



Vertebral Subluxation Correction in an Infant using

Torque Release Technique: A CASE STUDY

This case is a report of outcome of utilizing TRT indicators of “dis-ease” and subluxation and a protocol for adjustments.

HISTORY:

Presentation: February 22/99. Caucasian male with date of birth: July 24/98 (seven months of age).

Chief complaints/concerns:

Respiratory problems including a medical diagnosis of recurrent bronchiolitis, respiratory syncytial virus (RSV) and asthma.

The onset of the above symptoms began subsequent to the two month vaccination and remained constant. According to the mother, he had been administered the four and six month vaccinations even though unwell at the time.

Birth history was that of an emergency C-section due to the mother being positive for group B strep. Antibiotics were given to the mother during delivery. The labour was induced after 24 hours in duration. The infant's heart rate decelerated due to the force of the contractions. Birth weight was nine pounds, length 23 inches.

The mother was unable to breastfeed as she had a high fever and the neonate was placed on Carnation Good Start formula. Solid foods were introduced at five months.

The infant was on inhalers three times per day since two months of age (presently seven months old). The mother could not report the number of courses of antibiotics he had been given but she stated that it was many times and this had become a constant problem.

One month prior to his initial presentation he experienced a coughing spell to the point of vomiting, was diagnosed with pneumonia and tested

for RSV (positive). Two days subsequent he ceased breathing, and was intubated for six days out of the total of 13 days spent at the Toronto Hospital for Sick Kids. Intal nebulizer, ventolin and pulmicort were administered.

EXAMINATION:

On Presentation: Age seven months; weight 17 pounds; length 29 inches.

Heart rate 140 beats per minute (mildly higher than normal range).

Respiratory rate was 50 breaths per minute (moderately higher than normal range).

Lung auscultation was abnormal with crackles in the upper and lower airway. Apparent use of the secondary breathing accessory muscles were utilized with the presence of intercostal flaring, and moderately laboured breathing compartmentalized¹ to the thoracic spine.

Congestive tissue tone¹ was present along the clavicles, dark circles were noted periorbitally.

Gross global (spinal) ranges of motion were within normal limits except for lumbar flexion whereby there was moderate resistance to flexion.

Deep Tendon Reflexes were within normal limits. Bilateral Babinski was present (normal for age). Abdominal reflexes were present.

Postural observations: Occiput was posterior left, anterior right around the Y-axis, right parietal/occipital region was flatter than the left. Right frontal region was anterior. Secondary curves were not fully manifested.

Infantile reflexes were extinguished (normal for age of development).

Tonal changes noted were: with moderate to severe bilateral Achilles tension¹, compartmentalized breathing¹, and postural maladaptation¹.

Full muscular guarding was noted throughout the thoracic spine, upper cervical and all sacral segments. A positive jump sign¹ (myoirritability was noted) upon palpation at S3 and the upper thoracic spine.

Subluxations were noted at sphenoid, occiput, C1, C6-T4 and sacrum. These were determined by TRT methods (see figure 1).

Computerized thermography was performed but should be taken somewhat guarded due to the use of the medications at his presentation. However, abnormal readings were reflected at C3-4, C6 and T3-4.

By the afternoon on the day of his evaluation, he was readmitted to hospital, intubated, placed on a nasogastric tube and administered a combination of Beclovent, Ventolin and "other corticosteroids and antibiotics" which his mother could not recall. He remained in hospital until March 10. The mother reported that a full spectrum of immune tests were performed on March 8 to 9 and that she had been told his T cells were extremely low and B cells were high. Upon release he had lost five pounds of body weight.

Upon return from the hospital (two weeks later) a home visit was performed with the report of findings to his parents, as he was to minimize exposure to outside people.

The parents were advised that adjustments were indicated to assist the body's ability to adapt from the presence of spinal and cranial subluxations and dysautonomia. It was made clear to the parents that their son was not being "treated" for the medical diagnoses but examined for the presence of vertebral subluxations. It was understood that medical concomitant care was being utilized at this time.

At this time, he was on puffers every three hours, had shallow rapid dyspnea, was poorly responsive (not alert), and had sallow dark circles around the eyes. The parents reported that he was not sleeping properly or eating much.

An adjustment was given, based on the findings of both observation and palpation. Palpation was both superficial scanning¹ and segmental palpation¹. Also present were the indicators of increased full spine tone/tension with guarded posturing and moderately increased right Achilles tension¹. Compartmentalized breathing¹ with restriction limited to the thoracic spine was observed as well as an inability to

maintain a seated posture. Pre-adjustment checking² indicated the adjustment of C1 AIR and right S2³ with torque counter clockwise. Reinforced index finger with a slight impulse was used on the atlas and the Integrator on its lowest force setting was used on the sacrum with torque set counter clockwise⁴, with the Integrator pediatric tip in place. Immediate relaxation was noted in the full spine. His parents reported that he slept through the night.

