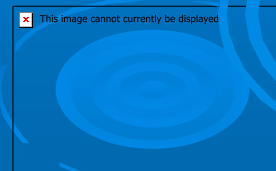


SAT

In the Traumatic Field



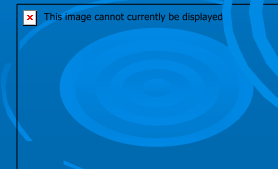


What are we doing?

Total Health

The 1st impression is:-

The body's best attempt to be well



Osteopathic contact

- Osteopathy is about relationship first
- It's a unique interchange
- The body intelligence assesses the knowledge in your hands.
- The information you get back is the information that the body feels comfortable telling you.





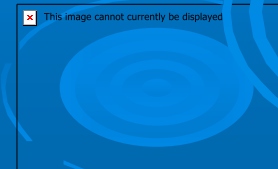
SAT History and Concepts

History

Definition

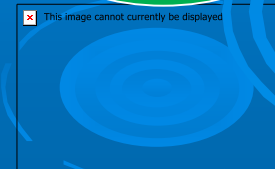
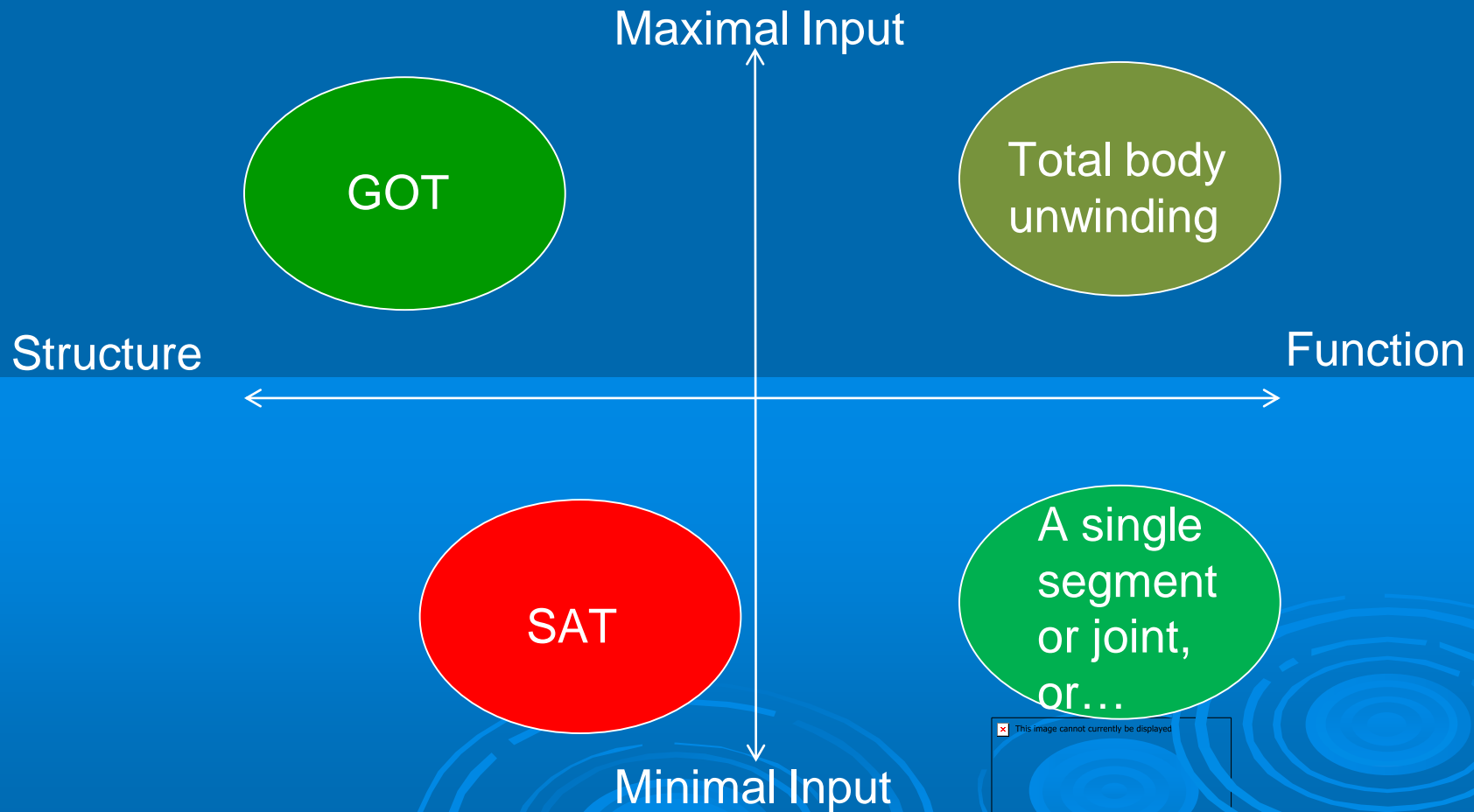
Choosing the segment

Minimal Treatment



SAT continuum concept

An approach to treatment through:



