

The Dorn Method

Advanced Training 2014

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Integrative Medicine Practitioner
(USA)

Registered Acupuncturist and
Naturopathic (Aus)
Master Dorn Method Practitioner

Welcome

- Self Intro myself background
- How I was introduced to the Dorn method

Dr Jason Mallia

ND , BHSc , IMD , Dip SIT, Adv Dip Acup , Dr.Sc , PhD (nutrition) MQ Chiro
(undergrad) (MU)

Dip Hom, Dip BM, D.RM. Adv Cert LBA ,

Adv Cert Biomes, Cert Int Med Adv Cert Dorn Method

Master Dorn Method Instructor

Master Instructor of the Institute of Human Individuality (USA)
(blood type diet)

Member of the Australian Traditional Medicine Society

Founding Member of the Dorn Method Academy of Australia

Registered Acupuncturist, Naturopath, Herbalist , Homeopath

Accredited Doctor of Integrative Medicine (USA)

Student Intro

- Introduction of students their background why they are here to do the Dorn?
- Advanced Practitioners to supply a scenario where the Dorn Method has helped them and a patient .
- Where are they at as a practitioner how are you using Dorn in your clinic . Why are you here today ? Where are you stuck?

Course details

DAY 1 advanced revision

- session 1 Theory and lecture
Break MT
- Session 2 practical Lumbar, hip ,Lower leg, pelvic and sacrum
Lunch
- Mid thoracic and cervical area
Break
- Full body revised practice and questions time permitting

DAY 2

- Session 3: Peripheral Joint Re-alignments
Break
- Session 4: Revision of total system /Advanced Techniques
Lunch
- Practical Exam case study
Students who pass received Certificate Presentation

Course details

Day 2

- Basic training Exam for Students on technique and contraindications!! verbal examination must be done to show competency . Full treatment plus a test case scenario
- Advanced Case study for Examination

Topics for Discussion

- History of the Dorn Method (deiter dorn)
- Current status World Wide and Law
- The System of Dorn
- Comparison to other Therapies
- Anatomy revision for Dorn treatment
- Dorn Research
- Possible mechanism of the Dorn Method

Topics for Discussion

- The Dorn Method
- Contraindications and Limitation *(exam)
- Things to Avoid When doing Dorn
- leg length discrepancies and pelvic
- The Therapy principles
- Recommended treatment duration and FU
- Self Help Exercise
- Integration of the Dorn Method
- Case Studies

Why Does the DMAA call it the Dorn Method or Dorn Therapy

- Background of “Dorn Method”

Why Dorn Method not Dorn Spinal therapy as it is not just for the spine it is a holistic therapy that works all the Joints.

- Spinal therapy also gets Chiropractors and osteopaths off side . The DMAA will not endorse or list those using this title



Dieter Dorn

13th August 1938- 19th January 2011



Dieter Dorn a great healer

- Was Born in South Germany, Dieter Dorn was a sawmill owner .
- About 30 years ago, while lifting a heavy log, he suffered a Lumbago (sciatic pain). He was relieved of the pain by an old farmer with some fast and simple movements
- Asked the Old Healer to teach him he said you already know it ! Alas, Dieter Dorn was his last patient, for soon after, the old man died without passing on his knowledge. So, Dorn had to learn it all by himself.

Dorn

- His first patient was his wife.

For several years, she suffered from severe headaches. According to some doctors, the transverse processes of her cervical vertebrae were too long and could be shortened by surgery but she refused to be operated.

- Dieter Dorn corrected the problem.

Checked his wife's neck and found a vertebral displacement and corrected it

Dorn History

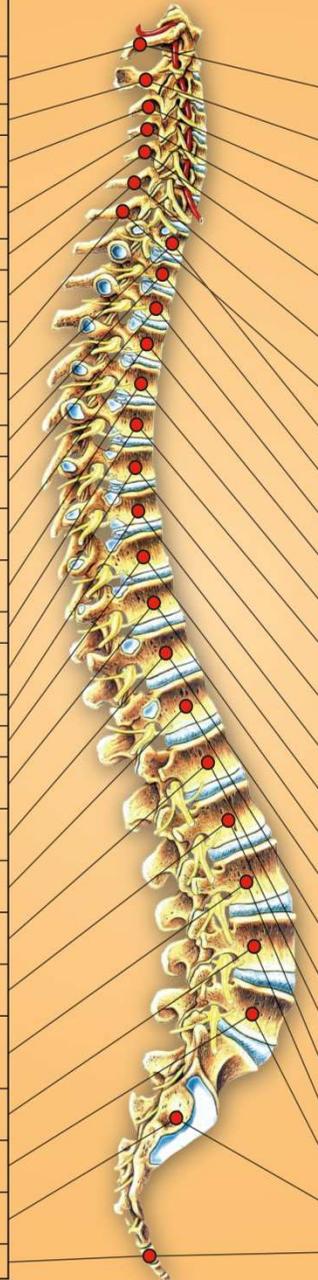
- Since then, her headaches are history and she became the most prominent patient of Dieter Dorn.
- That was the beginning of the DORN METHOD!
- Soon after, Dieter Dorn helped many people in the neighborhood
- Dieter Dorn Died of Jan 2011

TCM and the Organs

- With years of treatments Dieter Discovered the connection to the organs via neural pathways was the reason for improvement of organ related conditions . See Chart
- He also linked the treatment of the Spine with meridians of TCM methodology and acknowledges the connection and advocated its integration
- Advanced students take note!!

The Dorn Method's Gentle Treatment for the Vertebrae - Align Your Spine

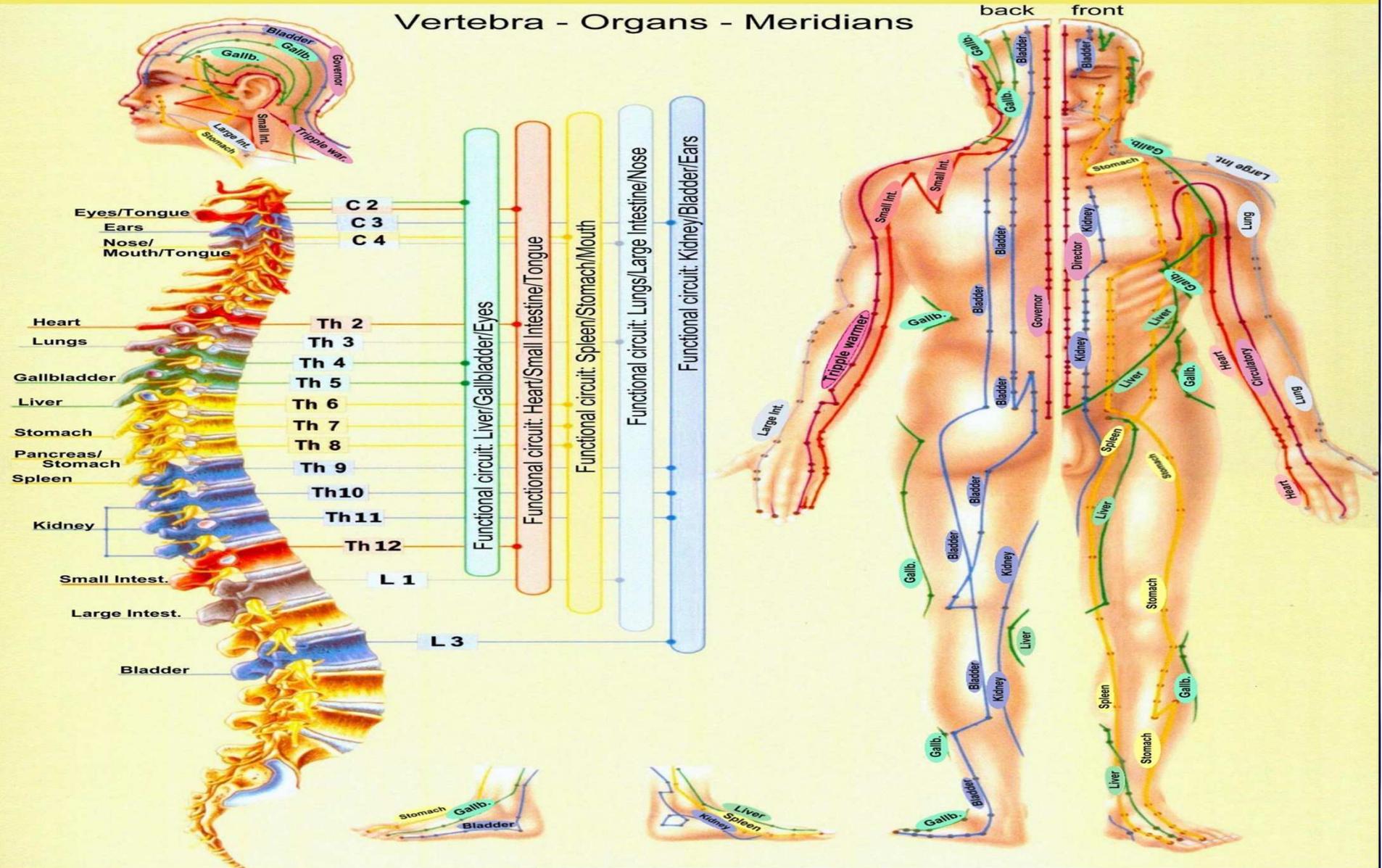
Organ Connection	Possible Physical Problems	No.
Head, optical nerve, brain	Headaches, migraines, high blood, chronic tiredness, dizziness, paralysis due to irregular circulation in brain	C 1
Eyes, tongue, ears, sinuses	Sinus problems, eye trouble, deafness, ear pains	C 2
Ears, teeth, facial nerves	Pain in face nerves, spots, acne, tinnitus, toothache, bad teeth, Plaque, bleeding gums, neuralgia,	C 3
Nose, mouth, lips, ears, Mandibular joint, throat	Constant cold, loss of hearing, chapped lips, cramped lip muscles, adenoids, catarrh	C 4
Cervical muscles, throat, neck	Hoarseness, sore throat, chronic cold, laryngitis	C 5
Acromio-clavicular joint, shoulder, tonsils, neck	Tonsillitis, croup, stiff neck, upper arm pains, whooping cough, goiter,	C 6
Thyroid gland, elbow, sterno-clavicular joint	Diseases of the thyroid gland, colds, bursitis in the shoulder or elbow, depression, fear	C 7
Shoulder, wrist, hand, neck, lower arm, fingers	Shoulder pains, neck cramps, lower arm/hand pains, ligament inflammations, furry feeling in fingers	Th 1
Heart, blood vessels, chest	Heart trouble, disruption in rhythm, fears, chest pain	Th 2
Lung, skin, breasts, chest, mammary gland	Bronchitis, influenza, pleurisy, pneumonia, cough, breathing difficulties, asthma, disruption in chest region	Th 3
Gallbladder, tendons, ligaments	Trouble in gallbladder, gall stones, jaundice, headaches on one side (from the gallbladder meridian)	Th 4
Liver, circulatory system, immune system, tendons, ligaments	Disruptions in liver, low blood, anemia, fatigue shingles, circulatory weakness, arthritis	Th 5
Stomach, muscles, pancreas	Stomach and digestion problems, heartburn, diabetes	Th 6
Duodenum, stomach, pancreas, muscles	Duodenal ulcers, stomach complaints, hiccups, possible lack of vitamins, feelings of weakness	Th 7
Spleen, blood, muscles	Spleen problems, weakness in immune system	Th 8
Adrenal gland,	Allergies, nettle rash	Th 9
Kidney, bones	Kidney problems, salt can not get out, chalked-up arteries, chronic tiredness	Th 10
Skin, kidney, urinary track, bones	Skin diseases like acne, spots, eczema, boils, raw skin, psoriasis, (does not drink enough!, needs more liquid)	Th 11
Small intestine, ovary, testicles, blood vessels, circulation	Problems with small intestine, wind, rheumatism, disruption in growth, infertility, erectile dysfunction	Th 12
Large intestine, skin,	Problems with large intestine, disruption in circulation in intestine, blockages, diarrhea, etc., constipation	L 1
Large bowel, appendix, skin	Problems with appendix, stomach cramps, hyper acidity, varicose veins	L 2
Bladder, uterus, prostate, knee	Problems during pregnancy, menstruation pains, menopause problems, bladder pain, knee aches - often together with the bladder, impotence, bed-wetting	L 3
Sigmoid, sciatic nerve, prostate	Sciatica, lumbago, prostate trouble, painful or too frequent urination, (daily massage of buttock muscles!)	L 4
Rectum,	Circulation problems in leg and feet, cold feet, cramps in the calves, swelling of feet and legs	L 5
Sacrum, legs, hip, sciatic nerve, crest, buttock, genital organs,	Sciatica, abdominal problems, chronic constipation pains in legs and feet	Sacrum
Anus,	Hemorrhoids, itching of the anus, pain on sitting	Coccyx



