ACUPUNCTURE TREATMENT OF COMMON ORTHOPEDIC DISORDERS

JOHN LOCKENOUR DC, DABCO,DABCA

The Problem:
Traditional (allopathic) Costs Low Back Pain

- What are the associated costs of a typical case per ODG?
- Source: http://www.odg-twc.com/

L/S SPRAIN: S33.5

- Typical case

Reserve Calculator Projections (Claim Typical)

Reserve Bucket	Estimated Exposure	Amount Paid to Date	Existing Reserves	Reserve Increase Requirement
Indemnity (-)	$1,493.89			$1,493.89
Medical (-)	$3,451.15			**$3,451.15**
Expense & Administrative (-)	$461.66			$461.66
Total	$5,406.70	$0.00	$0.00	**$5,406.70**

L/S SPRAIN: S33.5

- Typical case
  - With confounding factors of:
    - Pain > 30 days, obesity, opioids, depression

Reserve Bucket	Estimated Exposure	Amount Paid to Date	Existing Reserves	Reserve Increase Requirement
Indemnity (-)	$4,821.20			$4,821.20
Medical (-)	$10,917.59			**$10,917.59**
Expense & Administrative (-)	$1,183.31			$1,183.31
Total	$16,922.10	$0.00	$0.00	**$16,922.10**

Intervertebral disc displacement, lumbosacral region: M51.27

- Typical Case

Best Practice* (+)	Claim Typical (+)	Claim Max (+)	
Indemnity (-)	$3,531.02	$4,685.405	$6,111.39
Medical (-)	$19,630.73	$25,405.33	**$36,501.91**
Expense & Administrative (-)	$2,430.02	$2,004.13	$2,659.38
Total Cost	$25,591.77	$32,094.86	**$45,272.68**

INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION: M51.27

- With confounding factors of:
  - Pain > 30 days, obesity, opioids, depression

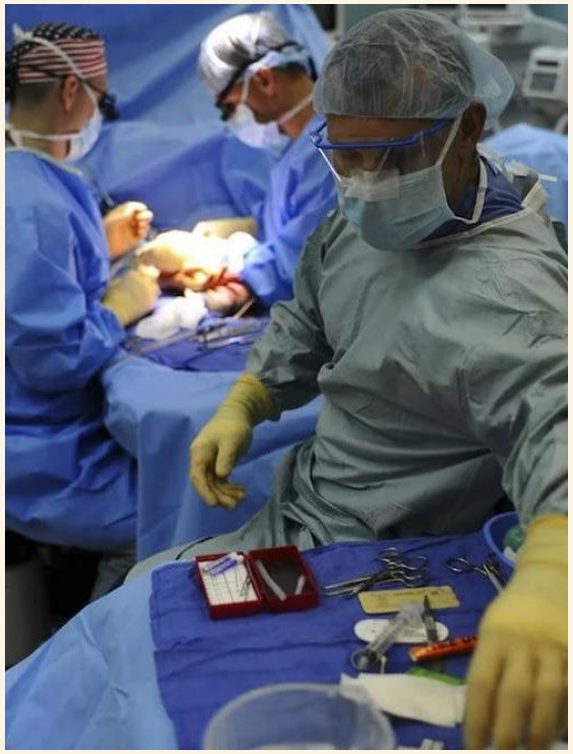
	Best Practice* (+)	**Claim Typical (+)**	**Claim Max (+)**
Indemnity (-)	$3,531.02	$16,840.26	$28,519.80
Medical (-)	$19,630.73	$80,368.78	**$196,548.73**
Expense & Administrative (-)	$2,430.02	$5,199.55	$10,289.45
Total Cost	$25,591.77	$102,408.59	**$235,357.98**

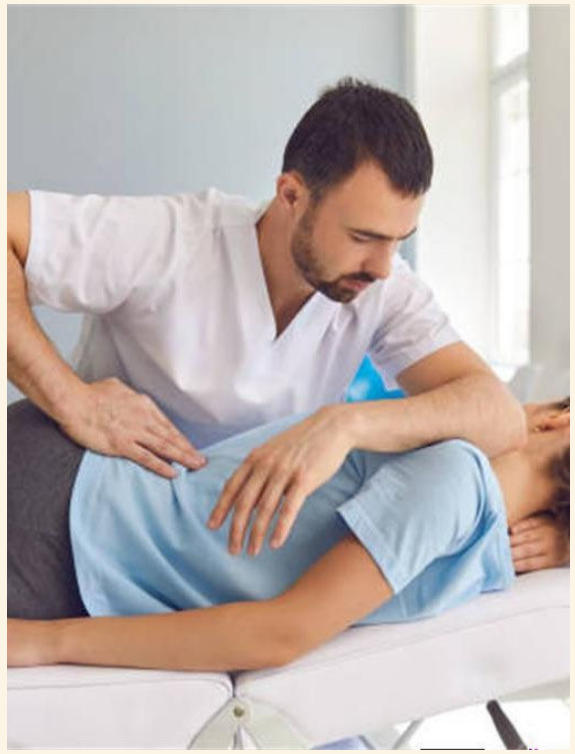
POST LAMINECTOMY SYNDROME: M96.1

- With confounding factors of:
  - Pain > 30 days, obesity, opioids, depression

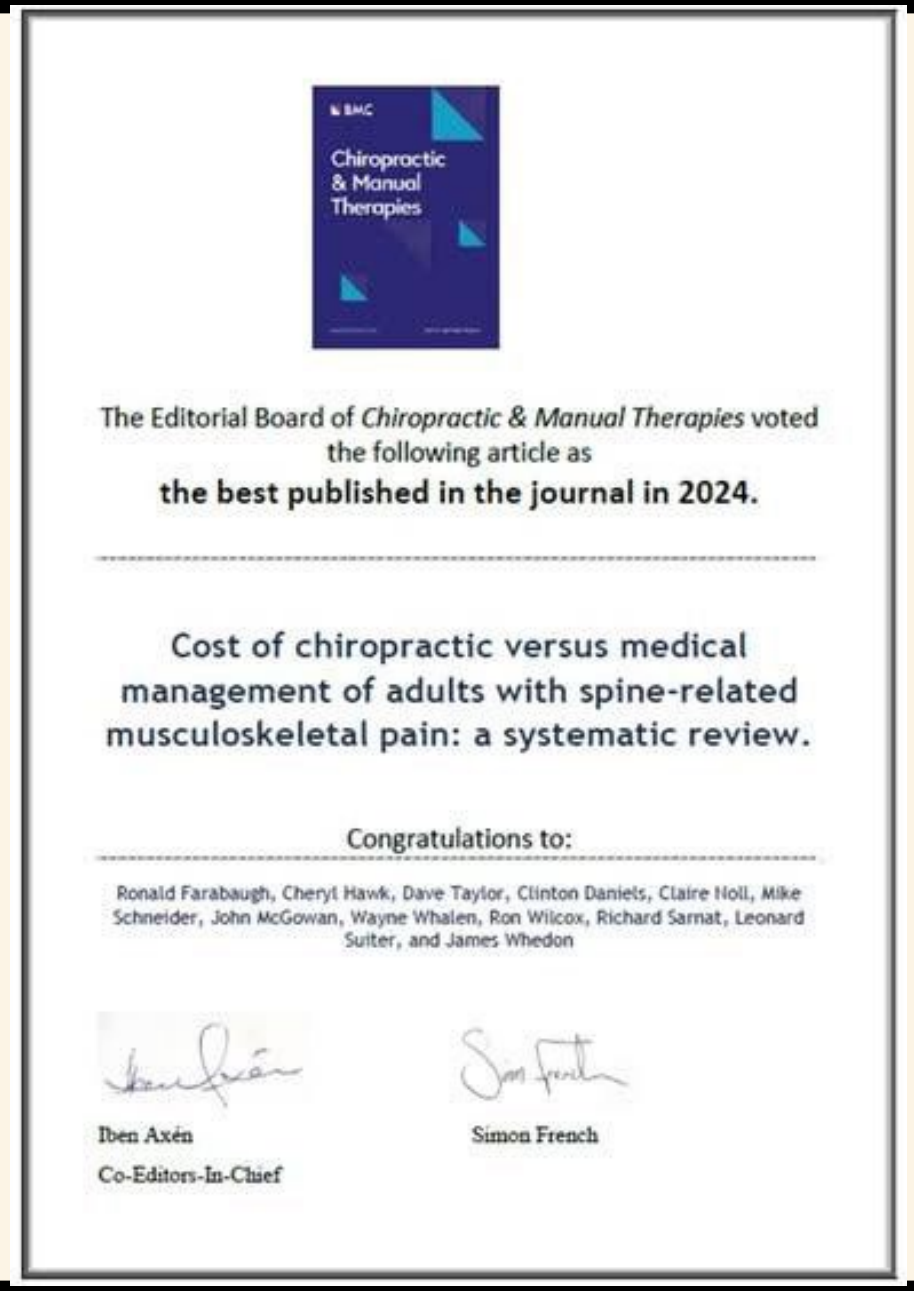
Best Practice* (+)	Claim Typical (+)	Claim Max (+)	
Indemnity (-)	$1,493.89	$8,488.04	$20,575.00
Medical (-)	$34,505.05	$158,298.36	**$366,595.39**
Expense & Administrative (-)	$3,477.88	$8,064.49	$15,992.81 $366,595.39
Total Cost	$39,476.82	$174,850.89	**$403,163.20**

THE COST-EFFECTIVENESS …*NOW WHAT?*





Conservative Care versus Medical Care



BMC

Chiropractic & Manual Therapies

The Editorial Board of *Chiropractic & Manual Therapies* voted the following article as

the best published in the journal in 2024.

Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review.

Congratulations to:

Ronald Farabaugh, Cheryl Hawk, Dave Taylor, Clinton Daniels, Claire Holl, Mike Schneider, John McGowan, Wayne Whalen, Ron Wilcox, Richard Sarnat, Leonard Suiter, and James Whedon

Iben Axén
Co-Editors-In-Chief

Simon French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Chiropractic & Manual Therapies
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Systematic review | Open access | Published: 06 March 2024
Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review
10
Ronald Farabaugh, Cheryl Hawk, Dave Taylor, Clinton Daniels, Claire Noll, Mike Schneider, John McGowan, Wayne Whalen, Ron Wilcox, Richard Sarnat, Leonard Suiter & James Whedon
Chiropractic & Manual Therapies 32, Article number: 8 (2024) | Cite this article
17k Accesses | 6 Citations | 18 Altmetric | Metrics
Copy this link and send to your colleagues!

INITIAL SMT:

30% decrease in risk of imaging, injections or back surgery vs no SMT

Anderson BR, McClellan SW. Three Patterns of Spinal Manipulative Therapy for Back Pain and Their Association With Imaging Studies, Injection Procedures, and Surgery: A Cohort Study of Insurance Claims. J Manipulative Physiol Ther. 2021;44(9):683-9.

For both short and long -term prescriptions:

Conclusions:

Initial visits to chiropractors are associated with substantially decreased early and long-term use of opioids.

Incentivizing use of conservative therapists may be a strategy to reduce risks of early and long-term opioid use.

- **Kazis** LE, Ameli O, Rothendler J, Garrity B, Cabral H, McDonough C, et al. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. BMJ open. 2019;9(9):e028633.

Research awareness:

Translating research and knowledge into patient/public awareness!

Are your walls bare, or are they being used to help patients better understand their care, awareness of health, wellness, and lifestyle, the cost-effectiveness of chiropractic, the importance of care plan compliance, etc?

Is your clinic an exciting place to be, or does it feel like a morgue with bare walls? ☺

DID YOU KNOW…?

That according to a 2021 paper by Anderson et al, that……

Care for **back pain** initially using spinal manipulative was associated with an approximately 30% **decrease in the risk of imaging studies, injections, or back surgery** compared to patients who did not receive spinal adjustments?

NOTE: In the US 90% of all spinal manipulation performed is done so by Doctors of Chiropractic!

Who you go to first matters!
Share this info with your friends!!

2021 Anderson. Three Patterns of Spinal Manipulative Therapy for Back Pain and Their Association With Imaging Studies, Injection procedures, and Surgery: A Cohort Study of Insurance Claims. JMPT

DID YOU KNOW…?

That according to a 2021 paper by Anderson et al, that……

Among episodes of care associated with **neck pain** diagnoses, those associated with **other care had twice the risk of any treatment escalation compared with those associated with spinal manipulation.**

NOTE: Spinal manipulation works and reduces the need for opioids and other dangerous drugs!

Who you go to first matters!
Share this info with your friends!!

2021 Anderson. Risk of Treatment Escalation in Recipients vs Nonrecipients of Spinal Manipulation for Musculoskeletal Cervical Spine Disorders: An Analysis of Insurance Claims JMPT

DID YOU KNOW…?

That according to a 2022 paper by Jin et al, that……

Early **conservative therapy** was independently associated with **24.8% lower health care costs.**

Who you go to first matters!
Share this info with your friends!!

2022 Jin et al. Health Care Resource Utilization in Management of Opioid-Naive Patients With Newly Diagnosed Neck Pain. JAMA Network Open.

DID YOU KNOW…?

THAT ACCORDING TO A 2019 PAPER BY KAZIS ET AL, THAT……

Initial visits to chiropractors or physical therapists is associated with substantially **decreased early and long-term use of opioids**.

Incentivizing use of conservative therapists may be a strategy to reduce risks of early and long-term opioid use.

Who you go to first matters!
Share this info with your friends!!

2019 Kazis et a. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. BMJ Open. 2019 Sep 20;9(9):e028633. doi: 10.1136/bmjopen-2018-028633. PMID: 31542740

DID YOU KNOW…?

That according to a 2013 paper by Keeney et al, that……

Chiropractic reduces the odds of surgery!

"Approximately 42.7% of workers who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor."

Who you go to first matters!
Share this info with your friends!!

2013 Keeney et al. Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State Spine (Phila Pa 1976). May 15;38(11):953-64. doi: 10.1097/BRS.0b013e3182814ed5.

DID YOU KNOW…?

That according to a 2010 paper by Liliedahl et al. that……

Patients had **lower overall episode costs** for treatment of low back pain if they initiated care with a DC, when compared to those who initiated care with an MD.

Who you go to first matters!
Share this info with your friends!!

2010 Liliedahl et al. Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer. JMPT 2010 Nov-Dec;33(9):640-3. doi: 10.1016/j.jmpt.2010.08.018. Epub 2010 Oct 18.

DID YOU KNOW…?

That according to a 2020 paper by Louis et al, that……

A patient's initial clinical contact for neck pain may be an important opportunity to influence subsequent opioid use. The use of conservative therapists like chiropractors may be key in unlocking new ways to **lessen the burden of opioid use in the United States.**

Who you go to first matters!
Share this info with your friends!!

2020 Louis et al. Association of Initial Provider Type on Opioid Fills for Individuals With Neck Pain Arch Phys Med Rehabil 2020 Aug;101(8):1407-1413. doi: 10.1016/j.apmr.2020.04.002. Epub 2020 May 11. PMID: 32437688 DOI: 10.1016/j.apmr.2020.04.002

DID YOU KNOW…?

[The Chatgpt version!!]

That according to a 2020 paper by Louis et al, that……

Seeing a chiropractor or another conservative care provider first for neck pain might help people avoid using opioids later on. Choosing this kind of care early could play a big role in reducing the opioid problem in the U.S.

Who you go to first matters!
Share this info with your friends!!

2020 Louis et al. Association of Initial Provider Type on Opioid Fills for Individuals With Neck Pain Arch Phys Med Rehabil 2020 Aug;101(8):1407-1413. doi: 10.1016/j.apmr.2020.04.002. Epub 2020 May 11. PMID: 32437688 DOI: 10.1016/j.apmr.2020.04.002

DID YOU KNOW…?

That according to a 2019 paper by Rhon et al….

Most, if not all, guidelines for musculoskeletal pain, recommend less invasive or risky evidence-based intervention, such as manual therapy (MT= hands-on treatment, such as that provided by chiropractors), before more aggressive interventions such as opioid prescriptions.

