

The Concept of “Blocks”- Structure

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ABSTRACT

‘Blocks’ are those conditions whose resolution is prerequisite to the enduring outcome of all other conditions that do not resolve with standard interventions. It the intention of this paper to be the first of several to expand the concept into areas that involve revising and reviving past observations and to introduce ones not previously considered as far as I am aware. Beyond listing these ‘blocks’ this article discusses the first, ‘structure’ in some detail.

KEY WORDS

Block; Structure; Long Leg; fixation; subluxation; Huatuojiayi; musculoskeletal; spine; vertebrae; paravertebral muscles; medial malleolus; Applied Kinesiology; chiropractic; osteopathy; pain; tenderness

I. DEFINITION

‘Blocks’ are those conditions whose resolution is prerequisite to the enduring outcome of all other conditions that do not resolve with standard interventions. They are aspects of the impact of experience [stress] on the organism [terrain] from conception to old age that seem to take precedence in the order of healing. Individual exceptions are of course inevitable. As Dr. Shen was frequently heard to say, “if you can make a rule, it is not Chinese medicine”.ⁱ

The concept of ‘blocks’ has been encountered by me in Applied Kinesiologyⁱⁱ, Nogier’s Ear Acupunctureⁱⁱⁱ and Worsley 5 Element Acupuncture^{iv}. Having studied Applied Kinesiology for three years [late 1970s], Nogier’s Ear Acupuncture for two years [early 1980s] and Worsley’s Five Element acupuncture for thirty-four years, I am well acquainted the subject of ‘blocks’ and found the concept being increasingly applied to my own work in ways separate from the above and to be described in the following papers.

The process that I found in both Applied Kinesiology and with the development of Nogier’s Ear acupuncture was one in which when the indicated treatments did not work an explanation was sought for their failure

and when found was called a `block'. Strategies were introduced to eliminate each of these `blocks' in turn.

These strategies proliferated as treatments did not succeed and the resolution of the burgeoning list of blocks failed to meet the need. I found the resulting application of these block-treatment protocols impractical in my practice both as too complicated to apply and too time consuming, notwithstanding that the practice was and is geared to a very slow pace.

Worsely's blocks [identified by specific diagnostic techniques] seemed to have lost their original purpose and became an end in themselves. He directed the practitioner to "redirect qi after blocks are cleared". Most five-element practitioners of my acquaintance, of whom there were many since 1971, used them as specific treatments rather than as blocks to treatment. I found many of them very useful in my practice over the years. Furthermore he changed his definition and treatment of some over the years.

The following is a list of the `blocks' that I now consider the resolution of which a prerequisite to successful outcomes. Again, these are not followed blindly and must be applied within the context of a single individual's physio-pathological confirmation.

II. LIST OF BLOCKS ACCORDING TO DR. HAMMER

1. External Pathogenic Factor-Acute
2. Structure
3. Trauma and shock
4. Retained Pathogen
 - a. Toxins
 - i. Drugs and Meds
 - ii. Industrial
 - iii. Military
 - b. Parasites
 - c. External Pathogenic Factor Invades [Chronic]
Damp-Heat [Phlegm] [Latent or Lurking Heat]
5. Stability
 - a. Separation of Yin and Yang
 - b. Qi Wild
 - i. Stopping Extraordinary and Prolonged Exercise
Suddenly
 - c. Circulation out of Control [Irregular Pulse]

- d. Blood Out of Control [Hemorrhage]
- 6. Homesickness
- 7. Anomalies
 - a. Fan Quan
 - b. San Yin
- 8. Split pulse
- 9. Obfuscation
- 10. Scars

This list is not in an hierarchical order, though of the above, the elimination of the external pathogenic factor is usually advised by most sources to supersede the others, during which time regular treatments are significantly reduced.

Of the others I would urge strong consideration of 'structure' and 'stability' and 'trauma and shock' to be the one's of earliest consideration. However, experience shows surprising results from giving primary attention to any of the others as will be described.