Minimal Treatment

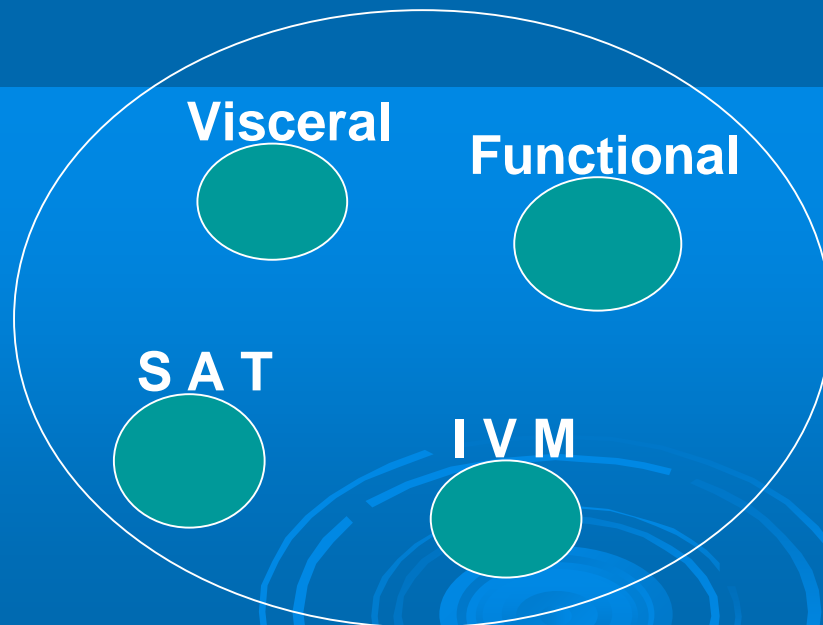
Do just enough to the point where the body says...

“ok, I got it, I’ll take care from here”.

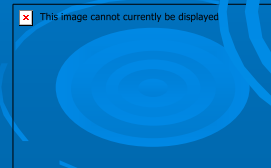
It is truly a matter of just the right amount of Treatment

You’ll find minimal treatment in many fields

Minimal Treatment



SAT is minimal by definition



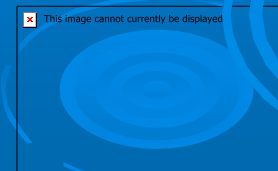
LITTLEJOHN and SAT

LITTLEJOHN's Theory AND Philosophy:

If you regulate the curves the pivots will release naturally.

SAT view point is:

if you can adjust the pivots (or get the pivots working) then the curves will come into a better balance.



Curves and Pivots

Structural point of view:

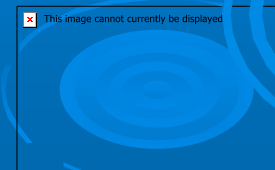
Forward bending curve to a Backward bending curve.

There must be a force change !

In a sense, at the point of change, there is a still point or a neutral point.

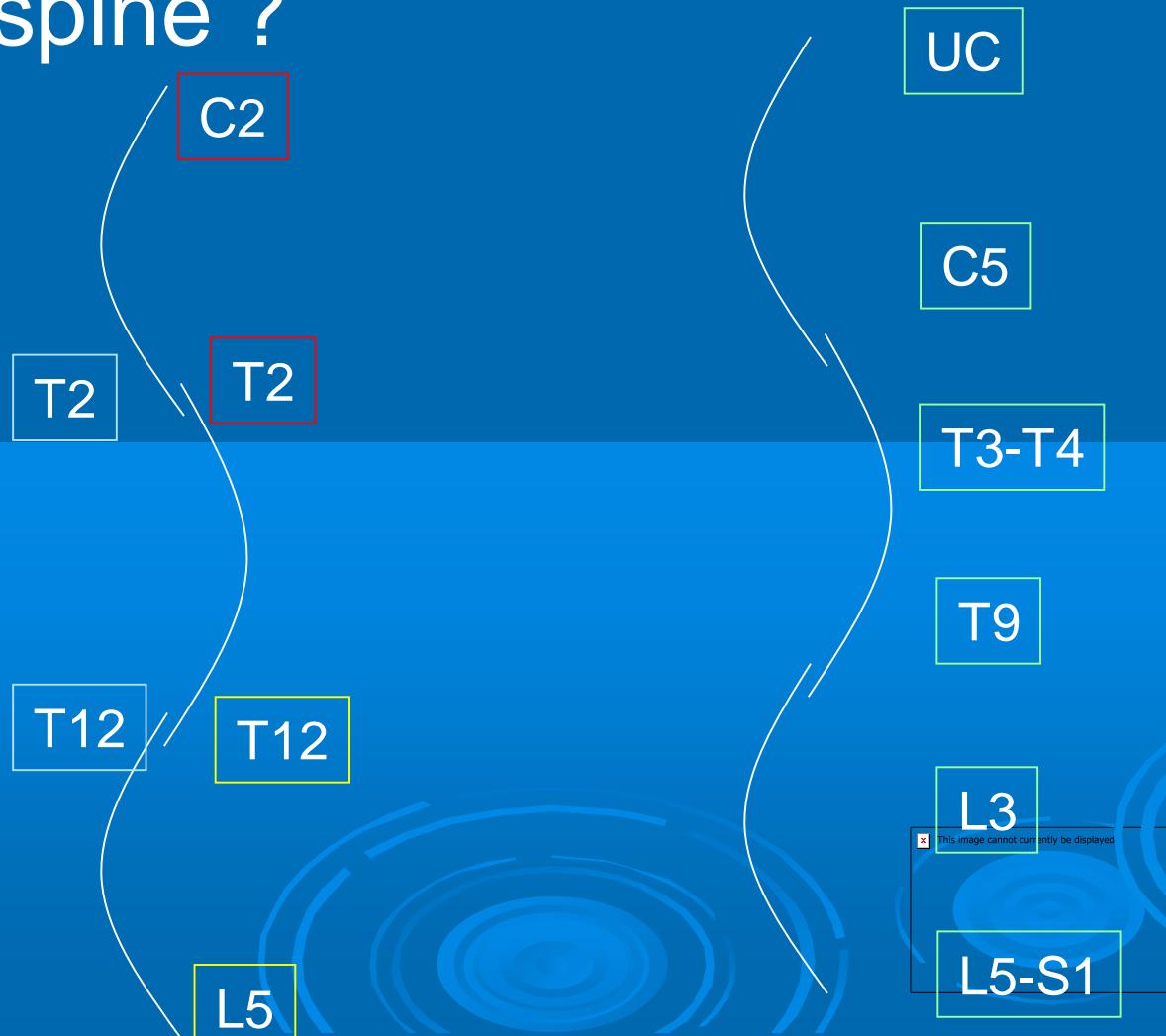
A Pivot is the interface between a forward bending curve and a backward bending curve.