Manual therapy alone resulted in lower downstream costs than with opioid prescriptions.

If you want to reduce the use of opioids AND lower costs…go to a chiropractor!

Share this info with your friends!!

2019 Rhon et al. The Influence of a Guideline-Concordant Stepped Care Approach on Downstream Health Care Utilization in Patients with Spine and

DID YOU KNOW…?

That according to a 2018 paper by Whedon et al, that……

Among adults with noncancer low-back pain, the likelihood of filling a prescription for an opioid was **significantly lower when care was delivered by doctors of chiropractic.**

Who you go to first matters!
Share this info with your friends!!

2018 Whedon et al. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids
J Altern Complement Med. 2018 Jun;24(6):552-556. doi: 10.1089/acm.2017.0131. Epub 2018 Feb 22. PMID: 29470104 DOI: 10.1089/acm.2017.0131

DID YOU KNOW…?

- That according to a 2021 paper by Whedon et al, that….

- The adjusted rate of adverse drug events was more than **42 times higher for initial choice of opioid assisted therapy** vs. initial choice of spinal manipulation.

- Conclusion: Among older patients who received long-term care for chronic low back pain, the odds of experiencing an adverse event was substantially higher for patients who initially chose opioid compared to those who initially chose spinal manipulation.

Who you go to first matters!
Share this info with your friends!!

2021 Whedon et al. Initial Choice of Spinal Manipulative Therapy for Treatment of Chronic Low Back Pain Leads to Reduced Long-term Risk of Adverse Drug Events Among Older Medicare Beneficiaries. Spine (Phila Pa 1976). 2021 Dec 15;46(24):1714-1720. doi: 10.1097/BRS.0000000000004078

DID YOU KNOW…?

That according to a 2022 paper by Whedon et al. that……

Chiropractic can reduce the episodes of ongoing chronic low back pain compared to those patients treated with opioids.

Simply stated: Spinal manipulation was associated with lower rates of escalation of care as compared to opioid assisted therapy.

Who you go to first matters!
Share this info with your friends!!

2022 Whedon et al. Initial Choice of Spinal Manipulation Reduces Escalation of Care for Chronic Low Back Pain Among Older Medicare Beneficiaries Spine (Phila Pa 1976). 2022 Feb 15;47(4):E142-E148. doi: 10.1097/BRS.0000000000004118. PMID: 34474443.

DID YOU KNOW…?

That according to a 2022 paper by Harwood et al, that……

The frequency of early **opioid prescription was signifcantly lower when care began with an acupuncturist or chiropractor**, and highest for those who began with an emergency medicine physician or advanced practice registered nurse (APRN).

Who you go to first matters!
Share this info with your friends!!

2022 Harwood. Where to start? A two stage residual inclusion approach to estimating influence of the initial provider on health care utilization and costs for low back pain in the US. BMC Health Serv Res. 2022 May 23;22(1):694. doi: 10.1186/s12913-022-08092-1. PMID: 35606781

WHAT ARE MAIN TAKE-AWAYS FROM THE COST EFFECTIVENESS PAPER?

#1:

When patients use doctors of chiropractic, downstream services and associated costs are significantly reduced

#2:

Who the patient visits first matters!

Using chiropractic from the onset of an episode will reduce costs overall, not just costs related to chiropractic!!

Study protocol

Open Access

Efficacy of acupuncture for chronic low back pain: protocol for a randomized controlled trial

Daniel C Cherkin*[1], Karen J Sherman[1], Charissa J Hogeboom, Janet H Erro[1], William E Barlow[1,2], Richard A Deyo[3] and Andrew L Avins[4]

Address: [1]Center for Health Studies, Group Health Cooperative, Seattle, USA, [2]Cancer Research and Biostatistics, Seattle, USA, [3]School of Medicine, Oregon Health and Science University, Portland, USA and [4]Division of Research, Northern California Kaiser Permanente, Oakland, USA

Email: Daniel C Cherkin* - cherkin.d@ghc.org; Karen J Sherman - sherman.k@ghc.org; Charissa J Hogeboom - hogeboom@rcn.com; Janet H Erro - erro.j@ghc.org; William E Barlow - williamb@crab.org; Richard A Deyo - deyor@ohsu.edu; Andrew L Avins - andrew.avins@ucsf.edu

* Corresponding author

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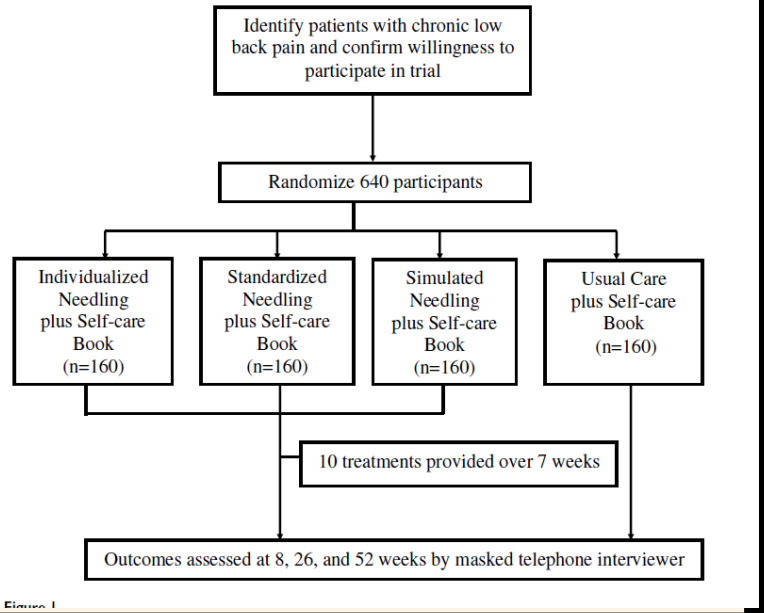
Received: 10 November 2007
Accepted: 28 February 2008

This article is available from: http://www.trialsjournal.com/content/9/1/10

Acupoints	L
Du3 (Yaoyang-guan)	M lu
UB23 (Shenshu)	I. lu
Low back ashi	A a c
UB40 (Weizhong)	B fc
Ki3 (Taixi)	C c



Acupuncture for Low Back Pain: An Overview of Systematic Reviews

Lizhou Liu,[1] Margot Skinner,[1] Suzanne McDonough,[2] Leon Mabire,[1] and George David Baxter[1]

[1]*Centre for Health, Activity and Rehabilitation Research, School of Physiotherapy, University of Otago, P.O. Box 56, 325 Great King Street, Dunedin 9054, New Zealand*
[2]*Centre for Health and Rehabilitation Technologies, Institute of Nursing and Health Research, School of Health Sciences, University of Ulster, Shore Road, Newtownabbey, County Antrim BT37 0QB, UK*

Correspondence should be addressed to Lizhou Liu; lizhou.liu@otago.ac.nz

Received 23 September 2014; Revised 21 January 2015; Accepted 22 January 2015

Academic Editor: Veronique Seidel

5. Conclusions

Based on seven systematic reviews (two of high quality, three of moderate quality, and two of low quality), acupuncture is more clinically effective in pain relief and functional improvement than no treatment at short-term follow-up. Based on five systematic reviews (one of high quality, two of moderate quality, and two of low quality), acupuncture as an adjunct to conventional therapy provides short-term clinically relevant improvements in pain and functional measures for the treatment of chronic low back pain. More efforts are needed to improve both internal and external validity of systematic reviews and RCTs in this area.

Take Away Message

Chiropractic managemėnt of spine-related musculoskeletal pain in U.S.

is associated with lower overall healthcare costs as compared to medical care

ACCORDING TO TCM THE 4 MOST COMMON PATHOLOGICAL CONDITIONS IN L/B PAIN

1. COLD & DAMPNESS
2. STAGNATION OF CHI AND BLOOD
3. KIDNEY DEFICIENCY
4. LIVER STAGNATION

COLD & DAMPNESS

Cold Dampness can cause both acute and chronic backache. The pain is worse in morning and better with light exercise. Cold weather makes the pain worse. Application of heat make the pain better. In retention of cold dampness there may be a prevalence of cold or dampness. When cold predominates, there may be stiffness and contraction of the back muscles and the pain is more severe, is aggravated by rest improved by movement. It also responds to application of heat. When dampness predominates, there may be swelling, numbness and a feeling of heaviness.

STAGNATION OF QI AND BLOOD

Stagnation of Qi and Blood is characterized by a severe, stabbing pain that becomes worse with rest and better with light movement, although it would be worse with overexertion. It is tender to the touch, does not respond to changes in weather and is much worse standing or sitting. Application of heat does not help. There is marked rigidity and limited ROM in all movements. Stagnation of Qi and Blood in the back in an acute case is due to sprain. In chronic cases in overuse syndrome.

KIDNEY DEFICIENCY

Kidney deficiency causes chronic backache. The pain is dull and comes in bouts. It is definitely better with rest and worse when the person gets overtired. It is also aggravated by excessive sexual activity. Obviously, a backache from kidney deficiency is more common in middle-aged or elderly people. Younger patients who show kidney deficiency usually are involved in excessive exercise, work, sports, or living in “excess”. Some modern practitioners equate Kidney Deficiency with Adrenal Fatigue or HPA Axis Dysfunction.

LIVER QI STAGNATION

Liver-Qi stagnation can cause acute or chronic backache. The Liver is involved in the pathology in two ways. First Liver influences the sinews resulting in imbalance of muscle /tendons/ ligaments. Second it can result in emotional stress such as anger, resentment, frustration, and guilt.

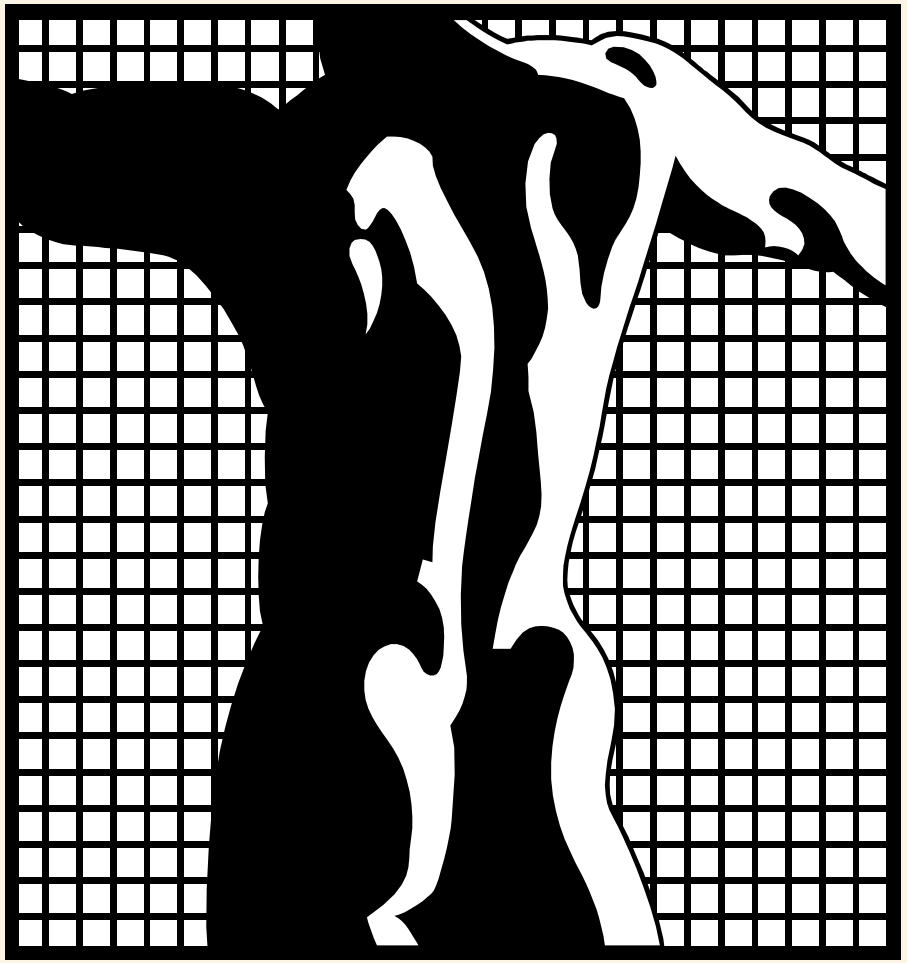
DR GUO WHY DO YOU GET RESULTS WHEN OTHER DOCTORS FAIL?

YOU MUST TREAT THE CONSTITUTION ALONG WITH THE MAIN COMPLAINT.