III. STRUCTURE

A. Introduction

I shall begin the discussion of 'blocks' with 'structure', omitting reference to external pathogenic factors that are exhaustively discussed in Chinese medical literature.

The balanced physical structure of the organism on which all the other functional aspects of an organism append is essential to the free ordered flow of qi, blood and body fluids especially in the channels and in the fascia [San Jiao]^v. Structure is therefore fundamental to balanced, homeostatic physical and mental health.

Beginning with the feet the alignment of the bones of the pelvis and the neck will determine the position of ligaments, muscles, tendons and even nerves as well as the fascia. Lost of this alignment will lead to stagnation of qi and blood and therefore to pain. Misalignment is a 'block' to the removal of stagnation of bi and blood that can be resolved temporarily with acupuncture, massage, the chiropractic and osteopathy [all in their many forms].

The first step in the enduring resolution of pain is correct alignment of the feet and of the pelvis and the second of the spine and neck. Over the past 26 years I have frequently achieved this often by just applying the methodology discussed in this paper, and just as often as a first necessary step to the successful application of other musculo-skeletal treatments that previously failed.

In short, what follows regarding structure is first and always a 'block' allowing other treatments to subsequently succeed and very often an intervention that by itself also heals.

B. Mentors

The procedure described later in this paper was developed over a period of about ten years during the 1970s in the following manner and involved two aspects, one, the adjustment of the Long Leg that proved to be primary to the success of the other, and second, the adjustment of the vertebrae of the back and neck.

1. Dr. Richard Van Buren [now deceased]^{vi}

- i. My first Chinese medical teacher was a master osteopath who adjusted each patient before treating with acupuncture. I met him in 1971.
- ii. According to him structure was the most fundamental of all healing interventions.
- iii. He suggested the use of the Huataojiaji points for this purpose saying that it held better than his adjustments.
- iv. He indicated the use of these points [as also noted below] as accessed by angling the needle at approximately a 45 degree angle under the lateral process of the vertebrae
- v. He did not use this system himself in my presence except to demonstrate the location of the Huato Jaji points. With a very busy practice the needle method was too time consuming compared to his quick osteopathic adjustments. Nothing further was taught of the use of the needles for spinal adjustment.
- vi. Dr. Van Buren taught the use of the Extra-Meridians that I have used extensively over the years and apply here as indicated below.^{vii}

2. Dr. John H. F. Shen [now deceased]^{viii}
 - i. In 1974 I met Dr. Shen who helped me identify where the interventions should take place on the back by palpating between the vertebrae searching for tenderness and for large spaces between the vertebrae.
 - ii. Tenderness seems to be the most reliable diagnostic indicator of what I later learned were subluxations and fixations of which he was unaware.
 - iii. He used the Huatuojiayi points in a manner similar to Dr. Van Buren without needle manipulation.
3. Dr. Louis Moss^{ix}

In 1975 at the First International Acupuncture Conference where I spoke, I encountered Louis Moss, an English physician, who spoke about the 'long leg syndrome' for which he had developed an acupuncture treatment. His book, 'Healing Needles' had instructions for this treatment that I began to apply to my patients.
4. Goodheart [and associates]^x

From approximately 1979 to 1982 I followed Goodheart, the founder of Applied Kinesiology, and his followers. From them I learned about the concept and treatment of subluxations and fixations.
5. Hari Jot [Dr. Sidney Zerinsky]^{xi}
 - i. Dr. Zerinsky, formerly the director of the Swedish Massage Institute in New York city, was the center of most alternative medicine in that city during the 1970s when we were associated. In the early days of my exposure to acupuncture he introduced me to China Town, to the herb stores and to the culture before I met Dr. Shen. He had been practicing acupuncture for years.
 - ii. One of the many valuable pieces of information he imparted, though never demonstrated, was the use of GB 20 on the side of the 'short leg' in correcting the pelvis.

I have used this method only in the past three years. Its success has made it the first choice for the adjustment of the 'long' leg since it involves only one needle instead of nine, and the time frame with which we are still experimenting is much shorter.

