

Listing	Patient Position (P.P.)	Contact Point (C.P.)	Segmental Contact Point (S.C.P.)	General Finger Position	Approximate Line of Correction (L.O.C.)	Miscellaneous
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Lower Cervical Adjustments (C2-C7)

PR	Seated	Right index, distal-lateral portion	Right posterior inferior spinous process	CH - Rat hole, IH-fingers down neck	P-A, R-L through pts opposite eye, *** along plane line of disk	<p>LOC must take into account facets and disk plane. Disk planes vary from patient to patient so set angles are inappropriate. The doctor must align him/herself with the patient's disk and then align slightly lower to accommodate the facets.</p> <p>Each segment will require an I-S lift (relative to that segment) and then the thrust should aim along the plane of the disk (which is essentially perpendicular to the patient's back at that level).</p>
PL	Seated	Left index, distal-lateral portion	Left posterior inferior spinous process	CH - Rat hole, IH-fingers down neck	P-A, L-R through pt's opposite eye, *** along plane line of disk	
PR-La	Seated	Left index, distal-lateral portion	Left lamina of involved segment (opposite of the listing)	CH - Rat hole, IH-fingers down neck	P-A through pt's same side eye, *** along plane line of disk	
PL-La	Seated	Right index, distal-lateral portion	Right lamina of involved segment (opposite of the listing)	CH - Rat hole, IH-fingers down neck	P-A through pt's same side eye, *** along plane line of disk	
PRS	Seated	Right index, distal-lateral portion	Right posterior inferior spinous process	CH - Rat hole, IH-fingers down neck	P-A, R-L through pts opposite eye, CW torque, *** along plane line of disk	
PLS	Seated	Left index, distal-lateral portion	Left posterior inferior spinous process	CH - Rat hole, IH-fingers down neck	P-A, L-R through pt's opposite eye, CCW torque, *** along plane line of disk	
PRI-La	Seated	Left index, distal-lateral portion	Left lamina of involved segment (opposite of the listing)	CH - Rat hole, IH-fingers down neck	P-A through pt's same side eye, De-rotate spinous with P-A, CCW torque, *** along plane line of disk	
PLI-La	Seated	Right index, distal-lateral portion	Right lamina of involved segment (opposite of the listing)	CH - Rat hole, IH-fingers down neck	P-A through pt's same side eye, De-rotate spinous with P-A, CW torque, *** along plane line of disk	

GENERAL NOTES FOR LOWER CERVICALS:

- > Cervical adjustments as presented at this level, should be performed in the Cervical Chair.
 - (More advanced techniques may take advantage of the knee-chest, and the Zenith Hi-Lo table)
- > The line of correction should include a slight lift at the beginning of the thrust to bring the vertebra up "into the saddle" and then follow the disk plane line
- > Modify the disk plane to suit the individual patient during a thrust.
- > Stabilization hand should be held steady and not "whipped". Too much thenar pressure will cause a "whip" of the head
- > Stabilization hand should contact the antero-lateral neck at the level below the one you are adjusting.
 - You should think about "catching" the vertebra you are adjusting at the MCP or distal portion of your index and middle finger of the stabilizing hand
- > Extension of the neck should not bring the chin past level; only enough to cause the segment you are adjusting to just begin to move.
- > Spinous contacts are at the posterior, inferior lateral aspect of the Spinous.
- > The location of the lamina contact is approximately 1/8" lateral and 1/8" superior to the cervical spinous process.
- > Torques: Right side contacts are clockwise, and left side contacts are counter-clockwise (we are always contacting the open wedge side).
- > Remember to "squash the grape" when you thrust - it will give you speed and help with the appropriate torque.
- > Keep your muscles relaxed until you actually thrust, a tight muscle has no speed. Most of the speed and depth occur within the first 1-1 1/2 inches.
- > All gonstead adjustments are a thrust and HOLD for a beat - this takes advantage of ligamentous creep.

