiroforliving.com or call 208.288.1776. I look forward, to explaining in more detail about this awesome opportunity!

Georgia, Peachtree City—Gonstead Doctor Needed SMILING, Amazing, Gonstead, Get the Big Idea Chiropractor wanted to give hope to the hopeless through Principled, Specific, Scientific Chiropractic! Amazing opportunity to apply Gonstead in one of the busiest clinics in the world! Seeing hundreds of patients daily! Head doctor wanted for busy practice. Must know Gonstead, be energetic and love subluxation chiropractic. I will teach you everything you need to know but you must have passion and be a good adjuster. Make up to \$75,000 a year. Send an email to drdeanfuller@bellsouth.net and call 678-371-4581. Make your dreams a reality! ♦

Did you remember to vote for new board members?

Please email, fax or mail your ballot to GCSS. Contact michele@gonstead.com if you have misplaced your ballot or have questions. It is not necessary to vote for all four. Vote for any number of nominees.

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GCSS is going GREEN!
(get ready for e-delivery)
January 2013



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better for our environment

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Please provide us with an email address no later than **December 31, 2012** ~ michele@gonstead.com

THANK YOU!

Editor's Note: In our article "The Gonstead Clinical Studies Society" published in the Summer 2012 issue of Chiropractic History we stated, "Following his retirement in 1974, Dr. Gonstead sold his world renowned clinic in Mt. Horeb, Wisconsin and the teaching portion of his endeavors, the Gonstead Seminars, to Drs. Alex and Doug Cox and a scant two years later he had passed from this earth." It should be noted that Dr. Gonstead's year of death was 1978.
Roger R. Coleman, DC Director of Research
Jeanne Taylor, DC, Executive Director

Gonstead Clinical Studies Society
900 17th Avenue
Santa Cruz, CA 95062
U.S.A.

“The Scope”—July 2012
“The Scope” is published February, April, July & November

2012 Gonstead Seminars & Workshop Schedule

July 28-29	GMI-Cervical Chair	Mt. Horeb, WI
Aug 25-26	GSI	Melbourne, Australia
Sept 21-22	GSI-Homecoming	Mt. Horeb, WI
Sept 22-23	GMI-Pelvic Bench	Park View, IA
Oct 13-14	Meeting of the Minds-IX	Chesterfield, MO
Oct 25	Thornton	Vacaville, CA
Oct 26-28	GSI	Madrid, Spain
Nov 09-10	GSI	Chicago, IL
Nov 17-18	GMI-Extremities	Mt. Horeb, WI

For Gonstead Technique Seminar Information:

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Tel: domestic: 999-556-4277 or international 831-476-1873
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Field of Dreams Contribute to the future. Give to the GCSS Field of Dreams research fund. This program funds Gonstead Technique research. GCSS research is a 20+ year, on-going program which has published numerous articles in peer-reviewed journals and two textbooks. For more information and to obtain a list of published papers visit: www.gonstead.com, email Michele@gonstead.com or call 888-556-4277.

Gonstead Meeting of the Minds-IX

*“The Upper Cervical Segments and Pelvic Ring—
A Detailed Focus”*

October 13-14, 2012

Meeting takes place on the beautiful campus of
Logan College of Chiropractic near St. Louis, MO

Visit www.gonstead.com to view the detailed MoM meeting schedule, speaker's CVs, past meeting reviews, photos and much more. Earn 12 hours CE credits at Meeting of the Minds (Except Alaska, Hawaii, Maine, & Oklahoma). Questions? Email Michele@gonstead.com or call 888-556-4277.

REGISTER TO ATTEND MOM-IX — CALL TODAY!
888-556-4277