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A Tonal Solution for Subluxation Patterns

Torque Release Technique analyzes Cranial-Spinal Meningeal Functional Unit

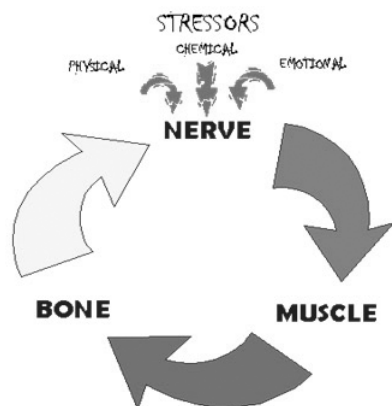
A renaissance is flourishing within our profession. There is an awakening of the core principles that gave birth to our uniqueness. As society wakes up to the notion of natural wellness, chiropractic finds itself on the leading edge, blending today's technologies with the timeless principles that govern physical health and human potential.

This is a time of definition. For many decades chiropractic has walked the fine line between being back care practitioners with "something extra," to being wellness practitioners. We are defined as doctors with a skill and knowledge base exceeding that of a therapist, yet most techniques within the profession are rehabilitation-oriented. The uniqueness of chiropractic lies outside the limitations of therapy. Our spectrum of understanding allows us to offer members of society a foundation from which to reconnect with their inborn guidance systems. This renaissance is being driven by the restless urge to define our uniqueness using advancing technologies and techniques.

Tonal-based techniques have been a mainstay of chiropractic care from the early developmental days within the profession. The distinction between osseous adjusting

and tonal adjusting lies in the practitioner's choice of entry into the distortion pattern of the subluxation. There are three primary tissue systems involved in the process of subluxation: the active component of muscles, which are linked to the passive portion of the bony skeleton, all of which is under the control of the nervous system.

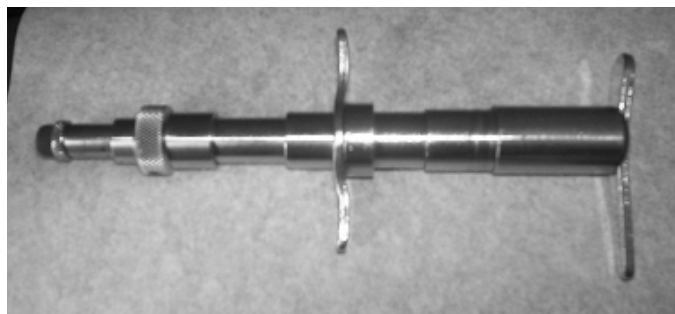
The three primary tissue systems involved in subluxation.



As unmanaged stress overwhelms the natural adaptive capacity of the person, the neural reflexes cause a muscular reaction, which in turn distorts the bony alignment. This loss of position and motion inevitably becomes its own noxious stress and the endless cycle of subluxation is born.

Osseous adjustive techniques intend to interrupt this cycle by applying forceful change into the muscle-bone vector. Tonal techniques intend to introduce lightly applied, concussive forces toward the nerve-muscle vector. Whereas spinal manipulative therapy is applied with the intent of cavitation and restorative motion, tonal techniques are directed at arousing an inborn adaptive response by stimulating neural reflexes and reducing nerve interference patterns.

Torque Release Technique (TRT) evolved out of a 1996 university-based study on the associated benefit of chiropractic adjustive care with residential addiction patients who were being investigated for signs of Reward Deficiency Syndrome (RDS). This landmark study, co-developed by chiropractic researcher Dr. Jay Holder, required a truly



The Integrator™, also known as the Torque Adjustor™, is unlike other hand-held instruments. It has true force adjustment, incorporating torque and recoil.

reproducible adjustive thrust that emulated the directional forces of a specific adjustment. An instrument, which became known as the Integrator™, was created to meet such demanding criteria.

SEARCHING FOR PATTERNS

Tonal techniques generally view the spinal-neural systems in a global sense. Rather than viewing painful, local fixations in posture and motion as the adjustive starting point, TRT begins with an analysis of the entire system, searching for patterns of subluxation. The nervous system is viewed in its non-linear, non-mechanistic state. All testing is done to determine where an interruption in the field of intelligence within the body-mind system exists. This inborn intelligence has the role of interpreting, adapting and reacting to the environment.

