



Technique in the Classroom at Palmer College of Chiropractic: A History in the Art of Chiropractic

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ABSTRACT

Objective: The purpose of this paper is to describe the history of technique taught at Palmer School and then Palmer College of Chiropractic, the oldest chiropractic institution and the school that has produced the most practitioners since its inception.

Discussion: The history revealed by tracing chiropractic technique through the college catalogs and other original source materials presents a historical overview of the development of the curriculum and is reflective of the profession's development of adjusting.

Conclusions: Many of the named techniques are minor variations upon the theme of the basic techniques taught at Palmer. (J Chiropr Humanit 2008;15:55-66)

Key Indexing Terms: Chiropractic; History; Education; Chiropractic Adjustment

INTRODUCTION

"The art of application makes for success of the method, not the brand of technique."¹

The art of chiropractic is based upon its technique, the method in which the patient's needs are analyzed and chiropractic is delivered to the patient. Belair² identified nearly 100 techniques that have been developed and given unique names in the first 100 years of the profession (Appendix A). In some cases, the difference between two is so slight that only the founder of the second one can make a distinction. The total range of methods of moving joints is very broad and includes both manual and mechanically assisted means.

This paper focuses on the history of technique as taught at the Palmer School and then College of Chiropractic, the oldest chiropractic institution, and the school that has produced the most practitioners since its inception. Many of the named techniques are minor variations upon the theme of the basic techniques taught at Palmer. The information presented in this article offers an historical overview of the development of the technique curriculum and is reflective of Palmer College's development of chiropractic adjusting.

METHODS

The authors collected information relating to techniques taught at Palmer through college catalogs, interviews with faculty members, and other original source materials. A search was conducted through indexed and non-indexed materials held by the Palmer

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b. Palmer Museum of Chiropractic History, Davenport, IA.

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Archives. Past and present department chairmen were interviewed and each signed an unrestricted consent form to have his interview transcribed and used in any manner deemed appropriate. The transcripts and tapes from these interviews will be added to the Palmer Archives as part of its oral history program upon the completion of this project.

Technique at Palmer

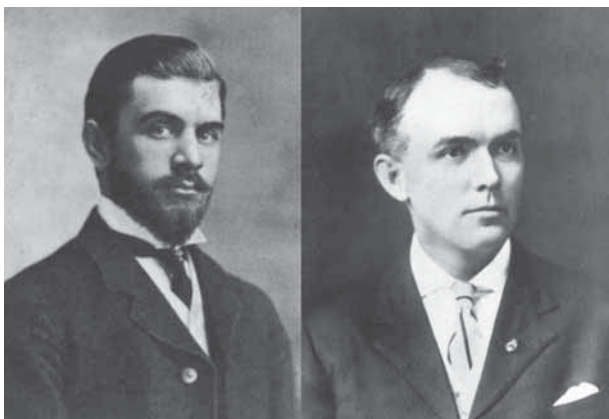
D D Palmer, founder of the Palmer School and Infirmary, described chiropractic as including “the art of adjusting, by hand, and or all subluxations of the 300 articulations of the human body, more particularly those of the vertebral column.”³ Early graduates of the Palmer School were encouraged to practice and to teach. “By June 1906, there were some six or seven chiropractic schools scattered over the United States. Between 1905 and 1910, the system called ‘vertebral adjustment’ was extending very rapidly, not according to a fixed science or system, ...but according to the peculiar ideas and experiences of many persons, clustered around the idea of ‘removing pressure from nerves...’”⁴ “It therefore came about that the chiropractic profession was constantly

disturbed by new adjustments, and every bizarre movement, every ridiculous application, even the most dangerous and absurd expedients...As a result of the flurry, there were The Parker Lumbar Discovery, The Langworthy Method, The Smith System, The Howard System, and so on, throughout the list of all those who assumed to conduct schools.”⁴ Dye describes chiropractic from 1905-1909 as “a system of pushing, poking, thrusting, hammering and jamming back into a normal position of all bumps, lumps, misalignments or subluxations.”⁵

