

Introduction

This is not a textbook about technique.

Rather it is a textbook about a Principle. One that will result in your practice achieving amazing successes, with an increase in referrals and the immense personal satisfaction of achieving consistently better results than many of your colleagues.

This is the Textbook on Spinal Corrective Therapy.

The result of over forty years experience and research.

Justifying the charging of fees commensurate with the level of service that you will be able to provide.

Spinal Corrective Therapy – SCT – looks at the totality of the case. Not just at the 'bit that hurts'.

Its core modality is manipulative. But employing a totally new and previously unexplored approach, producing immediate results literally within minutes – "There and Then"

Indeed I would say that if there is no difference literally within two minutes, then I personally would be unlikely to proceed further.

The kind of case that I take on must reach an appreciable level of improvement with only a few visits, perhaps three – five or so. In the last forty years I have only seen one single case which needed as many as ten visits. That was during the very early days.

Of course I am fully aware that degenerative changes cannot be reversed. Possibly improved, possibly ameliorated, But as a therapist I know I cannot 'cure the world', and I take on such cases where I know I can deliver a considerable degree of improvement and relief from pain. There and Then.

Those cases which do not fit into my sphere of expertise I refer elsewhere.

A handwritten signature in dark ink, appearing to read "Dr. Robert G. ...", with a horizontal line drawn underneath it.

SCT Fundamentals

The skull, spine, pelvis and feet seek to retain a balanced state

A cranial, vertebral, sacral or foot lesion anywhere in this system can produce a compensating strain elsewhere in the system which very often breaks down to cause pain and misery far away from the causative issue

Where it hurts is rarely where the precipitating cause is

This is especially so in the case of structural-related as opposed to pathogenic low back pain

Low back problems of the type likely to respond to manipulative procedure are surprisingly rare. By far the majority are the result of breaking-down compensations emanating from a higher level

SCT demonstrates this by finding and correcting the precipitating cause, then allowing gravity to allow compensations to 'unwind', upon which the patient's original ranges of motion will be seen to be markedly improved literally within only minutes.

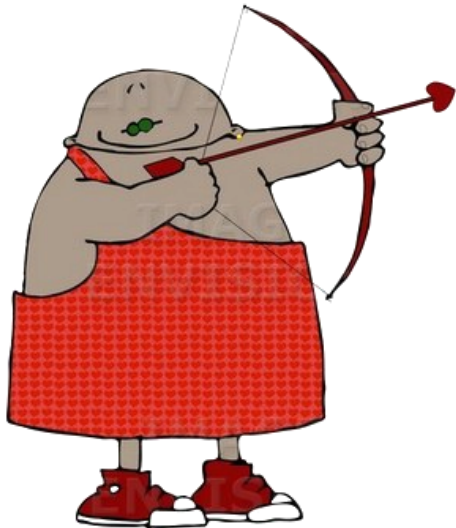
Bearing in mind the influence the sympathetic and parasympathetic nerves have on the visceral and other organs, SCT offers a profound vitality restoring therapeutic effect on many difficult medical conditions if caught in time.

As a psychological by-product, on seeing the immediate improvements 'there & then' the patient's self-healing processes are immeasurably boosted.

One benefit (*depending on your point of view as a therapist or as a business owner*) is that SCT usually requires far fewer treatments to achieve the desired result

Question: When is a bow not a Bow?

Answer: When it's an Extension!



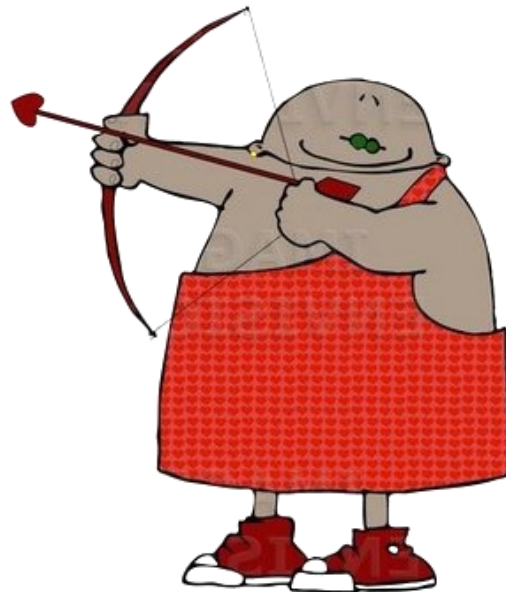
Anatomy: Extension

The act of straightening a limb

A straightening movement around a joint that increases the angle between the bones of the limb at the joint.

Anatomy: Flexion

A bending movement around a joint that decreases the angle between the bones of the limb at the joint.



Flexion of the cervical and lumbar spine is more correctly **Backward Bending**

Extension of the cervical and lumbar spine is more correctly **Forward Bending**

Everybody gets this Wrong!

Children and 'Growing Pains'

Parents rarely bring their children in for preventive checking. And particularly with respect to the so-called 'growing pains'.

There is no such condition as 'growing pains'. But there certainly is such a thing as 'early warning signs' of future yet-to-develop spinal problems. Which seriously need to be addressed to modify or prevent the future 'slipped disc', the future scoliotic deviations, the future visceral malfunctions such as gastritis, diabetes or cardiac problems.

A child does a clumsy roly-poly, or perhaps jerks the spine in a fall. Immediately the vertebral column twists in a compensation, the pelvic portion perhaps producing an apparent shortening of one leg. Over the coming years, months, weeks or even days these mechanical forces instigate destructive changes. Which in the early weeks or months reveal themselves as 'growing pains'.

It is most important that children are checked for these so-common mishaps. Which can easily be corrected. Saving the child much future misery. And saving the country a vast amount in health-care costs, where spinal problems are a tremendous drain on national resources.

