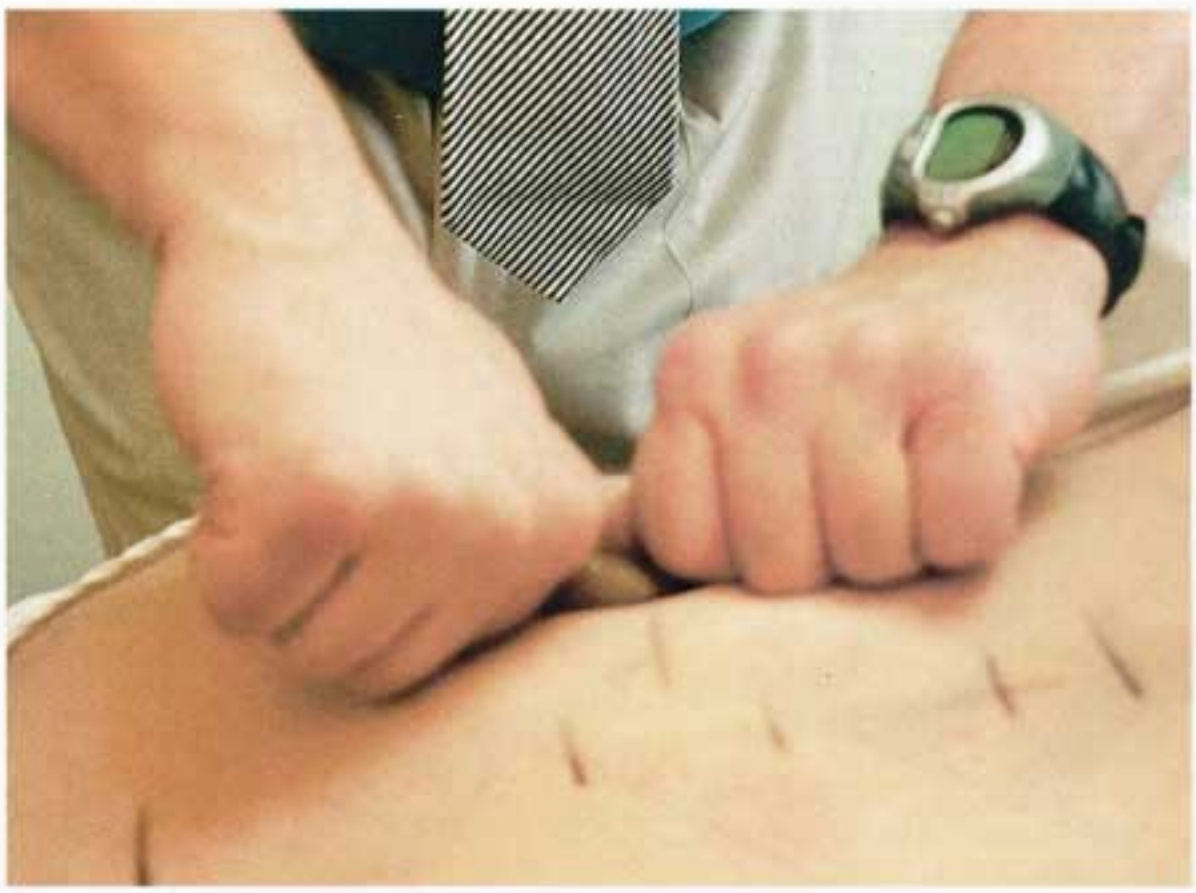
Directional Non-Force Technique



Top: DNFT originator Dr. Richard VanRumpt; left and right: Dr. Christopher John applies DNFT to a patient in his Beverly Hills office.