A Pivot is a point of change or a junction.



Structural and Functional Curves and Pivots

Littlejohn: What actually functions as a pivot in the spine ?



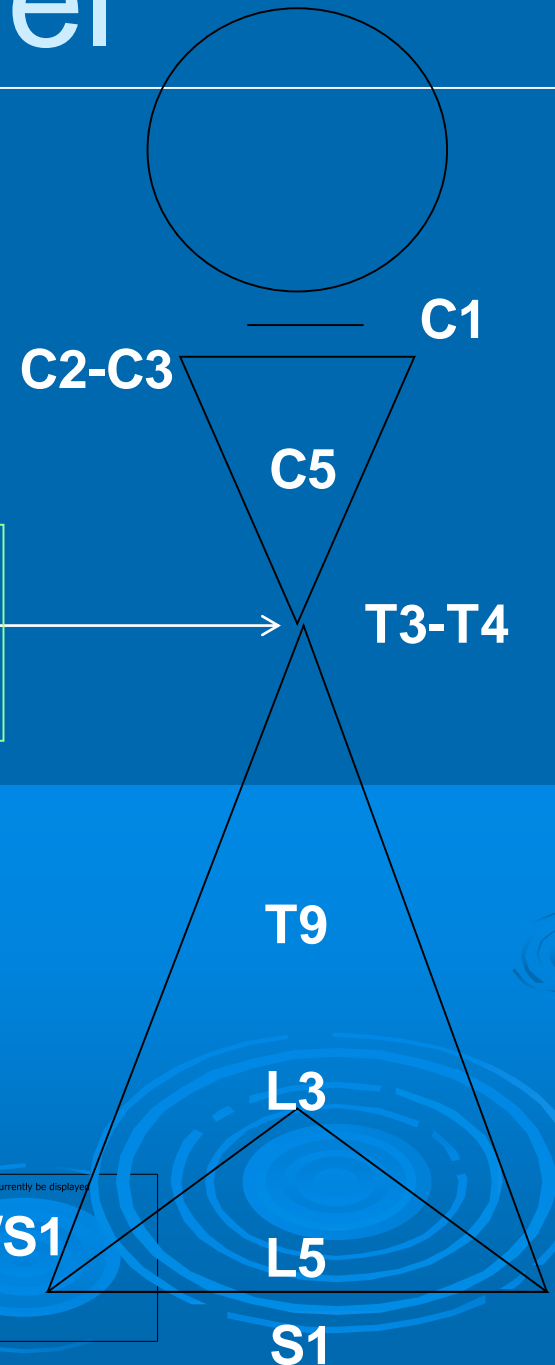
Littlejohn Model

It contains the whole
of the message

Point of balance
Between triangles
of forces

This model gives us a
Methodology to approximate
the truth

Atypical vertebrae: C1, C2, C3 and L5/S1
Interarch pivots: C5, T9 and L5

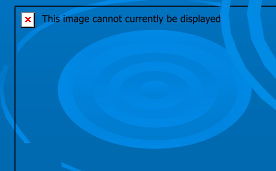


Hip Drop Test

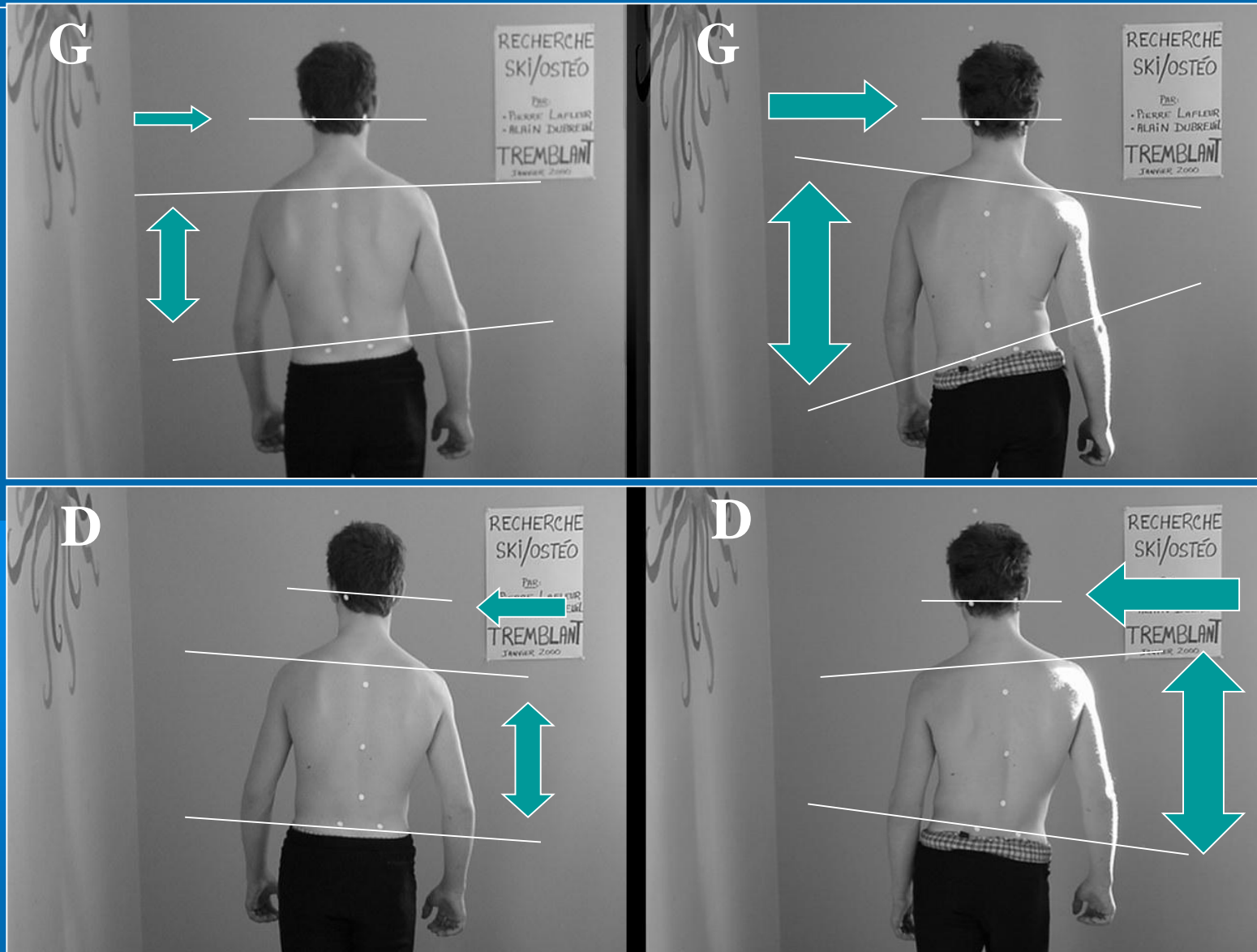
Test performed three times

- 1) Once for a sense of the whole,
- 2) Once with attention focussed on - T3
- 3) Once focussed on - L3

Optional focussing on (T9) & (Mastoid Line)