Careful probing during the initial consultation will often suggest that any children – even older ones – should be brought along at a subsequent visit to be screened for these warning signs. Especially if the parent, your patient, has degenerative vertebral changes or long established visceral problems.

Nobody else offers this free service. Providing it will enhance your status in the eyes of your patients – and their friends and contacts. Thereby coincidentally also enhancing your bank balance!

How should the parent assess the child?

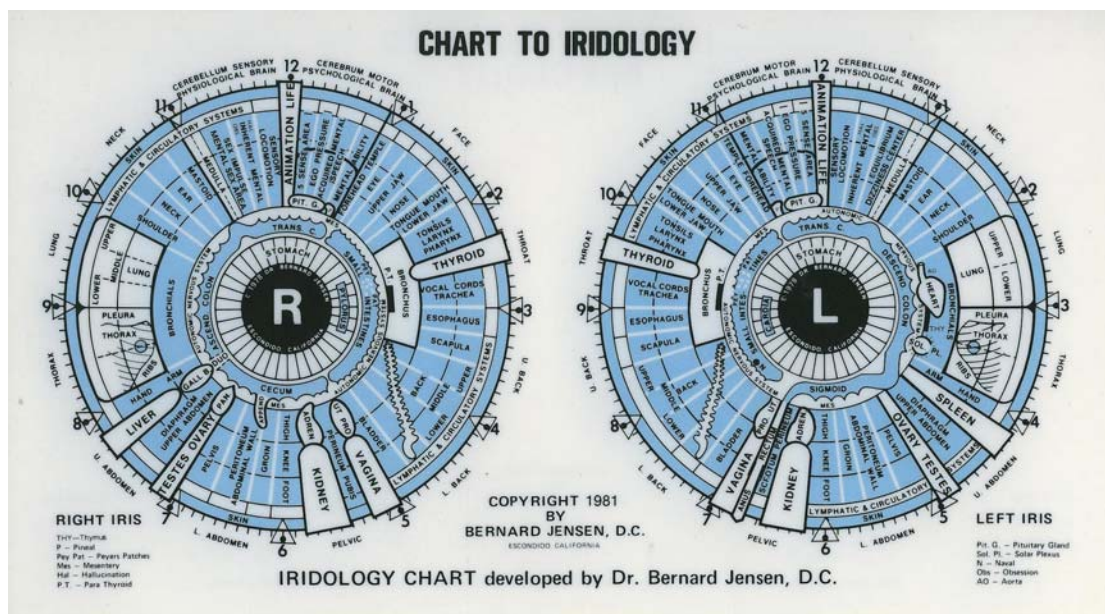
Compare leg length, the straight leg raise, hip abduction in flexion. Palpate for any tenderness whatsoever in the spine. The standing child should be able to place the palms flat on the floor without bending the knees. There are of course many other checks possible.

Remind the parents of a young girl that the child should be able to let her thigh lie flat on the table or bed when she touches that foot to the knee of the other, straight leg.

If it will not lie flat, this suggests that there could be a pelvic structural malalignment that could be a factor in future labour difficulties. Correcting this could modify future childbirth horrors.

No other therapist does this. Elevate your status in the eyes of a grateful parent! Increasing your justification to charge higher fees ...

Iridology



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It is imperative that as physical therapists you have a sound practical knowledge of this most important modality. Without it, you can only deliver 'half' your potential as therapists treating the Totality of the case.

It is imperative that if a therapist wants to deliver the best possible service to his patients – and also earn the greatest possible income! – that he studies and becomes expert at this.

Together with spinal analysis and pulse diagnosis, he will be able to find the earliest warning signs of many diseases and problems YEARS before they actually develop and become untreatable. Surely indicating the highest possible level of skill. And surely justifying the highest level of fees!

Dr Bernard Jensen told me that he does not think it possible to spot early signs of cancer from the iris. I have to disagree with him. I think one can.

<http://www.bernardjensen.com/>

With type 2 diabetes now reaching epidemic levels, every practitioner should be on the lookout to catch it at the earliest possible stage, long before actual symptoms appear. This is easily done: fattish belly, tender T7/8, family history and – Iridology. And Remember (as you of course are delivering the best possible, high fees service) to insist on checking the children [and grandchildren, and great-grandchildren, and ...]

This is why I claim to treat the unborn children of the patient – and I do!

As must You ...

CERTIFICATION

Originally subtitled “A Handbook of Osteomyology”, this ebook gives you all the information you need to use Spinal Corrective Therapy (SCT) with full effect in your practice. Particularly with respect to many forms of intransigent low back pain.

But what it cannot do is give you a personal demonstration of the lightness of touch required in making careful and exact assessments.

Nor show exactly how to have your patient recognise and attest to the expected improvements obtained during treatment –

“There & Then”

This can only be done by therapists who have received personal instruction and demonstration from a qualified teacher of SCT.

Short courses are held for qualified therapists wishing to receive

Certificates of Competence in Spinal Corrective Therapy.

Contact the Founder, John Roberts-James



on 01325 463766 for further details or email:
certification@spinalcorrectivetherapy.co.uk

In an email to me in May 2009 Dr. Alan J W Clemens DO FAO BA MSc PhD, Chairman & Founder of the Association of Osteomyologists writes that having just received the manuscript of Spinal Corrective Therapy (SCT) he could feel his hair follicles starting to stir, which for him is always a sign of great things to come. He really believes that SCT could be the Golden Fleece that he had been searching for as a ‘must-do’ for all members of his Association and a necessity for new entrants. He states that he thinks it to be very important to give his present and future members the opportunity to learn a new discipline that could become the core discipline for which he had been searching ever since he formed the Association. He ends with a “Well done my Boy”.

John Roberts-James
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