FIGURE 1:

TRT's 14 Indicators of spinal subluxation. These can be separated into observational findings and palpatory findings.⁵

PALPATION: includes scanning superficially for changes in skin drag, heat, tension, turgor, resistance, imbalance or asymmetry; static segmental and motion palpation assessment; changes in tissue tone or congestion in tissue on palpation. This is prominently used in infants.

FUNCTIONAL LEG LENGTH INEQUALITY (LLI): this was not applied in this case as the patient was not ambulatory and without full development of the cervical and lumbar lordosis to go with the thoracic and sacral kyphosis.

ABDUCTOR TENDENCY / ADDUCTOR RESISTANCE

FOOT FLARE: EVERSION / INVERSION

FOOT PRONATION / SUPINATION

HEEL CORD TENSION / ACHILLES TENSION

ABNORMAL BREATHING PATTERNS:
compartmentalized breathing, noting where breathing is limited or restricted

INAPPROPRIATE SUSTAINED PATTERNS OF PARASPINAL MUSCLE CONTRACTIONS / POSITIVE JUMP SIGN / MYOIRRITABILITY / EMG CHANGES

CONGESTIVE TISSUE TONE: especially noted superior and inferior to the clavicles

POSTURAL FAULTS (STANDING / SITTING / PRONE):
The inability to maintain or adapt to. space and gravity in an appropriate posture

CERVICAL SYNDROME TEST: not "used in this case, as it requires the use of the LLI test

BILATERAL CERVICAL SYNDROME TEST: not used in this case, as it requires the LLI test

DERIFIELD TEST: not used in this case, as it requires the LLI test

ABNORMAL HEAT / ENERGY RADIATION FROM THE BODY: (example: thermography, thermograph, neurocalometer, tissue humidity changes)

The following day the thoracic rigidity was again present. He was adjusted C1 lateral right (reinforced index finger contact with impulse) and right S2 (Integrator on lowest force setting) with immediate reduction of tension. By the third visit the mother reported less breathing difficulties. Adjustment order from pre-checking was again C1 right and S2 right to adjust. By the fourth visit the mother indicated that

the previous night he slept through the night nine hours without a cough, which was the "first time in months". It was indicated to adjust with a right Logan Basic and right occiput (PSR).

No intercostal retraction was noted while breathing.

FIGURE 2: HOW ADJUSTMENTS WERE PERFORMED

Sphenoid adjusting was performed digitally with a posterior to anterior impulse

Occipital and cervical adjusting involved digital reinforced index contact with impulse and torque applied as indicated by tissue resistance and compliance

Thoracic adjusting involved the Integrator with the pediatric tip in place at the lowest force setting placed on top of the finger contact of the segment, thus the Integrator's force was applied through the chiropractor's finger, then through to the infant

The sacrum was adjusted using the Integrator with the pediatric tip in place over the specific segment or through the finger as for the thoracics

The following visit, the mother reported that he was utilizing two to three nebulizer masks per day whereas one week prior to arriving home from the hospital he was using a mask every two to three hours. The mother reported that his appetite had returned and he was eating well. He was adjusted C1 right, C0 PSR and right S2 with reinforced index contacts at cervical and occiput with the Integrator (lowest force setting) on the sacrum.

Medical re-testing of his immune system was performed March 18 with the mother reporting that the physicians were surprised with his results, as they were within normal limits. He required a total use of three puffers that day. The week prior, his physician reduced his medication use to two times per day throughout the week. The parents reported that he was happy, eating, and napping and sleeping through the night. He was adjusted C0 PSR and right S2 ccw.

The following number of visits indicated adjusting of C1 AIR, T2 PR, right S4 ccw; right S3, C0 R, T1 L; right S3, T2 R; right S3 ccw, C0 R. Note the changes in order for adjusting. This follows the protocol of TRT in which the order and segment adjusted should not be identical more than three visits in a row but it should change from visit to visit in a non-linear fashion⁶.

By the end of March, he ran a fever of 101 degrees during the day but by evening it elevated to 103 degrees and the parents took him to the emergency room. He was given an antibiotic but within eight hours no fever was present. Elevated muscle tone on palpation¹ was present full spine on the right side with increased Achilles tension right¹. ASRA atlas was adjusted and T2 PA with mild right posteriority.

Cervical lymphadenopathy was present by the next day, and an increase in wheezing was apparent. The use of the puffers increased to every two hours. The parents were shown how to evoke cervical lymphatic drainage by massaging lightly along the clavicles (lateral to medial) and superior to inferior along the sternocleidomastoids.

Upon medical evaluation the following day, he was vomiting but the parents reported that when medically evaluated his O2 saturation was at 98% and lung auscultation was clear.

Adjustments were C1, T1 ccw, right sacrum.

The next adjustment was at left sphenoid¹, T1 PL.