5. Integration

Over the years, drawing on all of these sources, I constructed an acupuncture methodology to adjust the 'long leg' and resolve subluxations and fixations of the spine either simultaneously or in tandem. What I found is that, in contradistinction to other forms of adjustments, mine held for long periods of time, many years, along with major relief of pain.

6. Definition

- a. Subluxations and fixations of the vertebrae occur when two [subluxation] or more [fixation] vertebrae lose their independent movement due to spasm of the deep paravertebral muscles or an imbalance between the more superficial and deeper muscles
- b. It is in this area that we find the spinal root from which nerve impulses enter and leave the spinal column
- c. The etiology of the pain associated with this spasm and imbalance of the paravertebral muscles for which the patient comes for help is debatable in terms of whether the origin of the spasm is from inflammatory nerve endings or whether the origin is with the spasm pressing on the spinal root
- d. In either scenario we probably have a vicious cycle in which both become true

C. Diagnostic Methodology

1. Examination for the 'long leg syndrome' [See photos]

- i. The patient lies supine on the examination table
- ii. There are no other supports for the head or any other part of the body except the table
- iii. The patient folds their hands on the top of the head without overlapping
- iv. They retract their legs to their buttocks with their feet flat on the table and separated by about five inches
- v. The examiner leans forward and places his left thumb on the patient's right medial malleolus and the right thumb on the patient's left medial malleolus
- vi. The patient is asked to raise their buttocks as high as possible and then lower their buttocks to the table

vii. The examiner, with his hands on the patient's medial malleoli, then draws the patient's legs towards him until they are fully extended

viii. The examiner then compares the position of his thumbs to see if either medial malleolus is more extended than the other.

viii. The medial malleolus that is further toward the foot of the table is considered the 'long leg'.

2. Examination for location of 'fixations' and 'subluxations' of the vertebrae with the patient in the prone position.

a. The extra point Shiqizhuxia [M-BW-25] is always identified and marked

b. With the thumb each space between the vertebrae is identified and palpated for tenderness and for unusual width

c. Those with either or both tenderness and unusual width are marked

d. The greater the tenderness and width the larger the mark

e. The areas of greater tenderness or width between vertebrae are either a fixation [3 or more locked vertebrae] or subluxation [2 locked vertebrae]

f. There is not only a loss of mobility between vertebrae, but also a twisting motion between the paravertebral muscles that creates even greater pressure on the spinal root and consequent pain

g. No record of the location of the vertebral pathology has been noted to date since it is not relevant to our current concern.

Future studies may include this information.

3. Identification of the direction of the subluxation-fixation

a. A selection between all of those previously marked is made choosing the ones with the greatest tenderness and/or distance between the vertebrae

b. An attempt is made to limit the number of vertebrae to adjust no more than five or six, and distributed at all levels of the spine. However, there are exceptions to this guideline as required by the condition of the spine

b. At each chosen vertebrae I press deeply into the paravertebral muscle and find the lateral extensions [wing] of the vertebrae.

c. With pressure against both of the lateral extensions I identify which side is fixed and which side moves with the pressure of my thumbs

d. An arrow is drawn at that vertebral level towards the side that is fixed

4. Examination of the Neck

a. Standing at the head of the table and facing the patient each hand is placed alongside of the neck at the level of the lateral processes [‘wings’] of the cervical vertebrae palpating each side for tenderness and for rotation of the vertebrae to one side or the other.

b. Almost always the side that is most tender is the side towards which the neck is extended.