The period from 1905, when BJ Palmer took over the Palmer School of Chiropractic (PSC), to 1920 was a period of refinement of technique from general adjusting to the Meric system. At the Palmer School prior to 1910, no atlas adjusting was done unless by a faculty member, with preference being given to BJ because of his superior adjusting skills.⁵ By 1910, the PSC was teaching that the adjusting should be restricted to not more than five or six vertebrae throughout the entire spine instead of adjusting every place suspected of being a subluxation. BJ Palmer and James C. Wishart, DC (Fig 1), developed the Meric system, based on vertemes or zones. A further refinement of the Meric system was Majors and Minors; i.e., selecting the one to three vertebrae in each vertemere that was most beneficial. BJ first described Majors and Minors in a 1918 booklet entitled the same. He later expanded on the concept:⁶

The PSC discovered, developed, and presented the Majors and Minors principle and practice to stress a more limited adjustment of fewer places, of more vital value to life and death. It did not deny the number picked by the Meric System, but stressed the greater

Figure 1. B.J. Palmer, D.C., and James C. Wishart, D.C., at the time they developed the Meric system.



importance of some over others, adjusting only the more important ones. [The concept of] Majors and Minors was developed to locate, by more exacting means than hitherto used, the specific vertebral subluxation D.D. Palmer believed existed solely in the backbone which he thought he had found by more crude methods and means.

The two-piece knee chest table was introduced in 1918 to support Meric toggle-recoil adjusting (Fig 2). Toggle-recoil adjusting could be applied to any spinal contact.⁷

The first available college catalog for the Palmer Chiropractic School is the 1920 edition of *The Palmer*. In their freshman term, students analyzed the Palmer Toggle-recoil, the special technique style that was taught at the PSC. Not only did the student study adjusting as a subject but one was drilled in the application of the principles in a practical way upon adjusting tables in the classroom, particularly the dorsal and lumbar regions. The 1922 *PSC Announcement* delineated "...Technique into two branches, analysis and adjusting. Analysis embraces vertebral palpation and nerve tracing."⁸ Freshmen continued adjusting drills with sophomores practicing on inanimate objects. The first objects that we can document are arcs cut out of automobile tires and mounted on boards to allow the students to work with a flexible surface (Fig 3). Other devices were introduced with other technique refinements. The culmination of this work came in the last two months when the student performed an actual adjustment, upon the clinic platform, under the direction of faculty instructors. As seniors, students continued the "practical adjustments, in and out of clinic, and, in addition, [had] special review

Figure 2. Students practicing upper-cervical set-ups on knee-chest tables in the PSC Memorial Building, c. 1920.



Figure 3. Students practicing toggle-recoil on tire sections in the lower level of the PSC Classroom Building, c. 1925.

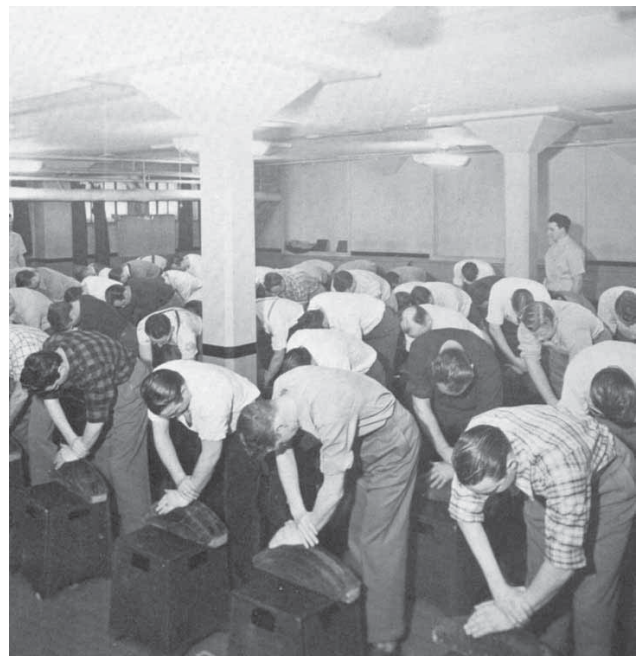
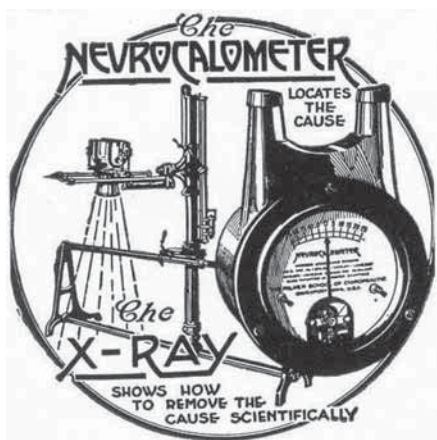


