BOARD TECHNICAL BULLETIN

22 JULY 1970

(Issued 28 March 1974)

CANCELS HOOB 22 JUL 70

Remimeo Dianetics Course Medical Series

AN IMPROVEMENT ON SPINAL ADJUSTMENT
FOR MEDICAL DOCTORS AND PRACTITIONERS
(Amends earlier policy of same date)

Spinal adjustments can be painful if done when the injured person is out of communication with the afflicted area. Snapping or popping a disk into place - if it is out of place - is the correct action, but can in some cases result in additional shock and a strained or pulled muscle.

The following method has been found to work successfully with no uncomfortable after-effects.

INTERVERTEBRAL DISK:

Between each two bones of the spinal column there is a soft cushion called the INTERVERTEBRAL DISK. It serves as a ball bearing and shock absorber.

SITUATION:

Sudden shock such as a fall, a jerk of the body or the lifting of a heavy object with the strain on the back may cause the intervertebral disk to be pinched or pushed out of place.

Symptoms of this may be pain, dull or sharp, directly on the spinal column or along any of the connecting muscles of the back. A numbness or "buzzing" sensation may be experienced on the backside below the small of the back.

The slipped or pinched disc may not always be detected by running the fingers along the spinal column, but CAN be detected by lightly running the hand or fingers along either side of the spinal column. The reason for this is that the disk itself is very small and may not be felt, but the muscles and ligaments connected to the spine will have strain on them and may be cramped or knotted. This is the reason there may be pain along these muscles and not directly on the spinal column. This can be easily felt with the lightest of touches along either side of the spine.

METHOD TO HANDLE:

Have the injured person recline on a flat surface.

Give him a Standard Touch Assist, with his agreement.

Afterwards, also with his agreement, check to see if there is a pinched or slipped disk. It will more than likely be detected by the presence of a "swollen" muscle or knot on either side of a particular section of the spinal column.

RELAX THE MUSCLE. Use a light, circular motion alternated with a sliding motion towards the spinal column. This is the most important action. It is the muscle that is PHYSICALLY holding the disk out of place.

It is usually during the action of relaxing the muscle that the disk slides back into place. As the muscle loosens up, you will be able to feel the disk which is out of place. If it has not slipped into place with the above action, you may GENTLY slide it sideways into place. It will go easily, without a "snap", and the person will feel instant relief.

NOTE: WHEN THERE IS NO IMPROVEMENT BY GENTLE TREATMENT PROPERLY DONE AS ABOVE, HAVE THE SPINE X-RAYED AS IT MAY BE FRACTURED AND IN NEED OF MEDICAL SETTING.

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