Chakras	Possible Inner Problems	New Thought Pattern / Affirmation for positive change of Mindset
Crown	Lacking 'overall view', problems with creator, Desire to comprehend everything with one's head	I am centered, in peace and balanced The universe is with me. I trust my higher self. Everything is good.
Third Eye	Lacking 'farsightedness', does not want to see	I am one with the universe and everything in it. It is good for me to know and to grow.
"	Connected with next row below	I am only responsible for myself and I am happy about myself. I can handle all that I create.
"	Does not want to listen, no firm point of view, Wavering, loses stability, feelings of guilt	I am in a clear communication with life. I am free to enjoy life now.
Throat	Connected with next row below	My communication is clear. I accept the good in me. I detach myself from expectations. I am loved and secure.
"	Inability to speak well, unable to bite one's way through, lump in throat	With love I surrender others to their own lessons. I care with love for myself. I walk with ease through life.
"	Feels humiliated, suppressed, suffers silent, no defense	I have a right to be myself. I forgive the past. I know who I am. I touch others with love.
"	Happily overburdens oneself, shoulders carry a great deal, does everything by oneself, no trust	I accept life and take it with ease All good is now mine.
Heart	Finds it difficult to be loving, locks one's heart, joyless	My heart forgives and let go. It is good to love myself. Inner peace is my goal.
"	Wants nothing for oneself, puts oneself last, does not want to breathe deeply, no own opinion	I forgive everyone. I forgive myself. I build myself up.
"	Inner anger, lets nothing out, single minded, embittered	I give to myself the gift of forgiveness, and we are all free.
Solar Plexus	Worries over others, problems with the 'inner child', neglects own vital interests, always sad, cries a lot.	I let life flow through me. I have the will to live. Everything is good.
"	Connected with next row below	I trust that life will develop positively in front of me. It is good to love myself.
"	'Swallows' a great deal, lets nothing out, loses oneself in addictions: eating, drinking etc., internal rebelling	I invite sweetness into my life. I am ready to release and let go.
"	Worries, rigid, does not surrender to the flow of life	I am open and receptive for all good. The universe gives me love and assists me.
"	Suppresses own aggression, makes accusations, allergic	I use my own power with love and lovingly create my own reality.
"	Partnership problems with parents or husband, wife, children, colleagues, neighbors, others	I open myself for joy and love, I give it freely and receive it in abundance.
"	Contact problems, insecurity, fearful, feels weak, afraid	I see myself as beautiful, loving and loved. I am proud to be myself.
"	Connected with next row below: Finds it hard to make a new start, fearful, problems to let go of things in the past	I decide to let the joy of life circulate in my body. I am willing to build myself up.
"	e.g. parents, partner, people, animals, places of residence, Property, work, career etc.	I grow out of the borders of my parents and life my own life. It is my turn now.
"	Becomes tense very quickly, feelings of panic	I am secure in the universe and all in life loves me and assists me.
Sacral	Connected with next row below	I release the past. I like myself and my beautiful sexuality. I am secure. I am loved.
"	Connected with next row below	I love the one I am. I rest on the firm base of my own power. I am secure on all levels.
"	Sexual problems, lethargy in 'digesting' problems, lack of security, feelings of guilt	I deserve to have joy in life. I want joy and fun And I accept them freely.
"	How do I carry the 'burden of life'?	I am the power and authority in my life. I release the past and accept the good now.
Root	Lacking connection to 'Mother Earth'	I bring my life back into a balance with self-love. I live today and love myself as I am.

Meridians & DORN - Therapy

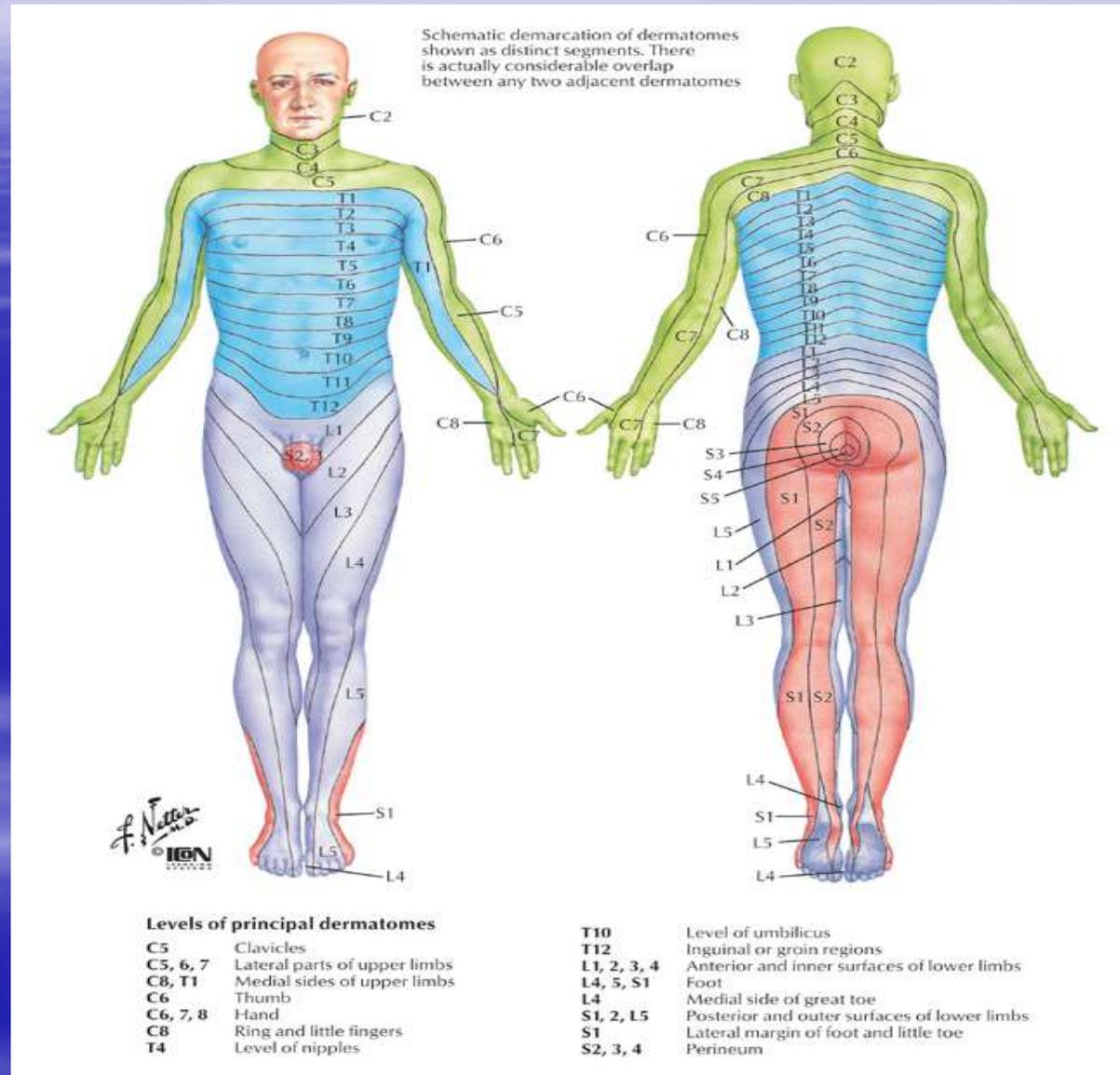
Vertebra - Organs - Meridians



The meridians of the TCM (Traditional Chinese Medicine), and the Experiences of the DORN-METHOD can be perfectly combined in a simple and practical system for the fast finding of the causes of Pain and other problems. To each of the five (5) Functional Units in the meridian science belongs: A Yin-meridian to an organ and a Yang-meridian to an organ and a body opening. The corresponding vertebrae within a Functional Circuit are often the cause of the problems that needs to be treated. Also a dislocated joint along a meridian can disturb the corresponding Functional circuit.