Figure 4. An ad for the neurocalometer that reinforces the importance of x-ray to chiropractic.



work and classes wherein the detail of adjusting [was] further explained.”⁸

The 1924 *PSC Announcement* revealed great pride in the technique department.⁹

The branch of adjusting is most thoroughly systematized, and is taught by several instructors, so that the student may obtain the broadest possible ideas and methods in this line. In fact, nothing has been left undone toward making this department the most thorough and practical of its kind in existence. The textbook is the 1920 *Palmer Technique of Chiropractic*, written by four of the greatest minds in the chiropractic profession, Palmer, Firth, Vedder and Burich, all of whom are instructors in the Palmer School of Chiropractic.

In 1924, the Palmer school introduced the neurocalometer (NCM), an instrument manufactured by the PSC, “which has proved a remarkable asset in the practice of chiropractic.”¹⁰ The NCM was a dual probe temperature differential device designed by

Figure 5. Students practicing palpation skills in the B.J. Palmer Classroom Building at the PSC, c. 1922.



electrical engineer and Palmer student, Dossa Evins. Model A had two separate probes; it was almost immediately replaced by Model B, with the two probes joined.

The introduction of the use of the NCM (Fig 4) to the curriculum was not without its drawbacks. Concern that its use might supersede the importance of radiographs, a number of articles extolling the virtues of Spinography appeared in the November and December 1924 issues of *The Chiropractor*, “the authors all being well-recognized doctors with a keen interest in the advancement of spinography.”¹¹ Other leading faculty members who had purportedly been overlooked when an evaluation committee for the instrument was formed resigned during the next year. Stowell (1983) attributed the resignations to BJ Palmer’s uncompromising support of the NCM and his focus on the atlas subluxation.¹²

The technique faculty added mechanics of the spine to the sophomore year; a junior year had been added that included (Fig 5):¹⁰

Toggle-recoil with all kinds of contacts, according to the kind of

subluxation, such as posterior subluxations, rotations, tilts, etc. Analysis embraces vertebral palpation and nerve tracing. Freshmen learn to count the vertebrae and to list those more prominently subluxated. Sophomore list all subluxated vertebrae in entire spinal column plus ilii [sic], in searching for and finding those subluxations which should be adjusted specifically in certain diseases. Juniors and seniors – thorough course in nerve tracing, which is an exact, searching, physical palpation, made by the chiropractor upon the patient, to prove the direct philosophical connection between Innate Intelligence and tissue; it assists him in locating the cause of his patient’s troubles, and also in accurately locating the effect.

The techniques taught were a loose compilation of various adjusting techniques that had been developed since the beginning of the profession. Many of the styles were documented in *Old Moves*, an illustrated book compiled by BJ Palmer and first published by the PSC in 1911. In *Old Moves*, BJ was discarding the moves described to clear the way for introduction of his work on Majors and Minors. Long lever moves gave way to short lever. Full spine Meric was one of the first named techniques.¹³

A catalog in the 1930’s reveals that sophomores learned to palpate the cervical region, sacrum and ilia, and list the subluxations existing there. Juniors received further practice in the following:¹⁴ “cervical, dorsal, lumbar, sacrum and ilii [sic] palpation, but with more attention to abnormalities of the spine. A thorough

training in Nerve Tracing, Taut and Tender Fibers, Meric System, palpation for fevers, ‘hot boxes,’ ‘cold boxes,’ abnormal elimination, etc. is given. The sophomore begins adjusting when he has been in attendance at the PSC six months.” This catalog further elaborated upon the curriculum, stating,¹⁴ “The juniors and seniors are in the larger clinic where they may take care of their patients with or without the NCM. In the senior class, the student continues the practical adjustments, in and out of clinic, and, in addition, has special review work and classes wherein the detail of adjusting is further explained, and various ‘Old Moves’ are taught, such as the T.M., Rotary, etc.” The T.M. was the thumb move, one of the early long lever moves eventually discarded from the curriculum in favor of more specific, short lever moves.