Shoulder and Pelvic Girdles Dissociation



The Triunity concept

Unity 2

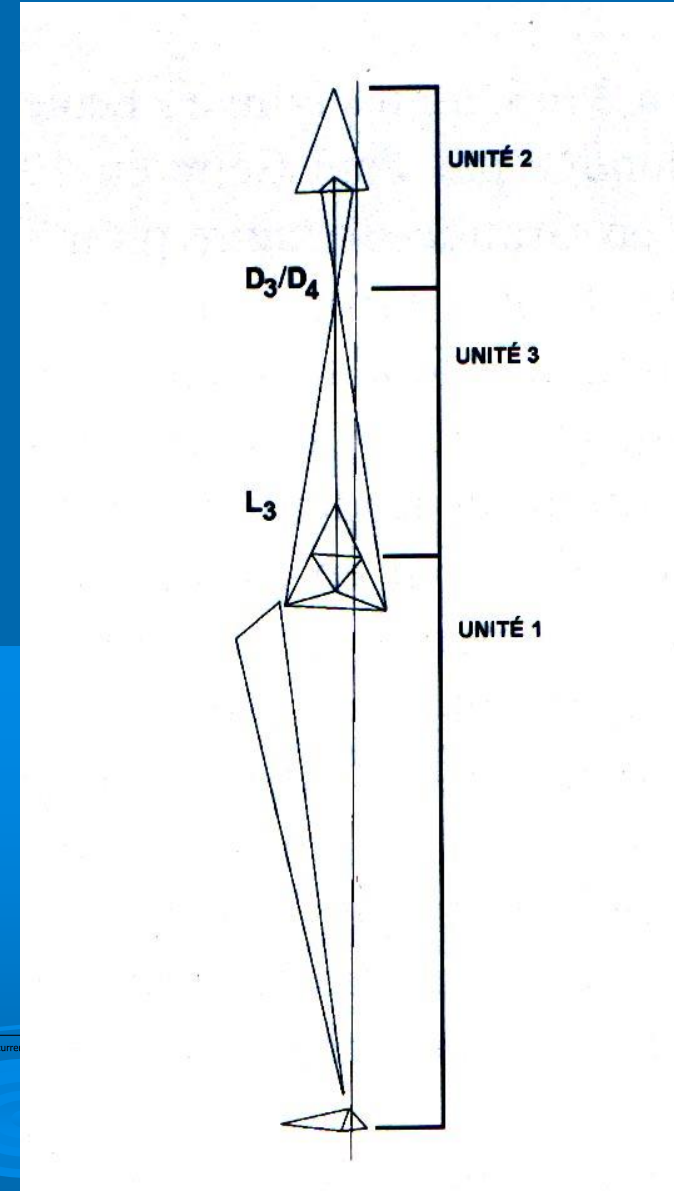
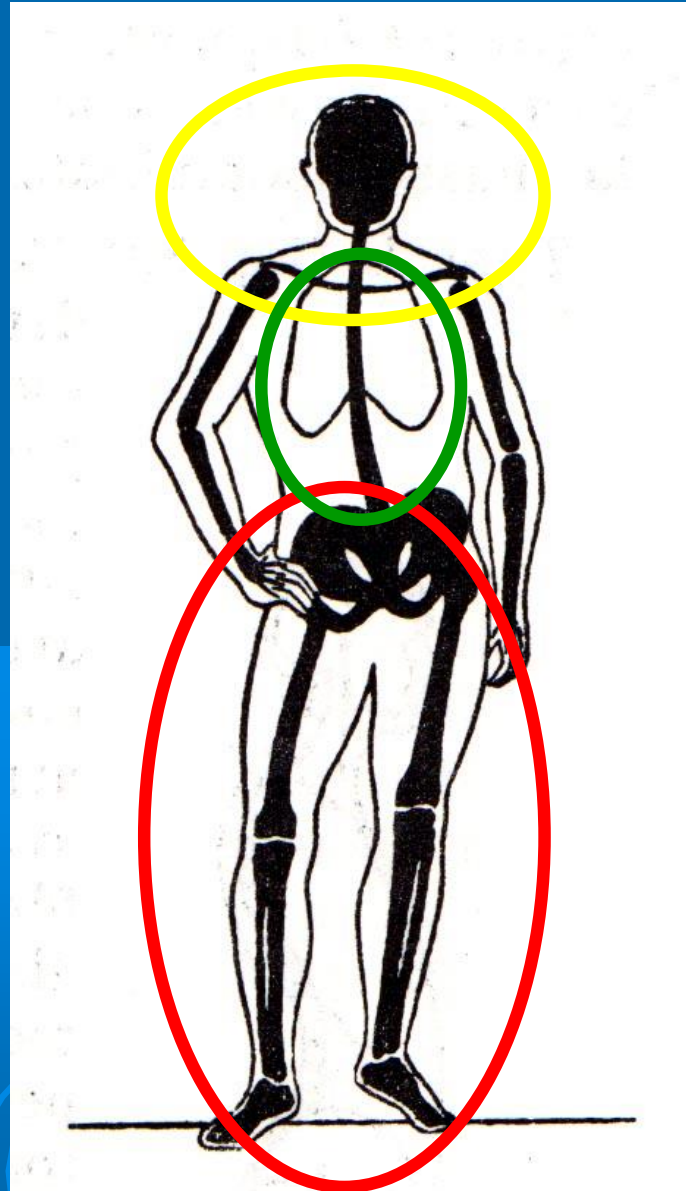
Head+Neck to T3,
Upper limbs
“Creative”

Unity 3

C5 to L3,
Thorax + Abdomen
“Visceral+ Emotional”

Unity 1

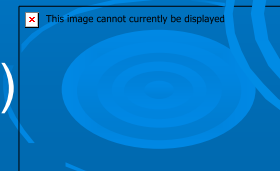
L3+Pelvis+Lower limbs
“Locomotion”