D. Treatment

1. ‘Long Leg’

a. Extended Treatment

i. Points on Long Leg Side

GB-28 [Weidai], GB-29 [Juliao], GB-30 [Huantiao], GB-31 Fengshi], GB-32 [Zhongdu], GB-34 Yanglingchuan]
 Bl 40 [Weizhong], BL-60 [Kunlun]

ii. Points on the ‘short leg’

Kidney 3 [Taixi] or Sp-6 [Sanyinjiao]

iii. Even insertion

iv. Electricity or diodes [ion pumping cords]

GB-30, [Huantiao -[Black] to GB-28, Weidai-[Red]

GB-29, Juliao- [Black] to GB-32, Zhongdu- [Red]
 GB-31, Fengshi- [Black] to BL-60, Kunlun- [Red]

v. Length of time

Depending on the strength of the patient, between 15’ for very deficient people to one hour for excess people. Longer treatments seem more successful

vi. Extraordinary Meridians^{xii}

1). With the Long Leg Adjustments usually the Yang Wei

2). With the Spine Adjustment usually the Du Mai

3). With middle burner stagnation usually the Dai Mai

4). With blood stagnation usually the Chong Mai

5). Others as determined by other aspects of diagnosis

b. Quick Method

- i. GB-20 [Fengchi] On short side
- ii. Even stimulation
- iii. Results have been obtained in as short as ten minutes
- iv. In one case finger pressure on GB-20 for about two minutes on the short side corrected the long leg

2. Spine

a. Shiqizhuxia [M-BW-25]

Insertion at a 45 degree angle towards the anus with a one and one-half to two inch needle with even stimulation

b. Huaotuojiayi Points

- i. We adjust the vertebrae and resolve the subluxations and fixations by needling the Huaotao Jiayi Points
- ii. Using a one and one-half inch number 30 needle, these points are accessed by angling the needle at approximately a 45 degree angle deeply under the lateral extension [wing] of the vertebrae
- iii. According to both Drs. Van Buren and Shen the location of the huatuojiayi points is much deeper than indicated by the textbooks on point location

b. Stimulate on side of vertebrae that is not in spasm by rotating the needle clockwise

c. Sedate on side of the vertebrae that is in spasm [fixed] by rotating the needle counterclockwise

d. Do not use electricity across the spinal cord

e. Diodes [ion pumping cords] can be used by at each selected vertebrae

- i. Place the black end on the fixed side [in spasm]

- ii. Place the red end on the side that moves on pressure and is not fixed or in spasm

f. Length of treatment

- i. Depending on the strength of the patient, between 15' for very deficient people to one hour for excess people.

- ii. Longer treatments seem more successful.

- iii. For deficient people they can be repeated at suitable intervals with the same effect as longer treatments in more excess people.

g. With very deficient people we have also used direct moxa on the side that is not fixed or in spasm with excellent results. The

assumption is that too many needles, even with the correct needle insertion, would be unnecessarily draining in these deficient people

3. Neck

GB-20 [Fengchi]

- a. Sedate on side that is tender by rotating the needle counter-clockwise
- b. Stimulate the side that is not tender by rotating the needle clockwise
- c. Do not use either electricity or diodes [ion pumping cords]

E. Case Histories

Note: The first case is the only one for which I have an available history from the past. The others are all current.

1. Female, age 40 1978-82

a. Symptoms

Low back pain
Left leg tense

b. History

Fell down stairs at age 17
Fell off a tree limb age 18
Family history of stenosis of spine
Two vertebrae “slipped out of place”
Exacerbated by Lymes Disease
Previous treatment

Osteopath, chiropractor, massage, acupuncture

c. Examination

Right leg one inch longer than left

d. Treatment

Long Leg Protocol
Adjust Spine

e. Outcome

i. Short term

After four more treatments:

- 1). Legs remained even
- 2). Lower back pain I had always felt had disappeared
- 3). Impression was that there was unresolved spinal pathology despite improvement

ii. Long term

- 1). Total relief with pain free walking lasted about five years
- 2). The pain and burning returned slightly after about five years but was easily relieved by exercise, bending or twisting
- 6). 7 years ago I had a fall down some stairs, landing sitting down, very hard
Discomfort became bad burning, bad numbness and bad pain
- 7) Contacted by patient after 23 years, living far away
8. Referred to a closer colleague who advised that the `unresolved spinal pathology` be investigated biomedically
- 9). X-ray examination revealed stenosis and displacement of two vertebrae for which surgery was advised