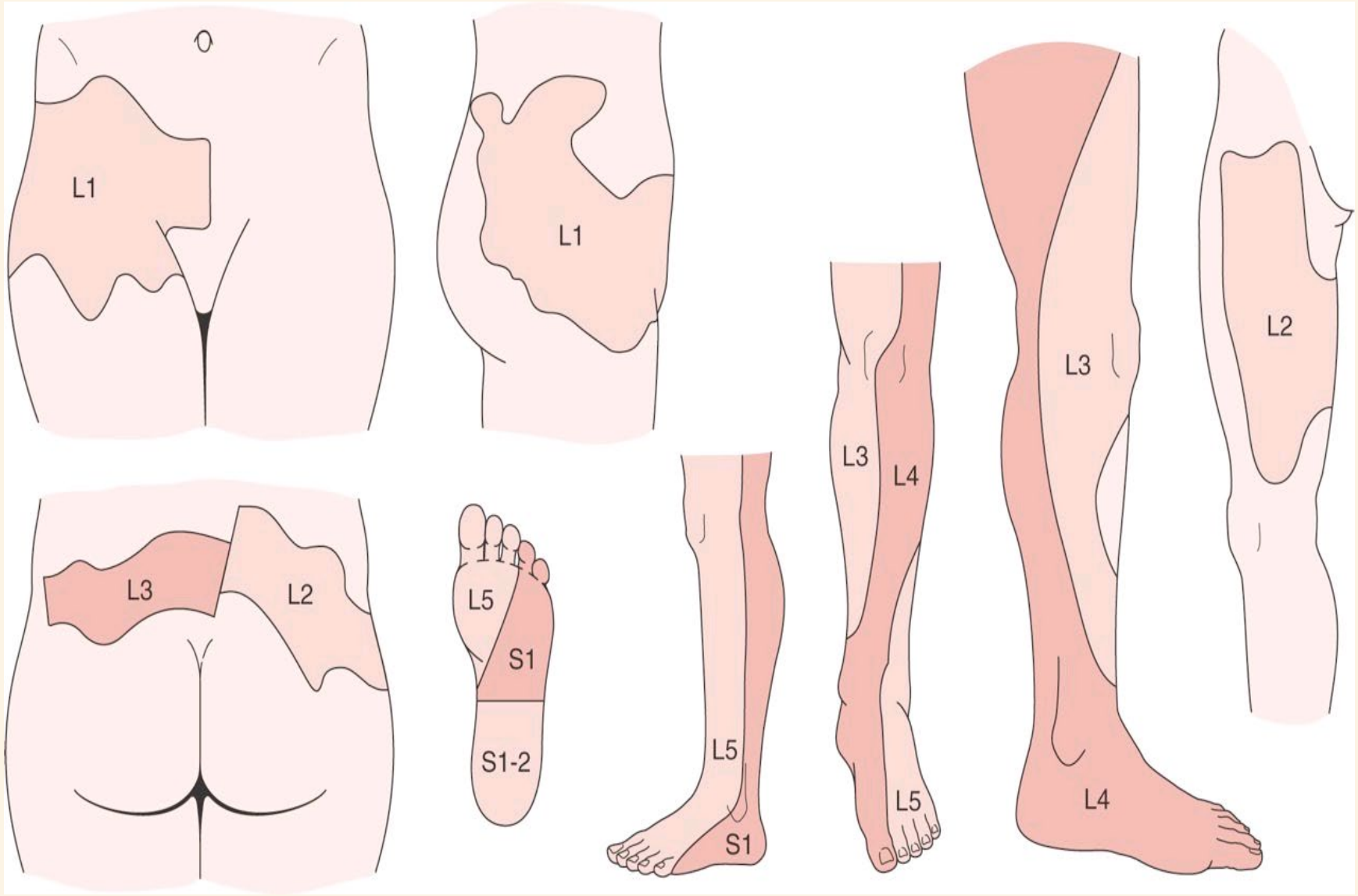
Dr Zhengang Guo

EVALUATION OF L/B PAIN

LUMBO PELVIC SPINE DISORDERS

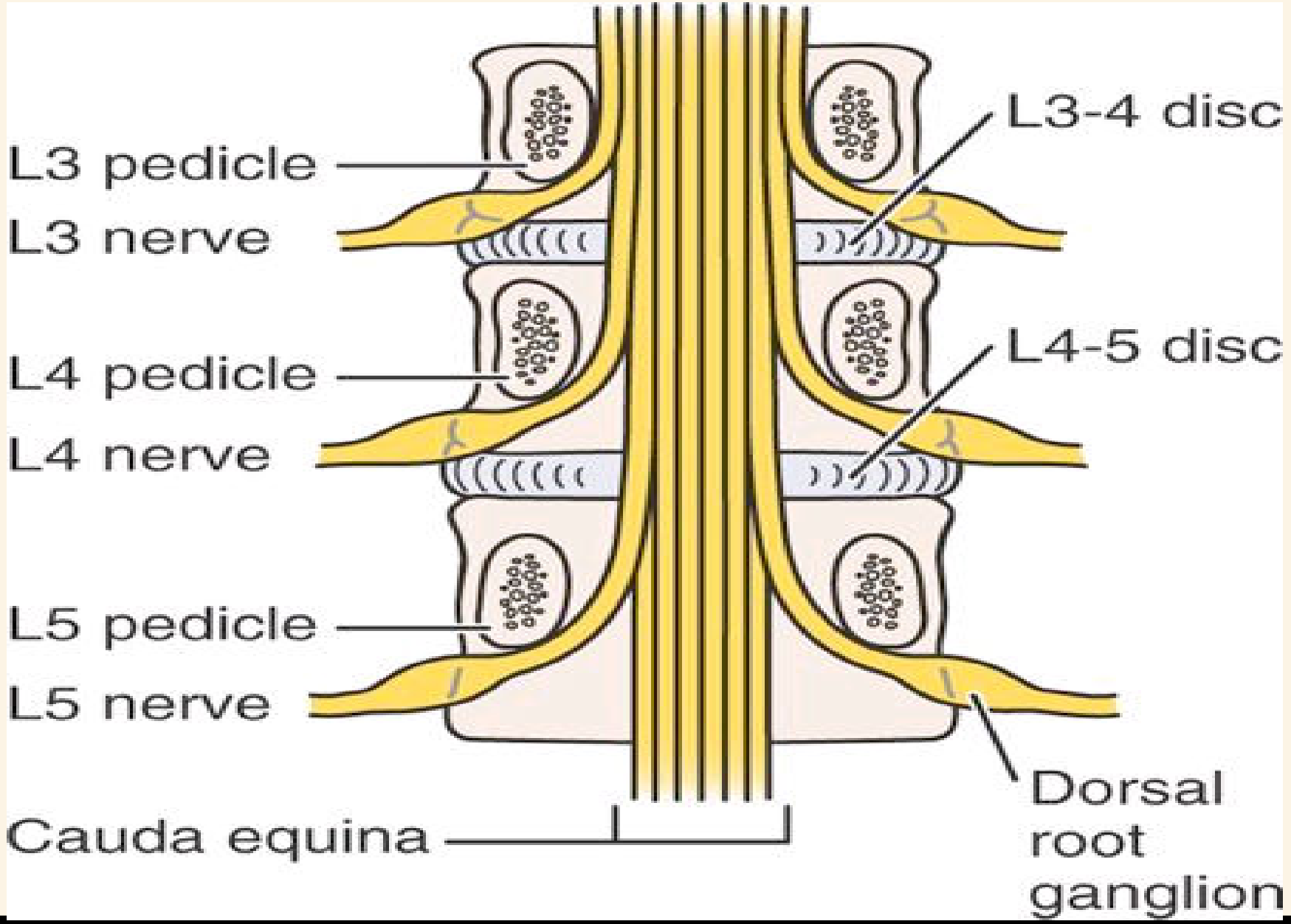


1. Function Back Pain
2. Sprain/Strain
3. Disc Syndromes
4. DJD / DDD
5. Facet Syndrome
6. Spondylolisthesis
7. Spinal Stenosis
8. S-I Dysfunction


L1
L1
L3
L2
L5
S1
S1-2
L5
S1
L3
L4
L5
L3
L4
L2

REFLEXES OF THE LUMBAR SPINE

- Patellar (L3-L4)
- Medial hamstring (L5-S1)
- Lateral hamstring (S1-S2)
- Posterior tibial (L4-L5)
- Achilles (S1-S2)

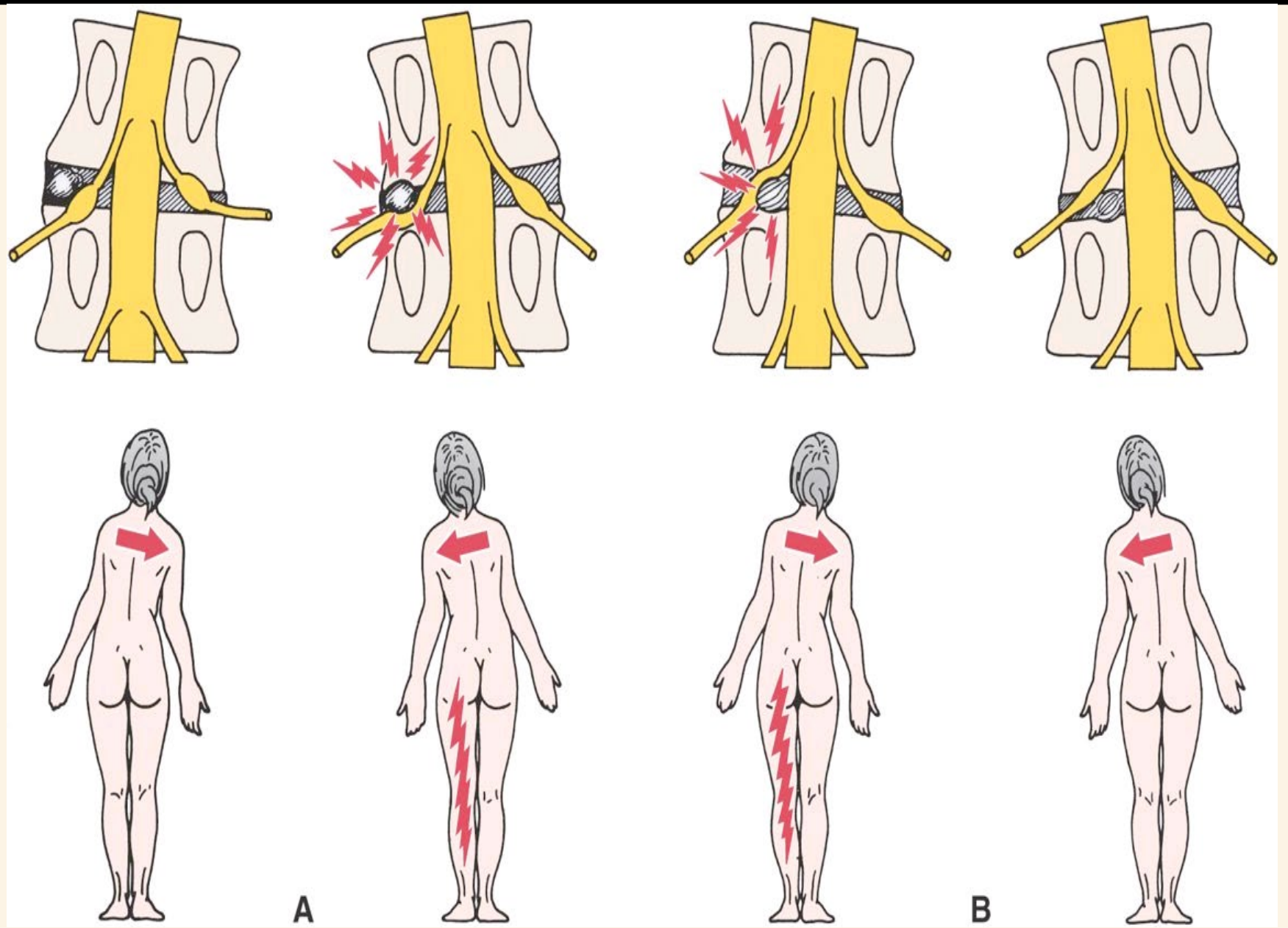

L3 pedicle
L3 nerve
L4 pedicle
L4 nerve
L5 pedicle
L5 nerve
Cauda equina
L3-4 disc
L4-5 disc
Dorsal root ganglion

MECHANICAL LOW BACK PAIN

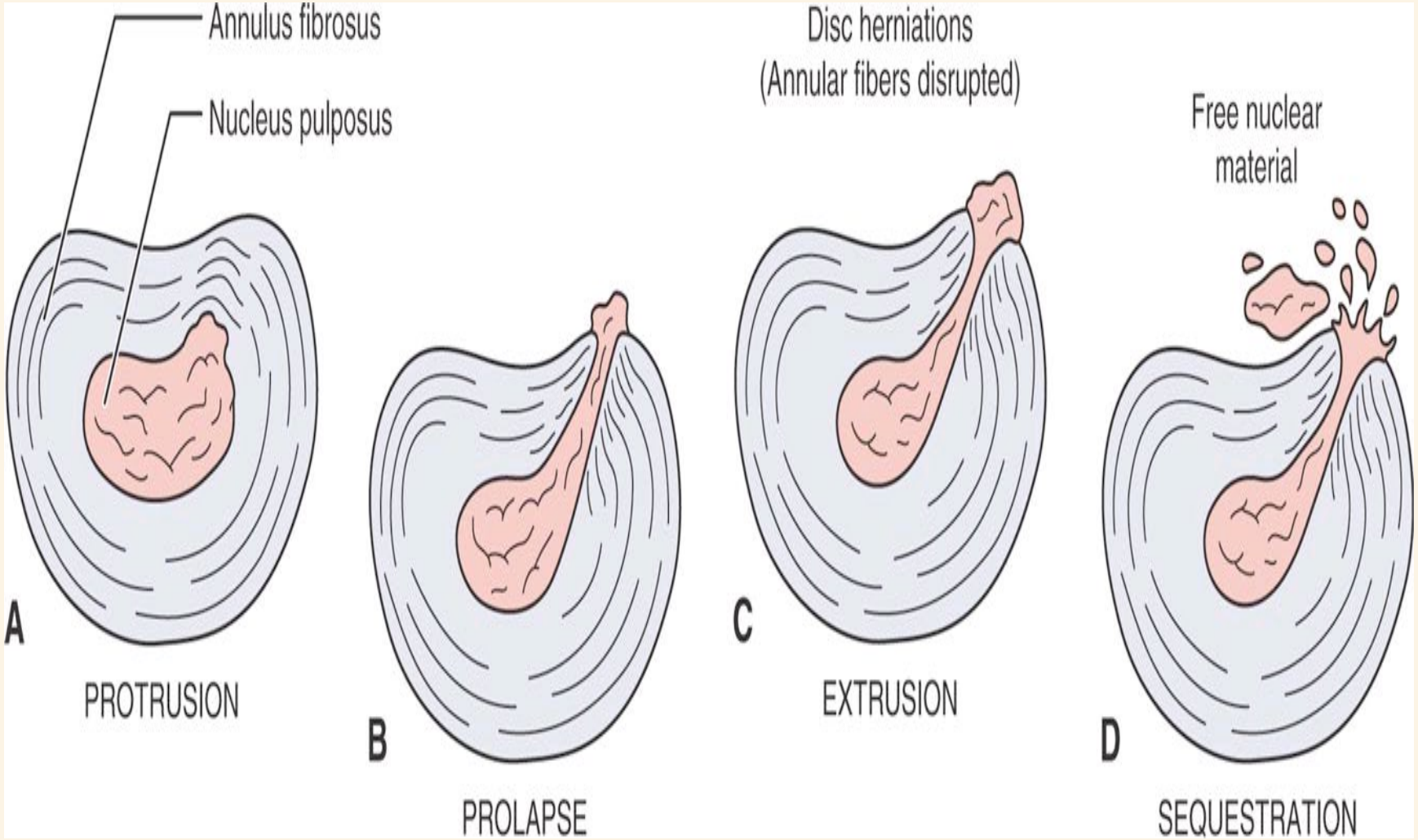
- · Pain is usually cyclic.
- · Low back pain is often referred to the buttocks and thighs.
- · Morning stiffness or pain is common.
- · Start pain (i.e., when starting movement) is common.
- · There is pain on forward flexion and often also on returning to the erect position.
- · Pain is often produced or aggravated by extension, side flexion, rotation, standing, walking, sitting, and exercise in general.
- · Pain usually becomes worse over the course of the day.
- · Pain is relieved by a change of position.
- · Pain is relieved by lying down, especially in the fetal position.

Magee, David J.. *Orthopedic Physical Assessment, 5th Edition*. W.B. Saunders Company, (2007-02-09 0:00:00)

