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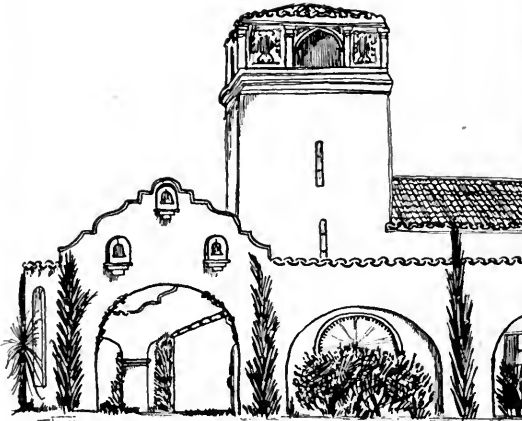
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COLLEGE OF OSTEOPATHIC PHYSICIANS  
AND SURGEONS • LOS ANGELES, CALIFORNIA



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# *Osteopathic Strap Technic*

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— BY —  
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Pertaining to Anatomy, Physiology,  
Diseases and Surgery for Stud-  
ents and Physicians".

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Osteopathic strap technic, properly used, obtains desirable results in a manner agreeable to the patient and without exhausting the operator. The straps do part of the work and the patient does part of it, while the operator directs and assists the operation.

Every osteopath who is doing a successful business should conserve as much of his energy as possible. The early deaths and failing health among the overworked men and women of the osteopathic profession should be a warning to others.

A practice is bound to increase in amount, from year to year, provided it is properly managed and the results obtained are satisfactory to the patients. Furthermore, the results will be satisfactory in nearly all chronic cases, if the lesions are corrected. Therefore, the success of an osteopath is dependent on his skill in technic. A proper diagnosis is fundamental; but, the technic is what cures the patient and the cure is what most concerns him.

With the aid of straps, many lesions can be easily corrected that are otherwise difficult or

impossible to correct. Many patients have told of the unpleasant, painful and exhausting experiences endured while osteopaths were trying to correct innominate lesions. Such osteopathic work is detrimental to the patient, to the operator's professional reputation and to the reputation of osteopathy. Such work is unnecessary and, accordingly, should be avoided. It is so easy, with a strap, to correct these lesions that there seems no good reason why any osteopath should not use one. Indeed, the only equipment necessary for correcting innominate lesions is one stout strap about eight feet long.

Every general osteopathic practitioner should endeavor to specialize in technic, because his success and the reputation of osteopathy depends upon it.

Strap technic is not expected to revolutionize osteopathic methods of treatment, neither is it a complete system of technic; yet, it is an aid of inestimable value to the osteopathic profession. It may be hoped, that any osteopath who uses strap technic will thereby become so much more efficient in his work that his patients will have a higher esteem for his work and for osteopathy.



## **EQUIPMENT FOR OSTEOPATHIC STRAP TECHNIC.**

The necessary equipment for osteopathic strap technic is five handles, six straps, with two short straps attached to one of the six, and one harness strap, in addition to one ordinary treatment table and a pillow.

The five handles can be secured at any good hardware store. They are the kind used on screen doors or for raising heavy windows.

The straps may be webbing or leather. Leather straps may be ordered from a harness maker; webbing straps, from a trunk factory.

One handle should be placed at the front of the table. For convenience, this should be placed in the center and at the highest available point on the front end of the table. (Not on top.)

On either side of the table there should be two handles; one about fifteen inches and the other about thirty, from the head end.

It is advisable to use one leather strap about eight feet long, one and one-half inches wide, made of the thickest leather the harnessmaker has. This strap will do for all the heavy work and will last years. A weaker strap will soon be torn to pieces.

The webbing straps needed are the following: Two, one and one-half inches wide, eight feet long; two, one and one-half inches wide,

two and one-half feet long; one, one inch wide, fourteen feet long. Each of these webbing straps should have a buckle at one end and a tip piece at the other.

On the fourteen-foot strap, about four feet from the buckle, fasten, at right angles, a webbing strap six inches long with a buckle on its free end. About seven feet from the buckle end of this fourteen-foot strap, fasten, at right angles, a webbing strap forty inches long, with a metal tip piece on the free end of it.

The harness snap should be put on this fourteen-foot strap; then the ends of the strap should be buckled together. The snap is for hooking into the handle at the end of the table, while the strap is put over the patient's shoulders, as shown in Plates 16 and 17.

## OSTEOPATHIC STRAP TECHNIC.

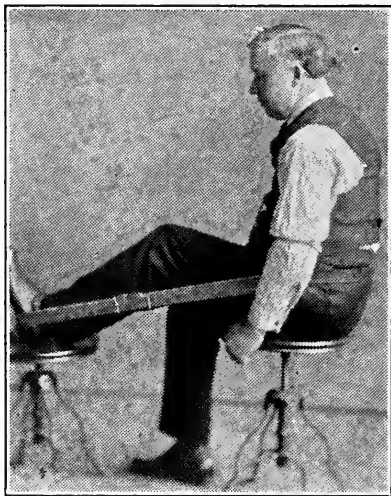


Plate 1—TECHNIC FOR CORRECTING A POSTERIOR INNOMINATE LESION

Note, in the Plate, that the strap is buckled short enough to flex slightly the patient's knee; and, that it passes across the patient's hip just below the crest of the ilium on the lesioned side and just above the crest of the ilium on the normal side.

Instruct the patient to push hard with his foot against the strap. The strap pulls the crest of the ilium forward and the head of the

femur pushes the acetabulum backward, thus correcting the lesion.

If the patient is a child or an adult too feeble to push hard against the strap, the operator should press downward on the patient's knee to straighten the leg. That will do the work just as well as when the patient does the pushing. This operation should be painless and agreeable to the patient.

By this strap method, innominate lesions can be corrected for women while they are fully dressed for the street.

It is just as easy to correct a big man's innominate lesion as it is to correct one for a little patient; the patient does the work.

An anterior lesion can be set in the same manner by moving the strap down, from the crest of the ilium to the ischium, and having the patient push as before.



Plate 2—TECHNIC FOR CORRECTING ANTERIOR INNOMINATE LESIONS

## **PLATE 2—TECHNIC FOR CORRECTING ANTERIOR INNOMINATE LESION.**

As shown in this Plate, the strap is put through the handle at the front end of the table and looped over the patient's knee. The strap should be buckled up to the proper length to reach over the knee when the thigh is perpendicular. Then instruct the patient to push with his knee, as hard as he can against the strap. By so doing he corrects the lesion. The hamstring muscles draw the ischium anteriorly and the gluteus maximus opens the sacroiliac articulation, while the head of the femur pushes the acetabulum posteriorly, thus correcting the lesion.

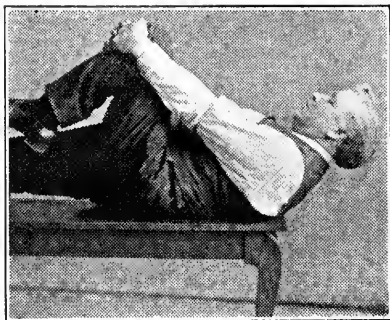


Plate 3—TECHNIC FOR CORRECTING AN AN-  
TERIOR INNOMINATE LESION WITH-  
OUT USING A STRAP

**PLATE 3—TECHNIC FOR CORRECTING  
AN ANTERIOR INNOMINATE LESION  
WITHOUT USING A STRAP.**

The patient interlocks the fingers of his hands and puts them over the knee to take the place of the strap. The patient should pull with both hands and push with his knee, with all his strength. He should not bend his elbows, as by doing so he draws the knee too far forward. This method can be used when the operator has no strap to work with. If he has a strap, it is best to use it, as the patient will push harder on the strap than he will on his hands

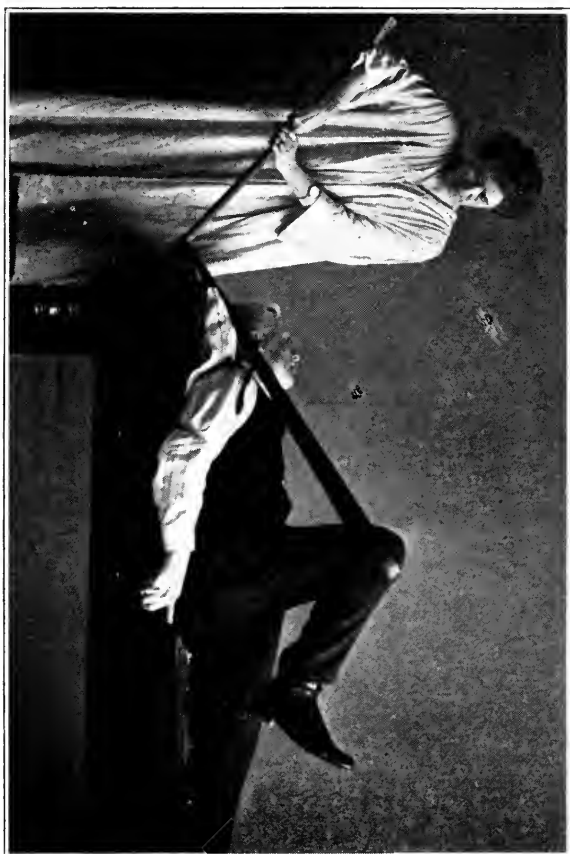


Plate 4—TECHNIC FOR CORRECTING AN AN-  
TERIOR INNOMINATE LESION ON A  
BED OR SOFA

**PLATE 4—TECHNIC FOR CORRECTING  
AN ANTERIOR INNOMINATE LESION  
ON A BED OR SOFA.**

Sometimes a treatment is given at the patient's home, with the patient on a bed or sofa. In such cases, there may be nothing to fasten a strap to. A broom handle, or any old stick, can be used as shown in this Plate. I usually put the strap over my wrist and grasp the head of the sofa or bed with my hand and let the patient push with all his might. Since I should consider that method dangerous for an operator who has an arm smaller than mine, I am advising the use of a stick, as shown in Plate 4.





Plate 5—TECHNIC FOR CORRECTING AN AN-  
TERIOR INNOMINATE LESION WHEN  
THE PATIENT HAS A SORE KNEE

**PLATE 5—TECHNIC FOR CORRECTING  
AN ANTERIOR INNOMINATE LESION,  
WHEN THE PATIENT HAS A  
SORE KNEE.**

Synovitis of a knee joint is a common result of an innominate lesion; therefore, it is quite common to find a sore knee associated with this lesion. On account of the soreness, place the strap on the thigh just above the knee. It is usually necessary to put a small pillow between the patient's thigh and the strap, as the pressure against the strap may cause pain.

Sometimes a patient will complain of pain between the sacrum and the posterior superior spine of the ilium. This can be removed by hooking the strap over the front corner of the table, opposite the affected side and over the patient's knee while he lies, in the dorsal position on the table. Then let the patient push, as he would for correcting an anterior innominate lesion. By this method, the pull will be in proper direction for opening the joint at the point of pain and for removing the cause of the pain.

No preparatory treatments are necessary before making innominate corrections. Correct the lesion, and then, if desirable, treat the muscles.

The innominate lesion is very common. Some osteopaths say that eighty per cent of their chronic cases have innominate lesions. I do not keep case records, but I should judge that eighty per cent is not far out of the way. Every one of these lesions cause trouble—trouble that an osteopath can remove by correcting them. If he successfully treats every innominate lesion that comes to him, he will make a sufficient number of cures to build a reputation for successful practice.

It will not be necessary to enumerate the various diseases and ailments that have been cured by correcting innominate lesions; but, in a general way, it is well to know that such lesions cause congestion and pain anywhere in the legs, feet, pelvis or lower abdominal region. They also interfere with the circulation of blood in all the parts just mentioned, and gradually or suddenly, develop trouble of various natures, from varicose veins to neoplasms.

A double innominate lesion often exists, that is, a lesion of both innominate bones. In such cases, the legs are of equal length. If there is pelvic trouble or trouble anywhere in the legs, feet or lower abdominal region, not otherwise accounted for, it is well to suspect a double innominate lesion. To test for such a lesion, give treatment for an anterior innominate

lesion, and then measure the legs. If the leg so treated is shorter than the other, there was a double lesion. Treat the other lesion in the same manner and measure again. The legs will again be of equal length. Don't be afraid to make this test; there is no danger of producing an innominate lesion by this treatment. Theoretically, one might fear that such treatment of a normal articulation would lesion it; but, experience of over five years has proved that there is no danger of so producing a lesion.