2. Female, age 61 May '05

a. Presenting Symptoms

- i. Constant knee pain left knee
- ii. Intermittent pain right knee
- iii. Cervical neck pain that improved temporarily with chiropractic adjustment
- iv. Unable to bend knees when going down steps and must lock knees to bend over

b. History

- i. Age 38 she was hit by a car that threw her through a house with such force that she went through a supporting beam and broke both legs, injured her neck and left her temporarily blind. She had a torn rotator cuff and trapezius nerve damage.
- ii. Both legs were reconstructed but that of her left leg was unsatisfactory and it was re-broken and re-set 8 months later.
- iii. She has a previous history of high diving and in 2004 broke her ankle that was reset.

c. Examination

- i. Right leg was about one inch longer than the left leg
- ii. Multiple long scars on legs from surgical repairs

d. Treatment

- i. A Long Leg corrected with electric stimulation for thirty minutes
- iii. One week later her legs were still even and the back was adjusted according to the method described above
- iv. She continued to be treated weekly for five months

e. Outcome

- i. Her knees felt stronger right after the first treatment and that improvement continued.
- ii. About 10 days later there was increased pain on lateral aspect of both knees where deep scars are located. There was also achy pain in sacrum and both feet.
- iii. She felt adhesions releasing while bruised areas were noted on her legs.
- iv. While she had several instances of painful cramping in both legs, within a few weeks there marked improvement in range of motion of legs and back.
- v. Following this improvement her scars were treated.
- vi. Three months later
 - 1). She able to bend knees with slight pain
 - 2). To go down steps without locking her knees
 - 3). Occasional achy back only when overworking
[It must be noted with respect to the latter that she has a huge garden in which she works exhaustively for hours every day including very heavy lifting with no sign of relenting despite advice to the contrary].
- vii. Her last acupuncture treatment was on September 16 '05 since which time her "legs are great" with very little pain and greater range of motion.

3. Male, age 66 October '05

a. Symptoms

- i. Pain in right buttocks [piriformis] for eight years
- ii. Dull ache increases to a sharp pain traveling around to hip and down into leg.
- iii. Pain also radiates to sacrum
- iv. Pain worse with sitting and standing, [up and down motion]
- iv. Pain is relieved by sitting still or by walking

- v. Neck pain and tenderness on the left side
- b. History
 - i. Motorcycle accident and right knee surgery in 1990.
 - ii. Awake one day eight years ago and upon leaving his bed felt a deep pain in the left buttocks
 - iii. Pain has gotten worse over the last two years and is daily
 - iv. While receiving chiropractic care he was told that he had a `long leg`
- c. Examination
 - i. Right leg longer than left by $\frac{1}{2}$ - $\frac{3}{4}$ inch
 - ii. Fixations and subluxations identified 2 days later
- d. Treatment
 - i. Adjusted long leg with long protocol plus aishi points on hip and buttocksii).
 - ii. Back adjustment two days later
- e. Outcome
 - i. Pain in buttocks gone the next day
 - ii. Neck discomfort lessened considerably
 - iii. Two months later only occasionally mild discomfort
- 4. Male, age 59
 - a. Symptoms
 - i. Dull right sided pain that travels down through lower back and buttocks
 - ii. Sharp pain on both sides of lower back
 - b. History
 - i. Back problems started 20 years ago.
 - ii. Has “thrown out” back 6 times – unable to move
 - iii. Fell off roof 10-15 years ago and Fr left heel
 - iv. Pain more constant since then
 - v. Diagnosed with Rheum Arthritis 10 years ago
 - vi. Pain worse in elbows, hands and knees
 - c. Examination
 - i. Right leg $\frac{1}{2}$ inch longer than right
 - ii. Moderate kyphosis of mid back area, worse on right
 - d. Treatment 11’05
 - i. Long Leg corrected with long treatment
 - ii. Spine adjusted two days later