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Atlas AS Cervical Adjustments (C1)

AR	Seated	Thumbpad, Right hand	Right Lateral TVP	R-L	Contact hand is slightly cupped, thumb in tight, wrist in slight extension. A relaxed hand is much faster here. Let the lateral portion of your index finger lay along the base of the patient's skull to monitor the tension on the sub-occipital musculature. Raise the patient's chin slightly until these muscles relax.
AL	Seated	Thumbpad, Left hand	Left Lateral TVP	L-R	
ASR	Seated	Thumbpad, Right hand	Right Lateral TVP	R-L, CW torque	
ASL	Seated	Thumbpad, Left hand	Left Lateral TVP	L-R, CCW Torque	
ASRA	Seated	Thumbpad, Right hand	Right Lateral TVP	R-L, CW torque, prestress posteriorly (nose toward contact)	
ASLA	Seated	Thumbpad, Left hand	Left Lateral TVP	L-R, CCW Torque, prestress posteriorly (nose toward contact)	
ASRP	Seated	Thumbpad, Right hand	Right Lateral TVP	R-L, CW torque, prestress anteriorly (nose away from contact)	
ASLP	Seated	Thumbpad, Left hand	Left Lateral TVP	L-R, CCW torque, prestress anteriorly (nose away from contact)	

Atlas AI Cervical Adjustments (C1)

AIR	Prone	Soft Pisiform of Right hand	Right Lateral TVP	R-L, CCW torque	
AIL	Prone	Soft Pisiform of Left hand	Left Lateral TVP	L-R, CW torque	
AIRA	Prone	Soft Pisiform of Right hand	Right Lateral TVP	R-L, CCW torque, A-P	Episternal notch anterior to Contact Point
AILA	Prone	Soft Pisiform of Left hand	Left Lateral TVP	L-R, CW torque, A-P	Episternal notch anterior to Contact Point
AIRP	Prone	Soft Pisiform of Right hand	Right Lateral TVP	R-L, CCW torque, P-A	Episternal notch Posterior to Contact Point
AILP	Prone	Soft Pisiform of Left hand	Left Lateral TVP	L-R, CW torque, P-A	Episternal notch Posterior to Contact Point

For AS listings: Pt is in the cervical chair. LOC is across the line of the shoulders, through the plane of the atlas

> Hand position, AS listings: Somewhat flat hand, thumb pulled in tight, slight wrist extension, lateral index finger along suboccipital musculature.

Line of Drive: across the plane line of the atlas (send your thrust out the opposite TVP of atlas)

For AI listings: The patient is on the knee-chest table with the side of laterality turned upward. The doctor is standing

on the side the patient's face is turned toward (i.e. AIR: Rule - RIGHT side up, RIGHT hand contact, Doc on the Pt's RIGHT)

remember: "right,right,right/left,left,left"

> "squashing the grape" under your arm as you thrust helps you produce the appropriate torque and improves your speed.

> AS listings may be performed on the knee -chest with reversed torque. AI listings may be performed in the chair with the patient's chin raised and torque reversed; the notes in the grid above represent, however, the preferred methods

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Occipital Listings (C0)

AS-RS	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Right Supra-orbital ridge		A-P, S-I, R-L in a scooping motion toward the reion of the Dr's opposite kidney	Preload condyles by turning chin slightly down and laterally flexing head to right
AS-LS	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Left supra-orbital ridge		A-P, S-I, L-R in a scooping motion toward the reion of the Dr's opposite kidney	Preload condyles by turning chin slightly down and laterally flexing head to left
AS-RS-RP	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Right Supra-orbital ridge		A-P, S-I, R-L in a scooping motion toward the reion of the Dr's opposite kidney. Pt's head is pre-positioned in left rotation.	Preload condyles by turning chin slightly down, laterally flexing head to right and turning nose away from contact
AS-RS-RA	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Right Supra-orbital ridge		A-P, S-I, R-L in a scooping motion toward the reion of the Dr's opposite kidney. Pt's head is pre-positioned in right rotation.	Preload condyles by turning chin slightly down, laterally flexing head to right and turning nose toward contact
AS-LS-LP	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Left supra-orbital ridge		A-P, S-I, L-R in a scooping motion toward the reion of the Dr's opposite kidney. Pt's head is pre-positioned in right rotation	Preload condyles by turning chin slightly down, laterally flexing head to left and turning nose away from contact
AS-LS-LA	Seated	Overlaid Pisiforms or 2nd-4th phalanges	Left supra-orbital ridge		A-P, S-I, L-R in a scooping motion toward the reion of the Dr's opposite kidney. Pt's head is pre-positioned in left rotation.	Preload condyles by turning chin slightly down, laterally flexing head to left and turning nose toward contact
PS-RS	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Right Supra-mastoid notch		P-A, S-I, R-L through the C0-C1 joint plane line, in a scooping motion	Preload condyles by bringing chin slightly up and laterally flexing head to the right
PS-LS	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Left Supra-mastoid notch		P-A, S-I, L-R through the C0-C1 joint plane line, in a scooping motion	Preload condyles by bringing chin slightly up and laterally flexing head to the left
PS-RS-RP	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Right Supra-mastoid notch		P-A, S-I, R-L through the C0-C1 joint plane line, in a slight scooping motion. Pt's head is prepositioned in left rotation	Preload condyles by bringing chin slightly up, laterally flexing head to the right and turning nose away from the contact
PS-RS-RA	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Right Supra-mastoid notch		P-A, S-I, R-L through the C0-C1 joint plane line, in a slight scooping motion. Pt's head is prepositioned in right rotation	Preload condyles by bringing chin slightly up, laterally flexing head to the right and turning nose toward the contact
PS-LS-LP	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Left Supra-mastoid notch		P-A, S-I, L-R through the C0-C1 joint plane line, in a slight scooping motion. Pt's head is prepositioned in right rotation	Preload condyles by bringing chin slightly up, laterally flexing head to the left and turning nose away from the contact
PS-LS-LA	Seated	Palmar aspect of the metacarpophalangeal joint of thumb.	Left Supra-mastoid notch		P-A, S-I, L-R through the C0-C1 joint plane line, in a slight scooping motion. Pt's head is prepositioned in left rotation	Preload condyles by bringing chin slightly up, laterally flexing head to the left and turning nose toward the contact

