

SOT Midterm Practical

Block Category I

- Patient Prone
- Board 4" above iliac crest
- Sternal Roll placed properly
- Passive blocking: patient does not help
- Block short leg at trochanter 45 degrees superiorly
- Block long leg at ASIS 45 degrees inferiorly
- State the goal: balance the body
- State maximum blocking time: 10 minutes

Block Category II

- State the definitive test to block CAT II: Arm Fossa Test
- Must have congruency to block: UMS or LLL
- Patient Supine
- Board 4" above iliac crest
- Active blocking: patient lifts hip
- Block short leg at iliac crest 90 degrees to spine
- Block long leg at trochanter 45 degrees superiorly
- State the goal: 4 strong fossas
- State maximum blocking time: 2 minutes

Analysis and Correction for a possible CAT II Psoas

- Patient supine
- Patient is not wearing a watch
- Doc at head of table, feet parallel, grasps patients arms and tractions, identifies short arm
- Doc on contralateral side of involved psoas
- Inferior hand supports involved side ilium
- Doc insures patient is not wearing a belt
- Superior hand hypothenar contact on belly of psoas
- Instruct patient to inhale then applies pressure during exhale
- Maintains pressure against patient inhale, then applies pressure again during exhale
- Maintains pressure again against patient inhale, then applies pressure again during exhale
- Rechecks arms length

Anterior Iliofemoral Ligament

- Patient supine
- Check internal rotation of each leg
- Identifies leg with most restriction
- Doc on contralateral side of involved ligament
- Doc contacts superior and posterior to trochanter with fingertips
- Doc tractions P-A while patient externally rotates leg slowly
- Doc tractions P-A again while patient externally rotates leg slowly
- Doc counts to three and does a quick stretch while patient externally rotates leg quickly

Supine Leg Check

- Doc grasps posterior aspect of patient's legs, proximal to ankles
- Doc brings legs to lateral edge of table and exerts pressure L-M while patient resists for 3 secs
- As patient relaxes, Doc brings legs together and assesses leg length
- Correctly identifies short leg as having the superior maleolus

Arm Fossa Test

- Patient supine, not on board
- Doc stands on right side of patient even with their hip
- Doc insures patient is not wearing a watch
- Doc has patient extend their right arm, soft fist facing medially
- Doc does a test pull of appropriate force
- Doc checks upper fossa with a flat four-finger contact while saying "hold" and pulling patient's arm
- Doc checks lower fossa with a flat four-finger contact while saying "hold" and pulling patient's arm
- Doc walks around the head of table in a clockwise manner
- Doc does a test pull of appropriate force
- Doc checks upper fossa with a flat four-finger contact while saying "hold" and pulling patient's arm
- Doc checks lower fossa with a flat four-finger contact while saying "hold" and pulling patient's arm

Trap Fiber Analysis

Patient is prone
Doc is seated at head of table
Correctly identifies area 1 in the "V"
Correctly identifies area 7 just off the TVP of T1
Correctly identifies area 4 and states the others are equally spaced between
Applies increasing pressure with thumb from area 1 to area 7 looking for tender spots
Isolates the most tender spot
States which spinal areas are associated with the trap area
Checks each spinous associated with the tender area
Correctly sets up on the most tender spinous (cervical figure 8, thoracic/lumbar knife edge)

Area	1	2	3	4	5	6	7
Cervical	1	2	3	4	5	6	7
Thoracic	1-2-10	3-11-12	4/5	6	7	8	9
Lumbar			1	2	3	4	5

Heel Tension (Atlas Dural Subluxation)

Patient Prone
Checks resistance to dorsiflexion of patient's feet and designates side of heel tension
Doc maintains dorsiflexion and has patient turn head to left then to the right
States normal is slight shortening on side of head rotation, absence of reflex=atlas dural subluxation
Evaluator indicates side of atlas dural subluxation and circles L or R
Doc tractions long leg side while patient tractions head of table for 5 seconds
Doc tractions leg that had the heel tension present while patient turns head left and right full ROM
Doc maintains dorsiflexion and has patient turn head to side of atlas dural subluxation, 10sec/10sec
Doc rechecks for reflex by having patient turn head left and right while holding dorsiflexion

