feature

Retracing and Recovery

The healing process from a Directional Non-Force Technique perspective

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The evaluation of a patient's symptomatic problems and their resolution may take into account neurological, biomechanical, functional, and physiologic factors. If one is to utilize a chiropractic model that acknowledges subluxations as causative or associative to these factors, then the presence, absence, and details of subluxations are important to the case.

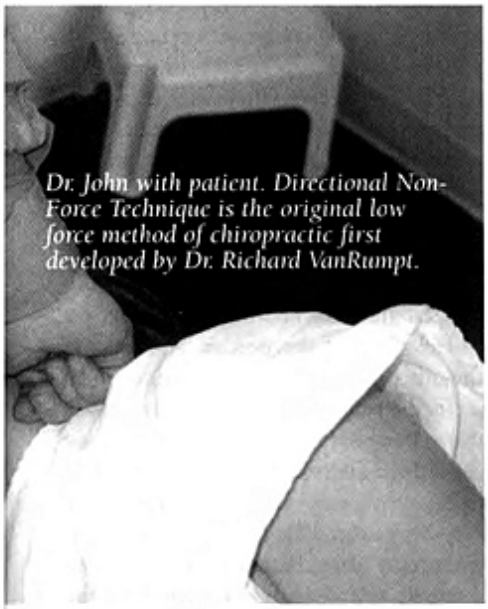
Directional Non-Force Technique (D.N.F.T.™) is concerned with the analysis and correction of osseous and soft tissue subluxations. The premise is to analyze and correct different subluxations (which can be thought of as "layers") on each successive visit as opposed to identifying and correcting one or two subluxations on an intake examination.

ABOUT RETRACING

This process of recovery has been referred to as "retracing," not only by the chiropractic profession but by other alternative health approaches as well, one example being homeopathy. In my experience, retracing is unfortunately given little or no attention or discussion at most chiropractic colleges as biomechanical or fixation models generally do not include retracing as a consideration.

In the over 70-year clinical chiropractic experience of D.N.F.T., the dynamics of retracing has been found to be absolutely essential in achieving maximum results. Knowledge of retracing is integral to the diagnostic approaches that we employ.

Our working definition: retracing is the phenomenon in which sequential unfolding of successive layers of structural misalignment occurs as each subluxation complex is successfully corrected.



Dr. John with patient. Directional Non-Force Technique is the original low force method of chiropractic first developed by Dr. Richard VanRumpt.

In considering a patient's history, we can see that one's body has accumulated subluxations that have occurred from trauma, repetitive tasks and forces, and a number of other potential sources. In the absence of effective treatment at each step, the body has compensated, via the muscular and other soft tissue systems, to minimize the irritation and damaging effect of such subluxations.

This compensation, however, is not the same as correction, and over time a complex system of structural faults and compensations is accumulated.

From a corrective and recovery point of view, these many subluxations can be thought of as separate, though interrelated, layers. On any single visit, the body will typically indicate (as one layer) one to four vertebral levels of subluxation to be corrected. On subsequent visits, a D.N.F.T. practitioner will encounter different "new" subluxations that were not diagnosed on visits before. In fact, these "new" subluxations were actually there all along (as misalignments), but needed the prior correction and associated healing to occur, so that the body could reveal them on subsequent diagnoses.

Some explanation of diagnostic and adjusting procedures is needed in order to appreciate our concepts about retracing.

We feel that X-ray, various thermal technologies, manual palpations, and orthopedic tests are not sophisticated enough to delineate the dynamics of retracing.

We must utilize a means that allows the body itself to be utilized as a self-measuring instrument that can indicate not only the location, but also directions of the subluxated structures in question at a given time.

The process of retracing can only proceed if each individual step is perfectly executed.

Any simplistic formula that is merely repeated visit to visit will not

allow the body's nature to unwind and heal the multiple layers of stored structural stress.

ABOUT D.N.F.T.

Directional Non-Force Technique is the original low force method of chiropractic first developed by the late Dr. Richard VanRumpt (1904-1987).

Specialized methods of challenge in combination with the D.N.F.T. leg check are utilized to analyze subluxations. The challenge may be either "hard" and consist of a light push by a finger, or it can be a polarity check by aiming the appropriate finger at a structure in a specific direction. The challenging effect of each of these two methods is identical and they are interchangeable.