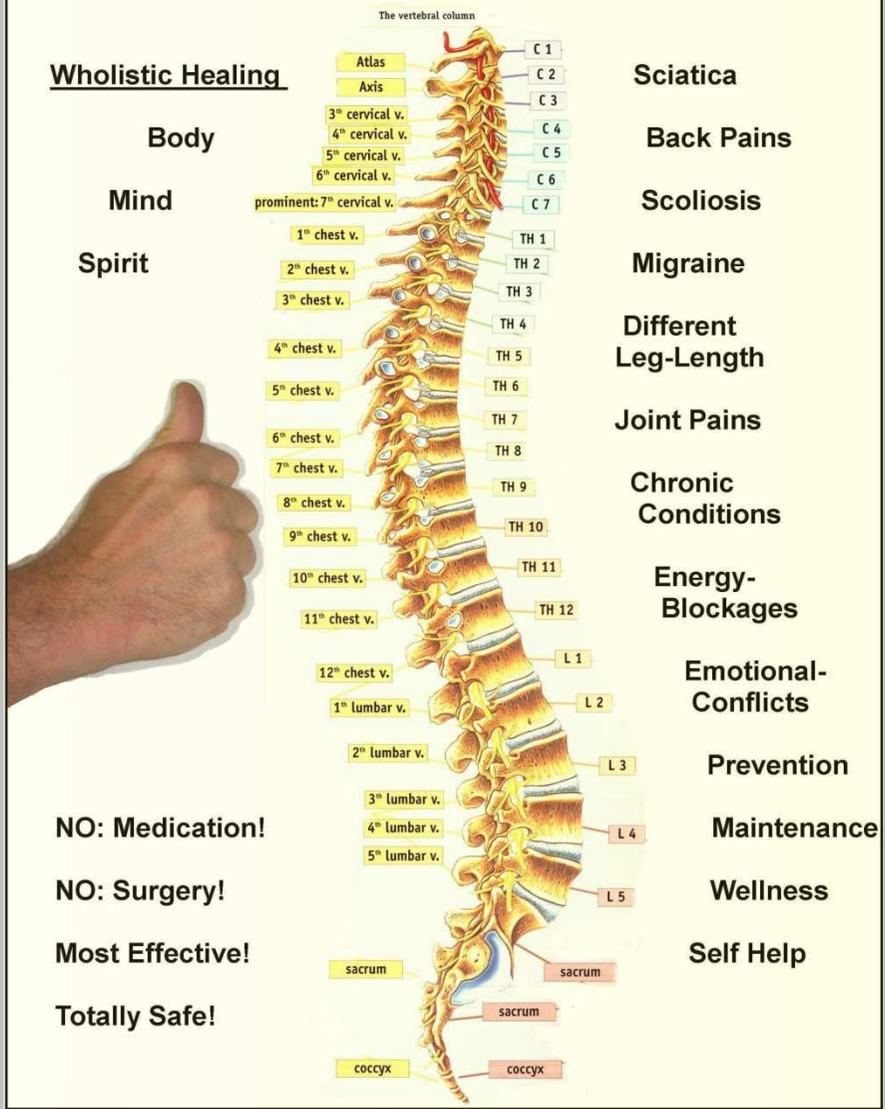
Functional Unit	Yin - Organ	Yang - Organ	Body Opening	Tissue	Vertebra
Wood	Liver	Gallbladder	Eyes	Sinews/Muscles	Th5, Th6, C2
Fire	Heart	Small Intestine	Tongue	Blood/-vessles	Th12, Th2, C2
Earth	Spleen	Stomach	Mouth/Tongue	Tissues	Th8, Th6, Th7, C4
Metal	Lung	Large Intestine	Nose	Skin	Th3, L1, C4
Water	Kidney	Bladder	Ears	Bones	Th11, 10, 9, L3, C3
Other Meridians	Circularly/Director	Triwarm/Governor			

Dermatomes



The 'DORN METHOD'

A gentle treatment for the vertebrae



Wholistic Healing

Body

Mind

Spirit

NO: Medication!

NO: Surgery!

Most Effective!

Totally Safe!

Sciatica

Back Pains

Scoliosis

Migraine

Different
Leg-Length

Joint Pains

Chronic
Conditions

Energy-
Blockages

Emotional-
Conflicts

Prevention

Maintenance

Wellness

Self Help

The Dorn Method

- The Dorn Method is based on natural laws of physics and anatomy and combines TCM (Traditional Chinese Medicine)-principals with Western techniques and principals and is unrivaled in its Efficiency.
- A Healing 'Method' because it combines 3 major factors:
 1. Explanation of the cause of most Spinal and joint mis-alignments (Avoidance)
 2. An effective and safe therapy in cooperation with patient (Treatment)
 3. Explanation of Self Help Exercises for patient 'after-care' (Self Help)
- Is NOT just a therapy it is a Complete Healing Method that teaches people Self Help by showing them how to apply the DORN METHOD in a gentle, effective and safe way!

The Dorn Method and other therapies

- What makes the Dorn Method so individualised?
 - It is not just a passive treatment that is done on you. The patient can mimic the re-alignments themselves and therefore become more pro-active and be their own Doctor
- Therefore reliance on the practitioner is minimized

Chiropractic V's The Dorn Method

Chiropractic/ Manipulative therapy	The Dorn Method
Mostly passive , adjustments must be performed by practitioner	Re-Alignments can be mimicked by the patient (self help re-alignments)
Rotational Adjustments	Rotational adjustments not performed mostly Posterior to Anterior Force
Aggressive High Velocity Thrusting creating Popping or cracking sound . Forcibly tries to adjust body	No force or thrusting ,gentle , uses gentle pressure and movement to encourage the body to self re-align
Uses Xray and MRI for diagnosis	Your hands and eyes are the diagnostics in dorn minimal use of Xray and MRI
Joint mobilisation through gapping and joint ROM techniques	Pressure is directed into the Joint gently to facilitate self adjustment
Treatments usually recommended 3-4 times weekly	Treatments recommended 1-2 times weekly
5 Years training , complex training due to risks of treatment (eg neck adjustments)	Can be learned quickly as it is very safe , gentle and effective

Dorn research

- Brill K, Weiler EW (2003). "Dorntherapy: its effect on electroencephalographic activity in tinnitus patients with craniocervical dysfunction". *Int Tinnitus J* 9 (2): 138–42. [PMID 15106291](#).
- Limited funding for Dorn Therapy however 1000s of anecdotal evidence exists

Mechanism of Dorn

- Exact Mechanism unknown however various theories have been brought forward
- “In its theoretical approach, it is somewhat related to chiropractic and osteopathy, although it is different in its practical application. “ wikipedia
- In application there is not thrusting rather the opposite gentle pressure and movement into the joint rather than gapping the joint

Mechanism of Dorn

- In peripheral joints, pressure into the joint stimulates a *pro-inflammatory effect* which in turn **stimulates** healing
- Pressure into the joint stimulates synovial and cartilage matrix exchange therefore *synovial turnover* increasing healing
- Loading of *chondrocytes* and cartilage stimulates healing

Mechanism of Dorn

- In Spinal Joints
- Pressure into the correct direction along with active neurostimulation and movement allows the joints to slip into their correct position in its own time and readiness
- Movement activation of the nervous system stimulates afferent and efferent flow.
Thus relaxing hypertonic nerves thereby relaxing tissues to allow for joint re-alignment

Study on compression and Mobilisation

- [Man Ther.](#) 2000 May;5(2):102-7.
- **Adding compression to mobilization in a rehabilitation program after knee surgery. A preliminary clinical observational study.**
- [Noël G](#), [Verbruggen LA](#), [Barbaix E](#), [Duquet W](#).
- **Source**
- Faculty of Medicine and Pharmacology, Postgraduate Education in Manual Therapy, Free University of Brussels, Brussels, Belgium.
- **Abstract**
- The cyclical loading of cartilage, which occurs during normal use of an articulation, stimulates biosynthetic activity of the chondrocytes. Therefore functional stimulation may contribute to joint repair. In this study the researchers added mobilization with compression to a standardized rehabilitation program in patients recovering from intra-articular reconstructive surgery of the anterior cruciate ligament. Thirty patients were treated with a standardized physical therapy program following surgery. For half of the patients, mobilization under compression was added to this rehabilitation program. The knee flexion range of motion (FROM) was measured using a goniometer. Patients who received mobilizations with compression reached a pre-set goal of 130 degrees FROM after a mean of six treatment sessions, compared to 11 sessions in the control group. This rapid progression was characterized by a significantly greater increase of FROM during the first two treatment sessions. **The explanation for this observed effect may lie in fast response processes which could include rheological changes in synovial fluid, enhanced exchange between synovial fluid and cartilage matrix or increased synovial turnover rather than complex metabolic phenomena.** The faster recovery of the pre-set goal (130 degrees of FROM) in the group receiving mobilizations with compression, would appear to justify future clinical trials investigating the potential benefits of adding these techniques to current rehabilitation programs.
- Copyright 2000 Harcourt Publishers Ltd.

Mechanism of Dorn

- The mechanisms of manual therapy in the treatment of musculoskeletal pain: A comprehensive model
- Joel E. Bialosky^a, ,
- Mark D. Bishop^a,
- Don D. Price^b,
- Michael E. Robinson^c,
- Steven Z. George^a

Anatomy

Landmarks required to do the
Dorn method

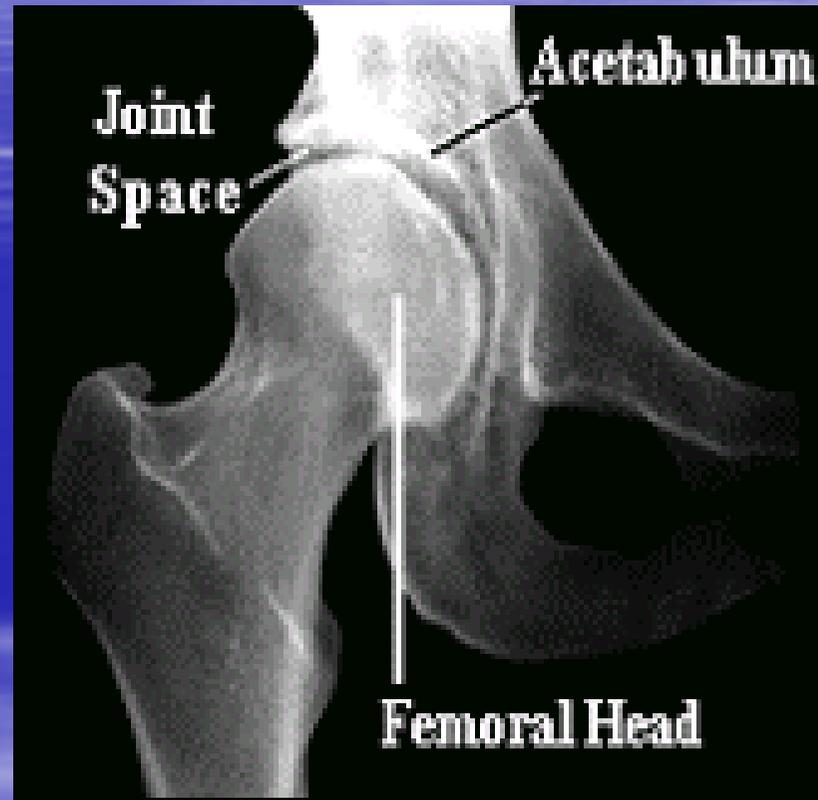
Landmarks of the Body

- PSIS
- Hip joint (greater trochanter) Acetabulum
- Spinous Processes
- Transverse Processes
- Lamina
- S1 and S2
- Atlas C1 and Axis C2
- Mastoid process
- Occiput , C7 , T12, L5 , T7