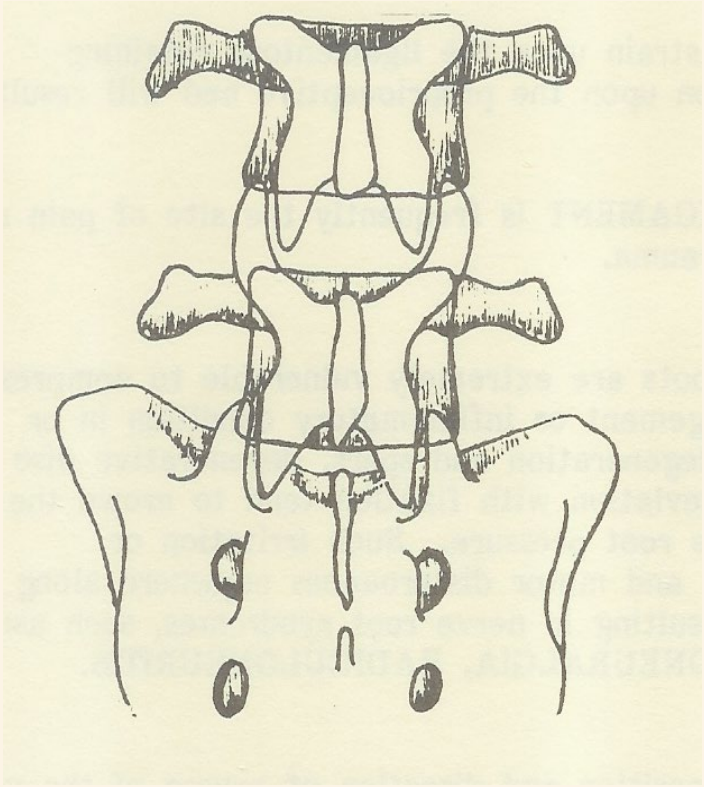

A
B
C

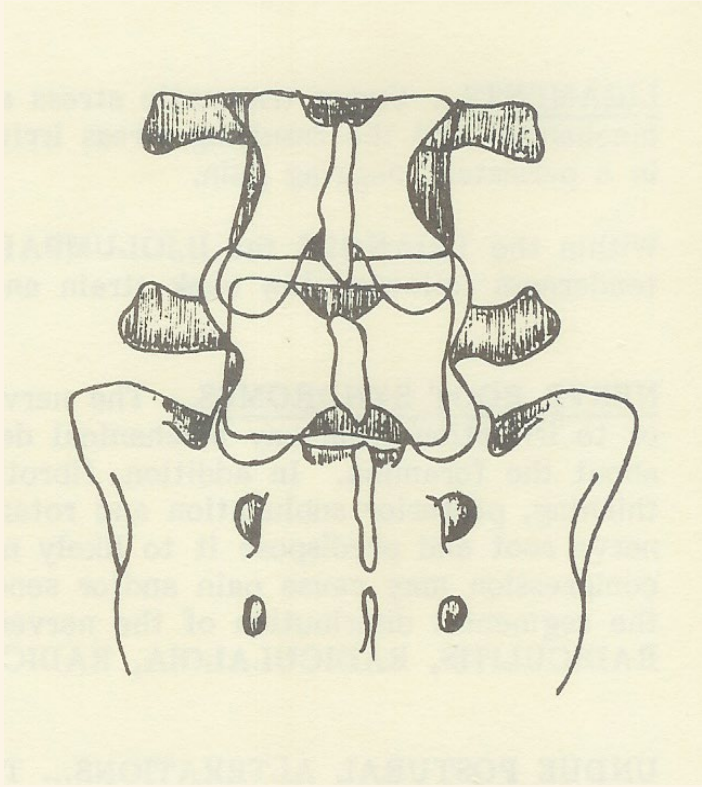

A
B

DISC SYNDROMES

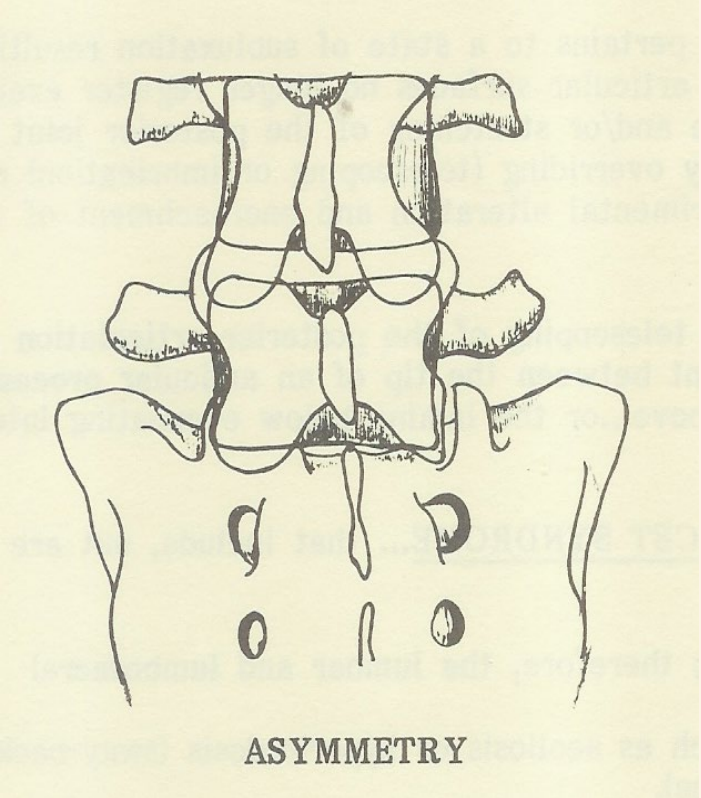


POSTERIOR ARTICULATIONS (SAGITAL AND CORONAL FACETS)

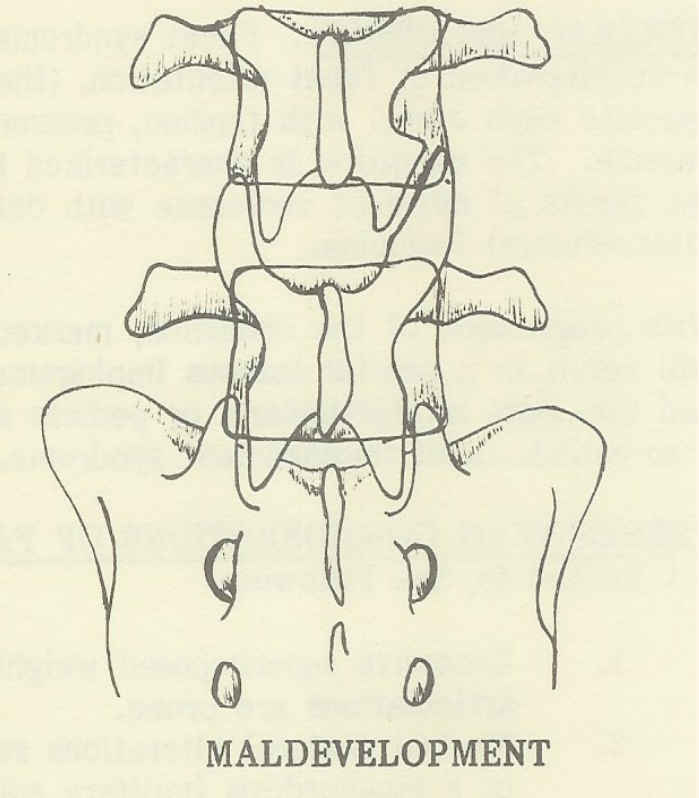




POSTERIOR ARTICULATIONS
ASYMMETRY VS MALDEVELOPMENT

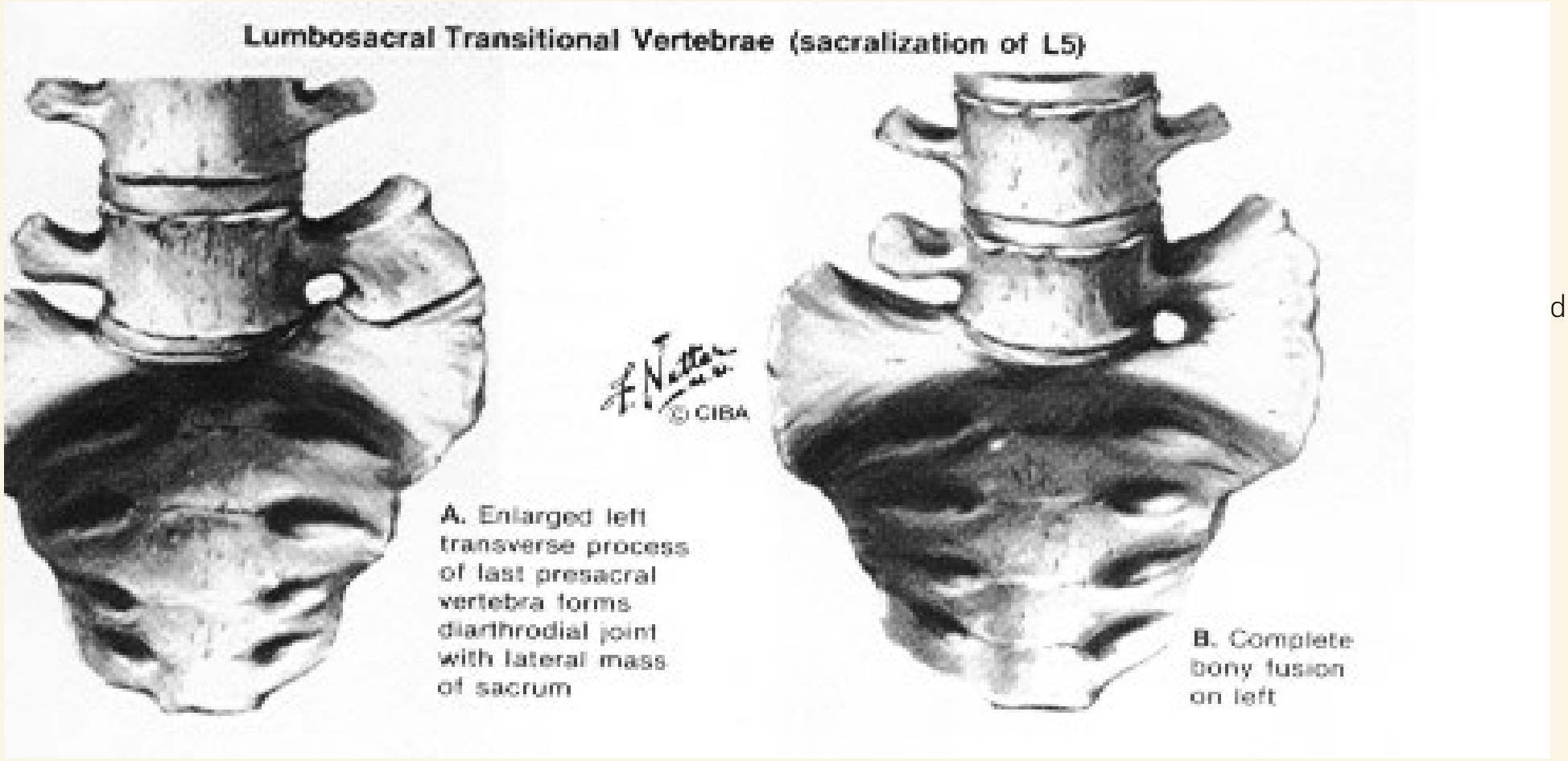


ASYMMETRY



MALDEVELOPMENT

TRANSITIONAL SEGMENT



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CONGENITAL ANOMALIES

Fig. 698 TRANSITIONAL VERTEBRA

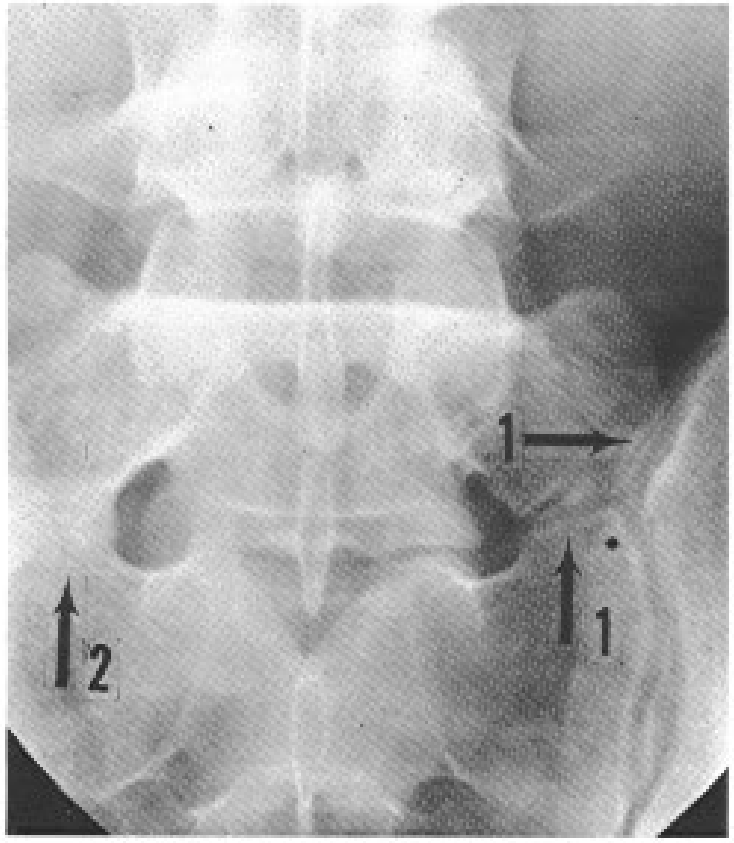
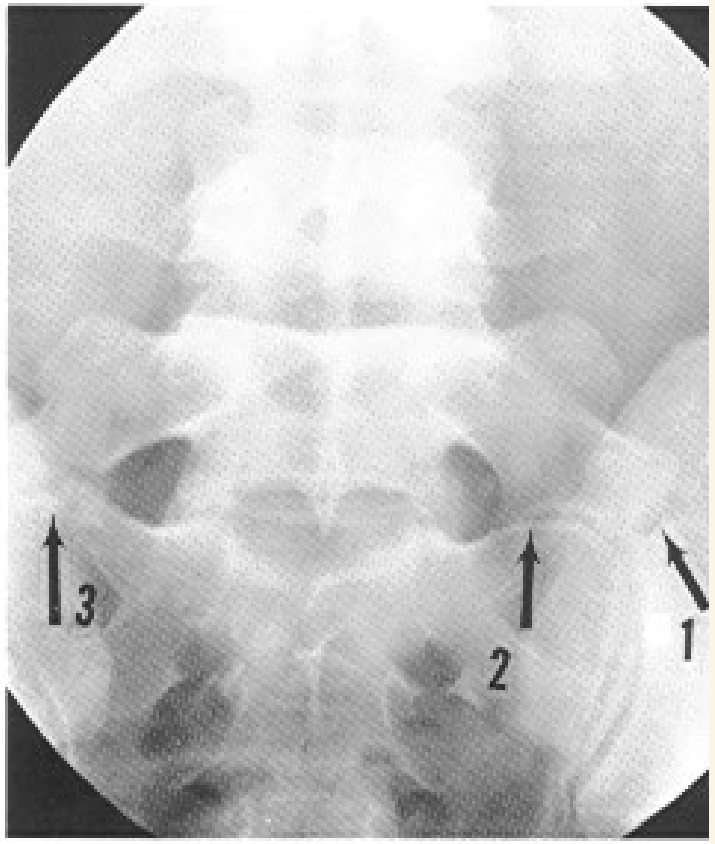


Fig. 699 TRANSITIONAL VERTEBRA



ACCESSOR

simple fractures of transverse processes.