The challenge is followed by a leg check within approximately three seconds, and if there is a pull-up of the "reactive leg," then a subluxation and at least one component of its directions have been found. The pull-up of the reactive leg, properly done, is dramatic and is typically 1/2-inch to one full inch in magnitude.

The reactive leg is a phenomenon that every human possesses. The body has the capacity to react to external challenge in such a way that the musculature on one side of the body will contract. We speculate that this could be a form of defence posture. This contraction, when viewed at the walking surface of the heel of a shoe with the patient in supine or prone position, will appear as a temporary shortening of one side. This shortening ends when the feet are released. This reactive leg is a dynamic neurological phenomenon and should not be confused with a static or functional short leg. Other leg checks that at first inspection might seem to be similar, are ultimately not at all like the highly specialized D.N.F.T. form of leg measuring.

Subluxations are corrected through the D.N.F.T. thumb thrust, which can best be described as high-velocity, low-amplitude impulse. There is steady and light pre-tension taken into the tissue prior to the thrust, done in conjunction with a backing away from the point of contact.

Disc corrections are achieved from some directions and at certain levels with a thumb contact. In other cases, such as C7 to L5 postero-lateral aspects of discs, we employ a specially modified 3/8-inch wood dowel with which we can perform a light impulse into the IVF toward the centre of the intervertebral disc. This disc correction is an important feature of D.N.F.T. adjusting, and is both safe and effective.

Any one subluxation, anywhere on the body, can be corrected in just one visit. The specific, detailed, and comprehensive D.N.F.T. correction tends to remain permanent unless and until a new subluxation producing factor may arise. This bold statement is still controversial within chiropractic, but its reality has been experienced and appreciated by many D.N.F.T. doctors and patients over the years.

The body accepts the specific character of a D.N.F.T. thrust when it is applied in the exact location and direction that is indicated by the body. The late Dr. VanRumpt used to say that the body accepts the corrective energy and translates it into the appropriate amount of force that is required to correct that specific subluxation. Therefore, even though the practitioner introduces the impulse of thrust, in one sense, Innate does the adjusting.

PATIENTS' EXPERIENCES OF RETRACING

There can be a variety of experiences that can occur along the path of retracing. There is also variance in terms of the number of visits needed to complete the retracing. They both relate to:

Number of traumas or repetitive activities.

Intensity and complications of each of the traumas.

Amount of time that has elapsed between the trauma(s) and the onset of treatment.

Age and physical condition and vitality of the patient.

The most enjoyable type of retracing that could be experienced by any patient would be where each treatment provides a greater degree of relief, quickly resulting in a state in which not only are the presenting symptoms absent, but the ranges of motion, strength, and functional abilities are also restored.

For many patients there can be a point at which symptoms appear to be returned to the area in question. This does not necessarily mean that the corrected vertebrae are again subluxated; in fact, with D.N.F.T. we do not expect such an event to occur. Adjacent segments that are exposed for correction are mostly likely responsible for the "exacerbation." This condition should pass with the correction of such additional structures.

There is yet a minority of patients, less than 5%, in which the overall condition may appear to become temporarily worse before it gets better. These are often patients who had strong or multiple traumas, especially when some time has passed since the injuries. This can also occur with patients possessing "atypical" subluxations – i.e. subluxations whose directions of misalignment do not follow the usual rules

An example of retracing would be illustrated on the chart below:

How long is the process and what is the outcome?

In the example above, only five visits were necessary to correct a chronic condition of cervicalgia and mid-thoracic pain. With very young children, there may be a need for even fewer visits, but with many adults there could certainly be more. In my office, the average would be approximately seven visits over a period of two to four weeks. For disc herniations, and serious auto and industrial accidents, the time frame (normally two to four weeks) could expand due to additional considerations and complications.

Regardless of what the number of visits or time frame for a given case might be, upon completion of the retracing process, the patient can expect long-term symptomatic relief without the need for very frequent visits. My suggestion for maintenance could be once every one to three months for optimal, twice per year minimal, or as needed.

Unless the body has had the opportunity to retrace the majority of its layers of stored structural faults, it will not have any deep level of stability and will likely require more attention to control symptoms.

There are many technical considerations about retracing that exist within the framework of Directional Non-Force Technique that are beyond the scope of this article. But it is the careful and long-term observation of the phenomenon of retracing that has lead to the advanced technologies of D.N.F.T. that exist today. •