Instead of calling this a double lesion, some osteopaths may argue that it is a slipped sacrum. If so, let them call it that. It makes no difference in the treatment and no difference in the results.

Why do patients travel many miles to get their innominate lesions corrected by the strap method? To answer this question, it is necessary only to hear them relate their experiences with osteopaths trying to correct such lesions by the old methods. It is difficult to understand why any osteopath should stick to his old methods of manipulation, when he knows that such methods are often unsuccessful and usually very unpleasant to the patient. The old methods lose business; the strap method gets it, always making the corrections and producing good results.



Plate 6—TECHNIC FOR CORRECTING A LUM-  
BAR LORDOSIS, OR FOR TREATING A  
RIGID LUMBAR

## **PLATE 6—TECHNIC FOR CORRECTING A LUMBAR LORDOSIS, OR FOR TREATING A RIGID LUMBAR.**

In this process, there is but one strap used. It passes around the table, through one handle at the side of the table and over the patient's knees. When the patient pushes with his knees against the strap, it places a strain on the erector spinea muscles. For each pound of pressure exerted by the knees there is about seven pounds' strain put on the erector spinea and quadratus lumborum muscles. Most of it is put on the erector spinea muscles. Any average man can easily in this position raise three or four hundred pounds on his knees. That would mean a strain of 2,100 to 2,800 pounds on the erector spinea muscles. The treatment stretches these muscles; hence, it is especially good for correcting lumbar lordosis. Such a spine throws extra weight on the anterior portion of the base of the sacrum and tilts the pelvic girdle. This abnormally tilted condition interferes with the circulation of blood through the pelvic basin and impedes circulation of blood and lymph throughout the legs and feet.

By this treatment, I have cured varicose veins of both legs after they were bad enough to necessitate the patient's wearing rubber

bandages to prevent the veins from breaking out.

For years I sought for a successful treatment of lumbar lordosis, but I did not find it until I learned the technic shown in Plate 31. When I was in college, I was shown how to treat such cases by laying the patient on his side, flexing his knees and pressing them with my chest while I reached over the patient's side and pulled on the erector spinea muscles. That was hard work for me; but it was easy on the erector spinea muscles. The treatment was practically worthless. The erector spinea muscles are probably the most powerful in the human body and it requires great force to affect them.

Next to the correction of innominate lesions to normalize the blood circulation in the pelvis and legs, the most important thing is the correction of a lumbar lordosis.

These cases of lumbar lordosis are very common, as they are found in most portly people and in many slim ones. They are productive of much trouble. It is very necessary that this condition should be corrected.

If the patient's hips do not rise from the table when he pushes on the strap, the strap should be slipped from his knees and he should be asked to slide about three inches toward the foot of the table. Put the strap over his

knees and let him push again. The further the patient moves toward the foot of the table, the higher the strain will be on his back when he pushes on the strap. Don't allow the patient to push against his knees with his hands, for that does the spinal muscles no good.

This treatment can be used very successfully to loosen up a stiffened lumbar spine, but I would not recommend it for use on a posterior condition of the lumbar spine, because, in such cases, it is detrimental.

Don't try this treatment with a weak strap, for, if you do, the strap will break and the erector spinea muscles will receive no benefit.





Plate 7—TECHNIC FOR TREATING HEMOR-  
RHOIDS OR REPLACING FALLEN PEL-  
VIC ORGANS

## **PLATE 7—TECHNIC FOR TREATING HEMORRHOIDS OR FOR REPLACING FALLEN PELVIC ORGANS.**

No strap is used in this treatment. The patient is lying on two pillows, so that her body can be rocked back and forth longitudinally with ease. The operator pushes on the patient's feet to rock her body toward the head of the table; then he pulls and pushes again to get it under good motion. After pushing the second time, the operator holds back on the feet to stop suddenly the forward movement of the body. As he makes this sudden stop, the momentum carries the abdominal and pelvic contents upward.

This treatment requires a little practice, but, after the operator becomes familiar with it, he can do great good with it.

Whenever I have told osteopaths that this treatment would cure hemorrhoids in from one to five treatments, they looked at me doubtfully. Years of experience, however, have led me to believe that this treatment will cure ninety-five per cent of hemorrhoid cases in from one to five treatments. In some cases of hemorrhoids, there is an accumulation of dried blood in the tumor. This treatment cannot remove that dried blood.

Long standing cases are not necessarily dif-

ficult to cure. I cured one case of hemorrhoids of nineteen years' standing in a single treatment.

The question naturally arises, Why is this treatment so effective? It is because it removes the cause of hemorrhoids, folds in the bowel. The bowel becomes jammed and pressed down at the rectum, putting short folds in its walls. These short folds shut off the circulation of blood and the blood is held back, causing the veins to fill and enlarge. This enlargement is a hemorrhoid. Whenever the bowel is raised up by this treatment, the short folds are straightened out, and the blood is allowed to circulate freely. The hemorrhoid drains and disappears. This is a simple technic easily understood. The cures are just as easily made.

By this same treatment we can raise the fallen, flexed or verted uterus. If the uterus is tipped backward against the sacrum, the patient should be treated while she lies face downward. In that position gravitation aids the uterus in its replacement by drawing it away from the sacrum. When giving the treatment with the patient lying face downward, it will be necessary for her to keep the knees perfectly rigid. If the knees are springy, the treatment will be useless, as the body must be stopped suddenly, for the momentum to carry

the uterus upward to its normal position, and this cannot be done if the knees are not rigid.

The McManus table is convenient for this treatment, as the patient can be put on it with her head lower than her hips, making the treatment more effective.



Plate 8—TECHNIC FOR TREATING LEUCHOR-  
RHEA OR MENORRHAGIA

## **PLATE 8—TECHNIC FOR TREATING LEUCORRHEA OR MENORRHAGIA.**

The strap is placed across the lower lumbar region. The operator raises the patient's knees as high as she will tolerate. The knees should be raised, in this manner, three times for a treatment.

The results thus obtained for leucorrhœa are very satisfactory, and if continued, will cure most cases. One treatment will stop any normal menses, although more than one may be required for abnormal conditions. The treatment is quickly given, and is too valuable to be omitted when needed.



Plate 9—TECHNIC FOR TREATING THE AN-  
TERIOR ABDOMINAL AND CHEST WALLS

## **PLATE 9—TECHNIC FOR TREATING THE ANTERIOR ABDOMINAL AND CHEST WALLS.**

No strap is used in this treatment. A pillow is laid at the center of the table. The patient lies across it as shown in this plate. His feet do not touch the floor.

The patient's arms are raised above the head to draw on the pectoralis muscles and raise the chest walls. After a patient has had this treatment several times, a weight can be held in his hands to make the stretch greater.

This treatment is especially good for cases of tharacic kyphosis. In such cases the ribs are slanted too far downward, anteriorly. The abdominal muscles are contracted and shortened. Contractured intercostal and abdominal muscles make it impossible to straighten the spinal column. They must be stretched and relaxed. This treatment will do the work.

Stooped shoulders, with their accompanying distorted chest, make a suitable place for a multitude of diseases, affecting especially the nervous system, heart, lungs, and bronchial tubes. This treatment shown in Plate 38 is good for a multitude of cases. It is not hard on the operator. At first it is very severe on the patient. Later he can take it with pleasure.

The length of time a patient should lie across the table depends on his toleration.



Some patients do not wish to lie there more than ten seconds. They often breathe heavily after this treatment, as though they had tried to lift a ton. Some patients can lie there a minute and repeat the exercise three or four times for a treatment. Some patients, after practice, can lie five minutes and hold a ten-pound weight in their hands. Each operator should try this treatment before he gives it to any of his patients; then he will know what to expect of the patient. Put a patient across the table as shown in Plate 9, palpate the muscles of the chest and abdomen and note how taut they are. You will decide that this is a powerful treatment.



Plate 10—TECHNIC TO PREVENT VOMITING  
OR TO STOP A STOMACH HEADACHE

## **PLATE 10—TECHNIC TO PREVENT VOM- ITING OR TO STOP A STOMACH HEADACHE.**

When a patient complains of a headache that affects the eyes and forehead, place one finger on the right side of the spine, at the fourth thoracic nerve, to see if the spot is hypersensitive. If so, the stomach is the cause of the headache. Hold one finger on this spot to inhibit the nerve from one to three minutes and the headache will have cleared up. It is not necessary to count the vertebrae to locate this hypersensitive nerve. Guess at the spot and press. If that spot is not hypersensitive, try the one above or the one below. The patient will tell you when you hit the right spot.

If the stomach is in bad condition, this treatment may not give permanent relief. In practically all of these cases of stomach headache, there is too much acid in the stomach. This can be readily neutralized by letting the patient drink half a glass of water containing half a teaspoonful of common baking soda. No, this is not medicine. If your patient spilled hydrochloric acid on his hands, would you not apply anything you could get to neutralize the acid? Of course, you would. Then, why not neutralize the acid in the stomach, when it is burning up the lining of the stomach and causing the headache?

Inhibition of the same nerve will stop vomiting. If a patient gets sick while riding on the cars, this nerve will be hypersensitive before he is sick enough to vomit. Inhibit the nerve to stop the headache and to stop the vomiting.

Very often when a patient desires to vomit, it is best to let him do so, for that will clean out his stomach. Then give him some hot water to drink. Even if he throws it up, it will wash the stomach. Give him more hot water.

Sometimes, however, it is desirable to have the patient keep some food in his stomach. This can be done by inhibiting the fourth thoracic nerve the right hand side. Hold one finger on the nerve, while the patient eats or drinks some liquid food. After the food has been in the stomach for a few minutes the disturbance calms to such a degree that it is no longer necessary to inhibit the nerve.

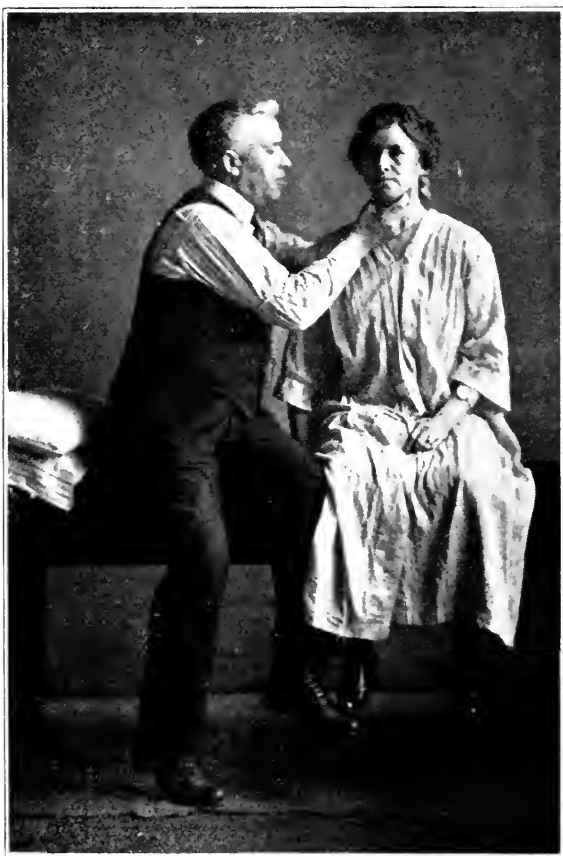


Plate 11—TECHNIC FOR STOPPING HIC-  
COUGHS

## PLATE 11—TECHNIC FOR STOPPING HICCOUGHS.

Hiccoughs are due to spasms of the diaphragm, brought about by inflammation of the phrenic nerves. This inflammation often spreads from the stomach to the lower side of the diaphragm where the terminal branches of the phrenic nerves are numerous.

All osteopaths agree that the way to stop hiccoughs is by inhibiting the phrenic nerves; but they do not agree as to where these nerves should be inhibited.

Plate 39 shows the thumb on the right phrenic nerve and the index finger on the left one. The thumb and finger is on each side of the trachea, but they do not touch the trachea. The thumb and finger, after pushing the sternocleido mastoid muscles laterally, presses the phrenic nerves against the anterior side of the transverse processes of the vertebrae. A steady pressure on these nerves from thirty seconds to two minutes should stop any case of hiccoughs, unless it is due to continued use of morphine or hiccoughs denoting approaching death. Hiccoughs due to use of morphine can be stopped, though sometimes they are stubborn.