Fig. 691 TRANSITIONAL VERTEBRA

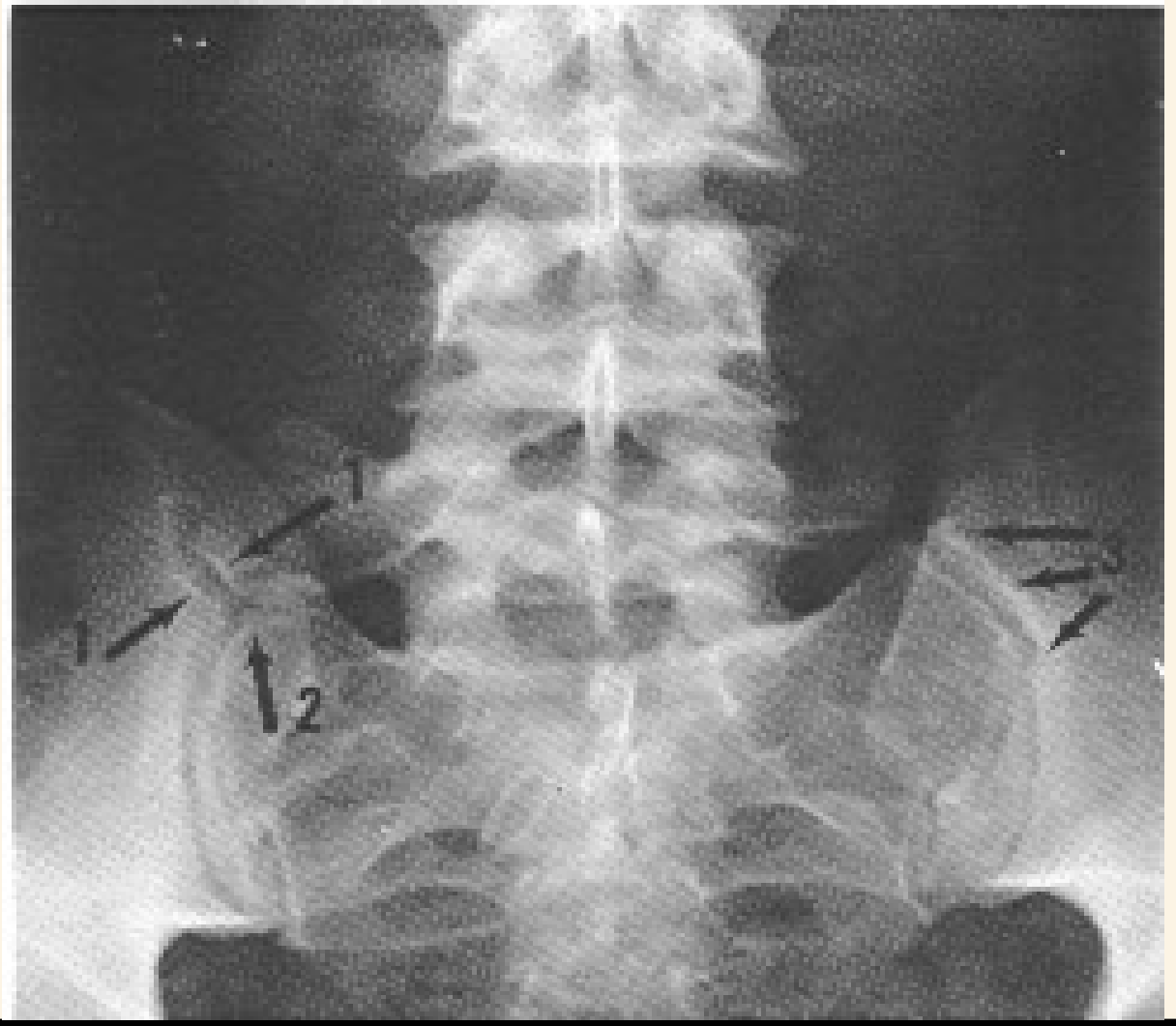
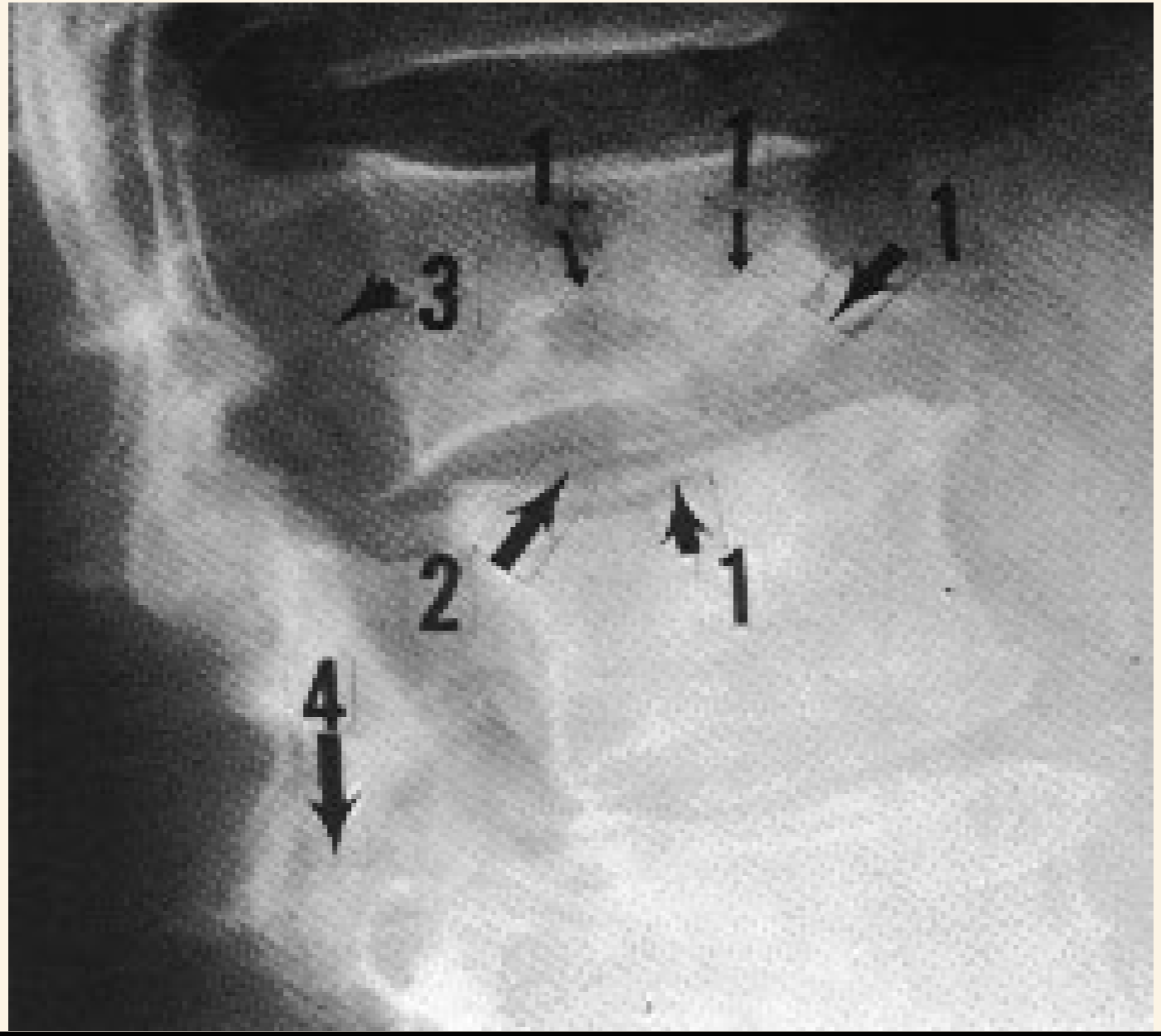
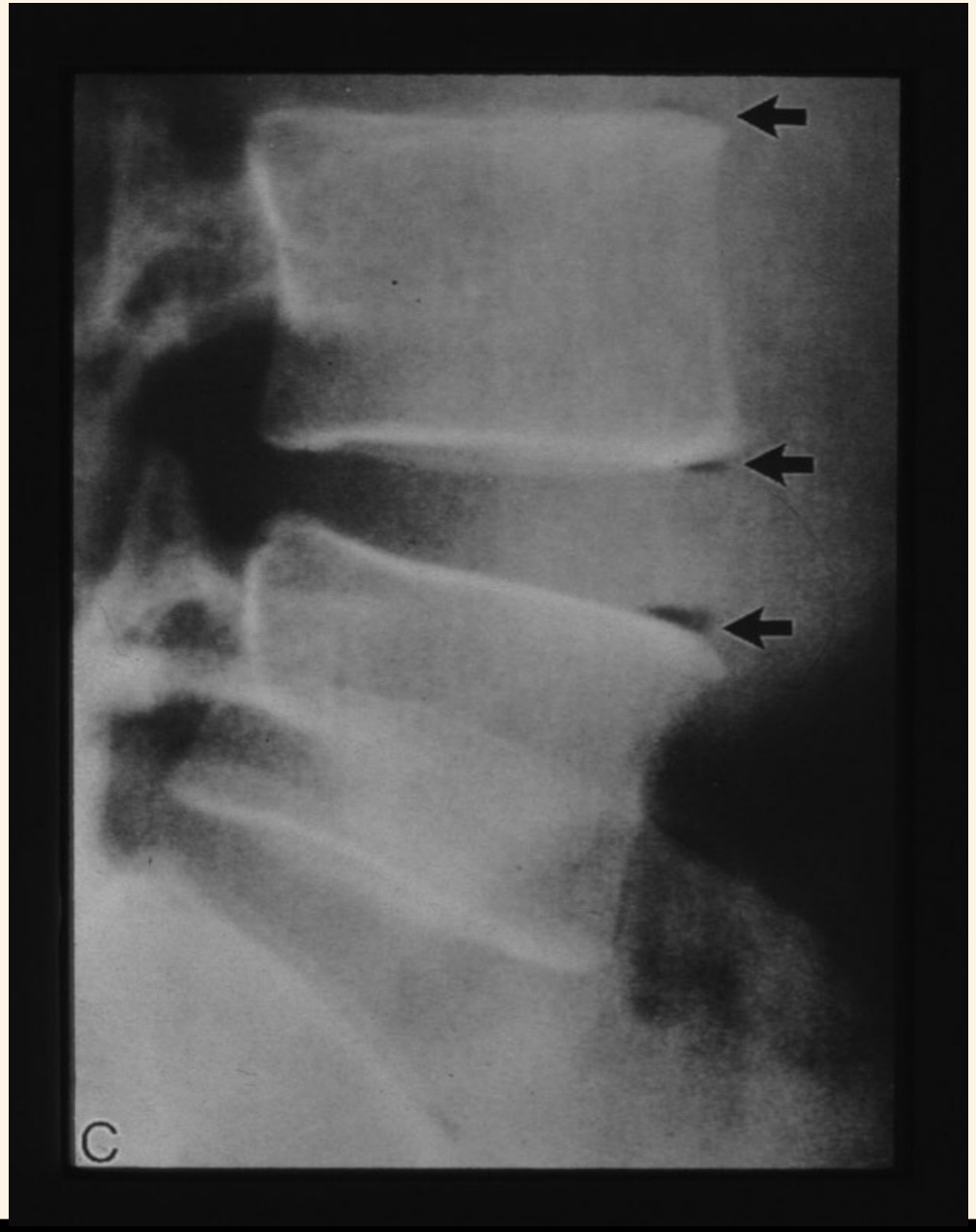
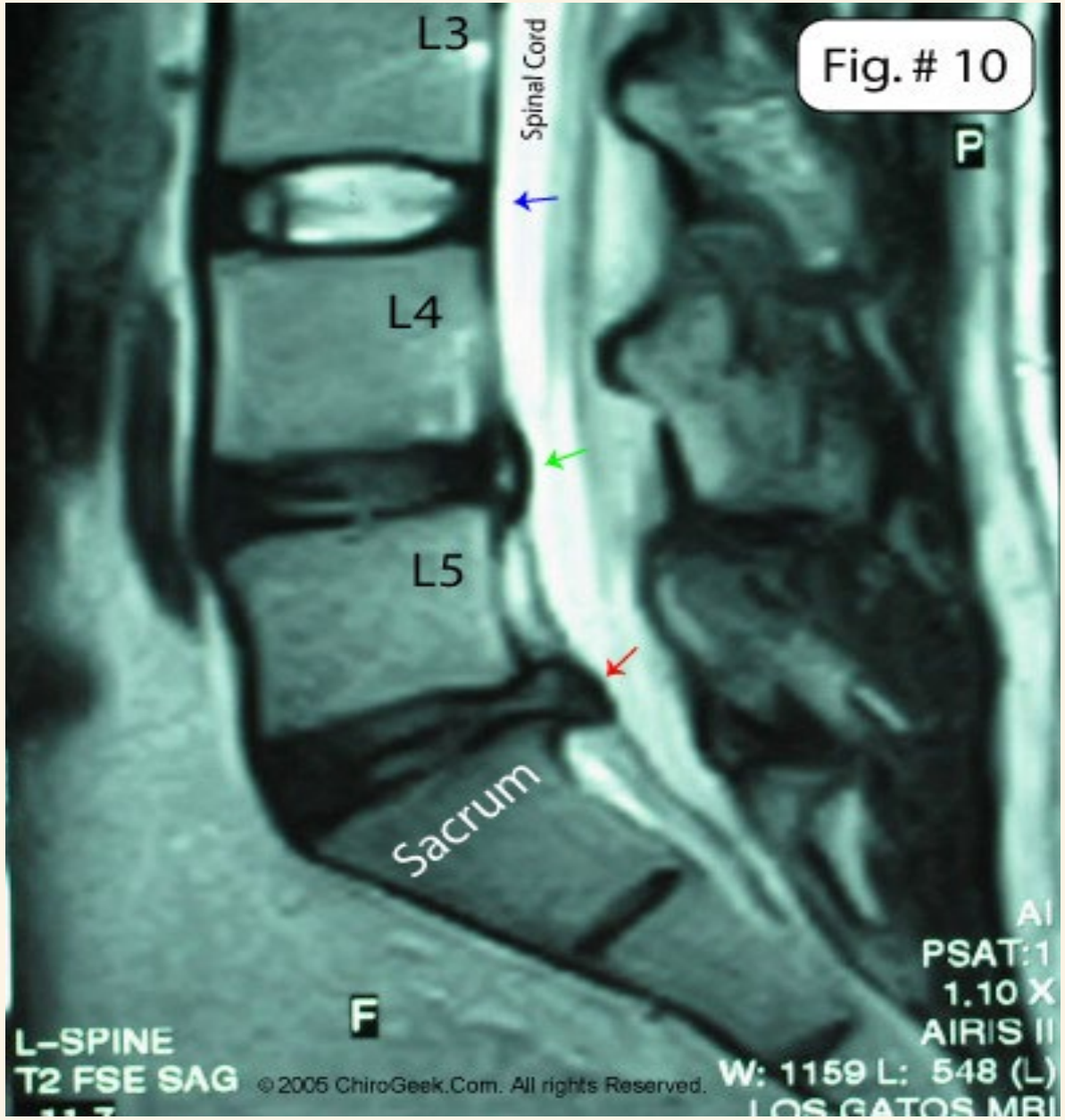



Figure #2
SL


3
1
1
1
2
1
4


C


A


L3
Spinal Cord
Fig. # 10
P
L4
L5
Sacrum
F
L-SPINE
T2 FSE SAG
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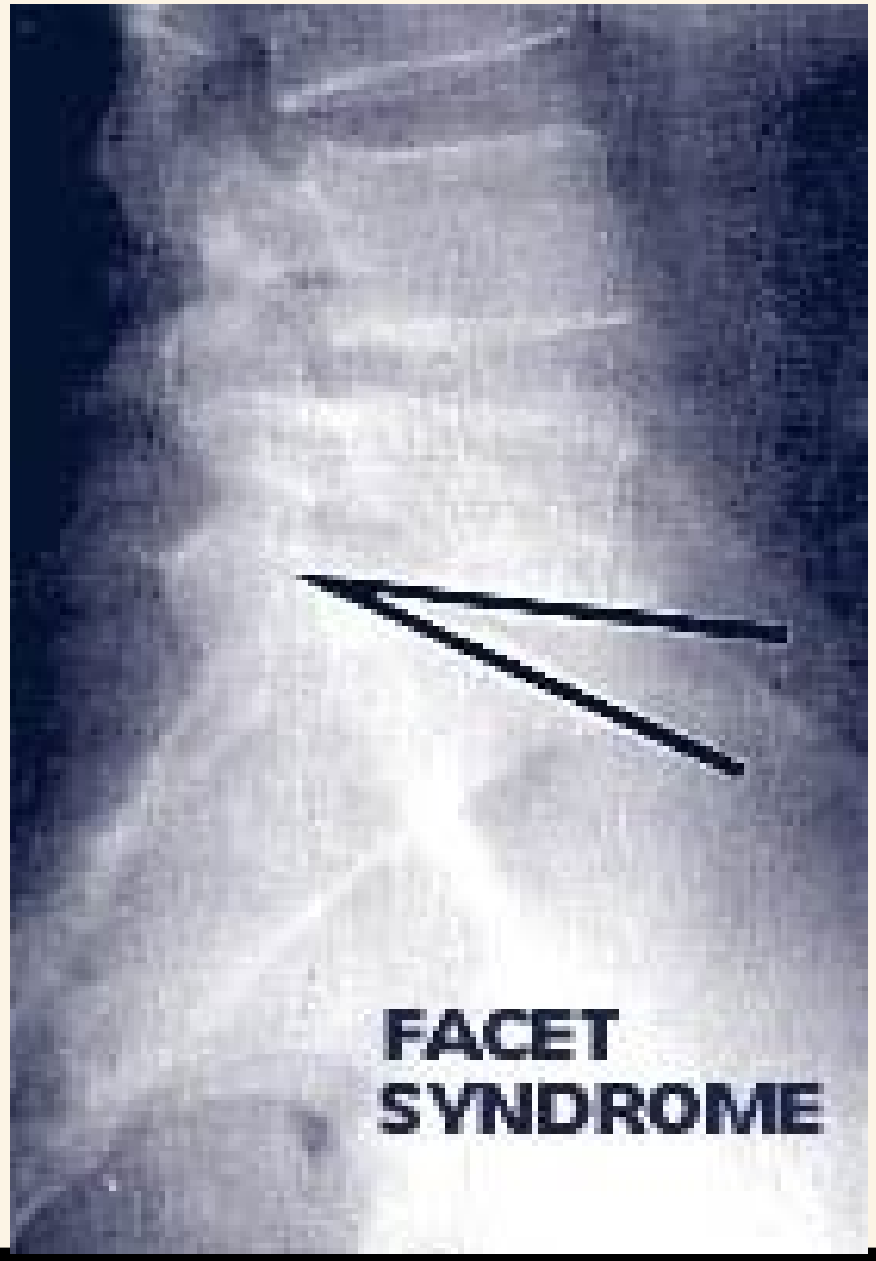
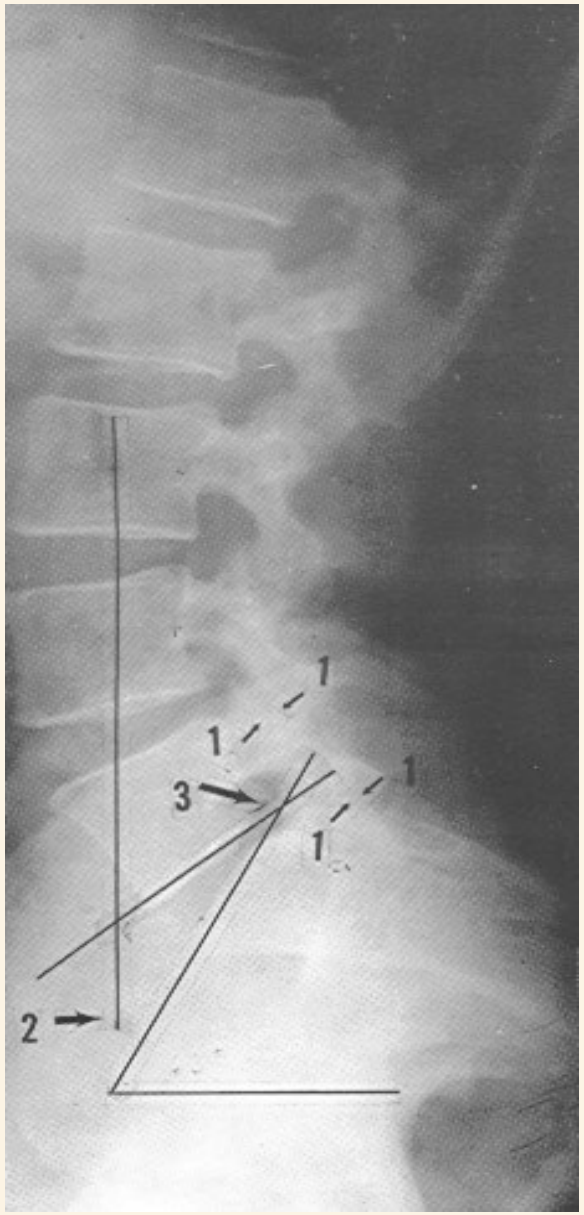
AI
PSAT:1
1.10 X
AIRIS II
W: 1159 L: 548 (L)
LOS GATOS MRI


