

Apparatus		Patient Position	Segmental Contact Point	Contact Point	Drive Hand position	Stabilization hand position	Drive Arm Position	Stabilization Arm Position	LOC	
PS-LS-LP	Chair	Head over shoulders, chin up head tilt left, nose away from contact	Left supra-mastoid notch	medial metacarpophalangeal joint of left hand	cupped behind skull	thenar at right ramus of mandible, fingers behind skull	angled toward a point anterior to opposite shoulder	Caddywampus	P-A, S-I, L-R, nose away	
AS-RS-RA	Chair	Head over shoulders, chin down head tilt right, nose toward contact	Right supra-orbital ridge	Right pisiform/hypothenar	flat broad contact over forehead	overlapping drive hand, almost pisiform over pisiform	elbows back		A-P, A-I, R-L, Nose toward	
ASRP	Chair	Right head tilt, Chin can be raised	Right TVP Atlas	Pad of Right thumb	almost flat, slightly cupped wrist extended	holding cookies - fingers along lateral neck, thenar at ramus of mandible	straight across shoulders	Caddywampus	R-L, CW torque with nose away	
AILA	KC	Left, Left, Left, Left	Left TVP Atlas	soft pisiform	relaxed	two finger curl on back of hand	slight bend	slight bend	L-R, CW torque with body ant to SCP	
C6 PLS	Chair	Seated, Feet forward hands in lap head over shoulders, chin level with or slightly below horizontal (don't extend the head)	Left spinous of C6	Distal, lateral PAD of finger (NOT lateral phalanx)	Gonstead hand, Rathole, thumb ant. to or on ear.	holding cookies - fingers along lateral neck, thenar at ramus of mandible	Angled toward opposite eye	Caddywampus	P-A, L-R, CCW torque, I-S for the facets and then along disk plane	
C2 PLI-Ia	Chair		RIGHT lamina of C2 (1/8" lateral, 1/8" superior to spinous)				Angled toward same side eye		P-A, CW torque, I-S for the facets and then along disk plane	
T2 PRS	KC/Hi-Io	Prone, Thyroid-Thoracics-Thighs, Shoulders level or slightly higher than pelvis	Right spinous of segment	Soft Pisiform	45° across Dr.'s Midline	two finger curl on back of hand	minimal and fairly equal elbow bend, body leaning to make your drive perpendicular to spine (this makes it along the disk plane).	Caddywampus	P-A, R-L, CW torque, I-S for the facets and then along the disk plane	
T3 PRI-t	KC/Hi-Io		LEFT TVP of segment						Parallel to spine	P-A, CCW torque, I-S for the facets and then along the disk plane
T8 PLS	KC/Hi-Io		Left spinous of segment						45° across Dr.'s Midline	P-A, L-R, CCW torque, I-S for the facets and then along the disk plane
T10 PLI-t	KC/Hi-Io		RIGHT TVP of segment						Parallel to spine	P-A, CW torque, I-S for the facets and then along the disk plane
L4 PRS	Push	Bench	Side posture, Right side up	Right Spinous L4	Soft Pisiform	45° across spine	Heel of hand to delto-pec groove, traction shoulder UP not back.	Aligned P-A and up the facets	Traction shoulder headward	P-A, R-L, CW torque, I-S for the facets and then along the disk plane
	Pull				Side posture, Left side up	Fingertip, backed up		"C" shape rathole		
L2 PLI-m	KC (knee chest)	KC/Hi-Io	Prone, Thyroid-Thoracics-Thighs, Shoulders level or slightly higher than pelvis	Soft Pisiform	45° across Dr.'s Midline	two finger curl on back of hand	minimal and fairly equal elbow bend, body leaning to make your drive perpendicular to spine (this makes it along the disk plane).			
	Push	Bench	Side posture, Right side up	Right Mammillary L2	Pisiform	Parallel to spine	Heel of hand to delto-pec groove, traction shoulder UP not back.	Aligned P-A and up the facets	Traction shoulder headward	
Pull	Side posture, Left side up				Fingertip, backed up	"C" shape rathole		Elbow out for pull		
L2 PLI-m	KC (knee chest)	KC/Hi-Io	Prone, Thyroid-Thoracics-Thighs, Shoulders level or slightly higher than pelvis	Pisiform	Reach across spine, hand 90° to spine	two finger curl on back of hand	minimal and fairly equal elbow bend, body leaning to make your drive perpendicular to spine (this makes it along the disk plane).		P-A, CW torque, I-S and then along the disk plane	
	Right PI ₆ IN ₃	Bench	Side posture, Right side up	Right posterior/inferior/medial PSIS	Soft Pisiform	45° toward Dr.	Heel of hand to delto-pec groove, traction shoulder UP not back.	Along joint plane	Traction shoulder headward	P-A, I-S, M-L with CCW torque
Right PI ₆ EX ₃	Right posterior/inferior/lateral PSIS			45° toward spine		P-A, I-S, L-M with CW torque				
Right AS ₃ IN ₆	Right Gonstead fossa (2 over, 3 down)			45° toward Dr.		P-A, S-I, M-L with CCW torque				
Right PI ₃ IN ₆	Right posterior/inferior/medial PSIS			3 Fingers	"C" shape rathole	P-A, I-S, M-L with CCW torque				
Left PI ₃ EX ₆	Left posterior/inferior/lateral PSIS			Pisiform	under patient	P-A, I-S, L-M with CCW torque				
Right AS ₈ EX ₂	Right Gonstead fossa (2 over, 3 down)				45° toward spine	P-A, S-I, L-M with CW torque				
Left AS ₂ EX ₆	Left Gonstead fossa (2 over, 3 down)	under patient	P-A, S-I, L-M with CCW torque							
P-L	ISU	Bench	Side Posture, Left side up	Left Sacral ala, between S2 and PSIS	Pisiform	90° across spine	Heel of hand to delto-pec groove, traction shoulder UP not back.	Along joint plane	Traction shoulder headward	P-A
	ISD		Side Posture, Right side up	Right Sacral ala, between S2 and PSIS	Semi-knife edge	45°.45°.45°				Into table (along the joint plane)
	Pull		Side Posture, Left side up	Left Sacral ala, between S2 and PSIS	3 Fingers	"C" shape rathole				P-A
BP or Spondylo			Side Posture, either side up	S1 or S2	Soft Pisiform	90° across spine			BP = P-A; Spondylo = S-I, P-A	
A-L	Hi-Io	Prone, pelvic pad up 3 turns	Pull tissue from tip of coccyx to sacrococcygeal junction	thumb of headward hand	caudal hand pisiform on headward hand thumbnail		producing an I to S thrust along sacrum	comfortable, with hand flat and fingers pointing laterally	I-S either with SCP on right of coccyx or with a CCW torque	