By Christopher John, DC

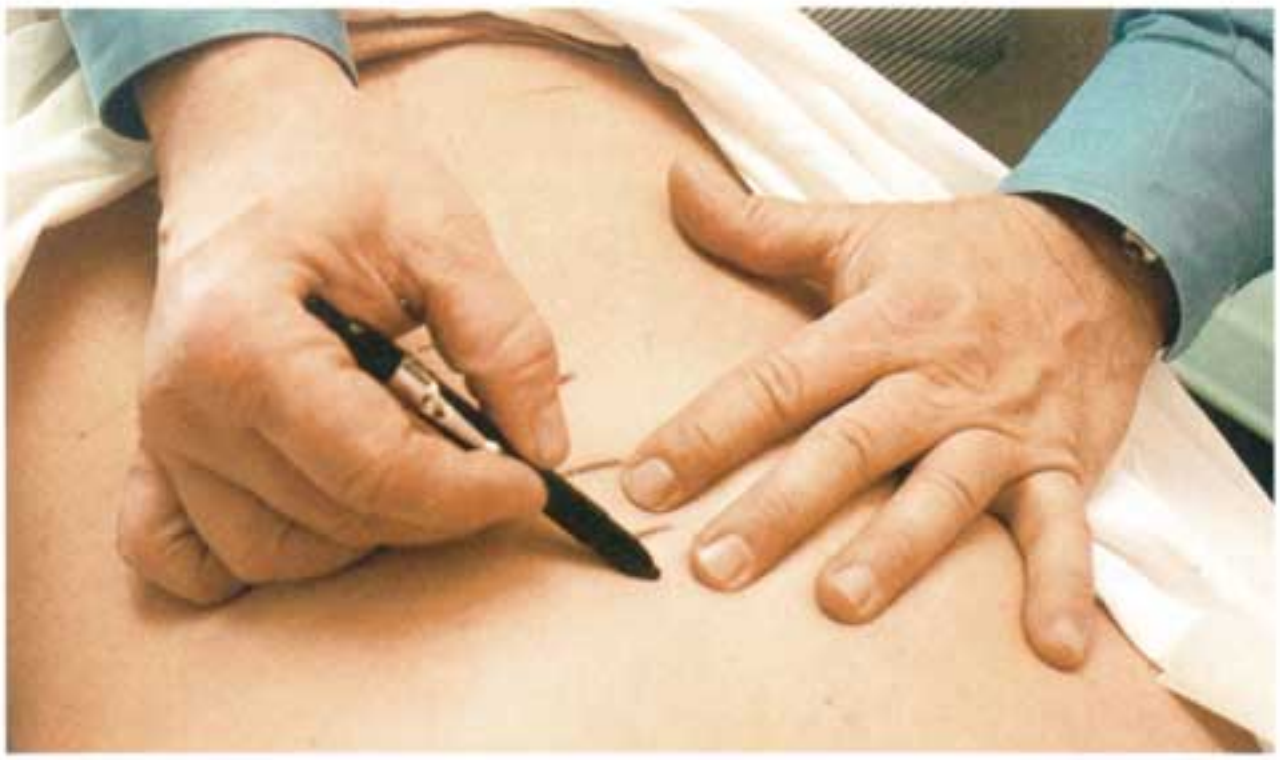
Directional Non-Force Technique is the original low force method of chiropractic first developed by the late Dr. Richard VanRumpt (1904-1987) and now researched and taught by his successor, Dr. Christopher John. Known by its acronym DNFT, it is unique in conception and has been the fountainhead for many other low-force techniques in existence today.

Dr. Richard VanRumpt and The Beginnings of DNFT

Dr. VanRumpt was a professional boxer in New York at the young age of 16. When Dr. VanRumpt and the other boxers would prepare for a fight, the boxing trainer did a rudimentary leg check before performing a cervical manipulation. This experience left him with a curiosity about leg checks, and he subsequently spent many years observing phenomena involving dynamic changes of relative leg length.

Dr. VanRumpt entered the National College of Chiropractic in 1921 and, while an intern, had an experience that changed his thinking about how much force was necessary to correct a subluxation. A patient of his responded with dramatic symptomatic improvements to relatively light forces involved in a spinal examination. Dr. VanRumpt then began to experiment with different ways of correcting subluxations, eventually resulting in his unique thumb impulse.