In the early 1930s, Aleck A. Wernsing, a 1926 PSC graduate, and BJ concurrently developed a new adjusting technique.¹⁵ Palmer first used “a hole in one” to describe adjusting major subluxations. Eventually, the new upper cervical specific adjustment became known as “hole-in-one” or “HIO.”¹⁶ Palmer determined that the only vertebrae chiropractors should adjust were the atlas and the axis. Students in the PSC clinic were not permitted to adjust below the axis, and even had to get permission to adjust that segment. Vertebrae below the axis were to be called ‘misaligned’ rather than subluxated.”¹⁵ BJ introduced the Hole-In-One theory to the profession at the 1931 PSC Lyceum in a speech entitled “The Hour has Arrived.” He listed six necessary and five optional criteria for a true subluxation. This was a new definition of subluxation; prior to this any misalignment in the spine was considered a subluxation.³ He still accepted the concept of misalignments which could be realigned, but not adjusted. The basic idea was that the chiropractor

could find one major and adjust that (usually atlas or axis) instead of having to adjust in several different places, keeping the patient from being over-adjusted.¹⁷ The majority of these sublaxations would be found in the atlas and axis, but could be located at any vertebra in the spine, including sacrum and coccyx.

Wernsing had independently come up with a Specific Atlas Correction or Atlas Specific. His theory was,¹⁸ "... based on determining the malposition of the atlas in relation to the occipital condyle; the HIO work was based on the axis rule."¹⁸ Wernsing said,¹⁸ "that the shape of the articulation between the atlas and condyles does not allow for rotation," while Palmer discussed "rotation between the atlas and condyles." Wernsing met with BJ, William Heath, and Herb Hender to discuss his theory.¹⁵ BJ mentioned Wernsing's contribution in *The Subluxation Specific – The Adjustment Specific* (1934). Wernsing spoke at the 1939 Pre-Lyceum and Lyceum at BJ's invitation¹⁹ and in 1940, first published an article in the Los Angeles College of Chiropractic's *Chirogram* on how to perform a side posture atlas adjustment. In 1941, he published *The Atlas Specific* to,²⁰ "... make the work available for the profession." Wernsing's contribution to the development of upper cervical techniques should not be ignored.

The 1940 Palmer catalog describes instruction of the Palmer Toggle-Recoil in the application of this adjustment to all types of sublaxations and misalignments. In the junior year, a month's course was given in the diversified contacts, including the rotary, break and TM, for atlas, axis and other cervical vertebrae. Juniors also palpated and listed "subluxations of the cervicals, sacrum, and ilia and received instruction in HIO, nerve tracing, taut and tender fibers, Meric System, palpation for fevers, hot boxes,

abnormal elimination, etc."²¹ Seniors continued the practical adjustments, and, in addition, had special review classes where various diversified moves were taught. But the emphasis was clearly on HIO adjusting. "The standing positions, contacts, placement of the patient, etc., are thoroughly studied. A careful analysis is made of the contacts, both of the adjustor's hands as well as the hands upon a living spine. Finally he is prepared for practice of the Hole-in-One Principle."²¹

W. Heath Quigley, DC, Palmer's nephew and a long time faculty member states that,²² "HIO was the only technique taught at PSC until pressure from the field in 1949 persuaded BJ to reinstate full-spine techniques." This recollection is contrary to the college's catalog. In 1949, specific adjusting, that is, the technique of limiting the adjustment to the atlas and axis was emphasized, but with the disclaimer,²³ "Instruction, however, is not limited to this region alone. The Meric system of adjusting the various segments of the entire spinal column is taught. Diversified contacts and adjusting moves are demonstrated and every student must be able to demonstrate his ability to deliver the diversified adjustments."²³ Technique is not mentioned as a separate department, but is completely integrated in the curriculum.