Side Posture

- 1 Appropriate side **up**
- 2 Patient **straight**
line from EAM through shoulder, trochanter and malleolus straight
- 3 Patient on **front** 1/3 to 1/2 of table
- 4 "**Beachfront**"
approx 2 - 3 inch in front of patient for pushes
push the patient back)
or **pull** the patient forward for pulls
- 5 Patients **foot** off the table
edge of table just above the lateral malleolus
- 6 "**outrigger**"
upper arm is back with top hand over bottom hand
- 7 Patient's lower **shoulder** is pulled downward toward their hip
- 8 "**Smile** to smile"
heel of doctor's headward hand fits into delto-pectoral groove of patient and
doctor tractions HEADWARD on the patient
- 9 Front Crease (of doctor) to Side Seam of patient
- 10 Doctor's headward knee is near the patient's abdomen or chest to
add stability to the patient as you roll them forward.

Push Adjustments

- Dr. upright - LOD is along SI joint
patient rolled forward
- PI** - hand up spine - SCP is PSIS
- AS** - hand up spine - SCP is Gonstead Point (2" lat to PSIS, 3" below)
- In** - hand 90 deg toward doc
- Ex** - hand 90 deg away from doc
- PIIN** - hand 45 deg toward doc
- PIEX** - hand 45 deg away from doc
- ASIn** - same as PIIn but SCP is Gonstead Point
- ASEx** - same as PIEx but SCP is Gonstead Point

Pull Adjustments

- Patient pulled closer to edge of table ("Pull the patient forward for pulls")
i.e. decrease your "beachfront"
- Patient pelvis is more vertical
- All pulls have a kick
dr. knee is just behind the patient's trochanter and the
dr.'s ankle is proximal to the patient's knee.
- For all pulls, the EX side is down (**pull your "Ex" down**)
- IN Pulls**
 - C shaped hand (rathole with thumb on glute med)
 - 3 fingers medial to PSIS
 - LOC = M-L with torque if you can get it
- P-R or P-L Sacral Pull**
As above but SCP is on Ala of sacrum, LOC is P-A
- PIIN pull**
as above but SCP is lower on PSIS and LOC included I-S
Lean toward the patient's head to get the I-S
- ASIN Pull**
It's "A Sin" - "**Push** sin away..."
- EX pulls**
pisiform on lateral PSIS, fingers under the patient
- PIEx Pull**
Lean toward the patient's head to get the I-S
- ASEx Pull**
Lean toward the patient's legs to get the S-I
Move pisiform to Gonstead Point
Forearm under patient's buttocks
"Most comfortable position in Chiropractic" (yeah... right)

Sacrum

BP/Spondylo

Patient either side up
Pisiform on Sacral tubercle (S1 or S2)
Fingers 90 deg to spine (pointed across patient toward table top)
Elbow aligned so you have a P-A LOC
Spondy will have an S-I component added to the LOC

ISU - "Involved Side Up"

Push

Same position as BP/Spondy above but with SCP just medial to PSIS

Pull

Same position as In Pull above , but with SCP must medial to PSIS
LOC is P-A

ISD - "Involved Side Down"

45/45/45 (or "Put the knife down")

Patient's pelvis is 45 deg to bench top
dr's Pisiform is just medial to involved PSIS with the hand turned 45 deg to isolate the SCP
Dr.'s Thenar is lifted 45 dg off the patient's back
Dr's shoulder is over or a bit superior to the contact

Coccyx

Doctor stands on either side
superior thumb finds the tip of the coccyx
tissue pull headward until you just pass the sacro-coccygeal junction
inferior hand pisiform placed on superior hand thumbnail
elbow parallel to the ground
LOC - I-S for all listings
A - Contact center of coccyx
A-R - contact slightly to the left side of the coccyx
A-L contact slightly to the right side of the coccyx
OR Torque the coccyx into place while contacting the center

Lumbar

Standard Side Posture

Push

Contact side of listing is UP

Spinous contact: soft pisiform with hand a 45 deg

Mamillary contact: pisiform on appropriate mamillary with hand parallel to spine

Pull

Spinous side is always down
Fingertip contact with other fingers backing it up
"C" shaped hand with rathole

Knee-Chest (KC)

Patient appropriately placed on knee chest

Doctor stands on spinous side

Spinous contact: soft pisiform with hand a 45 deg

Mamillary contact: Doctor reaches ACROSS SPINE and
places pisiform on appropriate mamillary with hand perpendicular to spine
while pulling patient into doctor's knees