After the hiccoughs have been stopped in this manner, treatment should be given for the stomach trouble or other cause, to prevent their return.



Plate 12—THE PROPER WAY FOR A PATIENT  
TO GET ASTRIDE THE TABLE



**PLATE 12—THE PROPER WAY FOR A  
PATIENT TO GET ASTRIDE THE  
TABLE.**

The patient should sit on the table as shown in Plate 12; then she should raise her right foot and swing it across the table to the position shown in Plate 13.



Plate 13—A CONVENIENT WAY OF THROWING  
THE STRAP ACROSS THE TABLE AND  
BACK UNDER IT TO THE OPERA-  
TOR'S FEET.

**PLATE 13—A CONVENIENT WAY OF  
THROWING THE STRAP ACROSS  
THE TABLE AND BACK UNDER  
IT TO THE OPERATOR'S  
FEET.**

Hold the strap as shown in Plate 13., swing the buckle out as far beyond the table as is necessary and, as it swings back toward the table, lower the hand so that the buckle will pass under the table and light near your feet. Pick up the strap and buckle it firmly across the patient's thighs, as shown in Plate 14. The strap will hold the patient's hips firmly on the table and make the spinal movements, as shown in Plates 14 and 15, more effective.

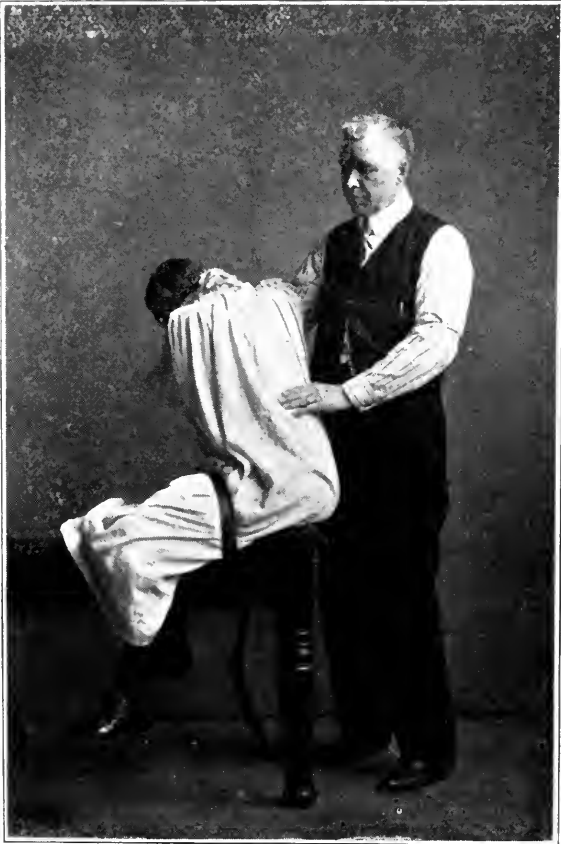


Plate 14—TECHNIC FOR TORTION TREATMENT OF THE SPINAL COLUMN

## PLATE 14—TECHNIC FOR TORTION TREATMENT OF THE SPINAL COLUMN.

The patient's hands are interlocked over the back of her neck. The operator's right arm passes below the patient's right arm and his hand grasps her left arm just below her shoulder. With this hold, he turns her shoulders toward the right several times to produce the desired tortion movements of the spinal column.

After turning the patient's shoulders a few times toward the right, as shown in Plates 14, the operator changes hands, and turns her shoulders toward the left several times. By varying the flexure of the spinal column, while giving this treatment, desired points may be affected.

This technic is too well known to require detailed explanation, however, it might be in order to say that the main object is to relax the deep muscles and ligaments along the spinal column. This relaxation is very important, as it is the soft tissue near the lesioned vertebrae that suffers first and most from the lesion, and becomes abnormally contracted. Chronic inflammatory processes at the vertebral lesions are bound to cause some hyper-

plasia, which interferes with nerve functioning and blood movements.

In many cases, there are hypertonia of the spinal muscles and shortening of spinal ligaments without specific vertebral lesions. Such conditions interfere with nerve action and blood movements, in and about the spinal canal, and are necessarily detrimental to health. This spinal treatment is very beneficial, if properly given.

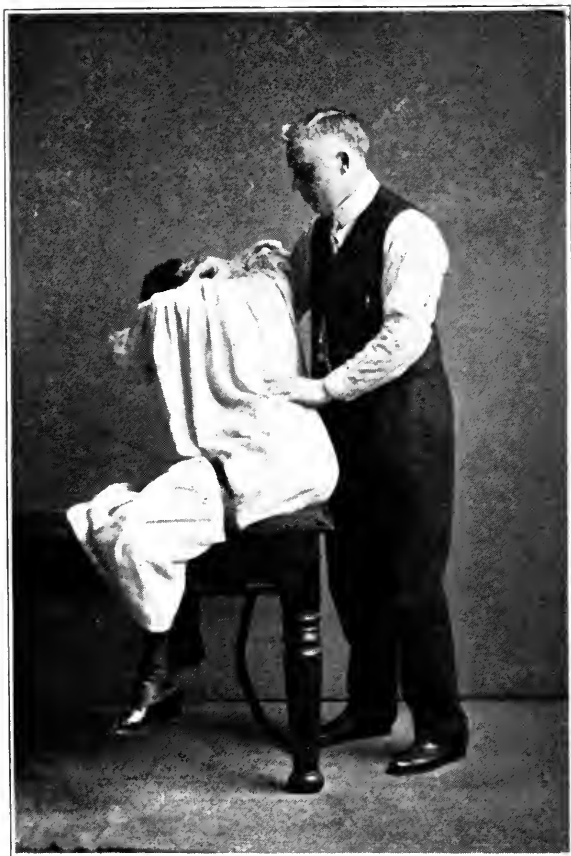


Plate 15—TECHNIC FOR GIVING TORTION  
TREATMENT OF THE SPINAL COLUMN  
BY HALF NELSON HOLD.

**PLATE 15—TECHNIC FOR GIVING TOR-  
TION TREATMENT OF THE SPINAL  
COLUMN BY HALF NELSON  
HOLD.**

In this treatment, the operator's right arm passes under and in front of the patient's right arm, and his hand rests on the back of her neck.

The patient should lean forward and to the right, while her head and shoulders are turned toward the right several times. This movement permits of greater head and shoulder circumduction than the technic under Plate 14; therefore, it gets better spinal action. It also relaxes some of the ventral and lateral muscles of the abdominal and chest parities. The quadratus lumborum, over the crest of the ilium, where it so often pulls the twelfth rib down, can be relaxed effectively by this movement.

Try this movement without the strap; then try it with the strap buckled across the patient's thighs and note the difference. You will discover that the strap is a great aid and that the results obtained, by treatment with the strap, are better than those obtained without the use of it.



**PLATES 16, 18, 21 AND 22—SHOWING  
HOW THE SHOULDER STRAPS  
SHOULD BE PUT ON THE  
PATIENT.**

Buckle the ends of the fourteen-foot strap together. Hook the snap on this strap into the handle at the front of the table; then put the strap over the patient's head and shoulders to her back and just below the axilla, as shown in Plate 16. The forty-inch strap, attached to this fourteen-foot strap, should be at the patient's right and just in front of her axilla, as shown in Plate 18. Put this strap over the patient's right shoulder and downward between the patient's back and the fourteen-foot strap, as shown in Plate 21; then raise the free end of it and put it over the patient's left shoulder and buckle it to the six-inch strap, fastened on the fourteen-foot strap, as shown in Plates 18 and 22.

The object of the strap over the patient's shoulders is to hold the fourteen-foot strap at any desired position on the patient's back.

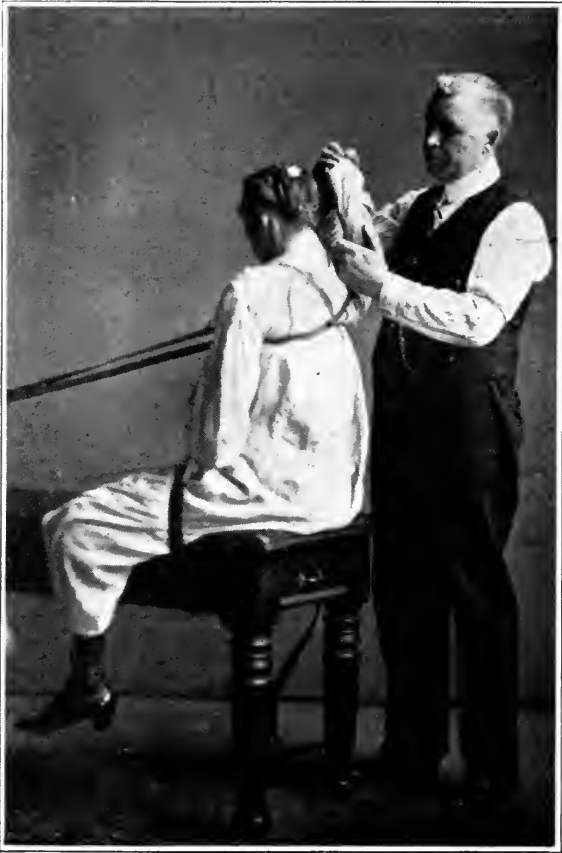


Plate 16—TECHNIC FOR TREATING THE  
SHOULDER AND COSTAL REGION.

## **PLATE 16—TECHNIC FOR TREATING THE SHOULDER AND COSTAL REGION.**

Beginning with the patient as shown in Plate 16, take hold of her elbow with the right hand and with the left hand hold her hand on top of her shoulder. Raise her elbow as high as possible in a line directly in front of her shoulder. (This pulls on the pectoralis major muscle, raises the ribs and relaxes the intercostal muscles.) Raise as high as possible and lower the elbow a few times in this position. Then lower it and swing it a little toward the right. Raise and lower it a few times from that position. Next swing the elbow out directly lateral to the shoulder joint and raise and lower it a few times from that position. Repeat this movement with the elbow thrown farther backward. Draw the arms backward, as shown in Plate 20. Treat the left shoulder and costal region in the same manner. Finally, take both arms and treat them as shown in Plate 17.

These various movements relax every muscle and ligament about the shoulders, expand the chest and free intercostal circulation and nerve action. The technic is very foreful, yet it is easy on the operator, for he stands erect and works with a long leverage. (For other chest technic, see Plates 28, 29 and 30.)



Plate 17—SHOULDER TECHNIC.

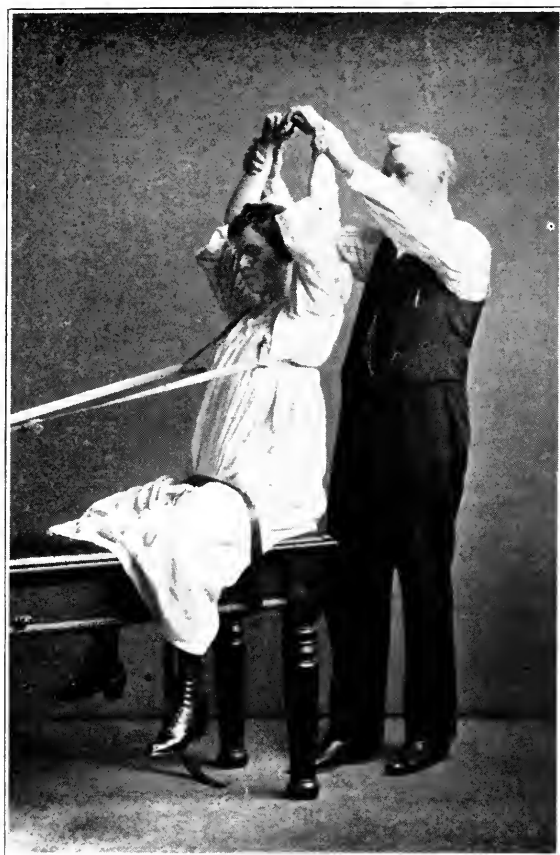


Plate 18—TECHNIC FOR EXPANDING THE CHEST.

## **PLATE 18—TECHNIC FOR EXPANDING THE CHEST.**

This treatment is usually given with the operator's knee in the patient's back, while the patient sits on a stool. By the method shown in Plate 18, the strap takes the place of the knee.