Analysis and Correction of Crest Sign

Must state that this is a myogenic sign
Patient is prone NOT on blocks for CAT I
Doc evaluates spinal erector muscles at level of L4 and chooses major side (most tone, wider)
Doc describes difference between Davis Stretch Sign (thumbs) and Davis Contractile Sign (fingers)
Doc block patient CAT I
Doc demonstrates building up weak crest sign (stabilizes sacrum, goads weak side)
State rules for adjusting crest sign
Adjust major side first
Never adjust over a block
Do not pull the block to do the adjustment
1st adjustment major side: Crest roll if block is at trochanter, Ischial tube toggle if block at ASIS
2nd adjustment minor side: Crest roll if block is at trochanter, Ischial tube toggle if block at ASIS

Analysis and Correction of Dollar Sign

Must state that this a neurogenic sign
Patient is prone NOT on blocks for CAT I
States Dollar sign is located two human inches lateral and 3 human inches inferior from the PSIS
Doc block patient CAT I
Doc evaluates correct location for dollar sign and chooses major side (most tone, "trampoline")
Doc demonstrates building up weak dollar sign (monitors major side and goads weak side)
State rules for adjusting dollar sign
Adjust major side first
Never adjust over a block
Do not pull the block to do the adjustment
1st adjustment major side: Gluteal scoop if block is at ASIS, PSIS toggle if block is at trochanter
2nd adjustment minor side: Gluteal scoop if block is at ASIS, PSIS toggle if block is at trochanter
Note: PSIS toggle is clockwise on the right and counter-clockwise on the left

Analysis and Correction of Sacral Base

Patient is prone on blocks for either CAT I or CAT III
Doc places thumb on L5 spinous and has patient cough forcibly
States: thumb towards ceiling=SB+, thumb towards head=SB-, both ways=SBn
Evaluator pick one and circle: SB+ SB- SBn
SB+: SCP=Sacral Apex during inhalation
SB-: SCP=Sacral Base during exhalation
SBn: SCP=broad contact on both, apex during inhalation, base during exhalation

Block Augmentation, CAT II, Basic II

Patient supine on blocks for CAT II

States indicated when strong arm fossa goes weak on maximum inhalation or exhalation

Doc at head of table with left hand under occiput, right hand on frontal bone

Doc instructs patient to inhale, put their tongue on the roof of their mouth and dorsiflex their feet

Doc instructs patient to exhale, relax their tongue, and plantarflex their feet

Demonstrate correction if arm fossa goes weak on inhalation

Doc will pull I-S on both the frontal and occipital bones during exhalation and relax on inhalation

Demonstrate correction if arm fossa goes weak on exhalation

Doc will push S-I on both the frontal and occipital bones during inhalation and relax on exhalation

Cervical Compaction/Cervical Stairstep, Analysis and Correction

Patient is supine

Cervical Compaction

Doc is at head of table, lifts patient head off table, tells patient to put their hands on their stomach

Doc tells patient to lift their legs 18-24" and notes the ease with which they can do this

Doc places palms together on either side of sagittal suture and exerts S-I pressure

Doc tells patient to lift their legs 18-24" and notes the ease with which they can do this

States: easier denotes cervical problem that must be cleared now

Cervical Stairstep

Doc places palms together on either side of sagittal suture and exerts S-I pressure in a P-A arc

Doc insures patient's nose and chin remain parallel to the floor throughout the arc

Correctly identifies the 4 steps

First step=T1-C7, Second step=C6-C5, Third step=C4-C3, Fourth step=C2-C1

State that if first step feels restrictive to check anteriors (T1-T4)

Evaluator picks a level of restriction

Doc executes a figure 8 (infinity sign) keeping patient's nose and chin in sagittal plane

Doc rechecks for restriction

CAT II, Post Block Technique, Long Leg/Short Leg

State this is performed after blocking CAT II and patient's legs are uneven

Doc goes to short leg side, superior hand under knee, inferior hand under ankle

Doc flexes knee to chest from lateral to medial then extends the leg, repeats 3x

Doc stays on same side and reaches over to long leg and repeats only medial to lateral