In 1950, Donald O'Neil Kern, DC and Norman O. Johnson, DC, are listed as members of the technique (the phonetic spelling, "technic," was used to describe the department at least until 1979) faculty. In the mid 1950's, Donald O. Kern was the member of the technique faculty appointed to a committee,²⁴ "... to determine if a sublaxation could exist below the level of atlas and axis." At the 1956 Lyceum, Technique Department Head Herbert Marshall Himes, DC, delivered his "green light speech" which gave BJ's reluctant

Figure 6. Students practicing toggle set-ups on “Charlies,” c. 1957. The numbered benches aided in taking roll.



blessing to full spine adjusting. Himes observed that curricular changes would take time and require patience. One would expect the catalog in 1957 to reflect this momentous shift in policy, but the catalog descriptions of the technique curriculum from 1953 to 1960 are essentially identical, showing no substantive difference from that of 1949. They describe Toggle-Recoil/Specific Adjusting with emphasis on the upper cervical (HIO), and Diversified work (Fig 6).

During this lag period, the faculty had to be trained in full spine adjusting before it could teach it. Diversified technique regained some of its former acceptance in the technique armamentarium. Virgil Strang, DC, remembered that it was in 1957 that Palmer faculty started attending Gonstead technique programs; J. Richard Burns, DC, remembers it as 1961. In 1963, the first Gonstead lectures were given on campus at Homecoming.²⁵ The next technique that was added after that was the Thompson technique (Fig 7).²⁶

Over the next 40 years, Palmer upper cervical (HIO) would be the initial technique taught to Palmer students. From 1962 to

Figure 7. J. Clay Thompson, DC demonstrates his eponymic technique at the Palmer campus in 1974.



1966, the Palmer College of Chiropractic (PCC) *Bulletins*²⁷⁻³⁰ describe the toggle adjustment as “the most universally used and classic form of the chiropractic thrust.” Basic exercises are introduced for the “development of specific musculature, the stretching of certain ligamentous tissues, and other beginning steps in the development of the “toggle machine.”” Three separate courses were devoted to toggle. The third one introduced the student to modified toggle adjusting on all segments of the spinal column, using different parts of the hand as contact points.

The 1967 PCC *Bulletin*³¹ lists classes that include use of the full spine table, pelvic couch, knee posture, and cervical chair. Students are taught prone full spine work, ilium, external coccygeal adjusting, diversified techniques, and nerve-tracing techniques along with the aforementioned toggle. In 1970, the technique of adjusting infants is added. In 1972, dorsals (thoracics) are also separated out from full spine for special attention.

Electives have been used to enhance the curriculum since the 1970s.²⁴ There was originally an additional charge for these

classes but, in the 1990s, they became “selectives” and a set number of them were included in the regular cost of tuition. The first to be offered were sacro-occipital technique and Applied Kinesiology. Nimmo Receptor-Tonus Method and A.K. were later removed from the approved list in the late 1970s.

Beginning in 1975, the technique curriculum was organized around regions of the spine, a system that would carry for the next quarter century. Classroom instruction integrated technique, instrumentation, and roentgenology (TR courses) and modules that integrated diagnosis and radiology (DR courses). This major improvement in the clinical sciences curriculum,²⁴ “tied it together for the student. It helped them to not just know how to adjust the subluxations but to locate them and know when they’re present and where they’re present.” Blair Analysis, Grostic Technique, Pettibon Technique, and Basic Technique were all added as electives during this decade.³²

The College was pressured to incorporate new named techniques into its curriculum as they were developed. Their originators could be very persuasive, often seeking the Palmer imprimatur with donations of equipment or funds. A methods evaluation committee was formed and proposed techniques were rated as:²⁴

1. Has no value
2. Has value – needs more research
3. Has value -- Allow in post grad
4. Has value – Allow as elective
5. Has value – Add to core curriculum

Some techniques that were already on the approved list, such as Pierce-Stillwagon, were dropped. Certification could be earned in some electives by passing a comprehensive examination in that area.

Although there is a great stability in the technique courses offered during this period, there is a shift in the number of hours on each topic throughout. In the early 1980s, the electives were Logan Basic, Grostic, Sacro Occipital Technique, Gonstead, Pierce Cervical Analysis and Adjusting, and extremity adjusting.³³ In 1984, Technique was separated from Roentgenology. The curriculum was arranged mainly by region and Pettibon was added to the electives.²⁶ A transition period from quarters to trimesters occurred during October 1986 to July 1987. With this change in curriculum, technique classes were grouped as palpation toggle recoil, cervical/upper thoracic, thoracolumbar, pelvic, and technique principles and practice. In 1989, NUCCA and Activator were added to the electives. Extremities, which had been an elective since 1983, was moved into the regular curriculum in October 1990 because of licensing changes in Ohio.²⁶ It does not appear in the catalog until 1993, that text always being a bit behind the actual changes.