By mid April, subsequent to being given milk he was fussy, began coughing and developed a trunkal and scalp rash with apparent lymph nodes at the left suboccipital region. Right S2 and T2 left were adjusted.

By the next day the rash was limited to the scalp only but the lymph nodes remained as the previous day. Left S2 and S3 ccw⁸ with the Integrator (on lowest force setting) were indicated to adjust.

Adjustments continued as indicated through TRT protocol. An association with coughing fits was noted subsequent to milk in the diet that raised some concern for chemical sensitivity to milk based or milk related products. Therefore, it was recommended that his formula be changed from Carnation Good Start⁹ to Isomil.

One and a half months after beginning chiropractic care the mother commented that he was the happiest he had ever been, with a "good appetite". By mid May he had seen an allergist who said he was not allergic to milk but no testing was performed. The parents decided to continue with minimizing milk in the diet as they felt this had a positive effect.

Information regarding vaccination was provided to the parents due to a high clinical suspicion of the autoimmune dysfunction and chemically induced subluxations subsequent to both a traumatic birth and the early introduction of antibiotics and vaccinations on their son. This was done to enable them to make informed decisions, while still respecting their choice as parents.

Alternatively, the parents were told by their general practitioner that their son had to receive the one-year vaccination to be able to attend school. The infant continued to do well until he received an MMR vaccine at approximately 13 months of age. Within seven days of its delivery, he developed red cheeks, a runny nose and was again experiencing greater incidences of laboured breathing. He was adjusted

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C1 RA, S1 right and T1 PR. A few minutes subsequent to his adjustment, he fell and bumped his head so he was re-checked and adjusted C0 right lateral.

At the beginning of September, he was placed on a non-steroid nebulizer "Intal" prophylaxis for 60 days combined with a Pulmicort inhaler for 10 days. He was rechecked and adjusted. Muscular tone¹ was increased right side full spine with increased right Achilles tension¹. He was adjusted C0 right, right S2 and T9 PA.

The following week he was adjusted C0 PS and T1 PA.

By September 21, he was cutting teeth and had been off steroids for two weeks. He had one morning and one evening puff of Intel. He was adjusted left sphenoid, C0 PS and T1 PA.

By November, the mother reported that he had been doing very well, was without symptoms, and was happy and thriving. She was pleased with his results. The mother discharged him from chiropractic care, as she was only interested in, and would only allow chiropractic care for, the symptomatic relief for her son. Therefore, at this time she had decided that the goals from his chiropractic care were met. This decision was respected but not recommended by the chiropractor. ▲

REFERENCES:

1. *These objective indicators of TRT protocol for spinal subluxations have significance when placed into clinical context.*
2. *Pre-adjustment checking is used to indicate the order of the segment(s) to adjust, the correct vector and torque to adjust. Pressure testing on the correct segment will demonstrate a physiological change in leg length (as seen in the 14 indicators) that will last for approximately seven seconds and revert to the original state. However, this author used pressure checking in an unusual fashion with observing changes based in the indicators of breathing rhythms, Achilles tension and tissue resistance, not the leg length changes due to a lack of fully developed cervical and lumbar lordosis.*
3. *The sacrum in infants is five separate segments and needs to be evaluated as such. According to TRT protocol, the sacrum – as it has five pairs of sacral nerves – will continue to be evaluated segmentally even though in the adult, it will have fused.*
4. *The Integrator can be set for torque left or right or, as the author prefers, clockwise (cw) and counter clockwise (ccw). This allows the instrument to create rotation about its longitudinal axis as well as produce a linear force firing at a speed of 1/10,000 sec. with concomitant recoil. The Integrator automatically fires by tip pressure contact.*

5. *These indicators view "the living body and mind as one entity, which is holographic in nature and constantly in process between healing and dis-ease". "Excerpt taken from Torque Release Technique", Drs Nadler, Asher; Holder, Jay; and Talsky, Marvin. Canadian Chiropractor; Volume 3, Number 1, Feb 1998.*
6. *ibid. "Because the nervous system is suggested to have the capacity to record and memorize each input or event, a non-sequential adjusting procedure from one session to the next is suggested in order to promote change rather than induce patterns via repetition".*
7. *It is unusual to find a sphenoid without an indication to adjust the coccyx. According to TRT protocol there is a strong relationship between the sphenoid and coccyx through the Lovett brother relationship. However; this relationship is found in adults once the kyphosis and two lordotic curves have developed, which is not fully present in this case.*
8. *The sacrum in an infant is unfused and should be evaluated as five separate segments. TRT protocol continues to evaluate the sacrum throughout life as five separate segments of paired spinal nerves.*
9. *Carnation Good Start is not marketed as "hypoallergenic" and it is usually well tolerated. However, discretion is advised with infants known to have cow's milk allergy or sensitivity. Referenced in the Pediatric Diplomate programme ICA – Palmer College, Infant formula consideration notes.*

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