UNITY # 2 ROUTINE

1. Sitting

			Contact
(i)	O/A	Rocking (Flex/Ext)	Occ/TP
(ii)	C1/C2	Rotation	On C2
(iii)	C2/C3	Sidebending; rotation should follow	On C2
(iv)	C3/C4	Sidebending; sideshift should follow	On C3
(v)	C4/C5	Flexion/extension	Sp's 4/5
(vi)	C5/C6	“	Sp's 5/6
(vii)	C6/C7	“	Sp's 6/7
(viii)	C7/T1	Rotation	On C7
(ix)	Test down to T4 in Flexion/Extension (including sidebending/rotation as required)		

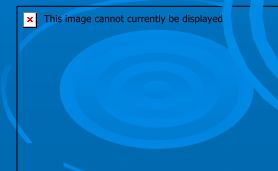


Unity # 2 Routine (cont)

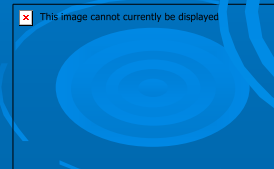
2. Supine

(i) Flexion/Extension (N.B. neck in neutral)

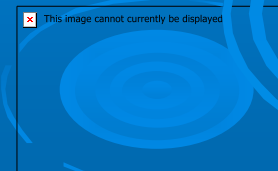
(ii) Side-shift (composite rotation/sidebending)



Motility Palpation



SAT Treatment + Adjustment



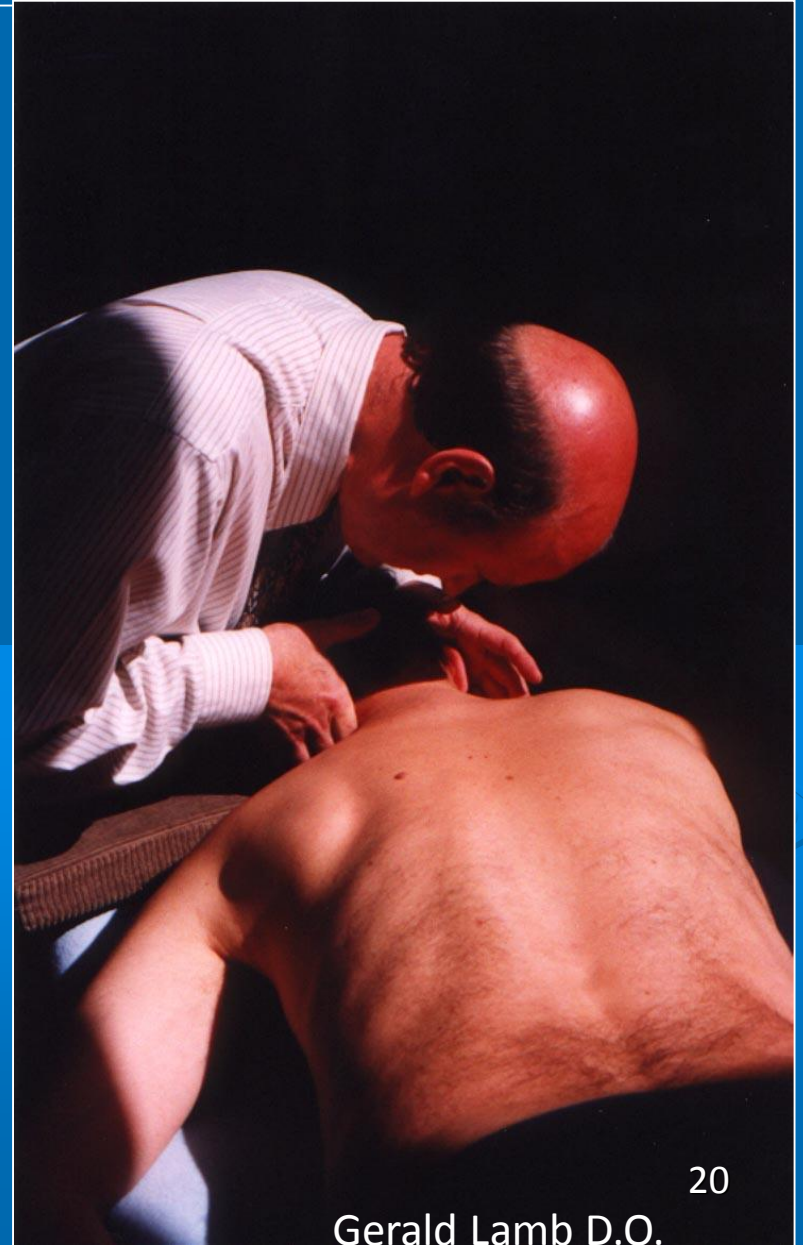
Prone Cervical 'Floating Field' Adjustment

1- Concepts

2- Technique

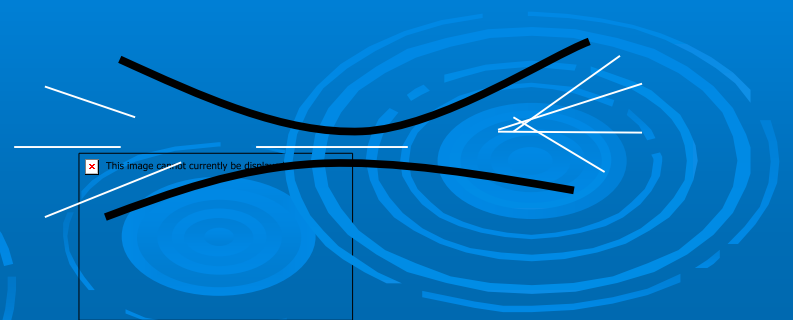
3- “Floating-Field”