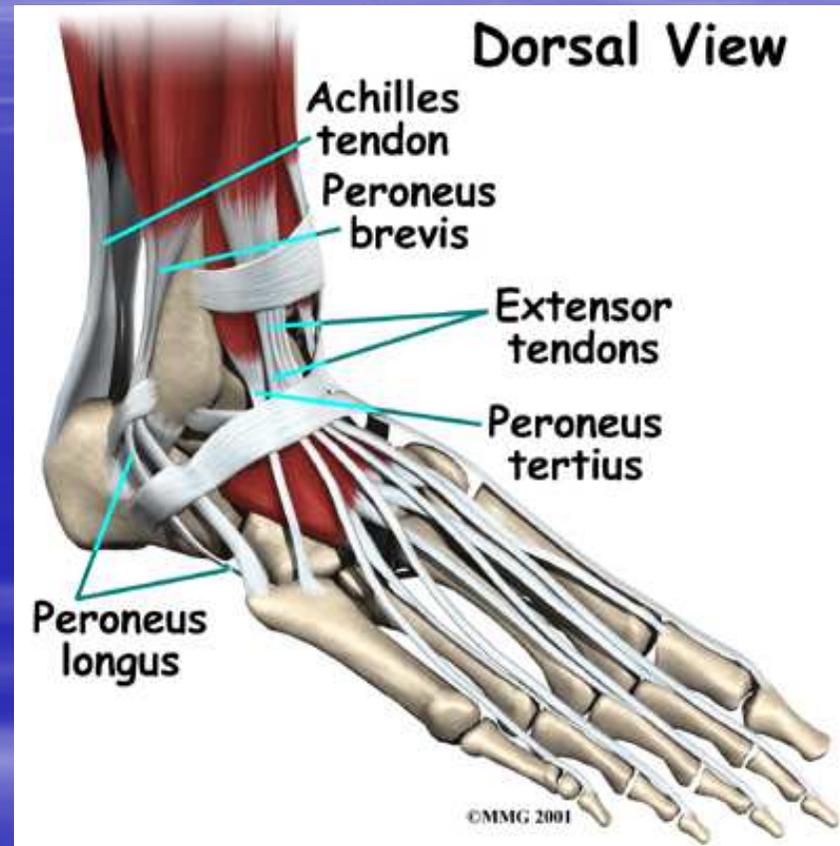
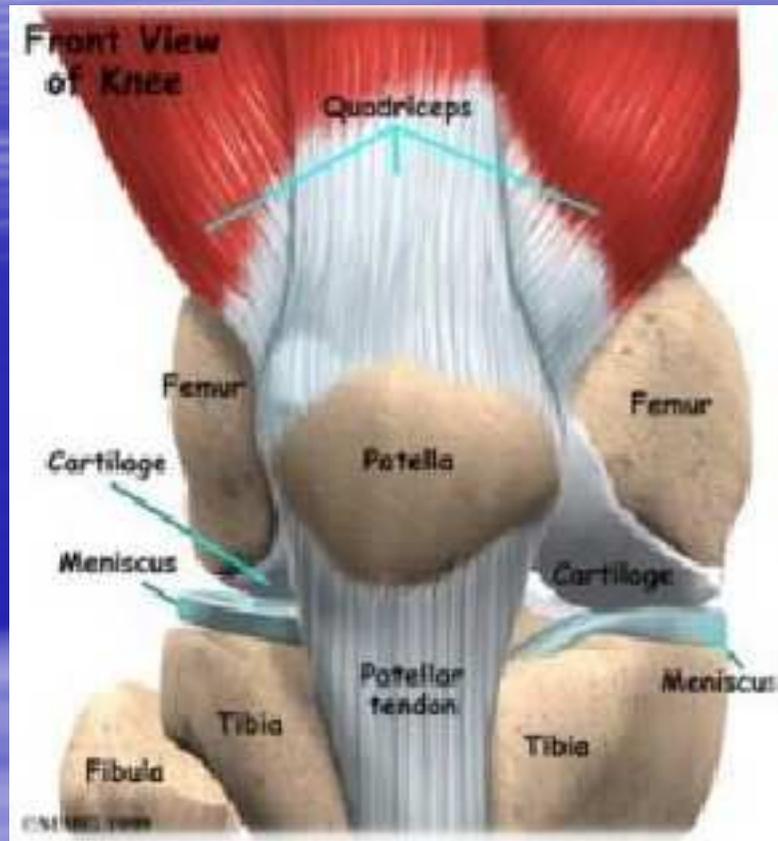
Landmarks Cont

- Patella
- Calcaneus
- Other Joints discussed during practical
- AC SC joints
- TMJ