- e. Outcome
- i. Relief from hip and back pain within 24 hours of treatment
 - ii. Pain still gone 1 month later
5. Male, age 19 August '05
- a. Symptoms
 - i. Pain in lumbar area that radiates down both legs for one month
 - ii. Constant ache in area gets sharp with activity.
 - iii. Occasional neck discomfort
 - iv. At times will be unable to straighten up when bending over.
 - v. Better with rest
 - vi. Worse with jumping activity
 - b. History
 - i. Frequent falls over last 10 years
 - ii. Skateboarding, snowboarding, etc.
 - iii. Has seen chiropractor and told he had long leg
 - c. Examination
 - i. Right leg longer ½” longer than left
 - d. Treatment
 - i. Long Leg corrected with long method
 - ii. Back adjusted two days later
 - e. Outcome
 - i. Significant decrease in back pain was noted in 24 hours
 - ii. No more sharp pain but still achy at times
 - iii. Better with rest
 - iv. He continues to ski, snowboard, etc.
6. Female, age 57 August '05
- a. Symptoms
 - i. Throbbing Headache
 - 1). Thirty-five years with neck pain.
 - 2). Almost daily and many times awakens at night
 - 3). Worse when tired / stressed.
 - 4). Whole head headache when over-heated.
 - 5.) Pain starts in GB-20 area and radiates down to upper and mid back.
 - 6). Pain begins dull and gets sharp
 - 7). Feels grinding when moving neck.
 - 8). Worse with stress and poor posture.

9). Better with chiropractic treatment and pressure.

ii. Back

1). Episodes of severe back pain and leg spasms – unable to bend over.

2). Pain achy and radiates down outside of leg.

iii. Legs feel weak.

b. History

i. Age 19 she was thrown out of car

No medical care

ii. 1994 – Fell on tailbone

1). Recovered with chiropractic care

2). Told she had long leg

iii. 1998 she moved heavy furniture and heard pop in back.

Felt sharp pain that went down leg.

c. Examination

Left leg one inch longer than right

d. Treatment

Long Leg protocol with long method

e. Outcome

I. Short term

i. Back pain better overall

ii. Pain still comes and goes in low back when over-tired

iii. Pain not going down leg

iv. Headaches improved, but still having them several times a week. [Tian Ma Gou Teng Wan reduces headaches to one to two times a week]

II. Long Term

i. Legs still balanced four months later

ii. No further low back pain

7. Female, age 50

a. Symptoms

i. Back tension in mid thoracic area

ii. Thoracic spinous processes sticking out around T6/7

b. History

i. 20 years ago hit by car while riding bicycle

ii. Several whiplash injuries and

- iii. Several falls from horses
 - iii. Considerable chiropractic & structural type of bodywork and while it's gotten much better
 - iv. Still is a weak spot when I feel stress and tends to subluxate easily.
 - c. Examination
 - Legs equal
 - Several fixations and subluxations
 - d. Treatment
 - Adjust Spine
 - e. Outcome
 - i. I felt a big difference after the back treatment and
 - ii. felt like the tension was gone in that area and that the
 - iii. Energy was flowing through my spine much more freely.
- 8. Female, age 63
 - a. Symptoms
 - Severe constant sciatic pain since age 19
 - Exacerbated by stress
 - Back pain
 - Pins and needles in toes and feet
 - b. History
 - Heaviness on left side
 - c. Examination
 - Right leg one inch longer than left leg
 - Carotid Artery
 - 79% occlusion on left side
 - 10% occlusion on right side removed by chelation
 - d. Treatment
 - i. Long Leg
 - ii. Spinal Adjustment
 - e. Outcome
 - Dramatic relief of sciatic pain
 - Able to wear elevated shoes for first time since young
- 9. Female, age 51 6'05
 - a. Symptoms
 - i. Loss of physical balance and to stay upright
 - “Cement sucking me down”
 - “Unable to com up against gravity”
 - ii. Lack of strength