> All AS listings require a cervical blocker

> To make it easier to remember which hand to use and which side to contact, think of the first and third letters of the listing. I.e. PS-RS-RA

The first letter "P" and the the third letter "R" tell you to put your "R"ight hand on the "P"osterior "R"ight side of the patient's head, and then lean the

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patient's head to the "P"osterior "R"ight. Then just remember to pre-load the condyle based on the very last "P" or "A" in the listing (if present).

An AS-RS-RP would be done the same way: "R"ight hand on the "A"nterior "R"ight and lean pt's head "A"nterior and "R"ight.

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Thoracic Adjustments

PR	Prone with doctor on right	Pisiform	Right posterior spinous process, as high on the shaft as possible	45, across the spine (hand relaxed)	P-A, R-L, *** along plane line of disk	<p>LOC must take into account facets and disk plane. Disk planes vary from patient to patient so set angles are inappropriate. The doctor must align him/herself with the patient's disk and then align slightly lower to accommodate the facets.</p> <p>Each segment will require an I-S lift (relative to that segment) and then the thrust should aim along the plane of the disk (which is essentially perpendicular to the patient's back at that level).</p>
PL	Prone with doctor on left	Pisiform	Left posterior spinous process, as high on the shaft as possible	45, across the spine (hand relaxed)	P-A, L-R, *** along plane line of disk	
PR-T	Prone with doctor on left	Pisiform	Left Transverse Process of involved segment (opposite of the listing)	Parallel to the Spine (not crossing the spine)	P-A, *** along plane line of disk	
PL-T	Prone with doctor on right	Pisiform	Right Transverse Process of involved segment (opposite of the listing)	Parallel to the Spine (not crossing the spine)	P-A, *** along plane line of disk	
PRS	Prone with doctor on right	Pisiform	Right posterior spinous process, as high on the shaft as possible	45, across the spine (hand relaxed)	P-A, R-L, CW torque, *** along plane line of disk	
PLS	Prone with doctor on left	Pisiform	Left posterior spinous process, as high on the shaft as possible	45, across the spine (hand relaxed)	P-A, L-R, CCW torque, *** along plane line of disk	
PRI-T	Prone with doctor on left	Pisiform	Left Transverse Process of involved segment (opposite of the listing)	Parallel to the Spine (not crossing the spine)	P-A, De-rotate spinous with P-A, *** along plane line of disk with a CCW torque	
PLI-T	Prone with doctor on right	Pisiform	Right Transverse Process of involved segment (opposite of the listing)	Parallel to the Spine (not crossing the spine)	P-A, De-rotate spinous with P-A, CW torque, *** along plane line of disk with a	

GENERAL NOTES FOR THORACICS:

- > Thoracic adjustments should be performed on the knee-chest, or the Zenith Hi-Lo table (with abdominal piece unlocked)
- > Dr stands on the side of CONTACT, angled toward the patient's head slightly.
- > Modify the disk plane to suit the individual patient during a thrust.
- > For the T1-T3 use your inferior hand for the primary contact, your support hand will produce the necessary S-I thrust
- > We do not reach across the spine for the transverse-process contacts in the thoracic spine.
- > Keep your muscles relaxed until you actually thrust, a tight muscle has no speed.
- > All gonstead adjustments are a thrust and HOLD for a beat - this takes advantage of ligamentous creep.