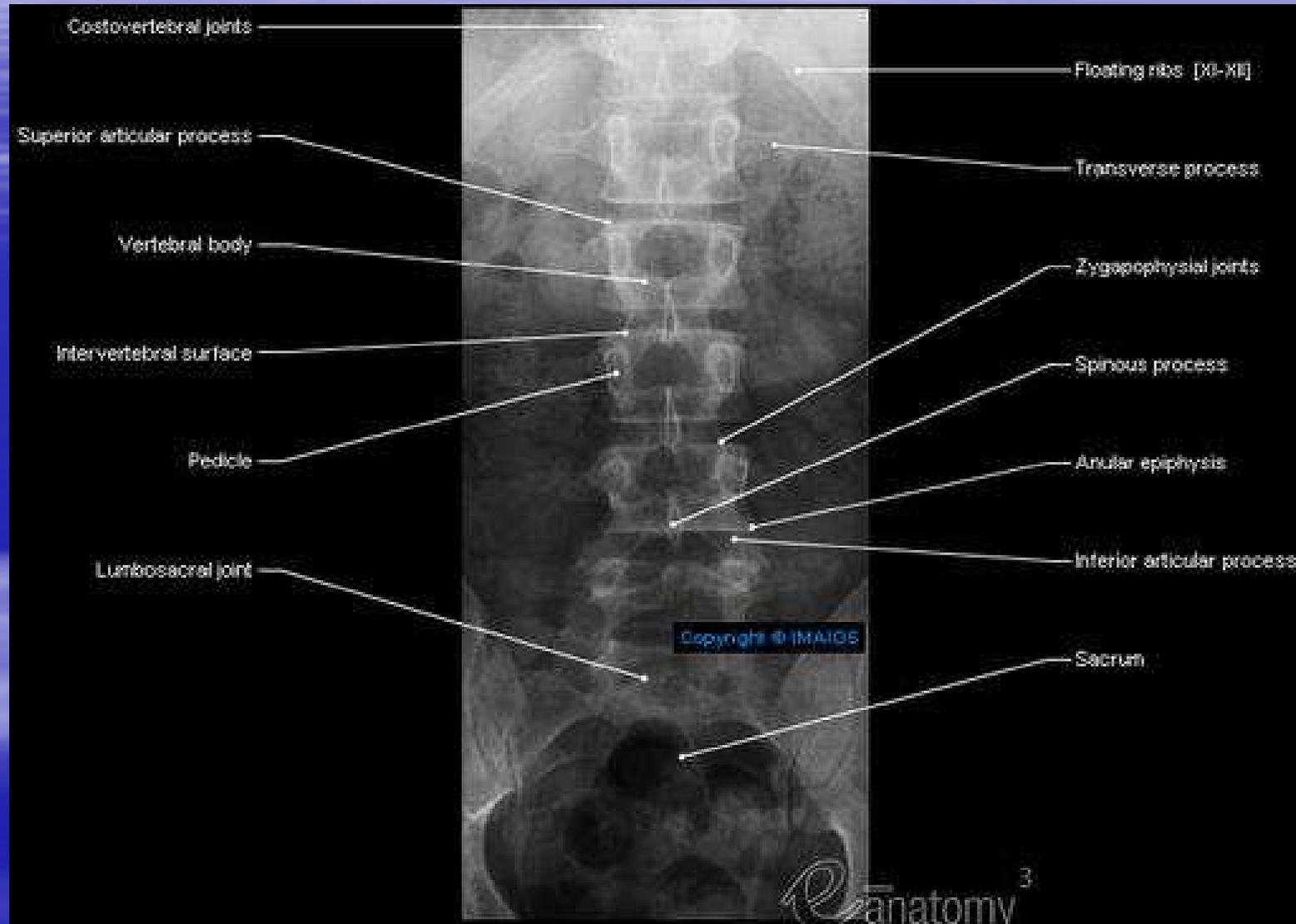
Hip



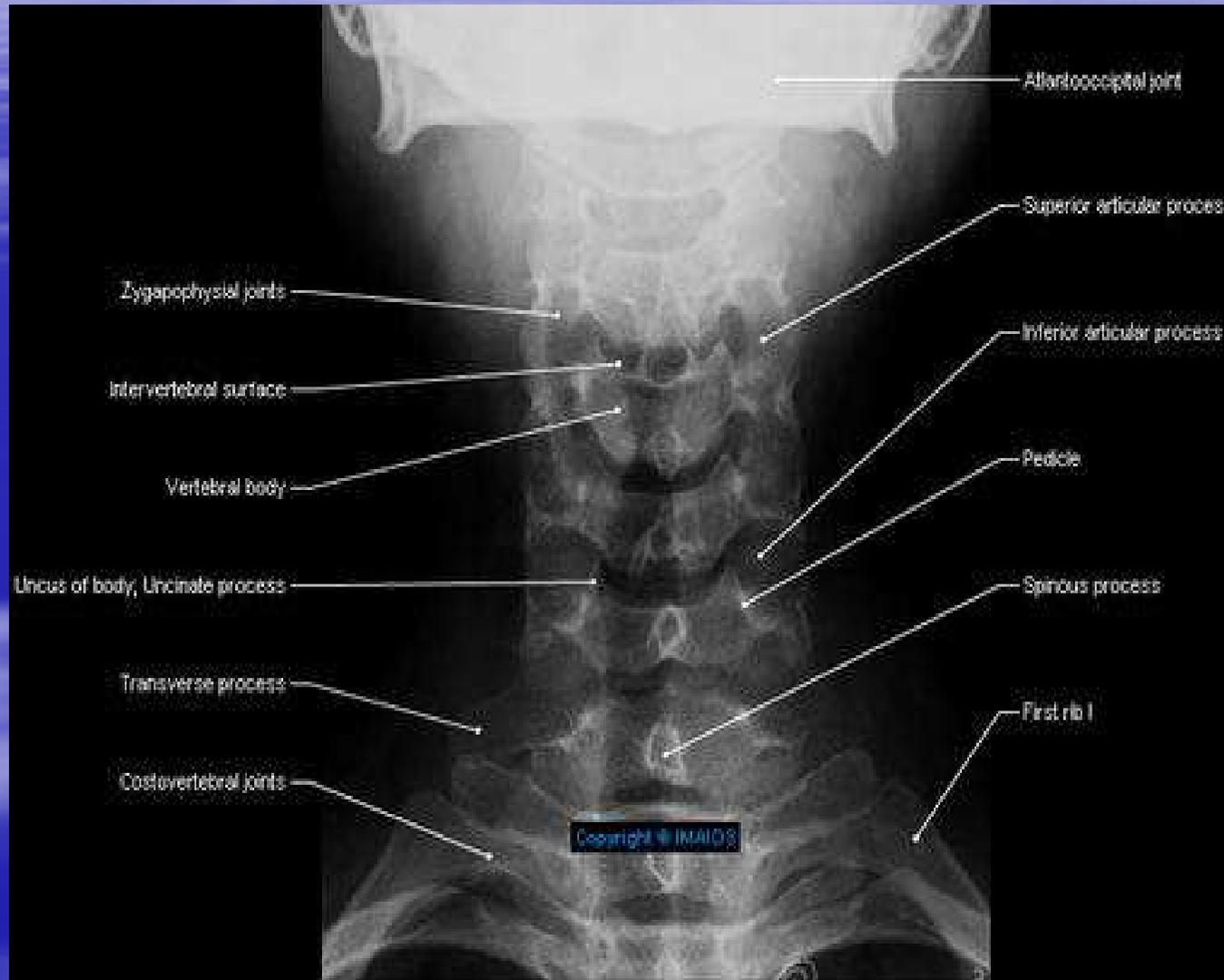
The Knee and Ankle



Lumbar and thoracic landmarks



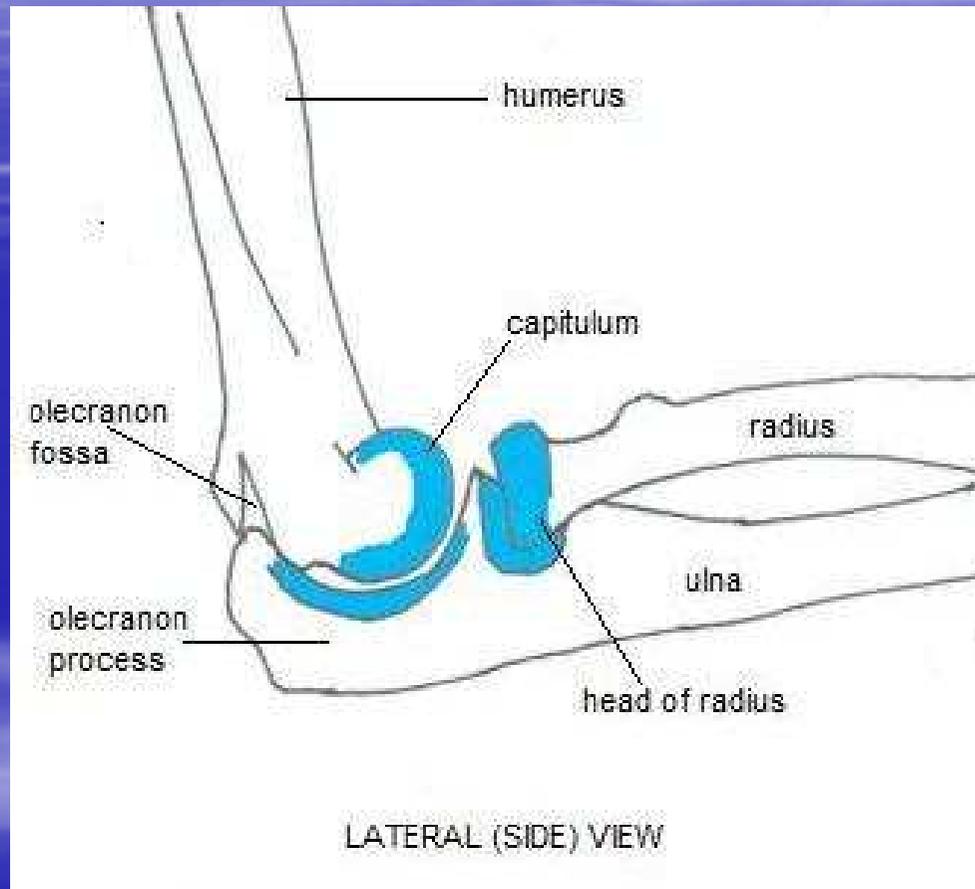
C1-C7 landmarks



Shoulder joint



Elbow



The Dorn Method

Our Spinal Column:

The main 'highway' of our Nervous System that connects the brain with all other areas of the human body.

All body functions are stirred and leveled through a network of nerves distributed through the spine.

Any misalignment (subluxation) will have a negative influence that may result in Pain, either acute or chronic and most other Injuries and conditions due to an 'out of balance' structural system with tensed muscles and stressed tissues and nerves.

The human organism as a whole is affected!



Subluxation wikipedia

- A subluxation may have different meanings, depending on the medical specialty involved.
 - Implies the presence of an incomplete or partial dislocation (Latin: luxatio)[1] of a joint or organ.[2]
 - The World Health Organization (WHO) defines both the medical subluxation and the chiropractic subluxation. It contrasts the two and states in a footnote that a medical subluxation is a "significant structural displacement, and therefore visible on static imaging studies."

SUBLUXATION

Normally aligned vertebrae

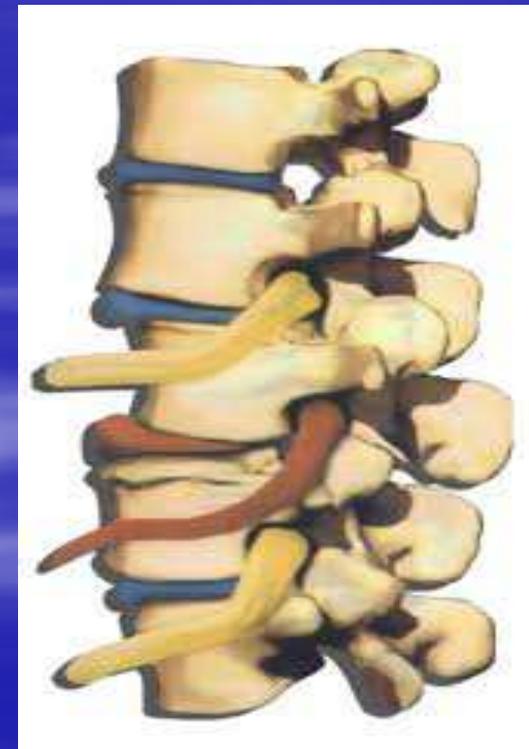
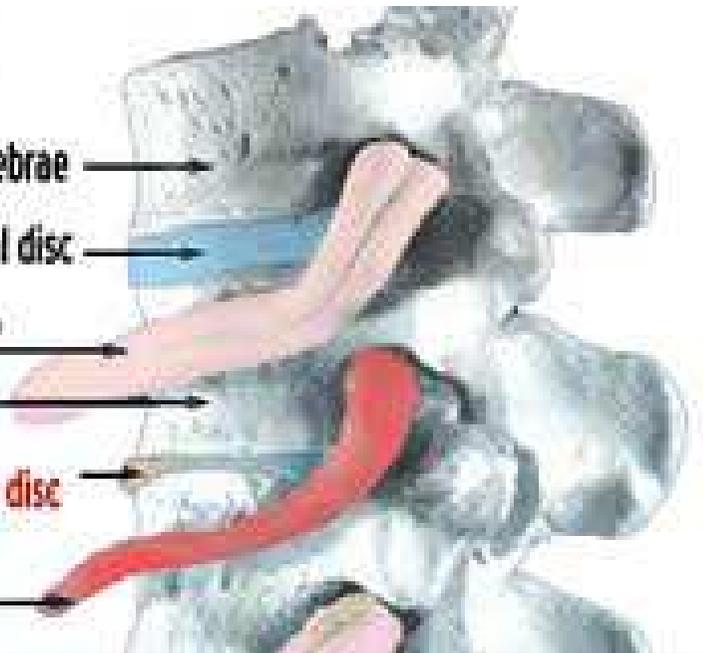
Normal spinal disc

Healthy spinal nerve

Misaligned vertebrae

Compressed "slipped" disc

Irritated spinal nerve



The Dorn method and subluxation

Chiropractic (Diversified)

- Uses rotational HAT in multiple directions to correct subluxation
- Many varied specific adjustments

The Dorn method

- Mostly Posterior to anterior pressure directional force and into the joint
- No rotational adjustments to correct subluxation
- Similar to Gonstead method of Chiropractic

The Dorn Method

When can the DORN METHOD be applied?

The Treatment of choice for:

- Scoliosis, Lower Back Pain, Back and Neck Pains, Sciatica,
- Joint-Problems, Different Leg Length and other Structural Problems.
- Can also treat organs connected to the sub-luxation and in the treatment of emotional imbalances and stress.

Strongly recommended as a complement to 'ALL' other Therapies incl in the treatment of Chronic Conditions, Migraines, Problems with Immune System, and many others.

Please note Some conditions may require medical clearance before treatment, ask patient to sign consent if you are unsure .

Limitations and Contra Indications

Always complete a patient case history to determine if The Dorn Method is indicated for the patient. Basic Students take note:

1. **NO TREATMENT** is advised in

Immobile Patients

Patients with prolapsed disc (disc is broken! Not only herniated)

Patients with acute Migraine or Inflammations of any kind

Patients with cancer at the Spine

Direct after any accidents or any injury (x-ray, etc. FIRST!)

2. **SPECIAL CARE** is advised on

Patients with Tendency of bleeding (also due to Medication etc.)

Patients with Osteoporosis

Patients under certain medication (e.g. Cortison, Blood-Thinners)

Patients with Spondilosis and Spondilolystesis especially in the cervical area.

Pregnant women (7 month and above only)

Children at any age

For the above mentioned points under 2., the Therapy must be performed in the hands of a qualified and experienced DORN METHOD Practitioner!