L5
S1


ET:12
Herniated Disc
E-XL/90
2400
93.2/Ef
2/2 31.2kHz

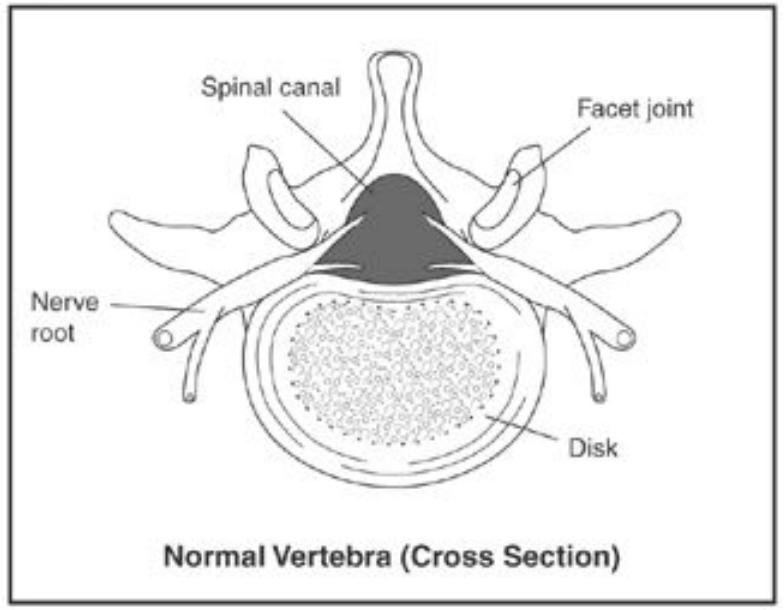

FACET
SYNDROME


1
1
1
3
1
2

AGING AND SPINAL STENOSIS

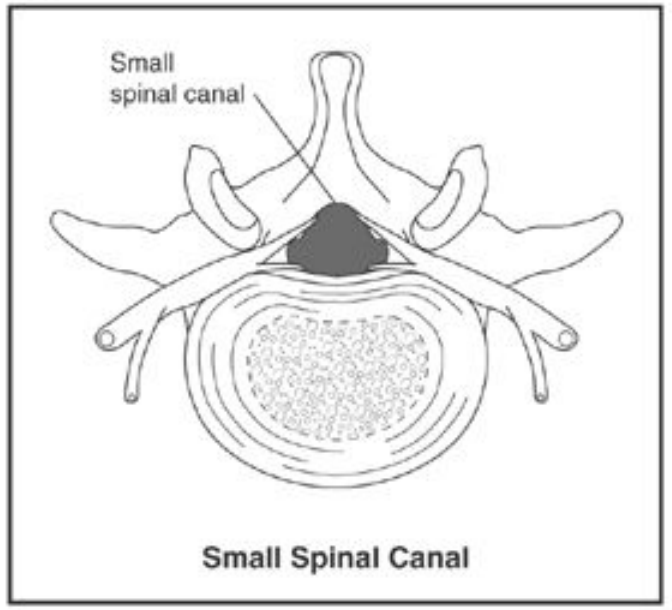
Narrowing of spinal spaces which in results in pressure on the spinal cord and/or nerve roots

Figure 4



Normal Vertebra (Cross Section)