4- The Adjustment



1- Floating-Field

- Bring the segment to the physiological barrier, experimenting with the vectors, so you know now where the physiological locking occurs.
- Then release the compression so that it leaves the lining up with some space in which to manoeuvre. Let it Float !
- The mobilisation then occurs by “closing in”. You “gather in” the forces with the intention of compressing into the physiological locking and you carry on through and out the other side.
- Take your hands off to allow recoil of the tissues



2- Technique

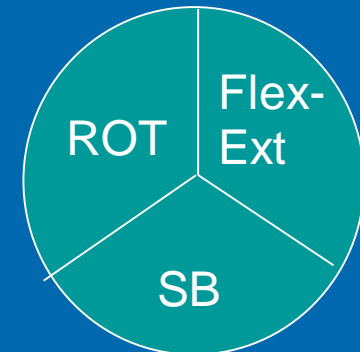
➤ It's a direct technique reversing the vectors by intention.

➤ The set up takes care of varying degrees of the components.

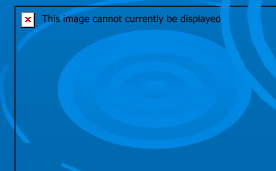
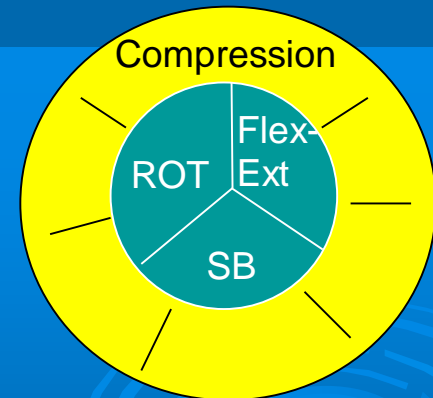
Ex: You can increase the SB and thereby decrease the other components.

➤ The secret is the Compression which holds into the physiological locking

By adding compression to the right mix of Components you reduce the pie to a much smaller circle.



L. Hartman

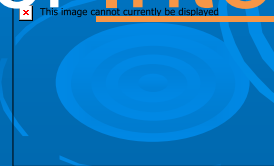


3- Concepts

If the moment is right you'll get a physical release of the articular surfaces. If not, you may get an energetic release.

Set it all up, let the body relax, let your mind relax and allow your hands to work... you'll learn from the process.