Things to avoid during Recovery

Causes for misalignments (subluxations) include:

- Wrong sitting positions
- Wrong stretching
- Unnatural Movements
- Trauma at birth (or before)
- Wrong lifting techniques



Mechanics of Misalignments

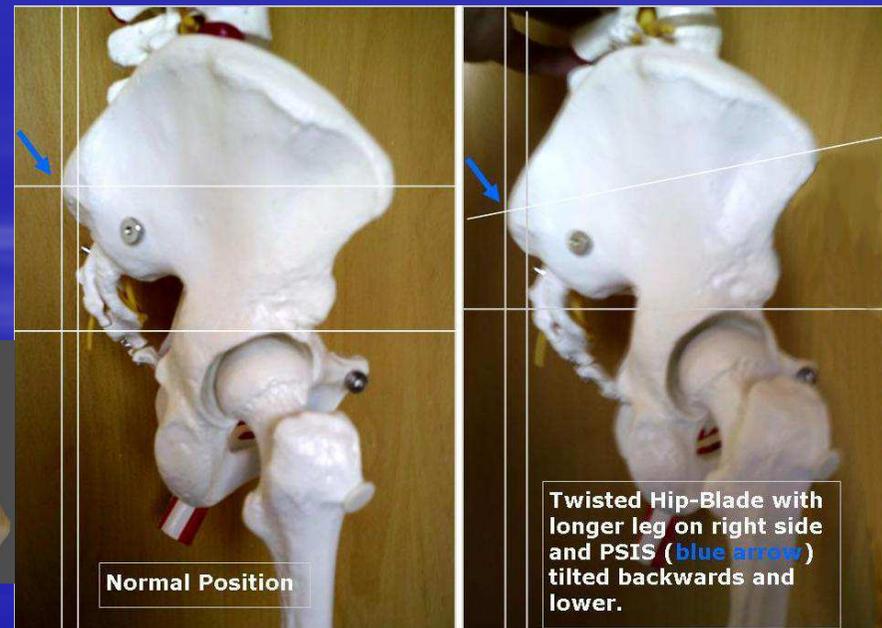
The result of wrong movements etc. is a **subluxation in the hip joint(s)** that leads to a **difference in leg length** . See study on LLD and its affect on the pelvis (disc)



That leads to an **inclined pelvis** and a **subluxation of the sacrum**, the foundation of our spine becomes imbalanced

Misalignments in form of shifted vertebrae or curvatures like scoliosis develop

Sacro-iliac-joint



AVOIDING all that is the 1. Step

& Osteopathy

Review Open Access

Anatomic and functional leg-length inequality: A review and recommendation for clinical decision-making. Part II, the functional or unloaded leg-length asymmetry

Gary A Knutson*

Address: 840 W. 17th, Suite 5, Bloomington, IN, 47404, USA

Email: Gary A Knutson* - gaknutson@aol.com

* Corresponding author

Leg-length inequalityfunctionallow back pain

Abstract

Background: Part II of this review examines the functional "short leg" or unloaded leg length alignment asymmetry, including the relationship between an anatomic and functional leg-length inequality. Based on the reviewed evidence, an outline for clinical decision making regarding functional and anatomic leg-length inequality will be provided.

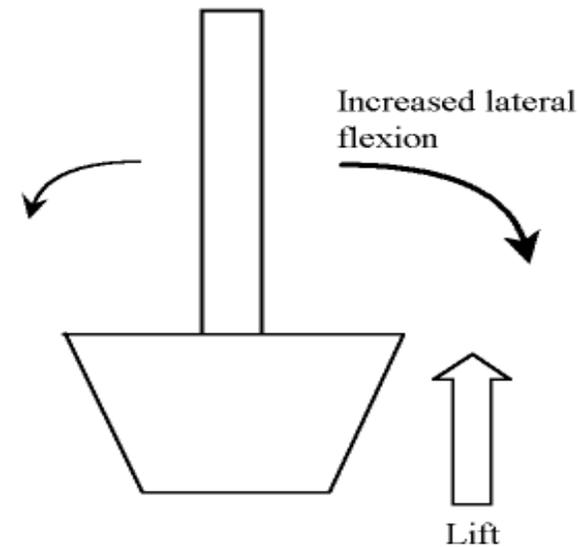
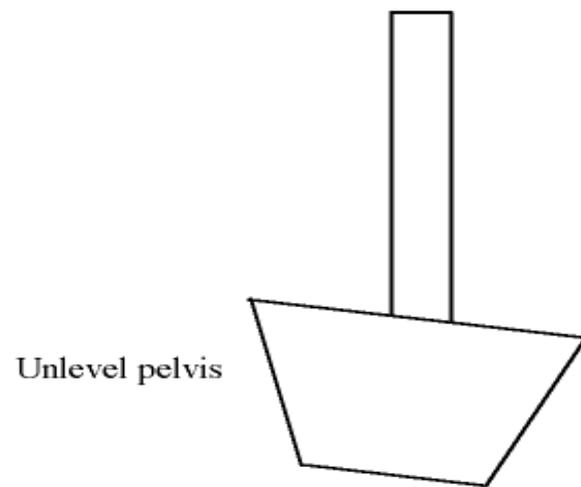
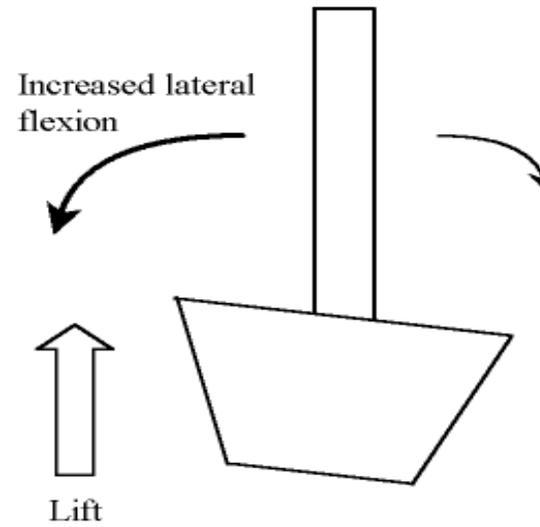
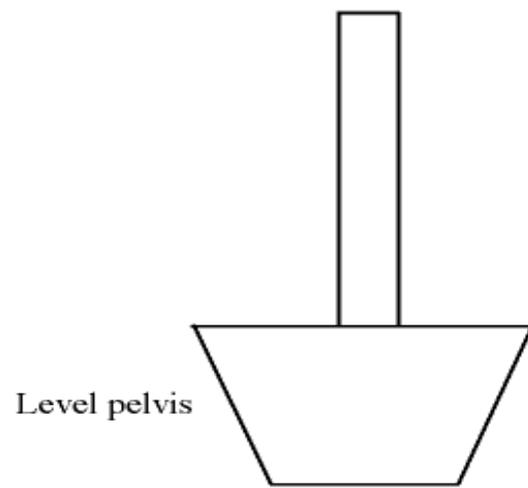
Methods: Online databases: Medline, CINAHL and Mantis. Plus library searches for the time frame of 1970–2005 were done using the term "leg-length inequality".

Results and Discussion: The evidence suggests that an unloaded leg-length asymmetry is a different phenomenon than an anatomic leg-length inequality, and may be due to suprapelvic muscle hypertonicity. Anatomic leg-length inequality and unloaded functional or leg-length alignment asymmetry may interact in a loaded (standing) posture, but not in an unloaded (prone/supine) posture.

Conclusion: The unloaded, functional leg-length alignment asymmetry is a likely phenomenon, although more research regarding reliability of the measurement procedure and validity relative to spinal dysfunction is needed. Functional leg-length alignment asymmetry should be eliminated before any necessary treatment of anatomic LLI.

Review

In Part I of this review, the literature regarding



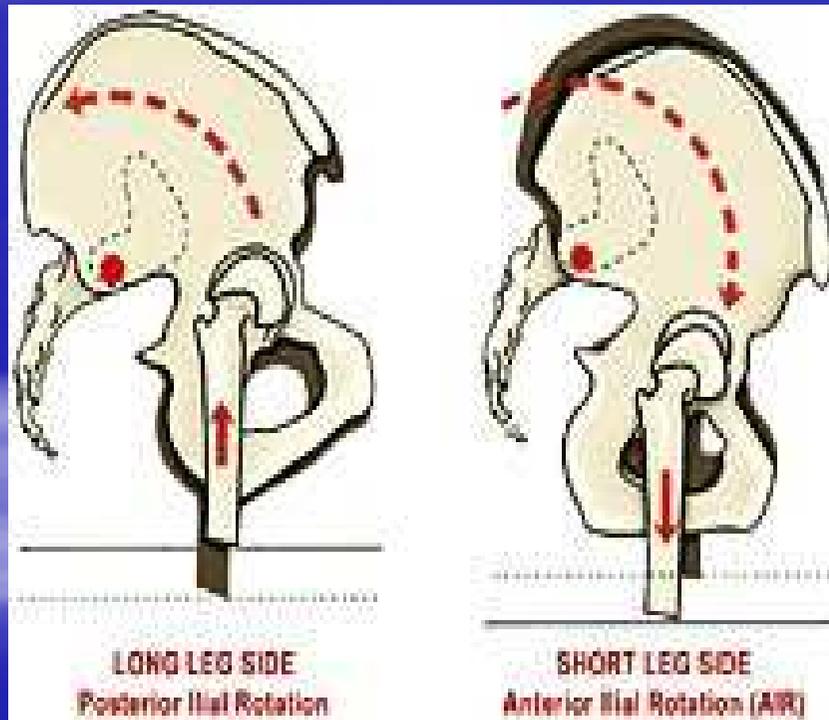
In the subjects with pre-existing pelvic unleveling, placing a lift under the low side and leveling the pelvis had the same result vis-a-vie lateral flexion as creating pelvic unleveling in subjects with a level pelvis: increased lateral flexion to the - now - high or elevated side. This is evidence that the joints, ligaments, and muscles of the lumbar spine and pelvis have permanently adapted to any anatomic leg-length inequality.

Effect of LLD on Pelvic stability

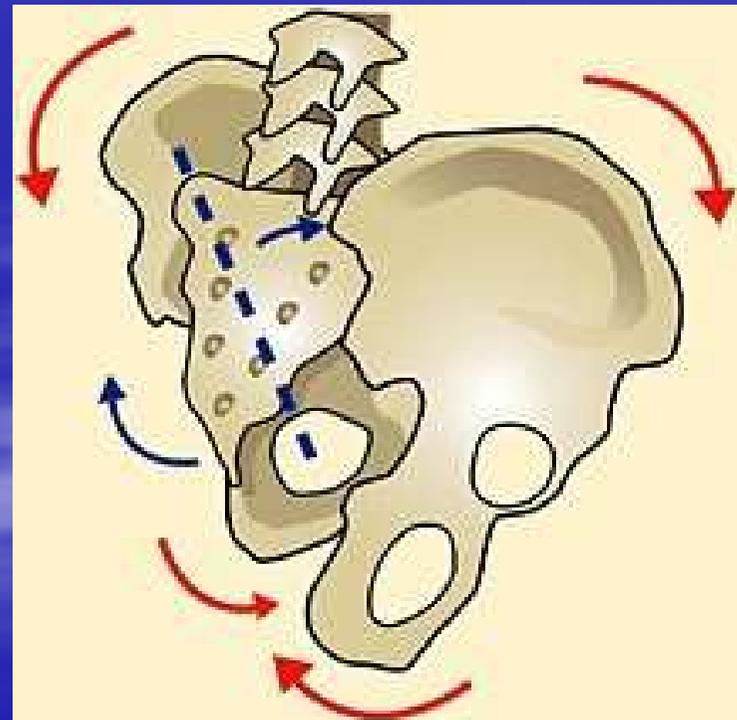
- Iliac rotation is coupled with leg length discrepancy. Figure 1, the femoral head on the long leg side “drives” the ilia upward and backward. Conversely, the ilium on the low femoral head side drops down (anteriorly rotates). The concurrent rotation of both ilia in opposite directions produces a left-on-left sacral torsion (**Figure 2**). This complex iliac rotation coexisting with sacral rotation usually is described as pelvic obliquity. Weight bearing on the right leg will produce this common compensatory pelvic pattern. Iliac rotation can be palpated by placing your fingers under each ASIS and shifting weight from one leg to another. Now place your thumbs on each sacral base and shift side to side. Right leg weight-bearing should cause the right sacral base to go deep (anteriorly rotate).
- <http://erikdalton.com/media/published-articles/short-leg-syndrome-part-1>

Effect of LLD on Ilium

- Figure 1



- Figure 2



The Principles

The Spine is palpated using only the hands to achieve the necessary diagnosis.
No x-ray, CT-Scan or MRI is necessary!