- accident
- iii. Inability to think clearly with a poor memory since
 - iv. Pain
 - In neck and shoulders
 - C1-6 compressing and rotating
 - Pinky and ring finger: pins and needles
 - Electrical pin shooting down arm with rotation of head forward with her chin to her neck
 - Bones in neck pulsating
 - Spasms in upper and middle back
 - Pain in lumbar area
 - v. Frequent migraines
 - vi. Depression and anxiety
- b. History
- i. 2000: hit in head with van door
 - ii. 2001: whiplash in auto accident
- c. Examination
- i. Original exam revealed right leg $\frac{1}{4}$ inch longer than left
 - ii. Over a period of 5 months at times the longer leg shifted twice from right to left
- d. Treatment
- i. Long Leg treated with GB 20 [Fengchi] six times over a five month period
 - 1). The longer method was considered too draining at first
 - 2). The longer protocol was followed once, during the last treatment
 - ii. Spine Adjustments were made six times over five months
 - 1). Stimulation on the deficient side of the subluxation was done with direct moxa because her overall condition was so deficient
 - 2). Moxa warmer was used on the neck to strengthen this area
 - iii. The Yang Wei was included five times and the Yin Wei one time
 - iv. During this period the patient was seeing a chiropractor and it became clear that these treatments were undoing the positive effects of the acupuncture.

v. Once she ceased the chiropractic treatments we began to see steady improvement that endured

e. Outcome

i. Short term

Gradual improvement of all pain symptoms until temporary setback with a fall

Long term

Patient is completely pain free and claims to be 'happy' and functioning

F. Comment

1. The Long Leg imbalance is a 'block' to the enduring corrections of other musculo-skeletal symptoms that are resistant to treatment
2. This method can correct only muscular etiologies of differences in leg length.
3. If the imbalance is due to the loss of bone in either leg or the hip this adjustment cannot replace what is physically missing.
4. However, if there is a combination of bone loss and muscular imbalance this correction might still be beneficial for pain relief
5. The Spine adjustment a treatment and not a correction of a 'block'
6. Treatment of the spine without the 'long leg' correction may not hold
7. Sometimes both treatments are done simultaneously, and sometimes the 'long leg' is done first, followed during a subsequent appointment for the adjustment of the spine, if the 'long leg' holds.
8. Separating the procedures into two separate appointments is preferred, unless the patient is initially in great pain
9. Frequently the 'Quick Method' is tried first, and if it holds for fifteen or twenty minutes, the extended protocol is unnecessary. One can then proceed directly to doing the Spine Adjustment.
10. Check the Long Leg at subsequent visits and in the rare cases where it has been only partially resolved, several interventions may be necessary as with case number ten above
11. The ultimate goal is the resolution of musculo-skeletal pain and discomfort and return of normal function
12. Other simultaneous musculo-skeletal treatment modalities are sometimes counter-productive and should be evaluated for each individual
13. If the chiropractic theory that the intact spine is essential to all health is valid, correcting this 'block' and the Spine Adjustment can

have benefits extending to areas of function other than musculoskeletal

14. Over the past 25 years the Long Leg and Spine Adjustment treatments have held for years, often after one intervention and most often with the long term resolution of pain and function

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- ⁱ Personal communication; 1975
 - ⁱⁱ Lecture series; 1979-1984
 - ⁱⁱⁱ Lecture series; 1979-1980
 - ^{iv} Personal Communication: 1971; Traditional Acupuncture Institute- 1979-1988;
 - ^v Matsumoto and Birch; P101
 - ^{vi} Personal Communication: 1971-1974
 - ^{vii} Leon I. Hammer, M.D.; The Extraordinary Acupuncture Meridians: Homeostatic Vessels; American Journal of Acupuncture, Vol.8, No. 2, April-June 1980
 - ^{viii} Personal communication: 1974-1985
 - ^{ix} First World Acupuncture Conference; NYC; 1975; Healing Needles; Louis Moss
 - ^x Lectures and Demonstrations on Applied Kinesiology; 1979-1984
 - ^{xi} Personal Communication: 1972-1980s
 - ^{xii} Leon I. Hammer, M.D.; The Extraordinary Acupuncture Meridians: Homeostatic Vessels; American Journal of Acupuncture, Vol.8, No. 2, April-June 1980