In 1945 he began to teach his new tech-



Top: Preparing for the DNFT technique by marking vertebrae; Bottom: Adjusting the lower extremities

nique of chiropractic, and over the next 40 years, he trained over 10,000 chiropractors and chiropractic students. It needs to be emphasized that Directional Non-Force Technique was entirely original and not a modification of any other technique. Today, a number of chiropractic methods are either imitations of DNFT or have expressed that DNFT was an inspiration and contributed to their content. A short list would include: Activator, Equalizer, Torque Release, and Network.

Before Dr. VanRumpt passed on in 1987, he trained Dr. Christopher John as his successor in researching and teaching the technique. Dr. John teaches DNFT through 2 and 3-day modular seminars in the U.S. and occasionally in foreign countries.

Extensive information on DNFT and its seminars is available on its website: www.nonforce.com

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Underlying Philosophy and Principles of DNFT

DNFT defines subluxation as any misalignment of osseous or soft tissue that is producing active nerve interference. The key phrase is "producing nerve interference." If a misalignment is visualized on x-ray or by some other means, yet is not actively producing nerve interference, it cannot be considered to be a subluxation.

The principle of Innate Intelligence is utilized in both analysis and adjusting. Innate Intelligence is expressed via the leg check in response to a specific challenge. We feel that this approach yields the most accurate picture of subluxation from the body's internal neurological point of view. We contend that X-rays, with associated lines and angles, as well as static and motion analysis of fixations and distortions, only investigate the compensatory effects of subluxation, not the actual subluxation itself.

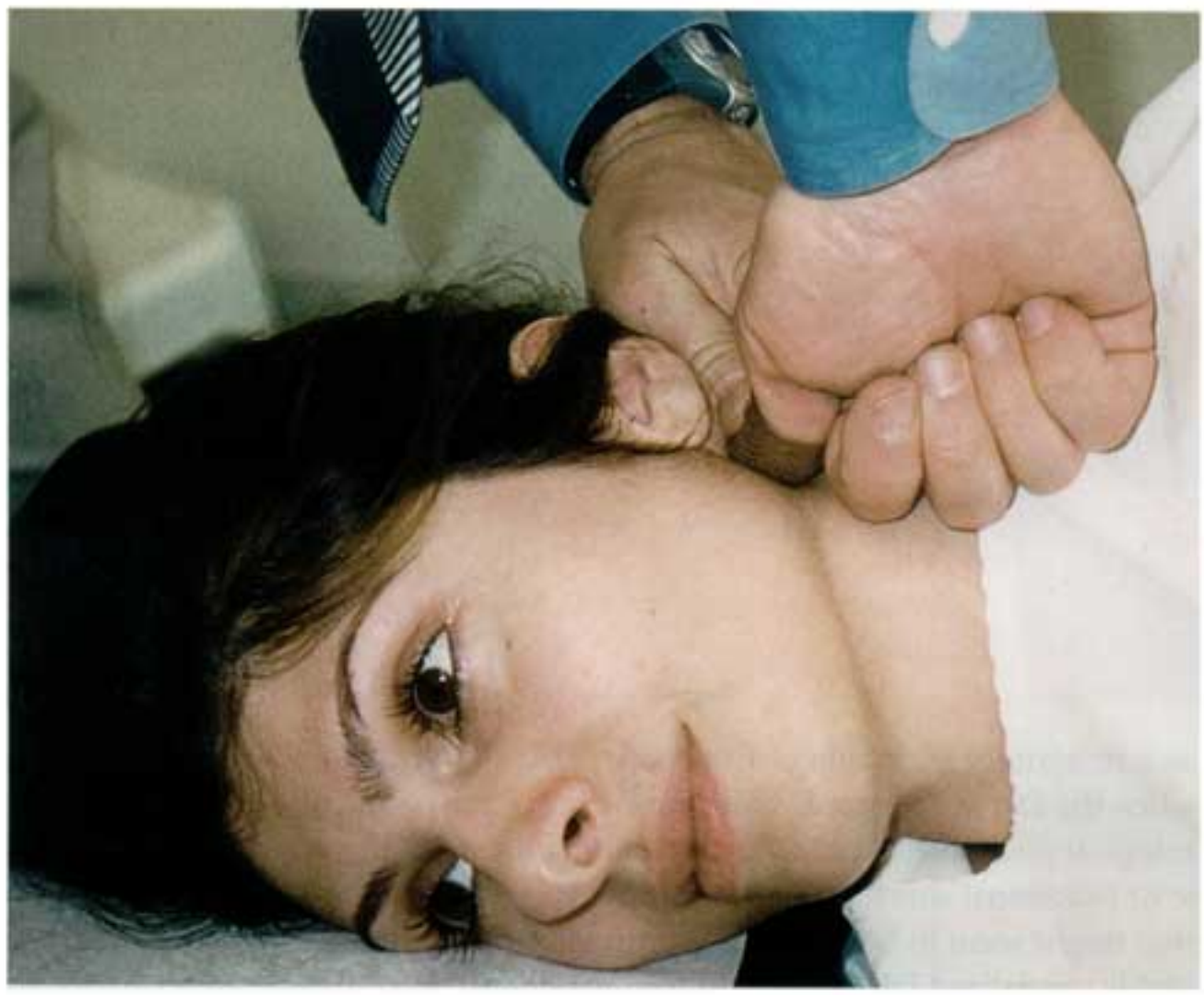
Any one subluxation, anywhere on the body, can be corrected in just one visit. The specific, detailed, and comprehensive DNFT correction tends to remain permanent unless and until a new subluxation producing factor may arise. This bold statement is still very controversial within chiropractic, but its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