With **gentle**, gradually increasing **pressure** the bones are shifted back into their proper position **while** the patients is doing certain guided active **movements**. (same principal as when getting flour or sand through a sieve - only with motion e.g. shaking this is possible)

This Dynamic distracts the muscles tension and shifting of the bones is relatively easy and readily accepted by the body.

The correction pressure is stopped as soon as Pain arises

Therefore no harm can be done to the patient!

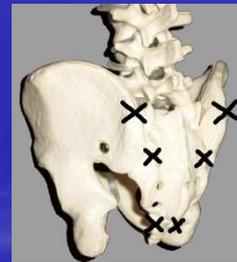
The correction maneuvers are repeated if necessary several times to achieve the best possible result.

The Dorn Therapy

Leg length control and correction



Sacrum check and correction



Vertebral column check and correction



Assessment and correction of other joints



Most Important Parts to Balance

- The most important Areas to re-align are
 - The LLD
 - Pelvic and Sacrum
 - Spine
- research suggests that correct balance in these areas have global effects on the overall anatomical structure

Dorn Diagnosis- Leg length

- Always start by checking LL start with balancing the leg length , remember raise legs out then to the centre at eye level to view the LLD



Re-Aligning Hip

To align the hip pressure is applied with a palmer contact on the greater trochanter into the joint towards the opposing shoulder, the other hand contacts the patella or posterior popliteal area and moves the hip joint into flexion and extension 5-6 times then recheck the balance



Knee Re-aglinement

- Various techniques used for this re-alignment .
- Pressure is directed into the joint while the knee is extended and flexed



Angle Re-Alignment

- With the bottom hand the practitioner cups the calcaneus while the superior hand with a closed hand grip takes the joint through its FULL ROM without mobilisation emphasis

The Sacrum and ileum

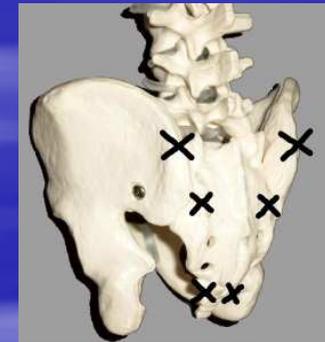
- Patient is standing thumbs are Placed on the PSIS , posteriorities and anteriororities are assessed at three levels

The patient swings the opposite leg

Pressure is applied to the Posterior

Side PSIS with a palmer or thumb

contact while the ASIS is supported



The Spinal Column

- The Spinal treatments begins with the lumbar in a standing position, assessment is by running the thumbs up the spine from L5-T12 to check for lateral deviations , The re-alignment is applied by putting pressure on the laterally deviated side in and posterior –anterior direction slightly medial. Again the patient is stabilised with the opposing hand on the ASIS while the patient swing the opposing leg 5-10 times. Please check comfort levels.



Thoracics Lower MID Upper

- Same assessment procedure as Lumbar
- Run fingers from T12-T1 in seated position checking for laterality of spinous process . Pressure with a supported thumb is applied to the side of deviation in an anterior direction with the patient swinging on the opposite side of the mis-align



Lower and Upper cervical Area

- Starting at the C7 vertebra with the thumbs
Bilateral check for lateral deviation of the C7 C6 area
- On the lateral side , pressure is applied posterior to anterior in a medial direction
While the patient is swinging both arms and rotating the neck simultaneous



C5-C2

- While laterally flexing the upper cervical the same side of flexion is assessed for deviations using an reinforced index finger
- Pressure is applied to the deviations in and anterior medial direction while the neck is rotated quickly side to side .
- Please check patient comfort

Atlas and Axis C1-C2

- To locate the Atlas place one hand on the forehead of the patient for support , with the other hand locate the mastoid process then drop down and medial to locate C1 , directly below is C2 (Axis)
- Feel for lateral deviation or sensitivity on the C1 area.
- To re-align , Pressure is applied in a anterior medial direction while the other hand supports the forehead and rotates side to side

> Things to emphasize!

- Patient should stay relaxed and breathe normal during treatment.
- Patient must indicate any signs of Pain during treatment.
- Patient must do active movements according to the Therapist's instructions during adjustments!
- Patients should be in a constant dialogue with the Therapist (e.g. feels dizzy, pain etc.)
- The patients back (spine) needs to be accessible therefore partial removal or adjustment of clothing is necessary!
- Patients must assure that they understand all instructions given to them!
- Patients must be aware of possible reactions after treatment (discuss before treatment!)

Possible Body-Reactions after the Treatment

- Dull muscular pain (like after a gym workout)
- Detoxification signs due to an improved nerve flow may lead to a change in Metabolism,
 - e.g. changes in toilet habits, light flue like symptoms, light diarrhea, reactions on the skin etc.
- These changes should be judged as positive body reactions and are likely to last for a few days.
- Treated areas may be sensitive to touch.
- Awakening of unsolved 'inner' issues can appear.
- These possible reactions are a sign of the effectivity of this gentle and safe Therapy!

Recommended treatment and follow up

- We suggest that most acute cases 3-4 treatments are necessary with 1 hr visit initially (including massage ect) and 20 min-30 minute FU
- Chronic cases we suggest 8-10 treatments should there be no improvement after 10 then Dorn is not for that Patient refer on
- If patient is not doing self help exercises then longer treatment is required .

> Things to emphasize!

- If there is no improvement of a preexisting condition after a few days another or several sessions may be necessary.
- Still no improvement after 3 sessions? Reasons therefore could be:
- Patient is not following the Therapist advice for Self Help
- Unsolved 'inner' issues or stress related imbalance are influencing the healing. Changes in lifestyle etc. might be necessary.
- Patient has difficulties in taking responsibility for one own life!
(e.g. wants to be sick to avoid demands from others)
- There could be another physical cause
(e.g. Bone/Nerve-Disorders, cancer, inflammations in teeth, stones in organs or other conditions!)
- Patient needs to see other medical practitioners for further assessment.

Patient Self Help after Treatment

- The body needs time to adjust therefore it needs rest and the correct exercises to keep all joints in place.
- No (heavy) exercises for a few days!
- No Stretching! However if it complements the Dorn then it is OK
- Watch for correct posture, sitting, lifting etc.
- Follow all advices from your Therapist!
- Do the DORN METHOD Self Help Exercises daily!
- Drink plenty of clean uncarbonated water!
- Massage your buttocks muscles several times a day! This will help to stay pain free.

Patient Self Help

Patient should be given some hand-outs
Explaining details and instructions for Self Help
and 'After' care. Ask your Therapist!

Remember:

All Healing takes place inside of us and without
your cooperation that healing process may
never be achieved.

If you want to learn more about this revolutionary Method please attend
one of our regularly conducted Seminars by an authorized Dorn Method
Specialist and Seminar Lecturer!

Ask your Therapist for Details!

Dorn Method—Self Help Exercises

All Exercises should be done careful and slowly several times a day. Do NOT exercise if there is Pain due to a recent Accident or Injury. It is better to do them more often than to do them hard! The Principal is always the same: apply gentle pressure towards the joint during movement, often from 90° to a straight position.

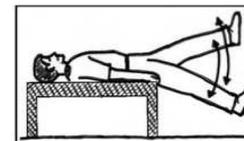


Hip Exercise:
It is important to do this exercise several times during the day and once more before sleeping!

Press with hand onto Hip joint!



A rolled up towel can also be used!



Sacrum exercises:
Helpful to realign or maintain the correct position of the sacrum. Min. once a day better more! For Approx. 1 min.

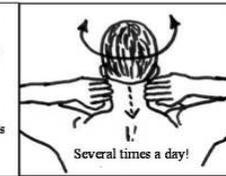
Lay w. upper part of hip on edge of table



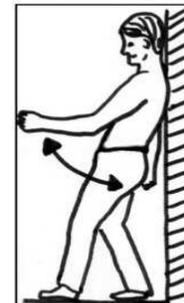
Sit w. coccyx onto corner! Walking in the air!



Right Side: Neck Exercise
Press with fingers on both sides next to the neck processes firmly while moving the head from side to side (No No Movement for approx. 10 sec p. position) Change position downwards several times to cover the whole neck area.



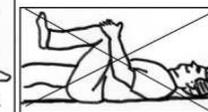
Several times a day!



Wall Exercise: To align vertebrae and scoliosis press next to the processes against the corner of a wall with changing position from up to down while swinging with the arm(s) and/or leg (opposite side). (min 20x or 15 sec. p. Pos. Stay longer if there is a problem area (scoliosis or sensitive single vertebrae) It should not be too painful and its better to do it more often than too hard.



Movements you need to avoid!