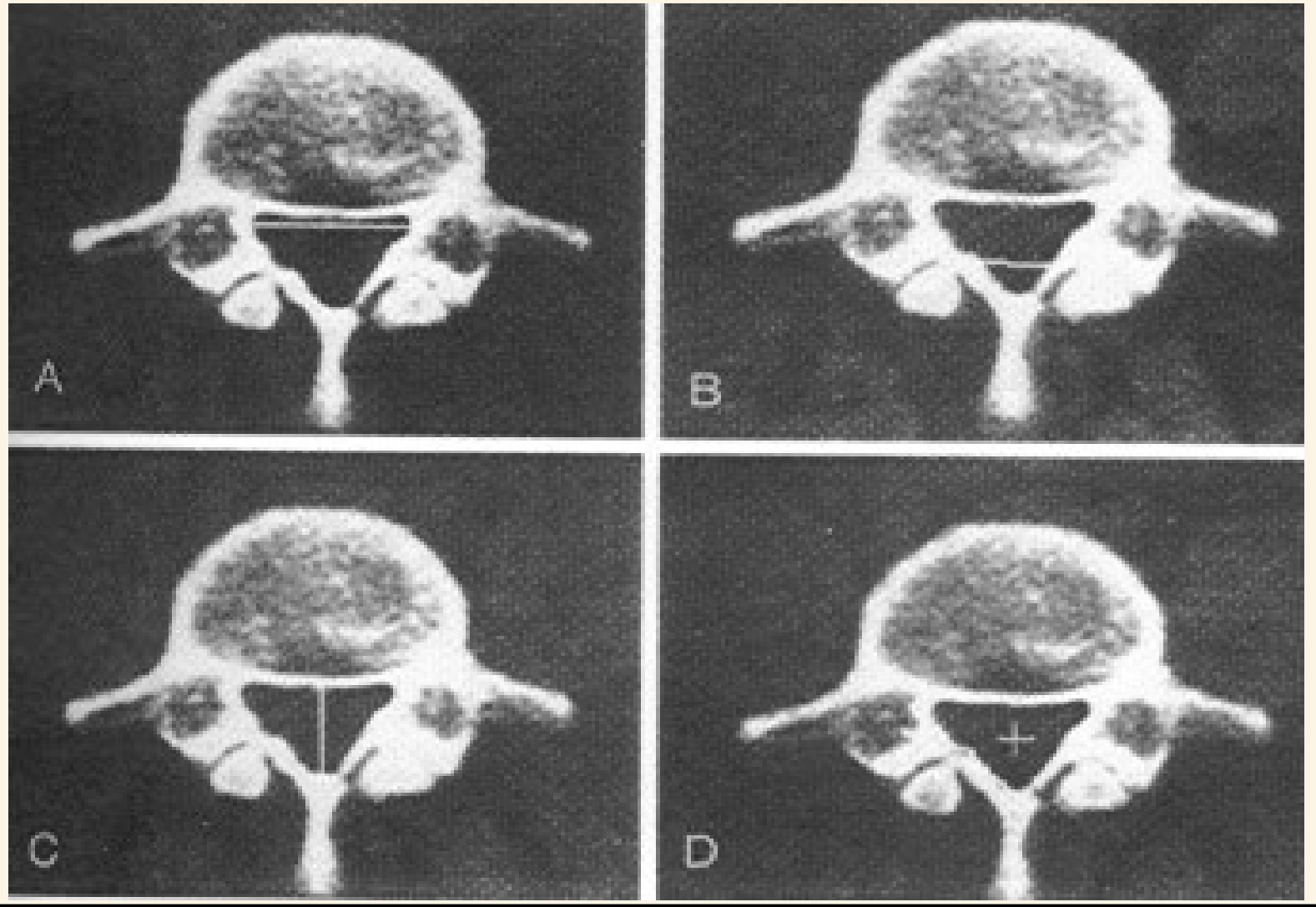
Figure 5

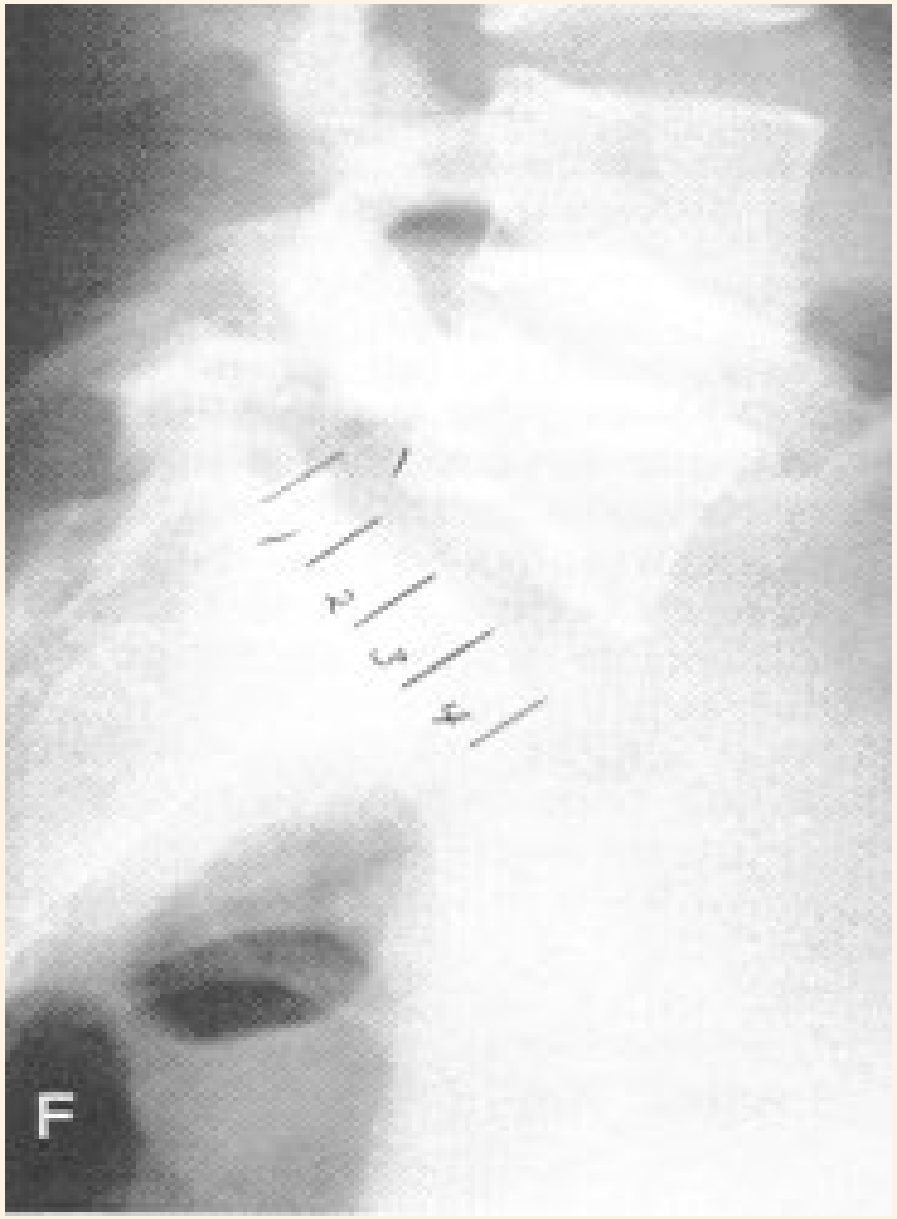


Small Spinal Canal

http://www.niams.nih.gov/hi/topics/spinalstenosis/spinal_sten.htm#spine_a

CT SCAN

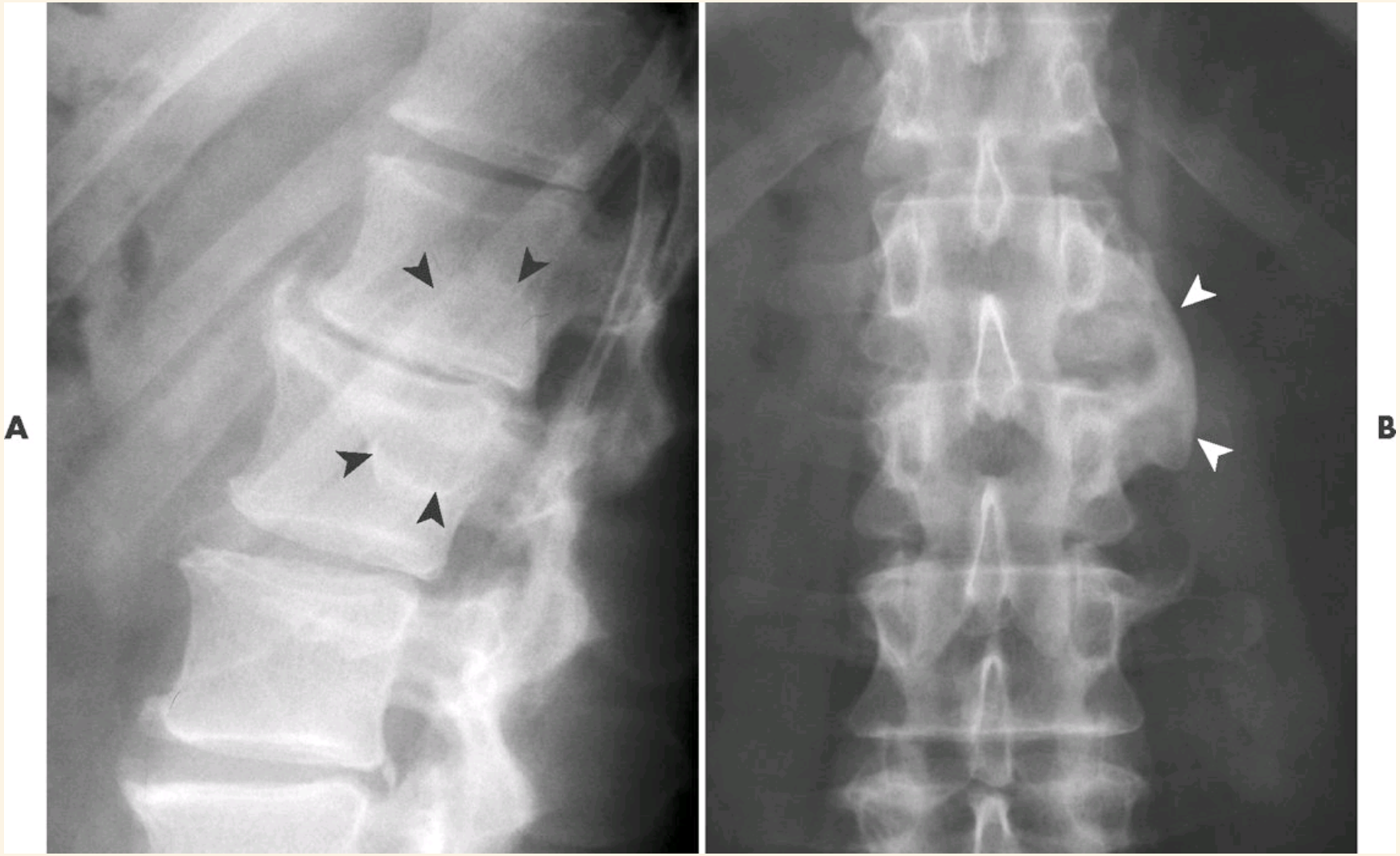


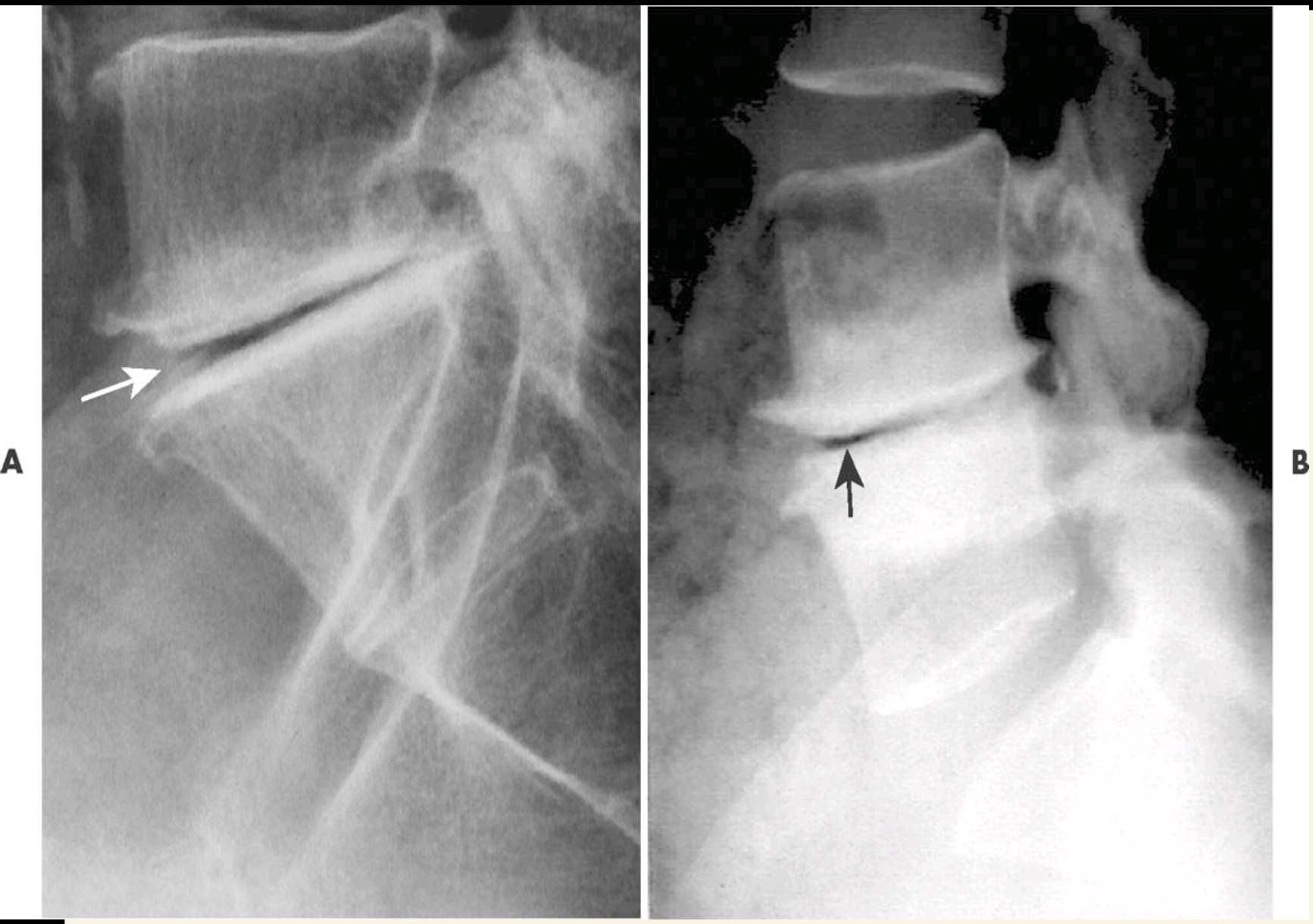

F

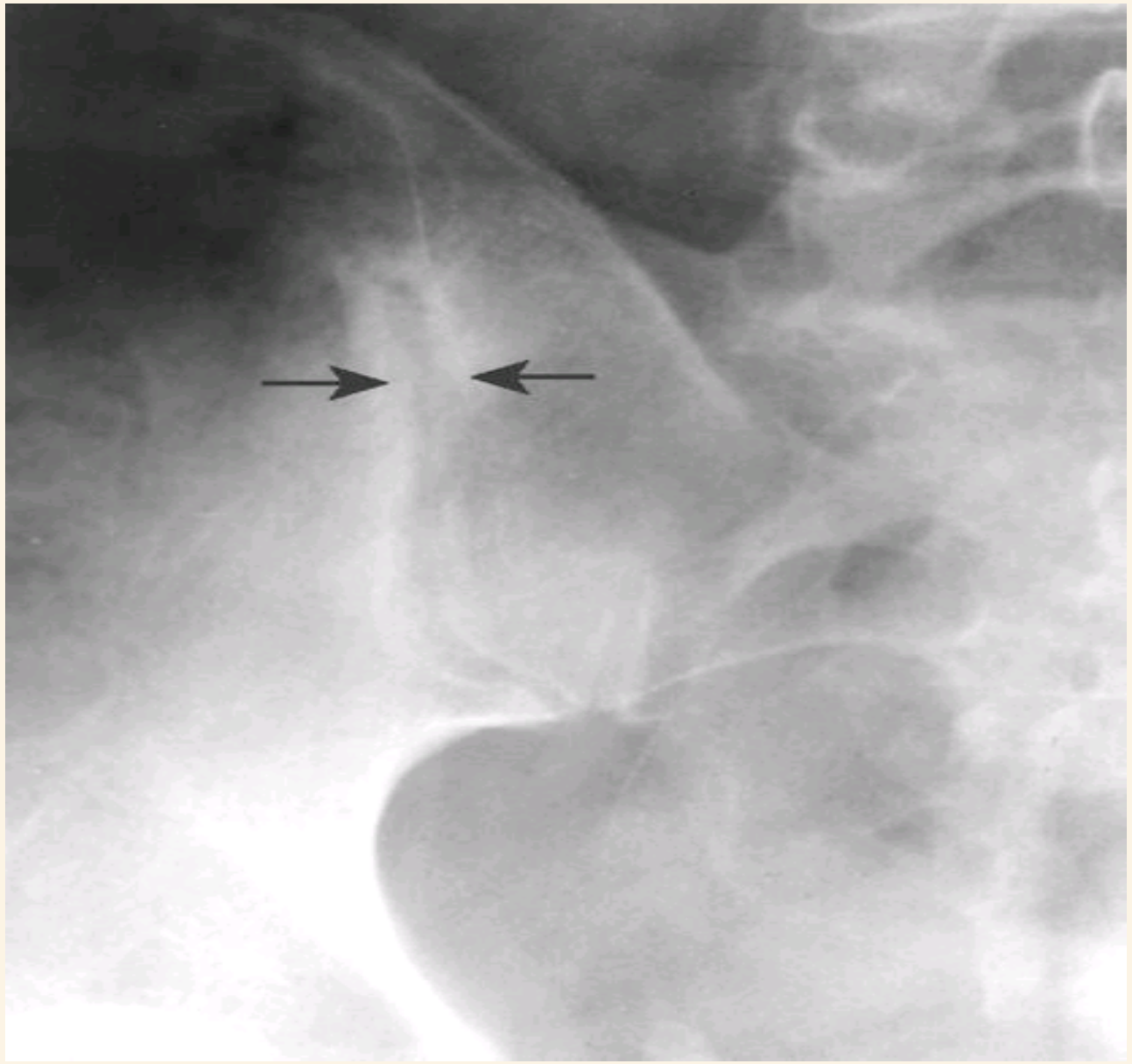

B

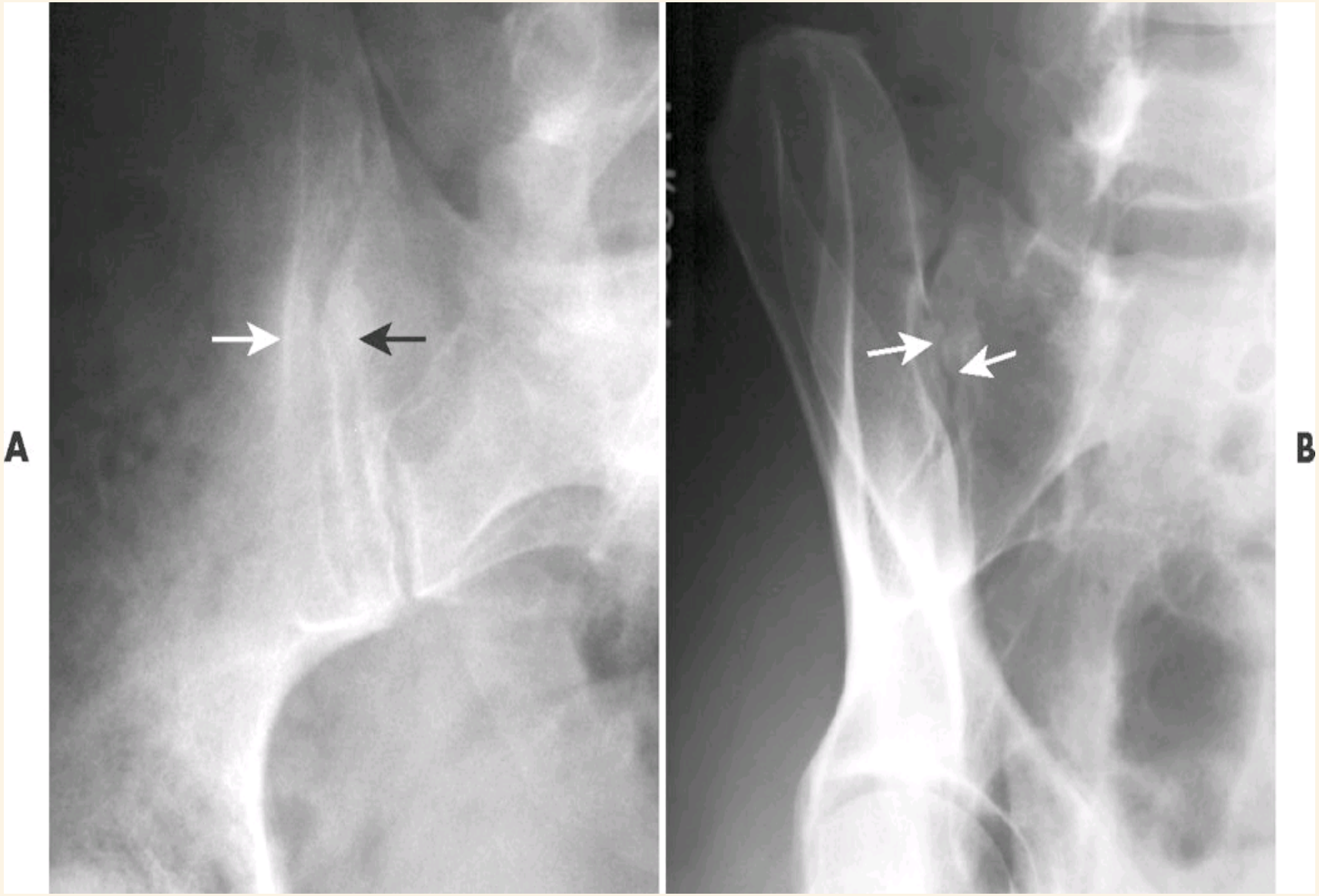

A


B


A
B


A
B




A
B

TREATMENT PROTOCOLS

Functional Back Pain

- DME: Kinesio Tape
- PT: IC/Laser, IST
- Nutrition: Joint Support
- Soft Tissue: TP, Graston
- Adjustment: All
- Active Care: ROM Postural
- TCM: ST36, Local Spinal Points, Shu Stream points, BL23/40

Disc Syndromes

- DME: Lumbar Support, Kinesio Tape
- PT: IC/Laser, Traction, US
- Nutrition: Disc Support, Anti-inflammatory
- Adjustment: Avoid Rotation
- Active Care: Isometric, ROM, Postural, Core
- TCM: ST36, Local Spinal Points, Ying Spring Points, GB30, BL 23, 37, 40, 54, 57, SI3

DJD / DDD

- DME: None
- PT: US, IST
- Nutrition: Joint Support
- Soft Tissue: TP, Graston
- Adjustment: Moderate Mobilizing Adjustments
- Active Care: ROM, Postural, Balance
- TCM: ST36, Local Spinal Points, Shu Stream points, BL23/40

Facet Syndrome

- DME: None
- PT: IC/Laser
- Nutrition: Joint, Anti-inflammatory
- Soft Tissue: TP, Graston
- Adjustments: Avoid P-A Thrust
- Active Care: Flexion Exercises, Core
- TCM: ST36, Local Spinal Points, Shu Stream points, BL11/23/40 GB30,34,39

Spondylolisthesis

- DME: Kinesio Tape
- PT: IC/Laser
- Nutrition: Joint/Ligament Support
- Soft Tissue: TP, Graston
- Adjustment: Avoid P-A thrust
- Active Care: Core, Flexion Exercises
- TCM: ST36, Local Spinal Points, CV 3/4/8, BL23,37,40,58,60,62,

Spinal Stenosis

- DME: Kinesio Tape
- PT: Laser/US, Traction
- Nutrition: Joint Support, Anti-inflammatory
- Soft Tissue: TP, Graston PNF
- Adjustments: Side Posture to patient tolerance
- Active Care: Core, Extension, Balance
- TCM: ST36, Local Spinal Points, SHU Stream Points, CV 3/4/8, BL23,37,40,58,60,62,

  Local Groin Points

Sprain/Strain

- DME: Support, Kinesio Tape
- PT: IC, Laser, Sine, US
- Nutrition: Anti-inflammatory, Joint
  Support
- Soft Tissue: TP, Graston
- Adjustment: Lighter force
- Active Care: Core, Functional, Balance
- TCM: ST36, Local Spinal Points, Ying Spring points, BL23, 24, 37, 40