The patient's arms should be raised, with the elbows close together, and the elbows, flexed as the hands are lowered directly to the shoulders.

This movement is too well known to require further explanation.

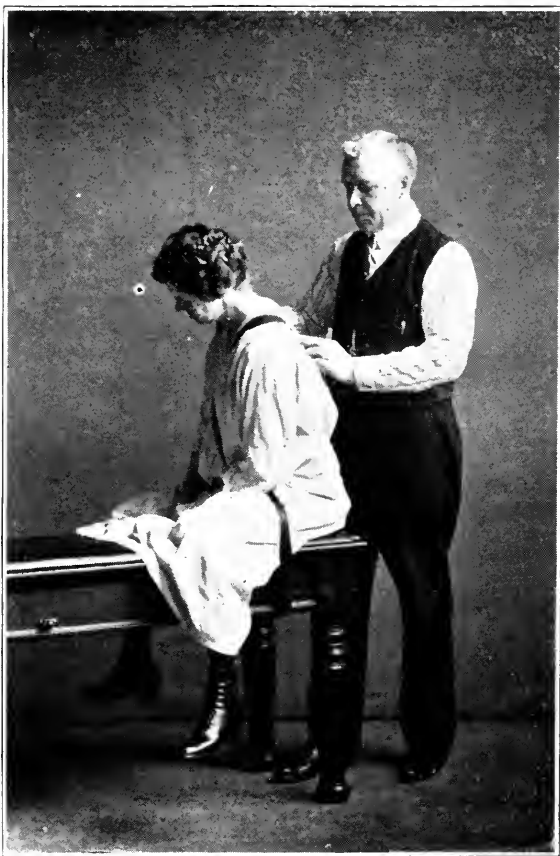


Plate 19—TECHNIC FOR CORRECTING A FIRST RIB LESION.

## **Plate 19—TECHNIC FOR CORRECTING A FIRST RIB LESION.**

Dr. Ashmore, in her "Osteopathic Mechanics," on page 171, says: "Depression lesions of the first rib are rare," and I find this to be true. The upward lesion, however, is frequently found. It may cause pain at the head of the rib, and frequently causes pain in the arm or hand.

The strap is placed under the right-hand corner of the table and over the lesioned left rib, as shown in Plate 19. The strap over the patient's thighs is not necessary for this operation. Buckle the strap snugly, but not very tightly, over the patient's shoulder. Have the patient lean toward the left to tighten the strap, and forward to make the strap pull backward and downward. The downward and backward pull corrects the lesion.

Be careful to have the strap close enough to the patient's neck to be on the first rib.

This rib technic is easy on the operator, easy on the patient and very effective. I have never known it to fail. I usually have the patient lean forward against the pull of the strap two or three times to make certain that the correction is complete.



Before I learned this strap method for correcting the first rib lesion, I pressed on the rib with my thumb, while I flexed the patient's head laterally toward the lesioned side to spring the first thoracic vertebra away from the head of the rib. I learned that the thumb pressure often produced soreness. I have had no such complaint from the use of the strap.

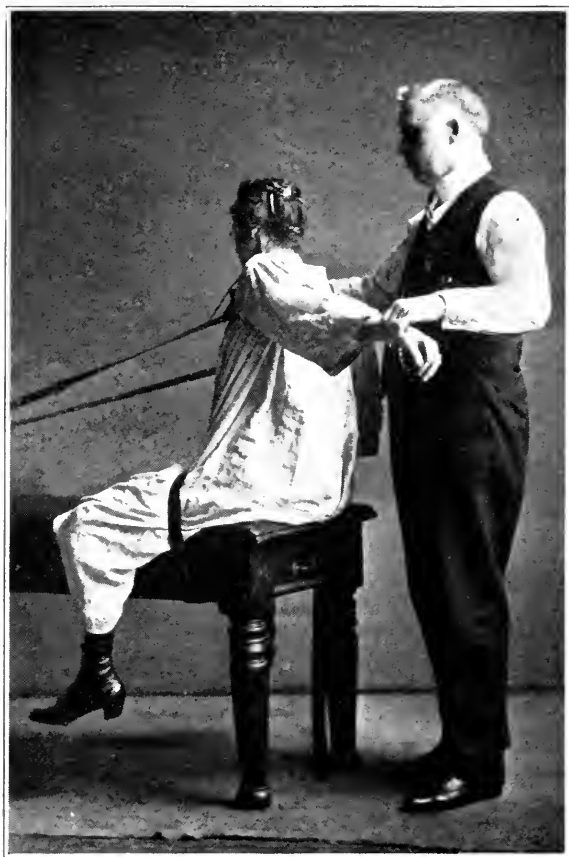


Plate 20—TECHNIC FOR TREATMENT OF THE  
STERNOCLAVICULAR ARTICULATION.

## **PLATE 20—TECHNIC FOR TREATMENT OF THE STERNO CLAVICULAR ARTICULATION.**

The operator passes his right hand over the patient's right shoulder and puts his thumb and fingers at her left sternoclavicular articulation to feel the movements of the clavicle produced by backward and circumduction movements of the patient's left arm, as shown in Plate 20.

By raising and lowering the patient's left arm, while it is extended backward, the clavicle can be rotated on its longitudinal axis; and by pulling the patient's arm downward and backward, the clavicle can be drawn from the sternum, thus stretching the ligaments of this articulation.

This technic is especially beneficial in the treatment of bronchitis, asthma or in affection of the throat and vocal cords due to irritation of the recurrent laryngeal nerve. Obstinate coughs, due to this irritation, may be cured by this treatment.

The technic gives the operator such powerful leverage, that he should work carefully until he is quite familiar with it.

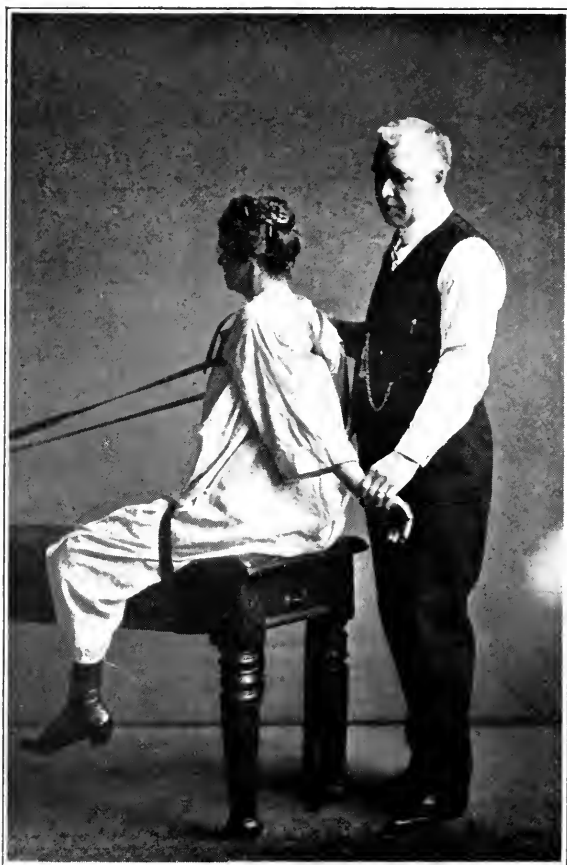


Plate 21—TECHNIC FOR CORRECTING AN  
ACROMIOCLAVICULAR SUBLAXATION.



Plate 22—TECHNIC FOR CORRECTING AN ACROMIOCLAVICULAR SUBLUXATION.

## PLATES 21 AND 22—TECHNIC FOR CORRECTING AN ACROMIO CLAVICULAR SUBLUXATION.

The usual subluxation of this articulation is an upward or upward and forward one of the clavicle.

To test for this subluxation, raise the patient's elbow laterally from the body. If the lesion is present, he cannot raise the elbow in that direction high enough to put his hand on top of his head, neither can the operator do it for him.

This movement may be impossible also, in case of soreness in and about the shoulder joint from rheumatism, neuritis, or synovitis, or in case of ankylosis; but, these conditions can be readily differentiated by any osteopath.

The ligaments of this articulation, to be taken into consideration, are the superior acromio clavicular and the inferior acromio clavicular.

When the acromium is drawn from the end of the clavicle, the ligaments, if normal, guide the clavicle to its proper place; so, when the acromium is allowed to return, the articular surfaces naturally meet in proper relation to each other.

The treatment is given as shown in Plate 21.

The palm of the patient's hand is turned outward to stiffen the elbow joint; then the patient's arm is drawn downward and backward so the humerus pries across the ribs and forces the acromium away from the clavicle. When the patient's arm is released, the lesioned articular surfaces should come together in proper relation. Test it by raising the arm, with the elbow laterally to the shoulder. When the articulation is correct, it will go up with ease.

In some cases the operator will find it necessary to press downward and backward on the end of the clavicle, while the articulation is being separated by the arm movement as above described.

If hyperplastic tissue has been formed by long standing irritation and inflammation at this articulation, or exostosis has developed, more force is required than above described. In that event, use the method shown in Plate 22, in which a strap is passed under one corner of the table and over the patient's shoulder to hold down the end of the clavicle; then raise the patient's elbow, as shown in Plate 22, to raise the acromial process.

This is a powerful treatment and it should be handled carefully, as the end of the clavicle might be forced too far downward.

In some cases the diseased process may have made complete correction impossible without

several treatments. In such cases, after giving the treatment, raise the patient's elbow laterally to the body and see if it goes higher than it did before treatment. If it does, some progress has been made. If the patient's hand goes up to the top of his head, with the elbow raised laterally from the shoulder, the reduction is complete.

There is no other joint in the body so difficult to keep in proper place after it has been lesioned. It is well to warn the patient that it may be necessary to correct this lesion several times before it will stay corrected.

Sleeping on the affected side often produces this subluxation, especially if a small pillow is used under the head, as that puts more weight on the shoulder. Throwing a ball, or other object, may produce such a subluxation. Gymnasium work is likely to produce it.

Such a subluxation usually causes pain in the shoulder and arm, especially at the deltoid insertion on the humerus. This pain will usually leave at once on reduction of the subluxation.

In many cases the patient can correct his acromioclavicular subluxation by turning his palm outward and forcibly swinging his arm backward to the position shown in Plate 21. In this manner the patient accomplishes the same results, as the operator does for him, as shown in Plate 21.



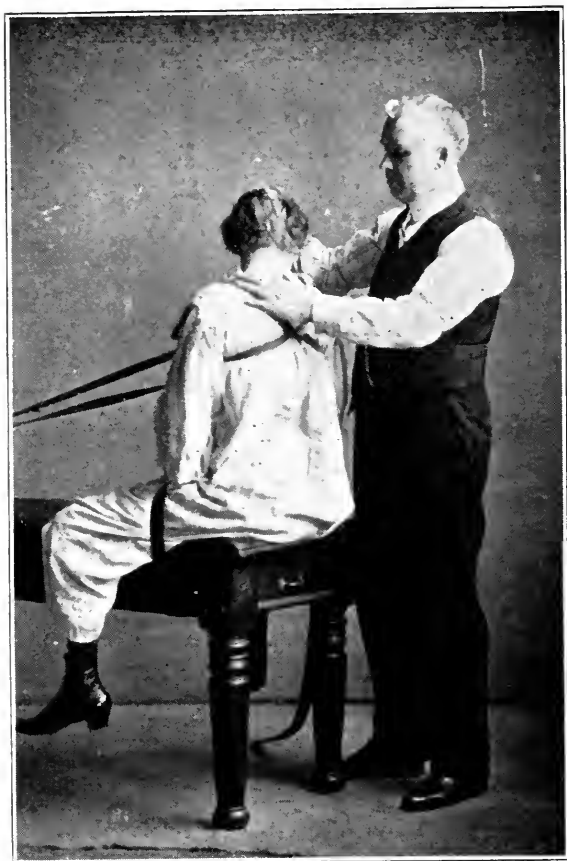


Plate 23—TECHNIC FOR TREATING THE UPPER  
DORSAL AND CERVICAL VERTREBRAE.

## PLATE 23.—TECHNIC FOR TREATING THE UPPER DORSAL AND CERVI- CAL VERTEBRAE.

With the patient as shown in Plate 23, place one hand on top of her head to move her head as desired. The other hand is used to make fixation at the proper vertebra.