The power and the potency of Intention



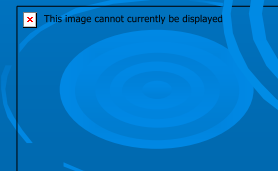
...Prone Cervical Adjustment

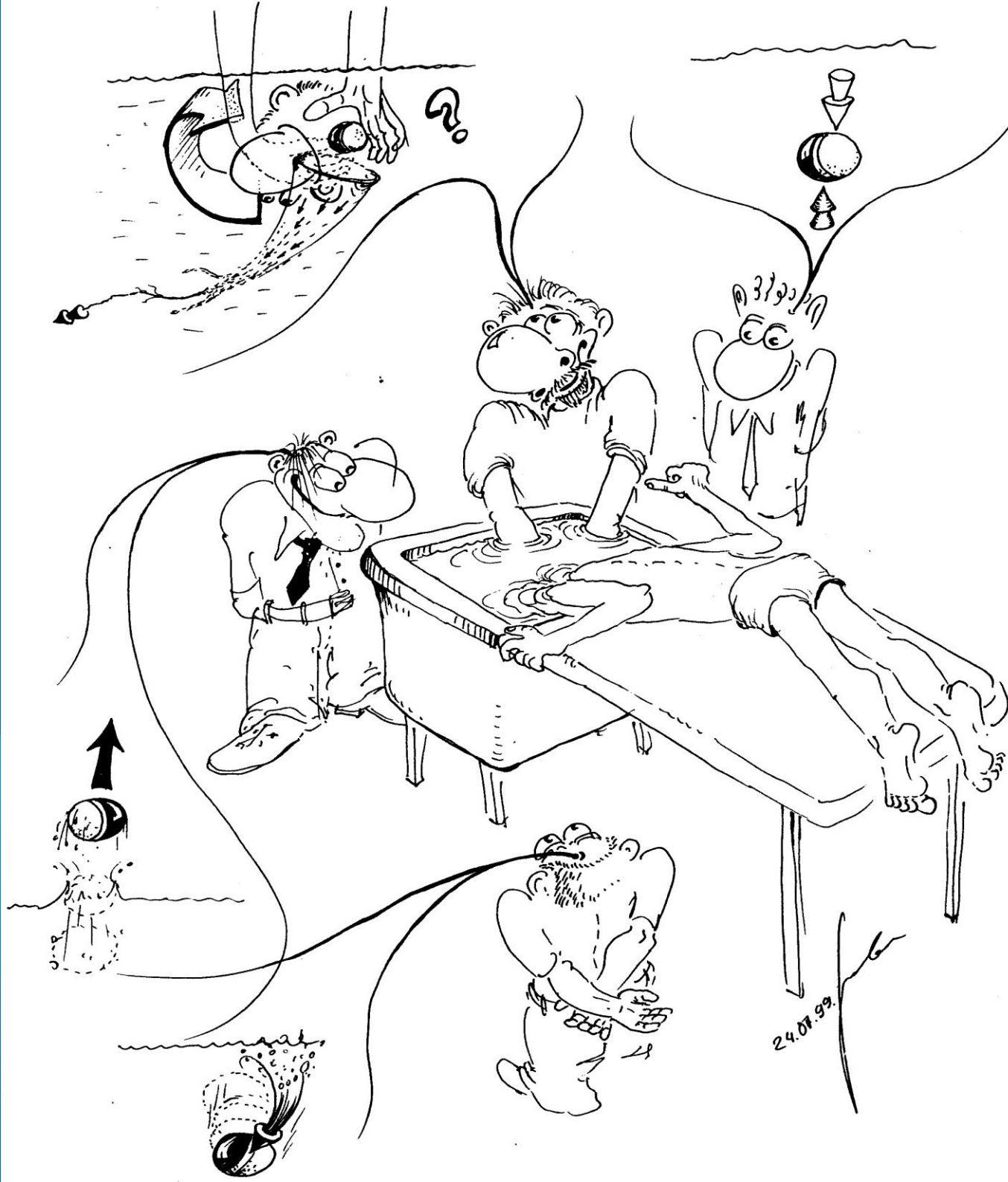
Find a lesion

Set up to the point of physiological locking

Practise 'floating'

Mobilise under supervision



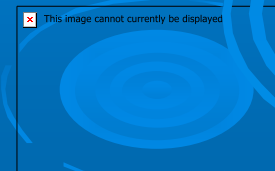


The Sacral Toggle

- Toggle means a swiveling, spinning or a turning movement.
- It is essentially an L5/S1 adjustment.
- It is also a whole correction of the pelvis.
- It is only used when all findings conform in all positions (standing, sitting and lying).
- The specific intention is to show the sacrum the way back to neutral.

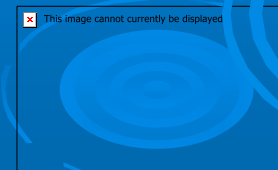
Final Consideration...

Where there is recent shock or a revived history of shock, this must be released before specifically adjusting the pivots



Treatment of Shock

Par: Gerald Lamb D.O. (U.K.) et Alain
Dubreuil D.O. (Q.C.)



What is Shock

Shock is an every day occurrence

Reflexes caught off guard lead to shock

A momentary surge of adrenaline or longer if more traumatic

Shock may be emotional....relationship upset or bereavement

A physical shock is like a 'buzz' in the system (bee-hive)

Emotional shock is like bubbles in sparkling water

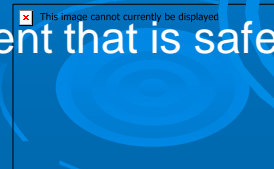
All the signs are of hyperadrenal activity..sweating, palor, trembling,
high blood pressure

It should resolve naturally within hours...but I have found that it seems
to sit in the background never fully resolving

It may then be readily reactivated even by a minor shock

If shock is evident or can be inferred from the history then it must be
treated. Otherwise it tends to interfere with treatment resolutions

The steps that follow are an approach to treatment that is safe.