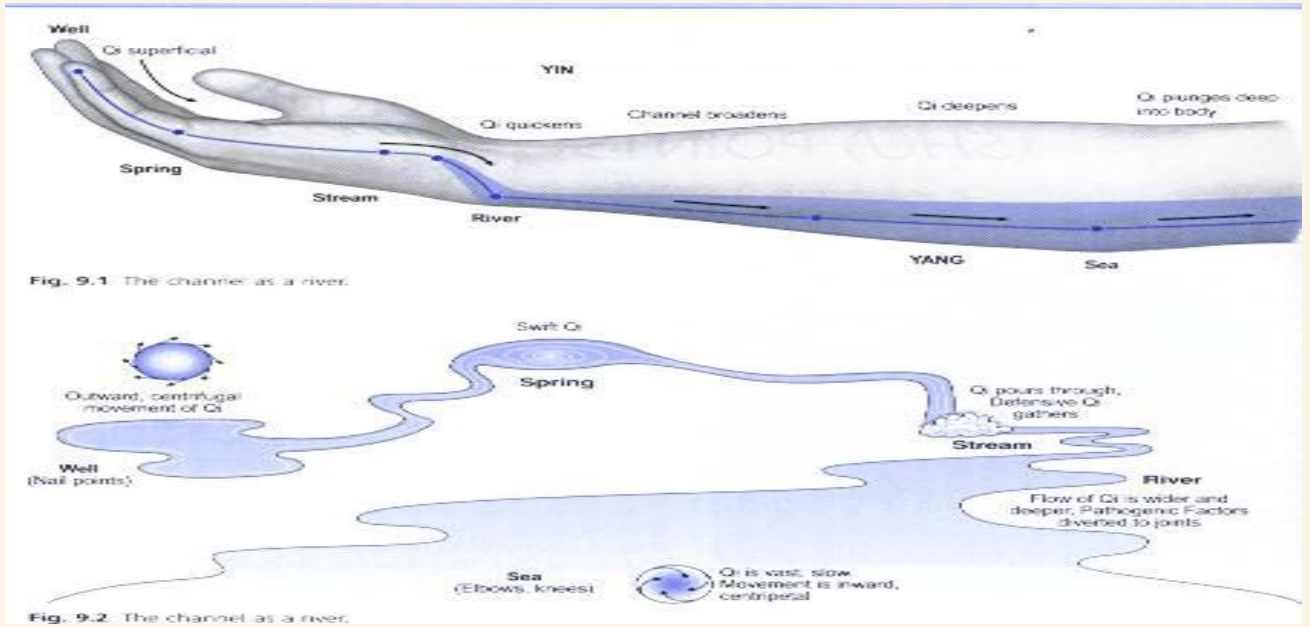
S-I Dysfunction

- DME: S-I Belt, Kinesio-Tape
- PT: IC/Laser, US
- Nutrition: Ligament Support
- Soft Tissue: TP, Graston
- Adjustment: SOT #2
- Active Care: Core, Balance, Gluts, Piriformis
- TCM: ST36, Local Spinal Points, Ying Spring points, BL23, 24, 37, 40, 54 CV3,8

  Piriformis

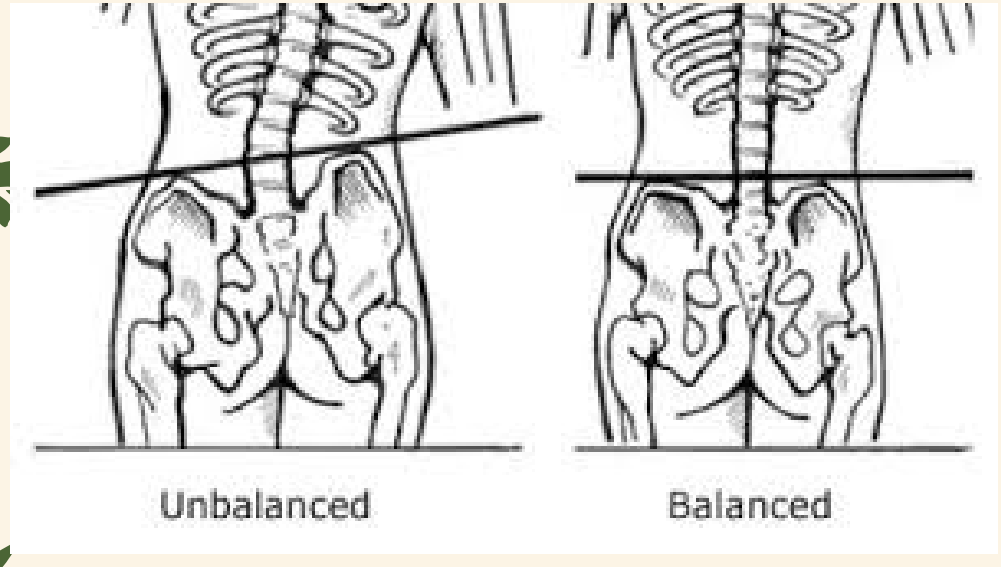
5 COMMAND POINTS

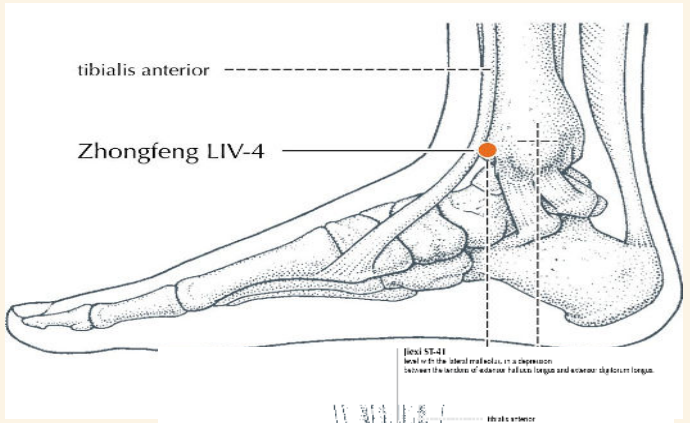
		KI	BL	LV	SP	ST	GB
Well	*Emotion*	1	67	1	1	45	44
Spring	*Acute*	2	66	2	2	44	43
Stream	*Chronic*	3	65	3	3	43	41

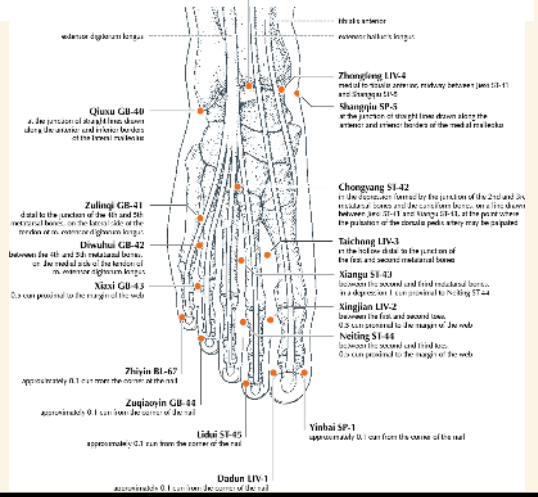


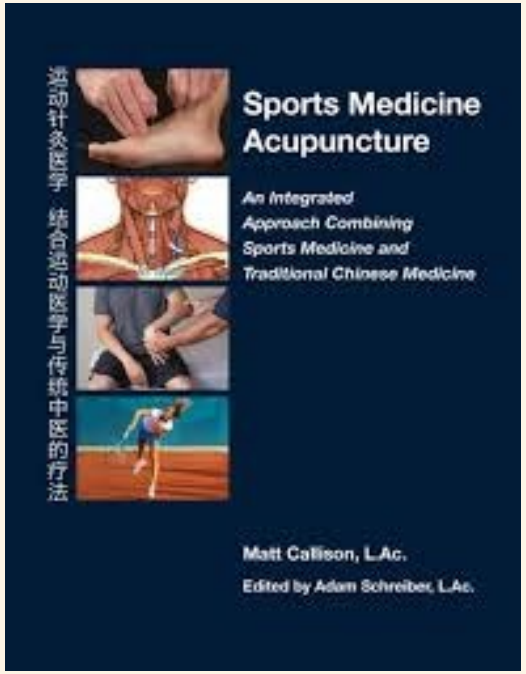
ACUPUNCTURE ADJUSTMENT
*UNILATERAL ANTERIOR PELVIC TILT - **AS** ILIUM*

Treatment: LIV 4 & GB 39.5





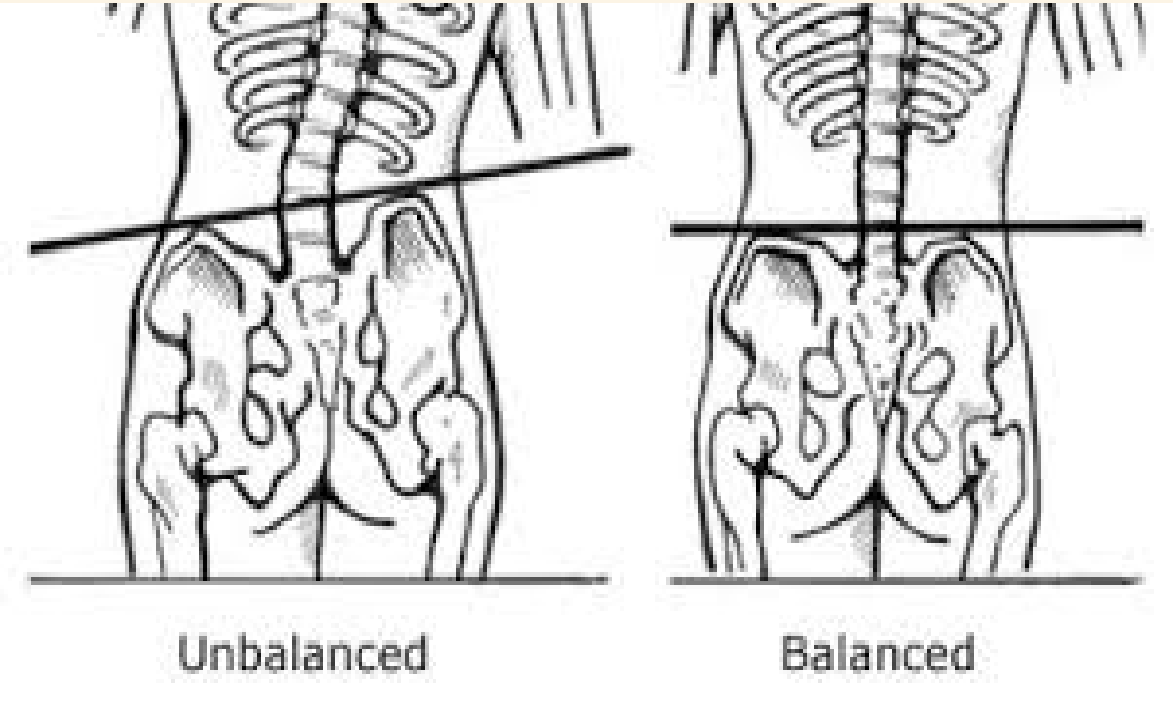


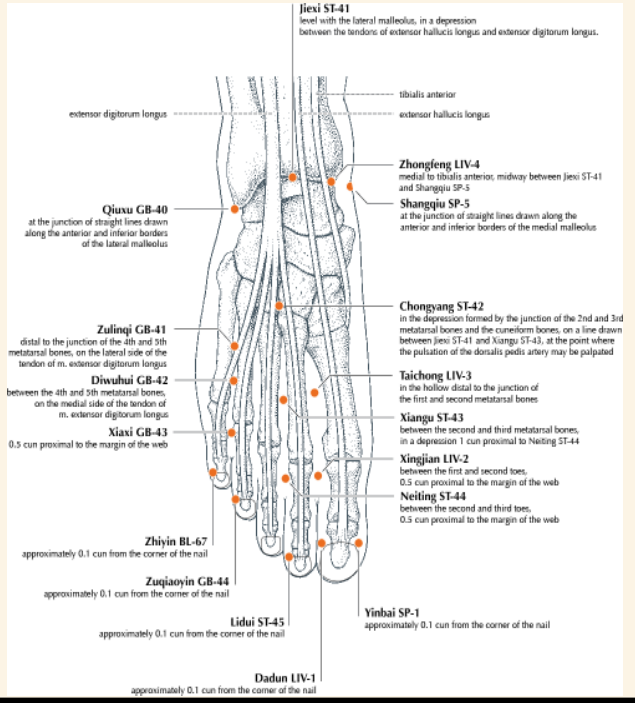


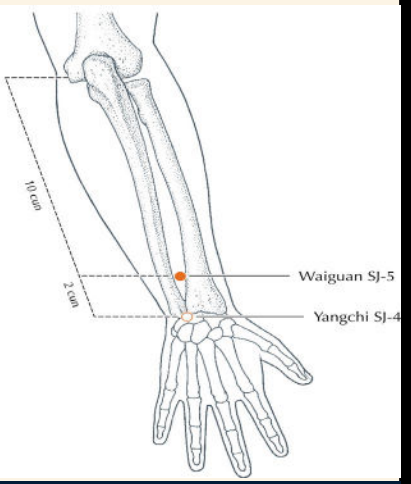
Sports Medicine Acupuncture by Matt Callison

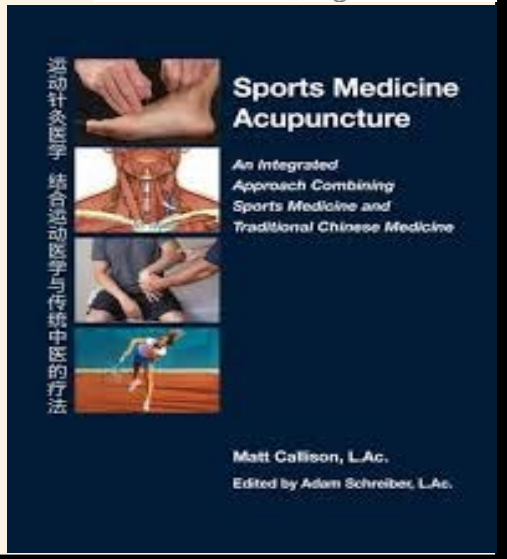
ACUPUNCTURE ADJUSTMENT
UNILATERAL POSTERIOR PELVIC TILT – PI ILIUM

Treatment GB 41 & SJ 5







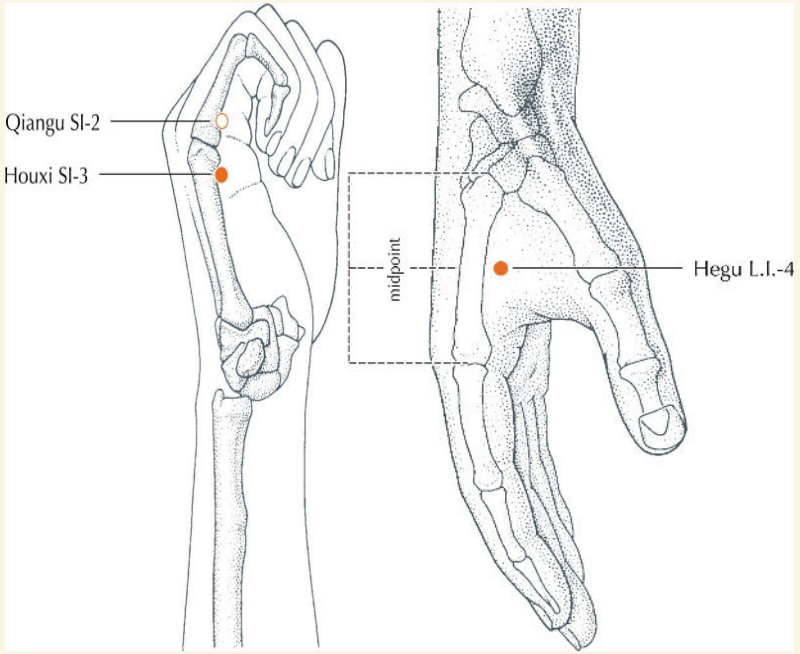


SYSTEMIC ACUPUNCTURE ADJUSTMENT MERIDIA 12 - DR. GEORGE

To determine the structural misalignment complex the patient is placed in a prone position. We then determine the side of the leg deficiency (short Leg – PI Pelvic). To equalize the leg length and rebalance the body utilize the points described below.

1. The first needle is inserted slightly proximal and lateral to LI4 on the short leg side.
2. The same point is located in the opposite hand (long leg side) and needled.
3. An additional needle is placed directly below SI3 on the long leg side only.

In the greater majority of patients an equalization of the leg length will occur almost immediately.



LOW BACK ACUPUNCTURE PROTOCOL

1. Treat the TCM Imbalance /Constitution
2. Treat the Spine
3. Treat the Ashi Points
4. Treat the Command Points
5. Treat the EAR
6. Use EMS

“TO BECOME A MASTER
SIMPLY
DO
WHAT THE MASTER DOES”

THANK YOU

JOHN D. LOCKENOUR DC

386-293-4348

JOHNLOCKDC@YAHOO.COM

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