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Pelvis Push Moves

PI	ISU	Pisiform	Posterior Inferior PSIS	Straight up the spine	P-A, I-S	
AS	ISU	Pisiform	Gonstead Fossa *	Straight up the spine	P-A, S-I (Along line of femur)	Fingers may be turned toward the Doctor to accomodate S-I line of drive
Ex	ISU	Pisiform	Lateral PSIS	Down to the table	P-A, L-M	Pull move recommended for this adjustment (in other words PULL THIS ONE)
In	ISU	Pisiform	Medial PSIS	Point to Doctor	P-A, M-L	
PIEx	ISU	Pisiform	Posterior inferior Lateral PSIS	45 degrees down - to opposite iliac crest	P-A, I-S, L-M, Torque pisiform medially (R - CW, L - CCW)	Unless Ex component is very small compared to PI, pull this one
PIIn	ISU	Pisiform	Posterior inferior medial PSIS	45 degrees up - toward same side iliac crest	P-A, I-S, M-L, Torque pisiform laterally (R - CCW, L - CW)	
ASEx	ISU	Pisiform	Gonstead Fossa*	45 degrees down	P-A, S-I, L-M, Torque pisiform medially (R - CW, L - CCW)	Generally, this one pulls much better than it pushes, so a pull is preferred. Especially pull this one if Ex component is greater than AS.
ASIn	ISU	Pisiform	Gonstead Fossa*	45 degrees up	P-A, S-I, M-L, Torque pisiform laterally (R - CCW, L - CW)	

Pelvis Pull Moves

ALL PULLS HAVE A "KICK"

In	ISU	"High C"	Medial PSIS		P-A, M-L	
Ex	ISD	Pisiform	Lateral PSIS		P-A, L-M	Reach around patient, and tissue pull medially to the PSIS
PIIn	ISU	"High C"	Posterior inferior medial PSIS		P-A, I-S, M-L, Torque fingers laterally (R - CCW, L - CW)	
PIEx	ISD	Pisiform	Posterior inferior Lateral PSIS		P-A, I-S, L-M, Torque pisiform medially (R - CW, L - CCW)	Reach around patient, and tissue pull medially to the PSIS. You should be leaning toward the patient's head. If PI component is greater than Ex, consider pushing this one.
ASEx	ISD	Pisiform	Gonstead Fossa*		P-A, S-I, L-M, Torque pisiform medially (R - CW, L - CCW)	Begin by reaching around patient, and tissue pulling with the pisiform medially toward PSIS, then inferiorward toward the Gonstead Eminence. You should be leaning toward the patient's feet, and as you move to this position, your SCP should swing down to the correct point near the Gonstead Eminence.

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Sacrum Moves

P-R/P-L Push	ISU	Pisiform	Between S2 tubercle and PSIS on involved side	Straight down to table	P-A	
P-R/P-L Push	ISD	Pisiform	Between S2 tubercle and PSIS on involved side	45 - 45- 45*	P-A	
P-R/P-L Pull	ISU	"High C"	Between S2 tubercle and PSIS on involved side		P-A	All Pull moves have a "kick"
Base Posterior	Either	Pisiform	S1 Tubercle	Down to Table	P-A	
L5 Spondylolisthesis	Either	Pisiform	S1 Tubercle	Down to Table	S-I, then P-A	Only adjust if symptomatic and grade 1 or 2

* Patient rotated to 45, contact hand at 45 away from midline, and thenar lifted 45 degrees off the patient's body for specificity.

Coccyx

A	Prone (Dr. on either side)	Thumb-tip of cephalad hand with pisiform of caudad hand on contact thumb nail	Coccyx (tissue pull from low on coccyx straight up midline)	Caudad forearm parallel to ground	I-S ONLY	Only adjust if symptomatic
A-R/A-L	Prone (Dr. on either side)	Thumb-tip of cephalad hand with pisiform of caudad hand on contact thumb nail	Coccyx (tissue pull from low on open wedge side of coccyx straight up midline)	Caudad forearm parallel to ground	I-S ONLY	Only adjust if symptomatic - Dr. may have slight advantage by standing on side of open wedge