This position permits freely of anterior, posterior, lateral and circumduction movements of the head. Any desired movement of the vertebrae can be secured and the adjustment is comparatively easy to make.

In order to get the most favorable movements of the upper dorsal vertebrae, turn the patient's face somewhat laterally to stiffen the neck, and then make forward and backward movements as desired. In that manner movements of the first, second, or third dorsal vertebra can be produced readily; and, if the patient is slim, good movements can be obtained on the fourth dorsal vertebra.

Many operators work on these cervical and dorsal vertebrae while the patient is lying down; but I have never been able to get the desired movements, with the patient lying on the table, as well as I can get them with the

patient sitting up, her shoulders held by the strap, as shown in Plate 23.

Another point of advantage is, that the operator stands erect, instead of stooping over a table and tiring his back while making the corrections.

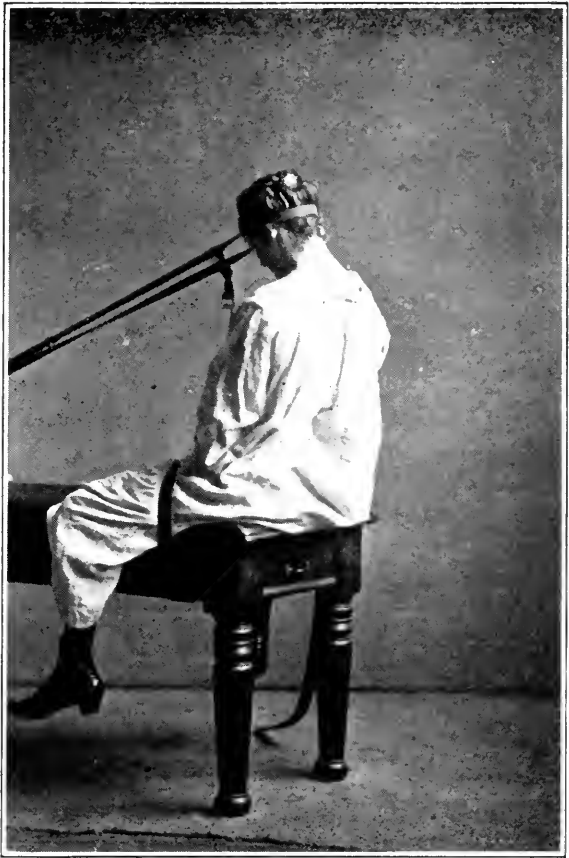


Plate 24—TECHNIC FOR CORRECTING A POSTERIOR OCCIPUT.

## **PLATE 24.—TECHNIC FOR CORRECTING A POSTERIOR OCCIPUT.**

The patient is pulling backward on the strap as shown in this plate. The occiput cannot go backward, on account of the strap; but the cervical vertebrae will move backward as the muscles of the neck pull on them.

The patient should raise and lower her chin, in various positions, and pull again, to permit movement of the occiput on the atlas. An osteopath can correct his own posterior occiput by this technic.

The posterior occipital lesion is a very common one. It forces the transverse processes of the upper cervical vertebrae against the superior cervical ganglion and irritates it so as to cause trouble in the throat, ear or cerebral meninges. For more on this subject and on this lesson, see plate 25 and its explanation.

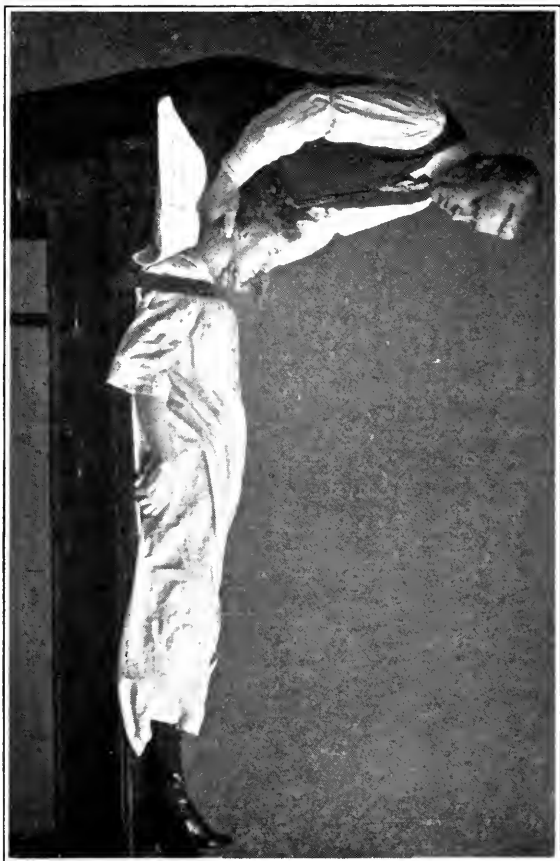


Plate 25—TECHNIC FOR TREATING THE NECK  
WITH CHEST STRAPPED.

## PLATE 25.—TECHNIC FOR TREATING THE NECK WITH CHEST STRAPPED.

In this plate, there is but one strap used, and that is placed across the patient's shoulders and chest. It should be buckled snugly, but not tightly enough to be uncomfortable for the patient.

In order to crack the joints of the neck, take hold the patient as shown in the plate, but do not raise her head from the pillow. Turn the patient's head to the right or left, as desired, and wait until the neck muscles are properly relaxed. Give a quick turn of the head and note how easy it is to make the joints crack. Usually two or three pounds' force is all that is necessary to make the joints pop.

The strap is especially beneficial in treating a posterior occiput. As shown in the plate, the head should be raised so that the neck is at an angle of about 45 degree. While the head is so raised, give extension and slight lateral rotation. This movement not only stretches the ligaments of the neck, but it moves the head forward on the atlas. Special effort should be made to have the patient relax the muscles of the back of the neck.

My experience has led me to believe that the posterior occiput is the most common

lesion of the neck and it is especially productive of trouble in the ear, throat, tonsils and cerebral meninges. I have never treated a case of otitis media that was not due to a posterior occiput. This lesion forces the transverse processes of the upper cervical vertebrae against the superior cervical ganglion, causing irritation which incapacitates these nerves for normal functioning. All branches from the superior cervical ganglion are affected by irritation of this ganglion.

I have treated children, partially paralyzed in the throat and all the extremities by a posterior occiput evidently produced at birth.

In case of a posterior occiput, the upper end of the ligamentum nuchae is moved backwards with the occiput and it will be farther away from the spinus process of the second cervical vertebra than it would be in normal conditions. To test for this condition, while the patient lies on her back, raise her head to tighten the ligamentum nuchae and press on the ligament, near its upper end, to see if it springs against the spinus process of the vertebra. If it springs, there is a posterior occiput. In normal conditions, the ligament is against the spinus process of the vertebra, and there is no spring to it. Give the treatment as above described and test again. If the ligament then lies against the spinus process, the lesion has



been corrected. If an operator is not familiar with this test, he may lack confidence in it, and he should palpate the transverse processes of the atlas to satisfy himself of his diagnosis. In many cases, I have found it difficult to palpate the transverse processes, so I have examined, in a few seconds, by the ligamentum nuchea.

When the strap is not used for this treatment, the patient usually raises one or both shoulders and tightens the cervical muscles. Relaxation of the cervical muscles is much better when the strap is used, the treatment is more effective, especially when an upward pull is desired for correcting a posterior occiput or for stretching the posterior ligaments and muscles of the neck.

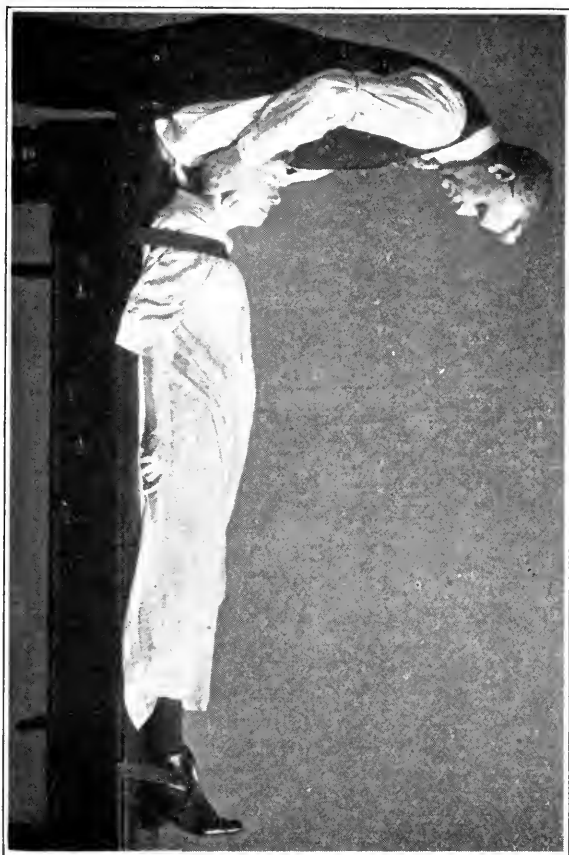


Plate 26—TECHNIC FOR TREATING THE NECK  
WITH CHEST AND FEET STRAPPED.

## PLATE 26.—TECHNIC FOR TREATING THE NECK WITH CHEST AND FEET STRAPPED.

In this treatment, there are two straps used, one as shown in Plate 25, over the patient's shoulders and chest, the other around the table and around both feet. The strap at the patient's feet prevents the body from sliding towards the foot of the table when pressure is applied to the top of her head.

In giving this treatment, the operator places the pillow between his body and the patient's head to enable him to push easily on top of her head. While pressure is applied to the top of the head, the operator can give any movement he desires to head and neck. He can raise and lower the base of the skull to get good movements at the atlanto-occipital articulation. He may give lateral movements of the neck and, by moving his body to the right or left, may swing the patient's head to get any desired lateral movement of the neck.

By the aid of these movements and the use of the hands, as shown in Plate 26, corrective work can be accomplished of lesions of the upper cervical vertebrae.

By use of these straps, excellent relaxation

of the patient's cervical muscles can be secured; and the treatment, if properly given, will be very effective.

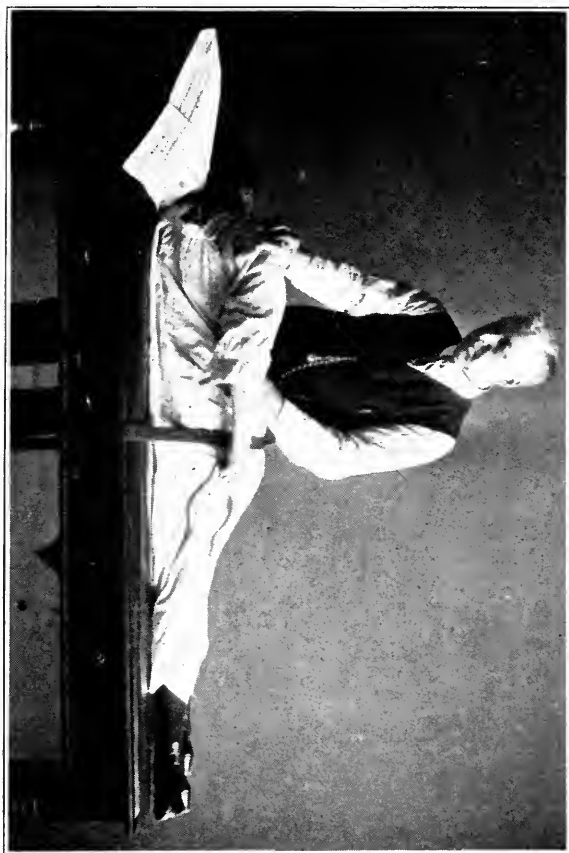


Plate 27—TECHNIC FOR ROTATING THE LUM-  
BAR AND LOWER DORSAL REGION.

## **PLATE 27.—TECHNIC FOR ROTATING THE LUMBAR AND LOWER DORSAL REGION.**

The strap extends around the table and over the patient's hips. It is tightly drawn and buckled to prevent her hips from rotating. If the upper hip is directly over the lower one, the strap will not hold it firmly. The patient must lie in such position that the upper hip is farther forward than the lower, before the strap is tightened.

The operator holds one hand on the lumbar region to note the spinal movements, as he pushes the patient's shoulder backward with the other hand. The patient's shoulder should be pushed back and forth several times to loosen the lumbar muscles and ligaments.