From 1994 to 2000, there were relatively few changes. The curriculum has matured and is producing confident and competent adjusters (Fig 8). The technique faculty has had very little turnover (Table 1). Atlas Orthogonal and Upper Cervical Advanced were added to the electives, now known as special programs. The Technique Review Committee was dissolved in 1999 and a new committee, the Clinical Evaluation and Review Committee, which included representatives from Diagnosis, Technique, Radiology, Research, and Clinic, was formed to evaluate electives, clinical procedures and equipment, as well as the core curriculum.²⁶ The “Palmer package” of technique, the basics of every Palmer graduate’s education, consists of upper cervical specific, Gonstead, diversified,

Figure 8. Donald P. Kern, DC, demonstrates a toggle set-up on Donald F. Gran, DC, in a West Hall classroom in 2001.



extremities, and Thompson.³⁴ Electives that enhance the adjusting skills taught in the Palmer package continue to be offered. Students in the clinic can be evaluated on the above, plus Pierce, Logan, SOT and NUCCA. The widest range of offerings comes from the continuing education wing of Palmer, the Palmer Institute for Professional Advancement. There the guideline is that the offerings must be within the Palmer tenets. In 2002, the Palmer Institute for Professional Advancement began awarding status in the Palmer Technique Registry. Promotional literature (2002) states that the Registry's purpose is,³⁵ "to recognize, reward, and record for all generations the doctors who have gone the extra distance to become experts in their chosen technique." The Gonstead Register was the first one launched; the Thompson Technique Register was added in 2008, and others are planned. The registry has multifactor requirements for each level with Level 4 as the highest level of recognition.³⁵

Table 1. Technique department heads/chairs. *No department chair is designated in the catalog during these years; however, D.P. Kern, a faculty member at the time, recalls their service.

1950-1961	Herbert M. Himes, DC
1961-1962	LaMont E. Gasser, DC
1962-1971	Orest W. Murphy, DC*
1971-1971	Thomas Luow, DC*
1972-1972	Larry Troxell, DC
1972-1976	Donald P. Kern, DC
1977-1999	J. Richard Burns, DC
1999-2005	Donald Francis Gran, DC
2005-2008	Kevin Paustian, DC
2008-	John Strazewski, DC

Limitations

This study was limited by the materials available to the authors. There were gaps in our resources; therefore not all the Palmer catalogs were reviewed. It is possible that some information about the techniques taught at Palmer were not captured in the information that we reviewed from the Palmer archives and interviews. Information contained in the historical documents and college catalogs may also not necessarily reflect what occurred in the classroom or contemporary practice. Using the recall of faculty members for information has its limitations, therefore it is possible that some information may have been omitted or information contained in this article may not be accurate.

CONCLUSION

From the contributions of our progenitors to present day we have traced the development of the techniques taught at the Fountainhead, Palmer College of Chiropractic. The application of the art has evolved, but has never deviated from the themes of specificity and correcting the vertebral

subluxation complex. The high standards supported by the Palmer Technique department are a source of great pride as they result in a reputation of producing competent adjusters.

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Appendix A: Named chiropractic techniques according to Belair²