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Lumbar Push Adjustments

P	Side Posture	Pisiform	Posterior inferior spinous	45, across the spine	P-A, *** along plane line of disk	<p>LOC must take into account facets and disk plane. Disk planes vary from patient to patient so set angles are inappropriate. The doctor must align him/herself with the patient's disk and then align slightly lower to accommodate the facets.</p> <p>Each segment will require an I-S lift (relative to that segment) and then the thrust should aim along the plane of the disk (which is essentially perpendicular to the patient's back at that level).</p>
PR	Left Side Posture (spinous rotation up)	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, *** along plane line of disk	
PL	Right Side Posture (spinous rotation up)	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, *** along plane line of disk	
PR-M	Right Side Posture (Spinous rotation DOWN)	Pisiform	Left Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, *** along plane line of disk	
PL-M	Left Side Posture (spinous rotation DOWN)	Pisiform	Right Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, *** along plane line of disk	
PRS	Left Side Posture (spinous rotation up)	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, *** along plane line of disk, with a CW Torque	
PLS	Right Side Posture (spinous rotation up)	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, *** along plane line of disk, with a CCW torque	
PRI-M	Right Side Posture (Spinous rotation DOWN)	Pisiform	Left Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, *** along plane line of disk, with a CCW torque	
PLI-M	Left Side Posture (spinous rotation DOWN)	Pisiform	Right Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, *** along plane line of disk, with a CW torque	

L5 Special Listings

PRI-Sp	Left Side Posture (spinous rotation up)	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, S-I along plane line of disk, with a CCW Torque	Knee Chest - Use caudal hand, Torque UP the spine
PLI-Sp	Right Side Posture (spinous rotation up)	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, S-I along plane line of disk, with a CW torque	Knee Chest - Use caudal hand, Torque UP the spine
PRS-M	Right Side Posture (Spinous rotation DOWN)	Pisiform	Left Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, S-I along plane line of disk, with a CW torque	Knee Chest - Use caudal hand, fingers 90 degrees away from Dr. Torque UP the spine
PLS-M	Left Side Posture (spinous rotation DOWN)	Pisiform	Right Mammillary (opposite spinous rotation)	Straight up the spine	P-A, De-rotate spinous with P-A, S-I along plane line of disk, with a CCW torque	Knee Chest - Use caudal hand, fingers 90 degrees away from Dr. Torque UP the spine

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Lumbar Pull Adjustments

ALL PULLS HAVE A "KICK"

PR	Right Side Posture (Spinous rotation DOWN)	"High C"	Right lateral posterior inferior spinous of involved segment	P-A, R-L, *** along plane line of disk	<p>LOC must take into account facets and disk plane. Disk planes vary from patient to patient so set angles are inappropriate. The doctor must align him/herself with the patient's disk and then align slightly lower to accommodate the facets.</p> <p>Each segment will require an I-S lift (relative to that segment) and then the thrust should aim along the plane of the disk (which is essentially perpendicular to the patient's back at that level).</p>
PL	Left Side Posture (spinous rotation DOWN)	"High C"	Left lateral posterior inferior spinous of involved segment	P-A, L-R, *** along plane line of disk	
PR-M	Right Side Posture (Spinous rotation DOWN)	"High C"	Left Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, *** along plane line of disk	
PL-M	Left Side Posture (spinous rotation DOWN)	"High C"	Right Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, *** along plane line of disk	
PRS	Right Side Posture (Spinous rotation DOWN)	"High C"	Right lateral posterior inferior spinous of involved segment	P-A, R-L, CW Torque, *** along plane line of disk	
PLS	Left Side Posture (spinous rotation DOWN)	"High C"	Left lateral posterior inferior spinous of involved segment	P-A, L-R, CCW torque, *** along plane line of disk	
PRI-M	Right Side Posture (Spinous rotation DOWN)	"High C"	Left Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, CCW torque, *** along plane line of disk	
PLI-M	Left Side Posture (spinous rotation DOWN)	"High C"	Right Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, CW torque, *** along plane line of disk	

L5 Special Listings

PRI-Sp	Right Side Posture (Spinous rotation DOWN)	"High C"	Right lateral posterior inferior spinous of involved segment	P-A, R-L, CCW Torque, S-I along plane line of disk
PLI-Sp	Left Side Posture (spinous rotation DOWN)	"High C"	Left lateral posterior inferior spinous of involved segment	P-A, L-R, CW torque, S-I along plane line of disk
PRS-M	Right Side Posture (Spinous rotation DOWN)	"High C"	Left Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, CW torque, S-I along plane line of disk
PLS-M	Left Side Posture (spinous rotation DOWN)	"High C"	Right Mammillary (opposite spinous rotation)	P-A, De-rotate spinous with P-A, CCW torque, S-I along plane line of disk

