

## **WHY PUBLISH *THE UPLINK*?**

As my clinical investigations continue, additional observations are made which serve to clarify and augment earlier findings. Often these findings have significant impact on our patients, but they are not of themselves worthy of an entire paper or tape. Hence the production of *THE UPLINK* (THE Uppdate on the LINKs Between the Nervous System and the Body Chemistry") to report these important clinical advances. In addition, my office frequently receives requests for information about my seminar schedule, seminar content, and my books and tapes. We have included all of this information in *THE UPLINK* so that it may be found conveniently in one place. -WS

## **WHAT'S ALL THIS TALK ABOUT COUPLED SPINAL MOTION?**

Understanding coupled spinal motion requires nothing more than the knowledge that any movement of the spine in one plane is normally accompanied by a compatible spinal movement in another plane. The most common example used is that spinal lateral flexion is always accompanied by spinal rotation. In other words, two types of motions are "coupled" together. This is true for any given segment as well as for sections of the spine.

For example, right lateral flexion of the cervical spine (i.e., tilting the head to the right) will be accompanied by rotation of the cervical spine with the spinous processes moving to the left. The same is true for a specific segment. If C-5 tilts to the right, the C-5 spinous will rotate towards the left.

In the lumbar spine, the pattern is just the opposite. Lumbar lateral flexion to the right is associated with the lumbar spinouses moving to the right. Movement of T-5 and above is as in the cervical spine; T-6 and below as in the lumbar.

Look at your spine model and examine the facet planes. You will readily see that the anatomy is designed to produce the coupled motions discussed.

## **SO WHAT IS UNCOUPLED MOTION?**

When a spinal section (or an individual vertebral segment) moves in two directions which are not the expected coupled movements, this is uncoupled mechanics. For example, if the cervical spine was in right lateral flexion, but the cervical spinouses were rotated to the right, this would be uncoupled motion.

Uncoupled mechanics at in spinal section or in a vertebral segment leads to abnormal ranges of motion, recurrent subluxations, joint degeneration, inflammation, pain, and neurological disorganization.

## **K-27 SWITCHING**

Consider the following:

1. Both K-27 points TL in "switching" which is often called neurological disorganization.
2. Goodheart originally taught that K-27 was the NL for the intrinsic muscles of the spine.
3. The intrinsic spinal muscles can receive motor input from a variety of sources.
4. The intrinsic spinal muscles must often "serve two masters" when there are multiple, conflicting messages being sent their way.

It has become very clear during the past several months that positive TL to both K-27 points is always associated with uncoupled motion problems in the spine, most often at the C-1 motion segment. A common reason for this is a cranial frontal fault which creates a motor input to inhibit both neck flexors. Dave Walther, Bob Blaich, and others have spoken about the role of cranial faults in switching for many years. Now we can see this pattern in a whole new light. That is, the muscle imbalances associated with the cranial fault send messages to the C-1 area which interfere with other, normal reflex activity of the intrinsic muscles in the area. These two disparate sources of stimulation to the intrinsic muscles of C-1 cause uncoupled motion which results in a subluxation. But this also results in the TL of K-27, the NL for spinal intrinsic muscles, probably due to the

fact that these tiny, but important muscles are doing double duty serving two masters: a cranial fault and their normal postural reflexes.

### **IRT CORRECTION OF K-27 PATTERN**

Correction of both K-27 TL by injury recall technique to C-1 is an effective and rapid method of negating the switching pattern and restoring coupled motion to the area. To do this, gently flex the atlanto-occipital area while the patient TLs C-1.

### **■ THE PATIENT EDUCATION PAMPHLET YOU HAVE BEEN ASKING FOR IS NOW HERE!!!**

For years doctors have been asking me to produce a patient version of the chapter in my blue book entitled "Aspirin is Not a Vitamin...Margarine is not a Food." "GET THESE OUT OF YOUR FAMILY'S KITCHEN" is finally available in pamphlet form. It is an indictment of partially hydrogenated fats and oils in terms that your patients will understand. The chronic degenerative effects as well as the daily, nagging symptoms created by the consumption of processed trans fats are discussed. Also included are common sources of trans fats and what to look for on labels. There is even a list of 18 references from peer reviewed medical journals included for the disbelievers. They are now available in packages of 50 pamphlets each.