The body accepts the specific character of a DNFT thrust when it is applied in the exact location and direction that is indicated by the body. 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.

Fixations and distortions are set up by the body to protect against further damaging effects of nerve interference. If the underlying subluxation is corrected, associated fixations and distortions are automatically released by the body to the extent possible and/or appropriate.

One's body accumulates subluxations that have occurred from trauma, repetitive tasks and forces, and a number of other potential sources. From a recovery point of view, these many subluxations can be thought of as separate, though inter-related, layers. On any single visit, the body will typically indicate (as one layer) two to four vertebral levels of subluxation to be corrected. On subsequent visits, a DNFT practitioner will encounter different "new" subluxations that were not diagnosed before. In fact, these "new" subluxations were there all along (as misalignments), but needed to be "revealed" via the prior correction so that the body could be ready to accept more adjustments.

This important process of correction of successive layers is described as "retracing."



Above, left and right: Dr. John demonstrates the characteristic DNFT thumb thrust

The possibilities and characteristics of retracing are of paramount technical importance for the doctor, in order to render maximum benefit to the patient. Upon completion of the retracing process, the patient can expect long term symptomatic relief without the need for very frequent visits. There is good rationale for periodic maintenance, but not at the high rate that some in our profession advocate. Most adults will have between 5 to 10 layers of subluxations, although variations are dependent upon patient history and other factors.

We think that the DNFT practice and philosophy create a package that is highly attractive to patients. Fast, efficient, and powerful results from a safe method, without an overly lengthy series of visits, are precisely what so many patients desire from chiropractic. While we may fall out of favor with practice consultant groups and PI attorneys, we feel that we can attract both the (estimated) 80 percent of our population who presently do not choose chiropractic care, and the 20 percent who already do.

We feel that true long-term professional success and financial security result from providing a premium product with integrity, rather than from lesser quality, high volume, clever promotion, packaging, and peripheral gimmicks. Most DNFT practitioners enjoy a cash practice while charging a high per-visit fee schedule.