To reach the fifth lumbar by this method, place the patient's head and shoulders back farther on the table, and rotate the spinal column as shown in Plate 27; also, put one elbow and forearm on the patient's hip and force it downward suddenly to rotate the pelvis forwards, when the patient's shoulder is rotated backward as far as possible. This act usually elicits from one to half a dozen "pops" of the joints in the lumbar region.

When the movement is desired especially in

the upper lumbar and lower dorsal regions, slide the patient's head and shoulders forward on the table, before rotating the spinal column as shown in Plate 27.

The direction of the force applied by the operator on the patient's shoulder determines where the greatest spinal movement takes place. If the operator stands near the head of the table and pushes on the patient's shoulder, the force will be centered in the lower lumbar region.

After treating one side as above explained, the patient should turn over and have the other side treated in like manner.

This treatment is a continuation of the spinal rotation treatment begun in Plates 14 and 15 with the patient sitting on the end of the table.

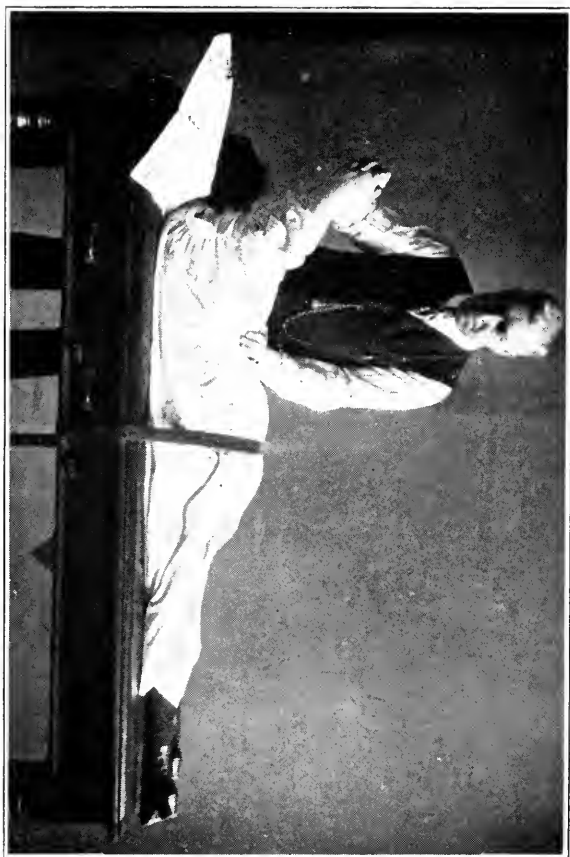


Plate 28—TECHNIC FOR RAISING THE RIBS,  
AND RELAXING THE INTERCOSTAL  
MUSCLES.



## **PLATE 28.—TECHNIC FOR RAISING THE RIBS AND RELAXING THE INTERCOSTAL MUSCLES.**

See Plate 28 and note that the patient is in the same position as shown in Plate 27 for rotation of the spinal column. The strap holds the hips firm, while the arm is used as a lever to raise the ribs and stretch the intercostal muscles.

As in Plate 16, the arm should be raised from different positions to pull on different muscles. If the operator wishes, he can assist in stretching the intercostal muscles by pressing downward on the ribs, while the patient's elbow is raised and pulling upward on them.

This is another powerful treatment, which should be handled carefully until the operator is familiar with it.

The value of this treatment can be better understood by thinking over the various ailments that are the result of contractions about the chest such as intercostal neuralgia, heart trouble, etc., as well as anemic conditions due to interference with the normal circulation of blood, into and out of the ribs, where millions of blood cells should be manufactured and put into the general circulation.

After being treated on one side, as above explained, the patient should turn over and have the other side treated in the same manner.

This method of treatment is very effective for raising a depressed fourth or fifth rib, which may be the cause of chronic heart trouble.

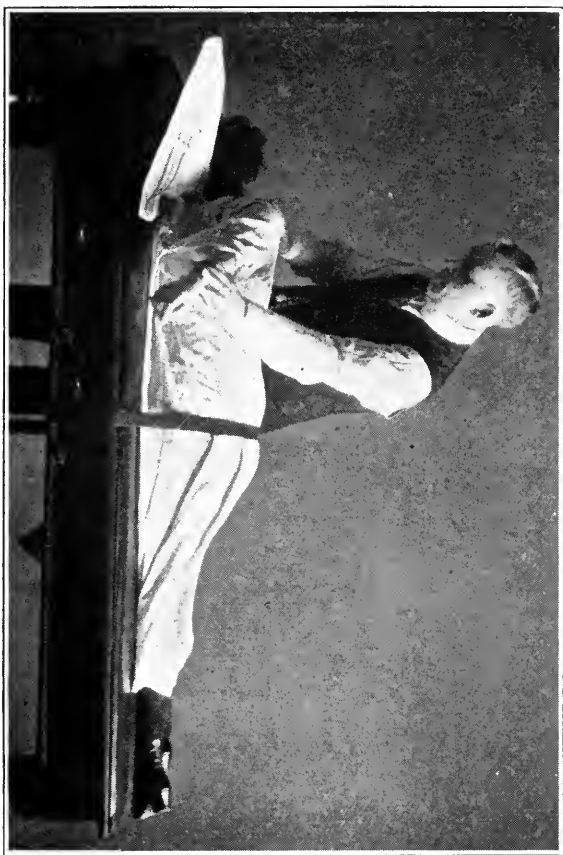


Plate 29—TECHNIC FOR TREATING THE  
SHOULDER AND PECTORAL  
MUSCLES.

**PLATE 29.—TECHNIC FOR TREATING  
THE SHOULDER AND PECTORAL  
MUSCLES.**

This treatment is a continuation of the work started in Plates 17 and 28. The same explanation applies here as was given under those plates.



Plate 30.—TECHNIC FOR TREATING THE RIBS  
AND SPINAL COLUMN.

## **PLATE 30.—TECHNIC FOR TREATING RIBS AND SPINAL COLUMN.**

As shown in this plate, the patient's hand is on the back of her head, while force is applied to her elbow to throw her shoulder backward and to rotate the spinal column. While the patient's shoulder is forced backward, her ribs are drawn forward by the operator; or the operator may stand behind the patient and push on the ribs, while he pulls backward on the elbow.

This movement can be used for correcting lesioned ribs or for expanding the chest and relaxing the intercostal muscles.

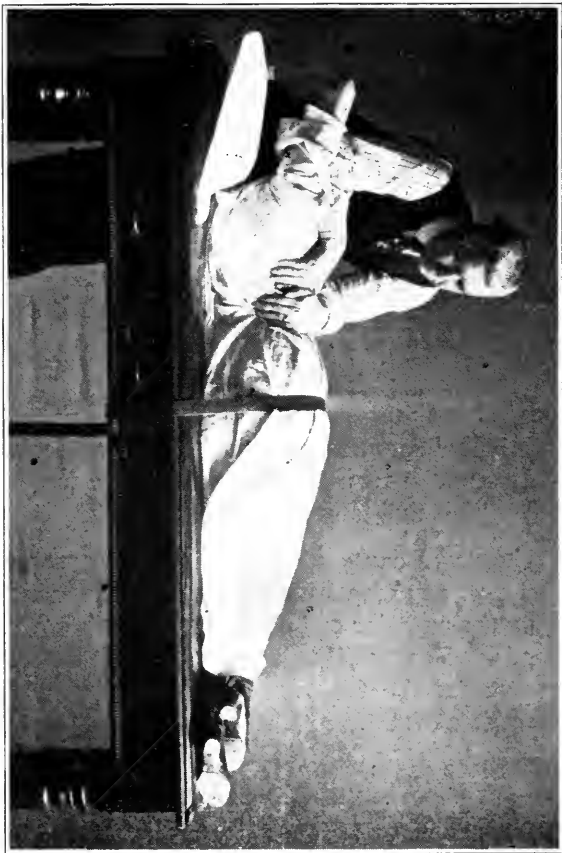


Plate 31--TECHNIC FOR TREATING ELEVENTH  
OR TWELFTH RIB LESIONS.

## PLATE 31.—TECHNIC FOR TREATING ELEVENTH OR TWELFTH RIB LESIONS.

These cases, which are very common, usually reach an osteopath, since the medical doctors fail to diagnose or treat them correctly.

I treated one case of over ten years' standing. Several medical doctors had treated the case, and when they insisted on operating to find the cause of the pain, the patient came to me for examination and treatment. That was about three years ago. The patient weighed 114 pounds. I corrected this rib lesion and cured the trouble. The patient now weighs 150 pounds and is in the best of health.

The usual cause of this lesion is a contraction of the quadratus lumborum muscle, which draw the anterior end of the twelfth rib downwards and causes it to irritate the soft tissues. Sometimes the transverse abdominal muscles are also at fault.

In some cases, the pain remains almost constant; in others it comes on suddenly and is severe; it lasts a few hours or a few days, when it gradually disappears.

The irritation is usually at the end of the rib; but the pain that the patient complains



of is usually in the abdomen. The patient does not suspect that the trouble is at the rib, though, sometimes, the pain is severe enough to cause a fever.

On examination, the patient recognizes the hypersensitiveness at the anterior end of the rib, as soon as the examiner's finger presses gently at that point. In some cases, the rib is drawn down far enough to irritate the soft tissue at the crest of the ilium and cause it to become hypersensitive. In this class of cases, the only pain may be between the end of the rib and the crest of the ilium.

As shown in Plate 31, the patient's upper hip is directly over the lower one and firmly held by the strap. The operator puts his elbow in front of the patient's arm and shoulder to press them backward, while, with both hands, he pulls upward and forward on the lower ribs and the quadratus lumborum muscles. The strap holds the hip so firmly that the operator can exert a very strong pull, in this manner, on the quadratus lumborum muscle.

If there is a considerable hypersensitiveness at or near the tip of the rib, or where the rib irritates the crest of the ilium, let the patient lie on her back and buckle the strap firmly over the hips, then, while sitting on a stool, reach across the patient's body and pull on the quadratus lumborum muscle. —

In this manner, the operator can work around the sore spots without producing much pain. The pull on these muscles should be upward and forward. With the patient lying on her back, the muscles may be worked with either hand or with both hands, as the operator may wish. The operator can do this work standing; but he can do it more effectively sitting. Try it and note the direction of the pull.

For another way of treating these muscles, see Plate 37. This is a forcible treatment, best used after the greater part of the soreness has been worked out by the treatment described above.

Any osteopath should be able to cure these cases.

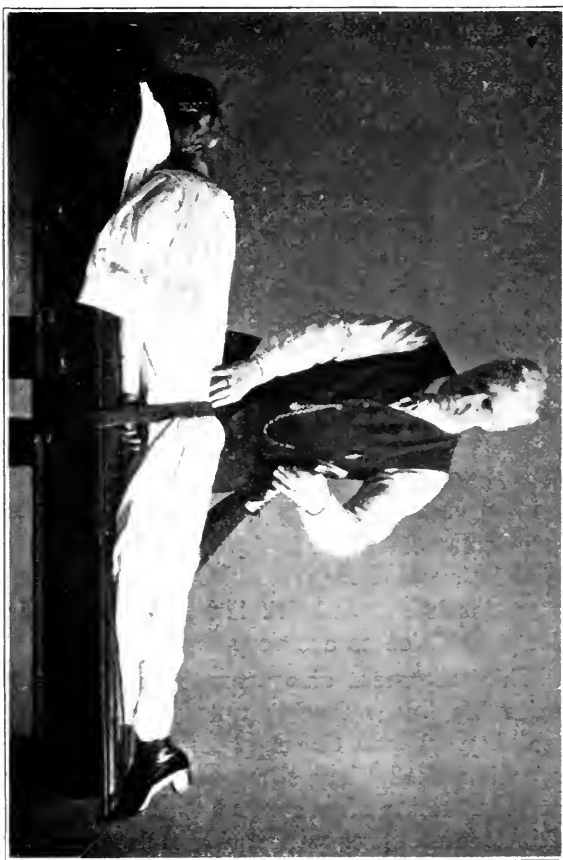


Plate 32—TECHNIC FOR RELAXING THE  
QUADRICEPS EXTENSOR MUSCLES.