TRT practitioners liken the relationship between the spine and the central neurology to a guitar string. As the tension along the string is altered, the pitch of the note is changed. The tone of the system is responsible for the adaptive response. This is analogous to the spine developing torsional strains and applying unusual tension patterns to the dural attachments and ultimately the neural tissue itself. The spinal cord is wrapped within the three layers of the meninges. Extrusions of the dura mater, known as the dentate ligaments, suspend the cord within the spinal canal. It is at these attachment points that the practitioner can especially determine if a subluxation process is evolving.

The entire spinal-dural-neural entity is regarded as the Cranial-Spinal Meningeal Functional Unit (C-SMFU). In this technique, the patient is analyzed in the prone position.

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Thirteen different parameters are applied with a general tonal analytical scan at this time. Scanning palpation, tissue palpation and motion palpation are readily used to begin the testing process. The patient is then assessed for overall tension by viewing stuck breathing patterns and postural aberrations. Inequality in leg length is noted and heel cord tension is reviewed. Derefield testing is applied to determine the functionality of the upper cervical region in relation to pelvic posture. Bilateral cervical syndromes are analyzed, as are pelvic distortion patterns. A fascinating protocol associated with this technique is the additional analysis of the end points of the C-SMFU. This coccygeal-sphenoid relationship brings in the cranial portion of the analysis in relationship to overall cord tension. Subluxations at these levels are of particular interest with associated behavioural symptomatology.

TRT focuses on the entire functioning spinal-neural relationship as its analysis identifies the dominant or major subluxation pattern. A prime dictum of TRT is to “adjust no subluxation before its time.” The detailed analysis of the spinal-dural-neural relationships becomes very straightforward and the practitioner soon develops a certainty that the most dominant subluxation patterns are being revealed. In this way, the doctor rarely needs to adjust more than two segments per visit. The detailed analysis also assists in determining the laterality and posteriority of subluxation patterns.

Unlike other instrument adjustive techniques, the Integrator™ offers the option of pre-set torqued directional thrusts. These features refine the adjustive thrust and add the important corrective component of torque. As subluxations represent a three-dimensional “winding” of the C-SMFU, which results in nerve interference patterns, the corrective component of the adjustment should be focused on “unwinding” this process.

PROCESS OF CHANGE

The outcomes that are achieved with this and other tonal techniques focus on engaging a process of change rather than managing an episode of symptomatic relief. The spinal systems are sensitive and reactive to unusual position and

motion. The release of tension patterns and the entrainment of new postural habits allow the spinal systems to change and unwind.

Goals in care are to address the subluxation patterns, reset the neural control mechanisms and evaluate the continuous unwinding within the C-SMFU. Supportive postural re-education, breathing and exercise strategies can be developed by the practitioner to support the individual's needs as the healing changes occur. A guiding premise of TRT training is that the only thing constant in life is change. This foundational principle encourages the practitioner to continuously evaluate the changes in the body's adaptive response.

The window into wellness for each practice member must be through the nervous system. By utilizing a technique that focuses on assessing the global spinal-neural patterning, a true wellness-based approach can be offered to the patient. Just as the analysis orients the doctor to the activity of the subluxation, other analytical and diagnostic regimens fit nicely with TRT. Neural scanning, using the Chiropractic Leadership Alliance (CLA) Insight™ surface EMG and thermal scanning technology, is an ideal evaluative protocol to use with TRT. As well, postural and structural evaluations provide valuable information on the devastating, long-term effects of the subluxated nervous system.

By combining tonal, postural and technique interpretive analyses, the practitioner can prepare a wellness-based care plan for individual practice members. Each patient presents with unique needs and so this protocol allows a dynamic, evolving system of adjusting and evaluation. A congruency must exist between the intent, examination, adjustment and ultimately the philosophy of chiropractic care.

The dependence on a reactive, “medicalized” model of sickness-based care is being replaced by a wellness consciousness. The chiropractic profession is the proven leader in delivering this message. The renaissance within chiropractic techniques matches the timing of the wellness revolution.

TRT has become a preferred system for doctors to analyze and adjust each patient in a real time, non-linear method. This distinctive approach transforms the patient's experience from the limited scope of spinal care to the full spectrum of co-creating wellness within the community. •