Named Technique (in bold) *Developer (in italics)*

Access Seminars

Weignat, Blooment

Activator Technique

Lee, Fuhr

Alternative Chiropractic Adjustments

Wiehe

Applied Chiropractic Distortion Analysis

Kotheimer

Applied Spinal Biomechanical

Engineering

Aragona

Applied Kinesiology

Goodheart, Walters, Schmitt, Thie

Aquarian Age Healing

Hurley

Arnholz Muscle Adjusting

Arnholz

Atlas Orthogonality Technique

Sweat

Atlas Specific

Wernsing

Bandy Seminars

Bandy

Bio Kinesiology

Barton

BioEnergetic Synchronization Technique

Mortier

Bioenergetics

Broeringmeyer

Biomagnetic Technique

Stoffels, Borham, Broeringmeyer

Blair Upper Cervical Technique

Blair

Bloodless Surgery

Lorenz, Failor, DeJarnette

Body Integration

Espy

Buxton Technical Course of Painless

Chiropractic

Buxton

Chiroenergetics

Kimmel

Chiro Plus Kinesiology

Dowty

Chirometry

Quigly

Chiropractic Concept

Prill

Chiropractic Spinal Biophysics

Harrison

Chiropractic Manipulative Reflex

Technique - CMRT

DeJarnette

Chiropractic Neuro-Biomechanical

Analysis

n/a

C.H.O.K.E. System

Johnson

Clinical Kinesiology

Beardall

Collins Method of Painless Adjusting

Collins

Concept Therapy

Fleet, Dill

Cranial Technique

DeJarnette, Goodheart

Craniopathy

Cottam

Diversified Technique

Contributions by the following: Bonyun,

Carver, Crawford, DeGiacomo, Grecco,

Lebeau, Metzinger, Reinert, States,

Stonebrink, Stierwalt

Directional Non-Force Technique-DNFT

Van Rumpt, Johns

Distraction Technique

James Cox

Endo-Nasal Technique

Gibbons, Lake, Broeringmeyer

Extremity Technique

Schultz

Focalizer Spinal Recoil

George

Stimulus Reflex Effector Technique

n/a

Freeman Chiropractic Procedure

Freeman

Fundamental Chiropractic

Ashton

Global Energetic Matrix

Babinet

Gonstead Technique

Gonstead

Grostick

Grostick

Herring Cervical Technique

Herring

Holographic Diagnosis and Treatment

Franks, Gleason

Howard System

Howard

Keck Method of Analysis

Keck

King Tetrahedron Concept

King

Lemond Brain Stem Technique

Lemond

Logan Basic Technique

Logan, Coggins

Master Energy Dynamics

Bartlett

Mawhiney Scoliosis Technique

Mawhiney

McTimody Technique

McTimody

Mears Technique

Mears

Meric Technique System

Cleveland, B. J. Palmer, Loban, Forster,

Riley

Micromanipulation

Young

Motion Palpation

Gillet

Muscle Palpation

Spano

Muscle Response Testing

Lepore, Fishman, Grinims

Musculoskeletal Synchronization and

Stabilization Technique

Krippenbrock

Nerve Signal Interference

Craton

Network Chiropractic

Epstein

Neuro Emotional Technique

Walker

Neuro Organizational Technique

Ferrari

NeuroLymphatic Reflex Technique

Chapman

NeuroVascular Reflex Technique

Bennett

Oleshy 21st Century Technique

Olesky

Ortman Technique

Ortman

Pettibon Spinal Biomechanics Technique

Pettibon

Pierce-Stillwagon Technique

Pierce, Stillwagon

Posture Imbalance Patterns

Sinclair

Perianal Posture Reflex Technique

Watkins

Polarity Technique

n/a

Pure Chiropractic Technique

Morreim

Reaver's 5th Cervical Key

Reaver, Pierce

Receptor Tonus Technique

Nimmo

Riddler Reflex Technique

Riddler

Sacro-Occipital Technique

DeJarnette

Soft Tissue Orthopedics

Rees

Somatosynthesis

Ford

Spears Painless System

Spears

Specific Majors

Nemiroff

Spinal Stress (Stressology)

Ward

Spinal Touch Technique

Rosquist

Spondylotherapy

Forster, Riley

Thompson Terminal Point Technique

Thompson

Tieszen Technique

Tieszen

Toftness Technique

Toftness

Top Notch Viseral Techniques

Portelli, Marcellino

Tortipelvis/Torticollis

Barge

Total Body Modification

Frank

Touch For Health

Thie

Truscott Technique

Truscott

Ungerank Specific Low Force

Chiropractic Technique

Ungerank

Upper Cervical Technique – HIO, Toggle

B. J. Palmer, further developed by: Duff,

Kale, Life College, NUCCA

Variable Force Technique

Leighton

Von Fox Combination Technique

Von Fox

Zindler Reflex Technique

Zindl