## PLATE 32.—TECHNIC FOR RELAXING THE QUADRICEPS EXTENSOR MUSCLES.

The strap is buckled snugly over the patient's hips to keep them down. The operator raises the patient's foot, as shown in this plate, and forces it to the hip, or as near it as the patient will permit. This produces a forceful stretch on the quadriceps extensors. The operator then lets that foot down and raises the other in like manner. It is well to treat both legs alternately three or four times. It is advisable, after the heel touches the hip readily, to move the foot laterally, six or eight inches, on the patient's hip to put special strain on the vastus internus and externus muscles.

This treatment frees the arterial and venous circulation of the legs; hence, it is beneficial in any case of impeded circulation of the legs and feet. Such cases are very numerous.

This treatment also permits the patient to raise his knees freely; thus, it aids him in walking. When these quadriceps extensors are shortened, they shorten and retard each step. Patients often remark that, after taking this treatment, they find themselves walking faster than usual without extra effort.

If, by this treatment, the quadriceps extensors are found to be abnormally shortened, the

second, third and fourth lumbar vertebrae should be treated to remove the irritation, at that point, from the anterior crural nerve, which supplies these muscles.

Very often these muscles are contracted in one thigh, while they are normal in the other. The spinal treatment should be given accordingly.

If the operator desires to stretch the extensors of the foot, he can extend the patient's foot, by pulling gently on the toe portion of the shoe, while the heel of the shoe is near the patient's hip.

When the quadriceps extensors are stretched in this manner, it may be discovered that they are hypersensitive and the operation quite painful. The operator should work gently, until he learns the condition of these muscles.

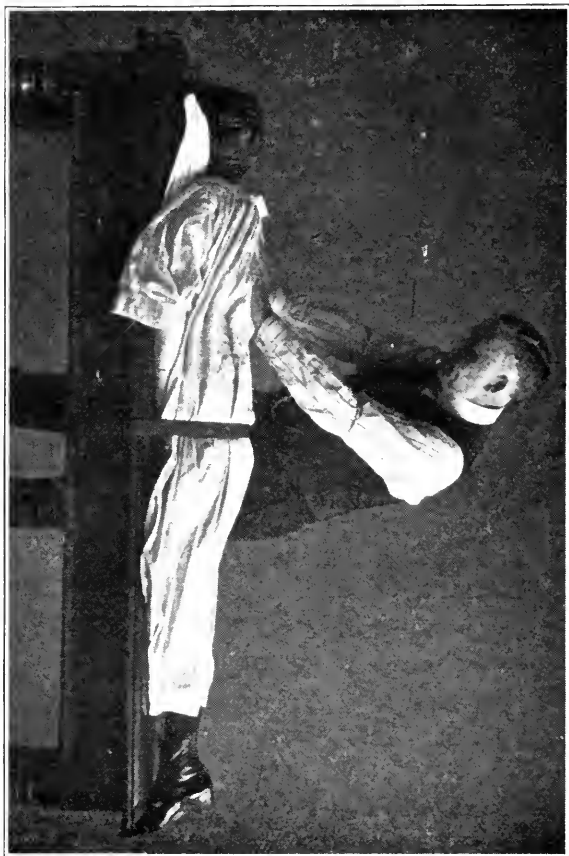


Plate 33—TECHNIC FOR TREATING THE SPINAL MUSCLES.

## PLATE 33.—TECHNIC FOR TREATING THE SPINAL MUSCLES.

The strap is buckled snugly over the patient's hips to hold the body firmly and prevent longitudinal movement. While the body is so anchored, deep treatment of the spinal muscles can be effectively given. Of course, this treatment can be given without anchoring the body; but, in that event, there is a considerable waste energy, as the patient's body moves with each forceable upward or upward and outward movement.

If it is desired to treat these muscles while they are in a fully relaxed condition, it should be done with the patient lying on her side. In that manner of working, the operator's force is usually exerted principally outward from the spinal column. When the muscles are treated as shown in Plate 33, the force is exerted principally upward, i. e., toward the patient's head. If a thorough loosening of the spinal muscles is desired, they should be treated with the patient first in one position, then in the other.



Plate 34—TECHNIC FOR TREATING THE HIP-JOINT AND MUSCLES OF THAT REGION.



## **PLATE 34.—TECHNIC FOR TREATING THE HIP JOINT AND MUSCLES OF THAT REGION.**

In this treatment there is but one strap used. It is placed around the table and over the patient's thigh just above the knee. The strap holds the right pelvis firmly on the table and permits of but little movement of the left pelvis.

This treatment is especially beneficial in the treatment of fibrous ankylosis of the hip-joint. It is a forceful treatment for such cases. The foot may be raised or swung laterally as desired and a powerful strain can be put on the ankylosing fibers.

Treatment of this kind can be given to relax the perioneal muscles and the various groups of muscles passing from the sacrum and innominate bone to the femur. The leverage is great and the operator should work carefully until he learns how much force the patient is willing to tolerate.



Plate 35—TECHNIC FOR TREATING A KNEE.

## **PLATE 35.—TECHNIC FOR TREATING A KNEE.**

In this treatment, a short strap is put around the patient's thigh just above her knee, and a strap is attached to this strap and to the handle at the head of the table. The operator grasps the patient's knee with one hand and her foot with the other hand, as shown in this plate. In this manner, any desired movement can be produced at the knee. By the foothold, the leg can be rotated on its longitudinal axis and can be raised, lowered or given lateral motion to suit the operator.

This treatment is good for correcting a slipped semilunar cartilage, or for treating a fibrous ankylosis. It is not advisable to use this method for treating synovitis of the knee-joint, as such cases get along better if the knee is left alone. They are sometimes due to traumatism, but more often due to an innominate lesion or a lesion in the lumbar region affecting the anterior crural nerve. For best results, treat the lesions and leave the knee alone.

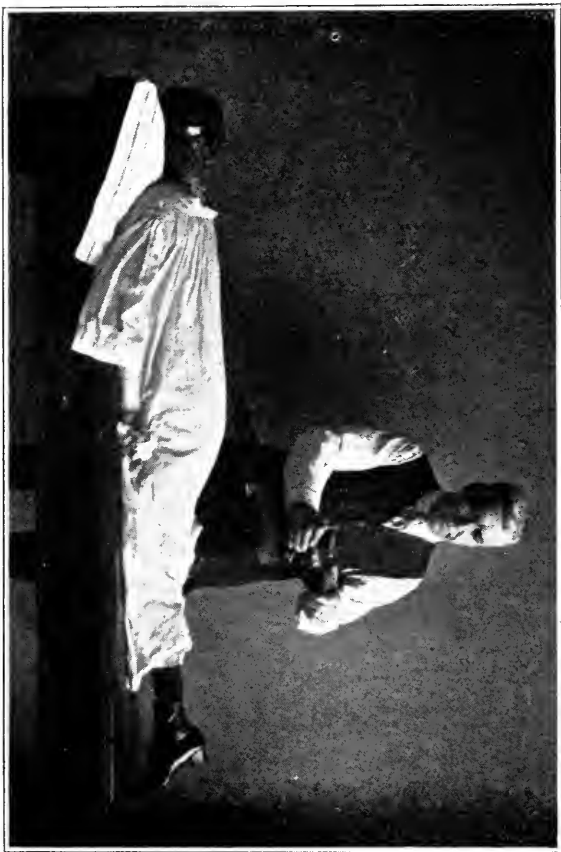


Plate 36—TECHNIC FOR TREATING A FOOT.

## **PLATE 36.—TECHNIC FOR TREATING A FOOT.**

In this treatment one strap is put twice around the patient's ankle and another, from that strap to the handle at the head of the table. Any manipulative foot treatment can be given easily while the foot is strapped up as shown in this cut; such as, treatment for broken arches, for ankylosis following inflammatory processes, or for bony lesions.

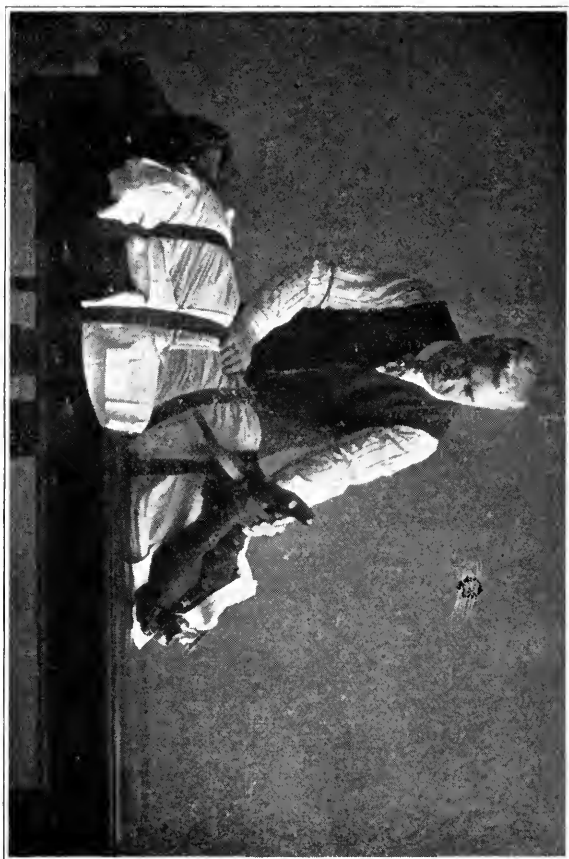


Plate 37—TECHNIC FOR A POWERFUL LUMBAR TREATMENT.

## **PLATE 37.—TECHNIC FOR A POWERFUL LUMBAR TREATMENT.**

Place two ordinary pillows or one large one on the table and let the patient lie face down across them. Put one strap over her shoulders to prevent them from moving sideways on the table. Put a strap across her lumbar region at any desired place for a fixed point. Fold a towel and put it under this strap to protect her back, as there will be some friction there. Put a short strap around the patient's legs just below the knees to hold the knees together. Put a strap around the feet to hold the feet together. Put a long strap under the patient's hips, leaving the buckle hanging about four inches below the top of the table, at the patient's right-hand side. Take the other end of this strap and put it between the soles of the shoes and the strap around the feet. Draw this strap through and put the end once more under the strap that holds the feet together. By putting it twice under that strap, there will be no slipping of this long strap, on the short strap that binds the feet together. Bring the free end of the long strap down to the table at the patient's right side, and push it under the patient's hips, so that the free end will be on the patient's left side. Now stand even with the patient's knees, with your left side to the table. Put your left arm and shoulder

against the patient's feet, while her knees are flexed, to press them towards her hips. While the feet are so pressed down, grasp the buckle-end of the long strap with your right hand and the tip-end of the same strap with your left hand, and pull on both ends of the strap to take up all the slack. Then bring the two ends together and buckle them over the patient's hips. This strap will not slip on the hips, if properly put on. Now everything is prepared for the treatment. All of these straps can be put on in two or three minutes by an operator who is accustomed to using such harness.

This harness forces the pelvic girdle and the limbs to move as a unit. By rocking the pelvis, the movements are made in the lumbar region below the strap that has the folded towel under it. The pelvis can be easily rocked back and forth by pushing on the patient's feet. If the patient's knees are drawn closer to the operator, both extension and rotation can be had in the lumbar region, by pushing on her feet. After rotating the spine one way a few times, the operator should stand on the opposite side of the table and rotate the spine the other way a few times. This is probably the most powerful lumbar treatment known, yet there is no danger of injuring the patient, if the operator uses ordinary judgment.





Plate 38---TECHNIC FOR LUMBAR TREATMENT.  
(Continued)

## PLATE 38.—TECHNIC FOR LUMBAR TREATMENT (Continued).

This is the same harness described in Plate 36. After giving the treatment described under Plate 36, the operator pulls on the patient's feet and tips the pelvis towards himself. This approximates the spinus processes and stretches the psoas muscles and the anterior common ligament. This treatment is not so hard on the patient as one might imagine from the picture. The operator should give this treatment from both sides of the table to serve both sides of the patient alike. By changing the position of the patient's knees laterally on the table, the operator can make many changes in his procedure. By adjusting the strap across the lumbar region, the fixed point can be placed wherever he chooses.

These lumbar treatments are especially valuable for rigid lumbar spines and for loosening and correcting lumbar lesions of long standing. If this treatment fails to correct such lesions, they are not correctable.

The force exerted at the first treatment should be moderate. Each succeeding treatment can be given with increasing force. After the patient has had three or four such treatments, he can stand a strong treatment with pleasure and without bad effects.