Technique

A/P hold over the diaphragm or coeliac plexus....just for the purpose of this exercise. It can be treated from anywhere in the body

Make sure the hands are relaxed with arms resting on the couch or patient's thigh

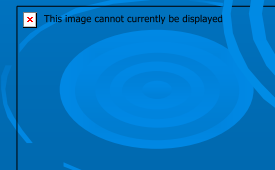
Settle into yourself and become aware of just observing

Throughout the procedure attend to your hands as if 'out the corner of your eye'. This will ensure your hands are light and your awareness is heightened

Begin by imagining that the space between your hands is growing larger and continue to increase the sense of space until shock is present between your hands and is continuously active

The only effort is to create enough space to ensure that shock is present and if it ebbs a little then create more space until no further shock arises

Try to hold the shock as a steady presence until it ebbs away into relative calmness





Technique (continued)

If the shock does not fully die away or if after 15 minutes no further change is taking place then check with the body when to remove your hands.

Most resolutions occur within 10 to 15 minutes

Should there be a sense of too much shock or the patient becomes a little agitated then you can readily control the rate of release by closing your hands together in order to compress the space a little

If the patient starts to shake uncontrollably then place a finger on the bridge of the nose (thinking Lamina Terminalis) and a finger on the coccyx. Holding the space between your contacts will settle the system within 10 minutes.

Treating the shock is a treatment in itself and should be all you do in the session.

It may need to be repeated on another occasion but twice should be enough

