

# The Prevalence of Subluxation of the Occipital-Atlanto-Axial Complex, in a Population Seeking Chiropractic Care

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## Abstract

This practice-based study highlights findings of occipital-atlanto-axial (OAA) subluxation from the author's chiropractic practice. The results and implications are discussed along with comments made on future research in this area.

## INTRODUCTION

During a presentation at the International Research and Philosophy Symposium (IRAPS) at Sherman College in 2015, a panel of orthospinologists were discussing a grant application to the National Institute of Health. During the interview in Washington DC, they were asked: "What is the prevalence of occipital-atlantal-axial (OAA) subluxation?" Having studied public health as part of my bachelor degree at Rutgers I decided to keep track of each patient that checked clear of OAA subluxation from the beginning of my practice in 1989. This paper is a report of those findings. Sharing this information is an effort to answer the aforementioned question as well as to promote the salutogenic model in chiropractic.

## METHODS

The operational definition of OAA subluxation detection requires an understanding of pattern analysis as taught by Drs. BJ Palmer and Lyle Sherman. The clinical data used in this practice are as follows: Thermeter reading of the cervical/occipital area, Derefield leg checks, and Prill leg checks. Additional information on the latter two tests is provided in Table 1.

**Table 1**

Leg length inequality checks within Derefield and Prill leg checks

### Derefield

- ✓ prone leg length differential
- ✓ cervical syndrome (leg length differential responds to cervical range of motion)
- ✓ pelvic syndrome (leg length differential responds to knee range of motion)
- ✓ sacral restriction (differential in left to right prone leg raises)

### Prill

- ✓ C1 vertical test
- ✓ C2 radial test
- ✓ C3 medial test
- ✓ C4 lateral test

In order for a first time patient to qualify for care 8 out of these 9 test parameters must be positive. This indicates the presence of an OAA subluxation. Palpation of soft and hard tissue along with range of motion analysis is included as qualitative tests along with these quantifiable tests. This method of checking for OAA subluxation is quantifiable using a readily accessible Excel designed template. [1-2] This office used this template to analyze and document this method of care in 2010 in the paper: A Model for Reframing Chiropractic Care: HIO in the 21st Century. JVSR 2010. [3]

Based on these clinical assessments, each time a patient presented for an initial exam and had no positive results they were declared free of OAA subluxation and were not accepted for care. They were then recorded as a number on a sheet of paper tacked on the wall in my administrative

office. They were separated by gender only. No patients under 18 years of age were included in this tally. No other characteristics were recorded.

## **RESULTS**

Between the years of 1989 through April of 2009, of the 6815 patients presenting for an initial exam, only 59 adult males and 56 adult females did not have positive findings for (OAA) subluxation (1.2% of the total patient population). As of April 2017, 10,654 patients presenting for an initial exam, only 111 adult males and 122 adult females did not have positive findings for OAA subluxation (0.6% of the total patient population).

## **DISCUSSION**

Over the 29-year span of private practice, this author has noticed that more chiropractors are focusing attention on correcting subluxation at the OAA. The author has also noticed that other healing modalities such as the Chikly Institute in AZ and the Upledger Institute in FL have developed procedures to address this joint.

Chiropractic is in a unique position to become a true health care science due to the research of BJ Palmer DC PhC in his HIO study at Palmer College in the early and mid-20th Century. The idea that the OAA subluxation occurs early in life and creates a compensatory full spine functional scoliosis is a revolutionary way to address human health. "Toggle-recoil adjustment, given at the right time, right manner, and not over-adjusted, permits a normal restoration of a normal quantity of a normal intelligent mental impulse or nerve force flow." [4]

In the 21st Century, we are in dire need of recognizing healing modalities that keep healthy people healthy and return people to health, also known as salutogenesis. People should not be limited to only the pain and symptom

management approach. I have learned a great deal watching my patients return to an upright normal posture just by living their lives without a subluxation of the OAA. The patient experiences their body as a highly intelligent self-righting mechanism. Discernment between pain of righting an imbalance and the pain alerting of an imbalance is an invaluable lesson for taking responsibility for one's health. The first 21 years of life is when each individual develops their constitution that will dictate their particular health picture for the rest of their life. Growing up free of OAA subluxation is a huge health advantage. As a side-note, this author's practice has over 50 third generation patients and many of these families require little medical intervention.

### *Limitations*

Limitations to this study are that: a) results may differ when using other operational definitions for OAA, and b) results might be generalize-able to future patients for this practice. Thus, results may not be generalize-able to the population at-large.

## **CONCLUSION**

In this observational study, the prevalence of OAA subluxation was high, ranging from 98.8% to 99.4%. Further study using these (and other) methods of OAA detection in other offices is a reasonable next step.

## **References**

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