Plate 39--TECHNIC FOR TREATING THE AB-  
DOMINAL AND QUADRATUS LUMBORUM  
MUSCLES.

## **PLATE 39—TECHNIC FOR TREATING THE ABDOMINAL AND QUADRATUS LUMBORUM MUSCLES.**

This is the same harness shown in Plates 37 and 38. The operator takes hold of the strap, that holds the patient's knees together, and uses it as a handle to lift the knees and swing them laterally. If the patient's knees are raised from two to four inches and carried laterally, a powerful pull will be placed on the quadratus lumborum muscle near the side of the body, where it so often contracts and draws the twelfth rib down to cause trouble. If the knees are raised higher, more force will be exerted on the abdominal muscles.

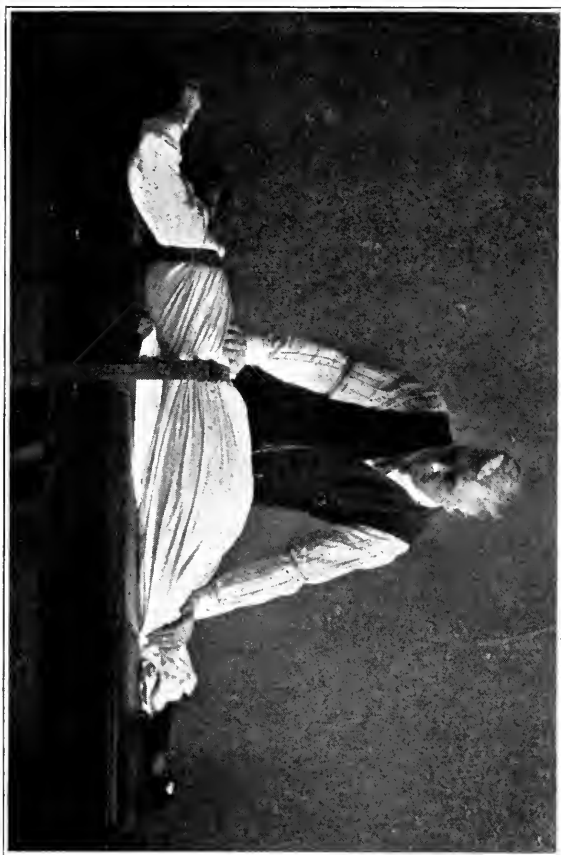


Plate 40—TECHNIC FOR TREATING A LATERAL  
SPINAL CURVATURE.

## PLATE 40—TECHNIC FOR TREATING A LATERAL SPINAL CURVATURE.

A strap is laid across the table with the buckle near the operator, while the tip-end of it is put through the handle on the side of the table as shown in this cut. A pillow is laid on top of the strap. The patient lies face down across the pillow. The strap, buckled across her back, does not extend around the table, but goes down through the handle at the side of the table, and up over the patient. The pillow should be adjusted to protect the patient's right side from the strap.

The strap, over the patient's shoulders, is through the handle at the right-hand side of the table. The operator draws the patient's legs towards him and so straightens the patient's spine. This treatment thoroughly stretches the tissue on the concave side of the curve. The patient's legs should be moved from time to time during this treatment; but a steady strain can be put on the tissues of the concave side of the curve and allowed to remain until they relax.

Pressure with the palm of the hands over the ribs and spine, while the stretch is on, will aid materially, if intelligently applied.

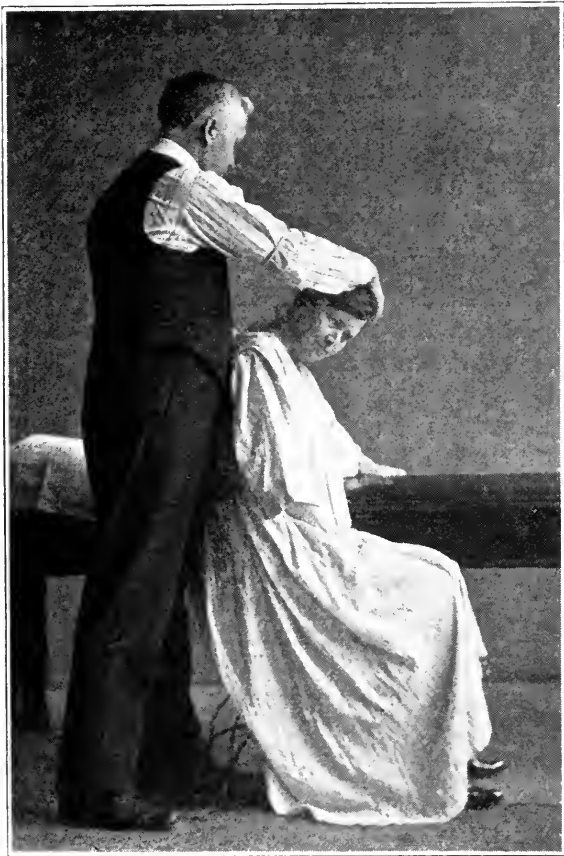


Plate 41—RESISTANCE TECHNIC FOR TREAT-  
ING A NECK.

## **PLATE 41—RESISTANCE TECHNIC FOR TREATING A NECK.**

When one or more vertebrae are lesioned laterally, they can usually be replaced by this resistance technic. The operator pulls on the patient's head. The patient resists with all her might; her muscles, pulling on the lesioned vertebrae, draw them into normal position.

This method works well for correcting the second or third cervical vertebra, which often is lesioned laterally and irritates the third cervical nerve. This produces, in the levator anguli scapula muscle, the pain of which the patient complains in the side of his neck. Every time he attempts to turn his face to the right or left, the pain is increased.

In some cases, on account of so much hypersensitiveness over the lesioned vertebrae, the patient cannot permit pressure on the vertebrae to correct the lesion. For such cases, this resistance technic is very convenient.





Plate 42—TECHNIC FOR TREATING CHRONIC  
STIFF NECKS.

## **PLATE 42—TECHNIC FOR TREATING CHRONIC STIFF NECKS.**

The strap is put around the patient's neck. The other end of the strap is fastened to the handle at the end of the table. The patient's foot is against one leg of the table to prevent the table from moving. The head can be given any movement desired while the strap is holding the cervical vertebrae.

If a stiff neck cannot be worked out by this method, there is not much to be done for it.

The treatment is not dangerous, and no harm should come from its use, if ordinary judgment is exercised by the operator.

## GENERAL OSTEOPATHIC TREATMENT.

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Who needs a general osteopathic treatment? If one hundred osteopaths answered this question, they would express a great variety of opinions. Some osteopaths believe in specific treatments exclusively. Others believe that the bony lesion should be corrected and the soft tissue, adjacent to and directly affected by the lesion, should be treated.

Other osteopaths believe in giving general treatments because they know that the whole system is affected by local troubles. They know that a chill, a fever and other constitutional symptoms, arise from acute nephritis; that chronic interstitial nephritis produces high blood pressure, throwing an extra burden on every organ of the body; that, as the kidneys are eliminating organs, if they fail to perform their work, the liver will be overworked in its efforts to eliminate the waste products of the body; that, if the waste products are not eliminated by the kidneys and the liver, the sweat glands will be overworked, and will become laden with waste products endeavoring to escape; that, if the waste products are **not** eliminated, the blood becomes laden with them and the tissues of the body become saturated with them; and that there is no end to this chain of troubles until the grave is reached,

unless general treatments are given to aid in the elimination of the waste products from all parts of the body and to restore normal organic functioning.

Another osteopath says that general treatments are advisable, for even the intellect and disposition of a patient are governed largely by the condition of the body. He says the reason so many children possess disagreeable dispositions and fail to make their grades in school, is defective nutrition of the brain substance. Howell says, "Vasomotor nerves to regulate the blood supply to the brain have not been demonstrated." Therefore, general treatments with special attention to the cervical and upper dorsal regions are necessary to purify the blood and supply the brain tissue with good nutrition. Children, so treated, grow alert, make their grades at school, and become happy and agreeable.

Another osteopath believes that any man who works hard and constantly puts a strain on his nervous system, which, if continued, will result in neurasthenia, with its accompanying symptoms of headache, backache, gastro-intestinal disturbances and a fatigued feeling on slight exertion, and that such a condition, not marked by an specific lesion, must be reached by a general treatment to free the

circulation and provide good nutrition to the weakened nerve cells.

Another osteopath believes that if his patient's heart musculature is weakened, he must give not only specific treatment to insure good blood supply through the coronary arteries, and thus furnish the heart muscles with good nutrition and plenty of it, but also a general treatment to the free circulation of blood throughout the entire body, for, by doing so, he lessens the demand on the heart's strength. Thus, he would give a general treatment in all cases of heart weakness, even though dropsy of the limbs or ascites has not set in.

Is a general treatment detrimental to any one? No, it can harm no one, unless he is very feeble or has great soreness or extreme pain. As a rule, ninety per cent of the office patients can be benefitted materially by general treatments.

There is no tonic that can purify the blood as general treatments can do it. How are beef, iron and wine going to purify the blood? I don't know. Who does? Chemists say that all the iron so taken, passes through the body. None of it is assimilated. Wine stimulates the heart's action if enough is taken. If too much is taken, it stimulates the tongue. As for beef, why not buy it from the butcher, rather than from the druggist?

On the other hand, any one can understand how general treatments purify the blood. They stimulate the eliminating organs to such activity, that, as the blood is brought to the kidneys, liver or sweat glands, the impurities are taken out of it. General treatments stimulate cell activity, increase metabolism and throw out waste products, like overhauling an old house, tearing out the defective parts and rebuilding with new material. After completing such a job, there is a great heap of trash to be hauled away or burned. The general treatment stimulates the circulation of blood and thus hauls the trash to the eliminating organs to be disposed of. By the general treatment, the various glands of the body are stimulated to better work, accordingly, the whole process of digestion is improved, and the waste products of the alimentary tract are eliminated, preventing absorption of their toxins.

A general treatment should prevent the absorption of toxic products. It should increase cell metabolism, making every cell as nearly perfect as possible. It should normalize all glandular activity in the body, thus improving, not only the action of the digestive glands, but the functioning of the ductless glands as well. It should free the circulation of blood, so as to lessen the work of the heart and to carry all waste products to the eliminating organs

where they are disposed of. Thus, the blood and all tissues of the body become purified, normalized and made healthy.

If a man is perfectly healthy, a general treatment would do him no good; but who ever saw a perfectly healthy man? Perfect health is dependent on a perfect diet, perfect exercise of every part of the body, perfect ventilation, regular rest and sleep, freedom from worry, fear, jealousy or anxiety, etc., etc.

There has been so much said in our magazines about specific treatments, I fear that many osteopaths are failing to give their patients the benefit of general treatments as they should. It is all right to conserve energy when it can be done without detriment or loss to the patient; otherwise the work should be done.

For a good general treatment, I would recommend the manipulations described under the following plates, to be given in the order indicated, Plates 14, 15, 16, 17, 18, 23, 25, 26, 27, 28, 29, 30, 32 and 33, and followed by massage of the abdomen. This full treatment can be given in twenty minutes. It is well for any osteopath who is not familiar with strap technic to let someone give him this general treatment before he gives it to his patients. By doing so, he will know better how to give the treatment himself.

While giving a general treatment, add any specific treatment that may be indicated, for that, too, is essential. On the other hand, don't neglect the general treatment, when it is indicated, just because some specific treatment has been given. Do all for your patient that can be done. Then and not until then have you done your duty to your patient and to the profession you represent.



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## Straps for Osteopathic Strap Technic

You can get a set of webbing straps made at a trunk factory, or I will mail you a complete set, for \$4.00.

A complete set, viz:—

3 webbing straps, each 8 ft. long,  $1\frac{1}{2}$  in. wide.

2 webbing straps, each  $2\frac{1}{2}$  ft. long,  $1\frac{1}{2}$  in. wide.

1 webbing strap 15 feet long, 1 inch wide, with two short straps 1 inch wide, attached as follows, viz:—

4 feet from the buckle, fasten at right angles, the end of a webbing strap six inches long, with a buckle on its free end.

7 feet from the buckle end of this 15-foot strap, fasten, at right angles, the end of a webbing strap 40 inches long, with a metal tip on its free end.

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Kansas City, Kansas.

