

Before Midterm	After Midterm
Occiput: PS or AS	Lumbar: Spinous or Mammary Push Pull KC
Atlas: AS or AI	Pelvis PI Push AS Push EX Pull IN Pull
Cervical: Spinous or Lamina	Sacrum BP/Spondylo P-R/P-L Push (ISU) Pull (ISU) ISD
Thoracic: Spinous or Transverse	Coccyx A A-R A-L

Mid Term Memory Jogger/Checklist

Seated Patient Position

Level you're adjusting approximately level with Dr.'s umbilicus

Feet forward, toes just lifting off the floor
hands palm upward in lap for starters, then relaxed

Cervical Spine

Patient is seated
Dr is mostly behind the patient
Correct contact hand
Head is balanced over the shoulders
Rat-hole with thumb anterior to, on or even behind the ear - the Dr hand position is important, not where the thumb is
Patient's chin not above horizontal
Patient's nose straight ahead
Head tilted toward drive hand
Stabilizing hand: thenar at the ramus of the mandible and then "hold the cookies" with the fingers
Elbows mostly caddywampus
Dr's wrist is up and not too much ulnar deviation
Foot on drive hand side is back

C5 PRS or C6 PRI-Ia

AS Atlas

Patient is seated
Dr standing more to the side of the patient
Dr contacting with pad of appropriate thumb on the listing side
Thumb is in tight to the hand
Dr's wrist is slightly extended
SCP is TVP of atlas, just under the mastoid process
Stabilizing hand: thenar at the ramus of the mandible and then "hold the cookies" with the fingers
Elbows mostly caddywampus
Nose either away or toward the contact hand ("P" away) slightly (enough so I can see it)

ASRP or ASLA

Occiput

Patient is seated
PS Occiput
Dr's drive hand is cupped behind ear with first MCP joint just above the mastoid ridge on the appropriate side
Listing tells you which hand, where to put it and how to position the patient's head
Stabilizing hand: thenar at the ramus of the mandible and then fingers are more behind neck
Lean patient over the contact (as the listing tells you)
Keep the lateral flexion at the occipito-atlantal joint, not low in the neck
Nose either away or toward the contact hand ("P" away) slightly (enough so I can see it)

PS-LS-LP

AS Occiput

Patient is seated

Cervical Blocker is behind C7, rounded edge at the traps, squared edge at the top
Dr's feet are side by side, not in fencer's stance
Listing tells you which hand, where to put it and how to position the patient's head
Drive hand is over the appropriate supra-orbital ridge
CP is the hypothenar and pads of 4th and 5th fingers
Stabilizing hand is overlapping, almost pisiform over pisiform
Elbows are in close to the doc
Lean patient over the contact (as the listing tells you)

AS-RS-RA

Knee chest position

Space between chin and bottom of the slot
Thoracics either level with or slightly higher than the hips
Knees slightly past vertical toward the patient's feet

AI Atlas

Patient on Knee-chest table
Right, right, right, right or Left, left, left left
Doc on the right
Patient's head turned right
Patient's right arm up
Doc contacts with right hand
lean posterior to contact for a "P" or anterior for an "A"

AIRP

Thoracics

Doc on contact side
Spinous contact hand at 45
TVP contact hand parallel to spine
Top 3, hand by the knee
Lean to help with the disk plane

T6 PRS
T3 PLS
T2 PLI-t
T10 PRI-t