Notes:

* The Gonstead point is 2" lateral and 3" inferior to the PSIS

*** See the note concerning disk planes under "Miscellaneous"

General Notes:

- > Motion for the "Kick" in pulls is like kicking a soccer ball under the table - Try not to induce excess rotation in the Lumbar/Thoracic spine
- > L5 special listings are identical to other listings as far as setup. You must take care that your LOC's are correct, particularly that the torque is the right direction.
- > In all push adjustments, the Dr. is stabilizing the patient's pelvis or thigh into the table with a light "gluteal flex"
- > Left Side Posture means the patient's left side is down, Right Side Posture means the patient's right side is down
- > The word "PULL" is a misnomer... it is really a FINGER PUSH and the contact point is the finger tip.
- > For -M listings, the mammillary you are contacting will be up
- > For Side-posture work (pull or push), the spinous will be down to the table. EXCEPTION: spinous push move.
- > **Directions of fingers is incidental to the line between your elbow and your pisiform... This is where the LOC really occurs**
- > The disk planes listed are generic for purposes of drill. Modify the disk plane to suit the individual patient during a thrust.

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Lumbar Knee-Chest Adjustments						
P	Standard Knee-Chest Position	Pisiform	Posterior inferior spinous	45, across the spine	P-A, *** along plane line of disk	
PR	Standard Knee-Chest Position with doctor on right	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, *** along plane line of disk	
PL	Standard Knee-Chest Position with doctor on left	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, *** along plane line of disk	
PR-M	Standard Knee-Chest Position with doctor on right	Pisiform	Left Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, *** along plane line of disk	LOC must take into account facets and disk plane. Disk planes vary from patient to patient so set angles are inappropriate. The doctor must align him/herself with the patient's disk and then align slightly lower to accommodate the facets.
PL-M	Standard Knee-Chest Position with doctor on left	Pisiform	Right Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, *** along plane line of disk	
PRS	Standard Knee-Chest Position with doctor on right	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, *** along plane line of disk, with a CW Torque	Each segment will require an I-S lift (relative to that segment) and then the thrust should aim along the plane of the disk (which is essentially perpendicular to the patient's back at that level).
PLS	Standard Knee-Chest Position with doctor on left	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, *** along plane line of disk, with a CCW torque	
PRI-M	Standard Knee-Chest Position with doctor on right	Pisiform	Left Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, *** along plane line of disk, with a CCW torque	
PLI-M	Standard Knee-Chest Position with doctor on left	Pisiform	Right Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, *** along plane line of disk, with a CW torque	
L5 Special Listings on the Knee Chest						
PRI-Sp	Standard Knee-Chest Position with doctor on right	Pisiform	Right lateral posterior inferior spinous of involved segment	45, across the spine	P-A, R-L, S-I along plane line of disk, with a CCW Torque	Knee Chest - Use caudal hand, Torque UP the spine
PLI-Sp	Standard Knee-Chest Position with doctor on left	Pisiform	Left lateral posterior inferior spinous of involved segment	45, across the spine	P-A, L-R, S-I along plane line of disk, with a CW torque	Knee Chest - Use caudal hand, Torque UP the spine
PRS-M	Standard Knee-Chest Position with doctor on right	Pisiform	Left Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, S-I along plane line of disk, with a CW torque	Knee Chest - Use caudal hand, fingers 90 degrees away from Dr. Torque UP the spine
PLS-M	Standard Knee-Chest Position with doctor on left	Pisiform	Right Mammillary (opposite spinous rotation)	Perpendicular to spine (90 degrees to spine)	P-A, De-rotate spinous with P-A, S-I along plane line of disk, with a CCW torque	Knee Chest - Use caudal hand, fingers 90 degrees away from Dr. Torque UP the spine

> Notes For the Knee-Chest table -

-The doctor stands on the side of spinous rotation

- **The doctor reaches across the spine for mammillary contacts and pulls the patient into himself/herself**

- **The doctor's fingers are pointed 90 degrees away from the spine for mammillary contacts, 45 degrees across the spine for spinous contacts**

> At L5, it may be necessary to turn the fingers slightly headward on the patient to keep the thrust off of the iliac crest.

> Modify the disk plane to suit the individual patient during a thrust.