Details of DNFT Methodology

Specialized methods of challenge in combination with the DNFT 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 inter-changeable.

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 direction have been found. The pull-up of the reactive leg, properly done, is dramatic and is generally 1/2-inch to one full inch in magnitude.

Through this analysis we can distinguish between involvement(s) of vertebrae, ribs, discs, muscles and ligaments. The challenging of different types of structures that are all related to a discreet spinal level has revealed that on different occasions and on different patients, the leg reflex will yield a positive test on different combinations of those structures. For example, the vertebrae, disc and rib at one level could be involved in a dorsal subluxation complex, while the related muscles (attached there) will not appear as a positive test. On other occasions, a disc might appear as being a positive test, while the adjacent vertebral rotation may not be positive on the test (implying that the rotation is not responsible for the nerve interference). This is how DNFT testing can differentiate the source of the nerve interference.

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 defense 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

To obtain more information on Directional Non-Force Technique, you may use the following contact channels:

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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 DNFT form of leg measuring.

Subluxations are corrected through the DNFT 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 center of the intervertebral disc. This disc correction is an important feature of DNFT adjusting, and is both safe and effective.

Muscles are typically corrected by grasping the belly and applying the DNFT thrust in the appropriate direction. Ligament, meniscus, and bursa corrections have their own specialized aspects, but are similar to the muscle corrections.

There are also organ reflexes that we address including: liver/gall bladder, iliocecal valve, large intestine, spleen, coronary, female or male system, kidney, thyroid, hiatal, gastric, and many others.

Advantages and Unique Aspects of DNFT

The advantages of this technique are many. Directional Non-Force Technique:

• Uses comfortable, low force thrusts with no need for pre-torque or audibles;

• Does not share the risks of cerebro-vascular accidents (however low that risk may be) that can be caused with cervical extension and rotation;

• Can be used safely with most conditions of osteopenia, as well as the ability to treat serious and acute trauma cases immediately instead of being delayed for weeks;

• Offers the ability to analyze subluxations without X-rays; and

• Gives strong resolution of structural problems in relatively short period of time with less need for frequent follow-up.

A cranial subluxation complex is present on the first visit of almost every new patient. A complete correction can be accomplished on this first visit, and it will obviate the need for the cranials to have to be corrected again. There are specific procedures for TMJ analysis and correction that include the TMJ cartilage, pterygoid, and masseter muscles.

We find that the atlas, in over 80 percent of cases, is compensatory rather than primary in its subluxation. We now posses advanced procedures to evaluate whether the atlas should be corrected directly, or "transformed" to that vertebrae for which is it compensating.

We have a shoulder and upper extremity analysis that includes manubrium/sternum, clavicles, scapulae, humerus, radius, ulna, and all associated muscles. There are also analyses and procedures for hand and wrist adjusting.

The DNFT lower extremity adjustment includes femur, patella, tibia, fibula, talus, meniscus, ligaments, and associated muscles. Procedures are also taught for foot and ankle adjusting. Our extremity work is the most detailed and comprehensive in all of chiropractic. A sports injury practice is a distinct possibility for any DNFT practitioner.

Conclusion

I would hope, as Dr. VanRumpt did, that Directional Non-Force Technique chiropractic be known and remembered as very fundamental, pure chiropractic. Dr. VanRumpt quoted D.D. Palmer when discussed philosophy and said, "Find the subluxation, fix it, and let the body heal."

DNFT is not merely an important part of chiropractic history; it is better now than ever before, and remains on the cutting edge of chiropractic technology. ■

About the author: Dr. Christopher John is a 1982 graduate of Western States Chiropractic College and is the successor to Dr. Richard VanRumpt, founder and developer of DNFT. He practices in Beverly Hills, Calif., and has served on the post graduate faculty of Life Chiropractic College West and Southern California Chiropractic College. He is a regular speaker and presenter on DNFT, a topic on which he has authored numerous articles.

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