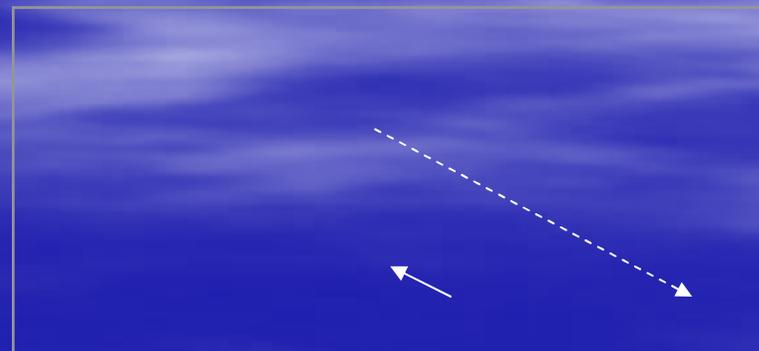
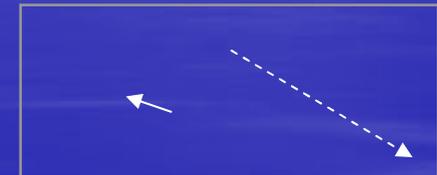


Self Help Exercises

- They can keep the adjusted joints in place! Our body needs time to adjust after a treatment. Minimum two months!
→
- Can achieve further alignment over time.
- Must be done regularly to achieve best results! (Best daily!)
- Must NOT cause Pain during exercising!
- Should be done after every Sport, Exercises, long driving.
- Must NOT be done immediately after any Injury/Accident.
- Can be done as often as desired! More is better!
- Should not be done too hard / intensive better more often!
- Improvement needs time, patience and discipline!

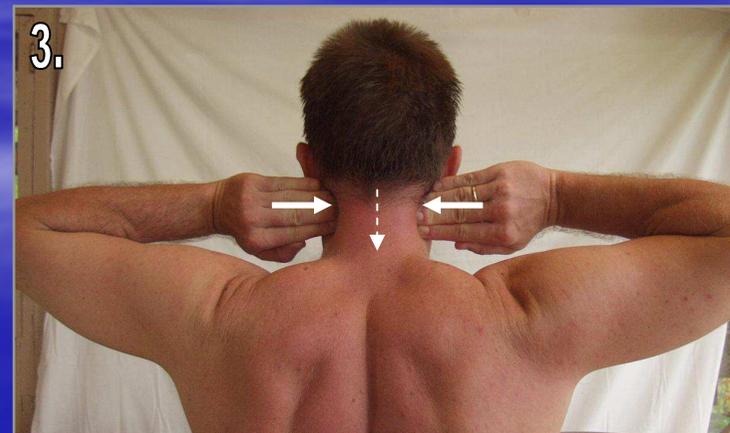
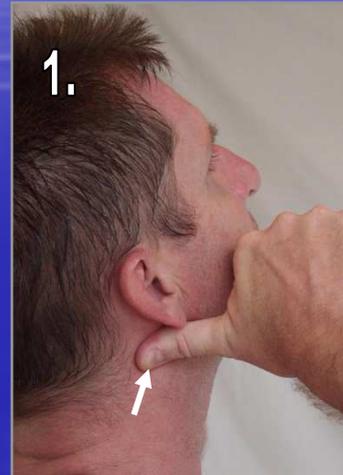
Hip Exercise

- Very important exercise!
- Do this 10x or more a day for the first month after Therapy, (e.g. once per hour!) Later min. 2x day!
- Do it while lying or standing
- You can use the hand or a towel
- Do NOT do if they cause any Pain!
- Do min 3 - 5 repetitions per leg each time
- Exhale while pressing / pulling



Neck Exercises

- Do them several times a day (min. 3x)
 - Remember: Pressure and Movement!
 - Turn Head side to side (No-No Movement)
 - Change position downwards to cover the whole neck!
 - Exhale while pressing
 - **Don't do them if they cause Pain!**
1. Atlas correction
 2. C-7 correction
 3. C-2 to C-6 correction

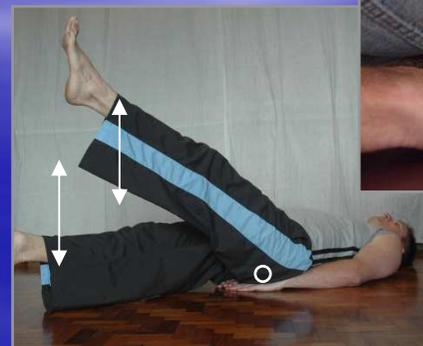
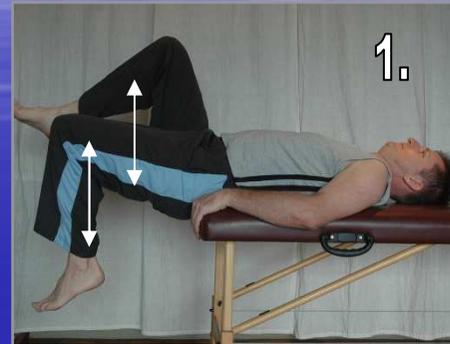


Sacrum Exercises

Important Exercises!

- Do them minimum 1 x day!
- Ensure stability! (Hold on firm to table!)
- Exhale while doing the exercise
- Don't do if there is Pain!

1. On edge of a table
2. On corner of a table
3. Alternative with Tennisball on floor



Spine (Scoliosis) Exercise

Do it minimum once a day!

- Lean (push yourself) against the corner of a wall (doorframe) directly next to the spinous processes (1 finger-width next to middle of the spine) and swing with both arms back and front for about 15sec per position.
- Don't hold your breath!
- Change positions on both sides downwards to cover most of the spine.
- Don't do if there is Pain!!!
- In case of scoliosis stay on the middle of the curvature only!



Case History

- 40 year Old Male golfer!! 6ft 11 height
- Lower back pain , neural signs down the back of leg along L5 S1 dermatomes nerve pathway. Mis-alignment L5 with nerve compression
- Pelvic rotation posterior on left Side
- Anterior rotation right side
- LLD Right side
- Hyper tonicity of hamstring muscles
- Anterior tilt of pelvic with decreased lumbar lordosis

Case History

- Patient taking voltaren for pain control
- TX , first visit Myofascial therapy on lumbar , hip flexors, quads and erectors
- Acupuncture local and distal points Pain control , asked to stop meds and to let them wear off
- Gentle pelvic and leg length re-alignment
- No local re-alignment of vertebrae to minimise further pain
- Patient given pelvic and leg length techniques and advised of possible drug withdrawal and treatment pain. Stop Golf

Visit 2 day 5

- Patient advised that he felt better after treatment but day 2 he had pain with slow reduction over the 3rd and 4th day
- Day 5 he feels better but still has some pain
- TX repeated then local lumbar L5 S1 region treated specifically as their had been a reduction in pain and inflammation .
- L5 showed mis-alignment , was balanced

Day 3 day 10

- Patient called to say he is managing well and is doing exercises, does not need treatment !!!
- Off all meds and is doing well , went away for a 5 day golf trip with no issues

Successful treatment with quick improvements ,patient now understands his issue and can manage himself very happy

Integration of Dorn into TCM Clinical Practice

- Case Studies
- Examples of how to integrate with different therapies
- Acupuncture and Dry needling
- Massage and the Dorn Method
- Dorn Method before or After
- Length of Treatment sessions
- OHS when needling before Dorn Method

Caterina 65 Yrs Female

- **Presenting Signs and Symptoms**

Severe Back and groin Pain referring to knee and central Lower back pain

L2-L3 disc Narrowed , L3 /4 early facet joint degenerative Changes

L4-L5 disc space narrowed anulus disc Bulge protruding into neural foramina bilateraly

Bilateral stenosis and peridiscal osteophytes, Minor Encroachment of L4 nerve roots

Chronic discogenic disease with nerve root impingement

Severe Pain on palpation lumber vertebra

Carr accident 1976 car hit right leg

Chronic leg clotts

Spider and varicose veins

grief

Medications hypotensive, thyroid medication and Anti-inflammatories

Dorn Method Diagnosis Left leg longer Posterior PSIS on the Right

TCM Differential Diagnosis

- **Tongue** – light purple **Coat** -no
- **Pulse-deep** wirey/choppy on middle on the left

Integrated treatment visit 1

- Initial treatment focused on Symptomatic Care, Pain Management , gentle re-alignment, education of patient
- Gentle pelvic and Leg length balancing only
- TCM aspects addressed and treated
- Blood stagnation
- **Acupuncture treatment Plan**
- Move chi and blood in the lower jao
- Ashi points on the lower jao
- Groin Points liv 5 , liv 3 , bladder 23 25
- Intra spinal needling ashi points
- Gentle Myofascial massage treatment in lower lumbar Erector Spinae muscles , quadratus lumborum , released hip flexors , hamstrings and quadrecipes muslces .
- Stretches performed on above also
- Dorn treatment on LLD and Posteriority

Caterina

- Some Biomesotherapy was performed also , patient asked to not take pain medications and to take traumeel ampules (Spray)
- Patient also given Self help exercise for Pelvic and LLD
- Patient also instructed pain will get worse temporarily

- 2nd vist (day 4) patient in a lot of pain in AM on the 2nd and 3rd day her back wasbut better on the 4 day since treatment but groin very painful ,patient not doing her exercised
- treatment repeated , however included gentle lumber re-alignments with Dorn to take stress off lumber impingement and to help groin

- 3rd Visit (day 9) said groin improved but up and down said she had a migraine and was vomiting , right knee referal is subsiding, patient had been doing self help exercises !!!

Caterina

- 3rd visit treatment repeated however dermatomes of lower leg treated with biofeedback
- 4th visit ,(day 16) pain settled down groin better, best she has felt in a long time .
Patient motivated to continue
- Doing her exercises. Taking Natural meds
- Feeling a lot better after treatments

Conclusion

- After 4 visits patient in much better shape for the future .
- Patient realised how the integrated approach work best combining mainly acupuncture and the Dorn Method
- Continued her treatment and was happy until financial restriction however maintained herself with the Dorn Exercises

Claire

- Medications Volatren
- Tongue centre crack and posterior crack
- Coat Absent to very thin at back of tongue only with red papuli
- Pulse deep weak slow
- **Differential Diagnosis**
- **Liver qi stagnation in shoulders**
- **Liver invading spleen**
- Dorn assessment -Mis-alignments C1,C2,C4 , LLD right (.5cm) pelvic left posterior pelvic
- **Diet many foods incorrect for Blood Type**

Treatment

- **Acupuncture treatment Plan**
- Drain heat, move liver qi
- Points used Si 9,10,11,Liv 3
- Dorn Corrections and self help exercises given for LLD hips and neck
- myofascial massage
- Patient given Blood Type Diet asked to avoid dairy especially
- Traumeel cream given for tension

Follow up

- Visit 2 Patient feels much better feeling more relaxed with less pain , not doing Dorn exercises
- Treatment was repeated , Dorn exercises re-phasised
- On subsequent visits pain improved gradually till it disappeared and patient now confident to manage on her with self help after 4 visits . Patient then came back 6 months later with a new problem and remembered how Dorn helped her the first time .
-

Case study 60 year old walking stick

- Male 60 years old severe back pain and scoliosis .with walking stick
- Wants a Massage !!
- Suggested Dorn Method and Acupuncture
- Patient very reluctant
- Treatment given MFR lower back, stretches
- Hamstrings , hip flexors, hips and quads .
- Acupuncture (japanese style) back and chinese points Bl60, ki3 , li4
- Plus Dorn alignments

result

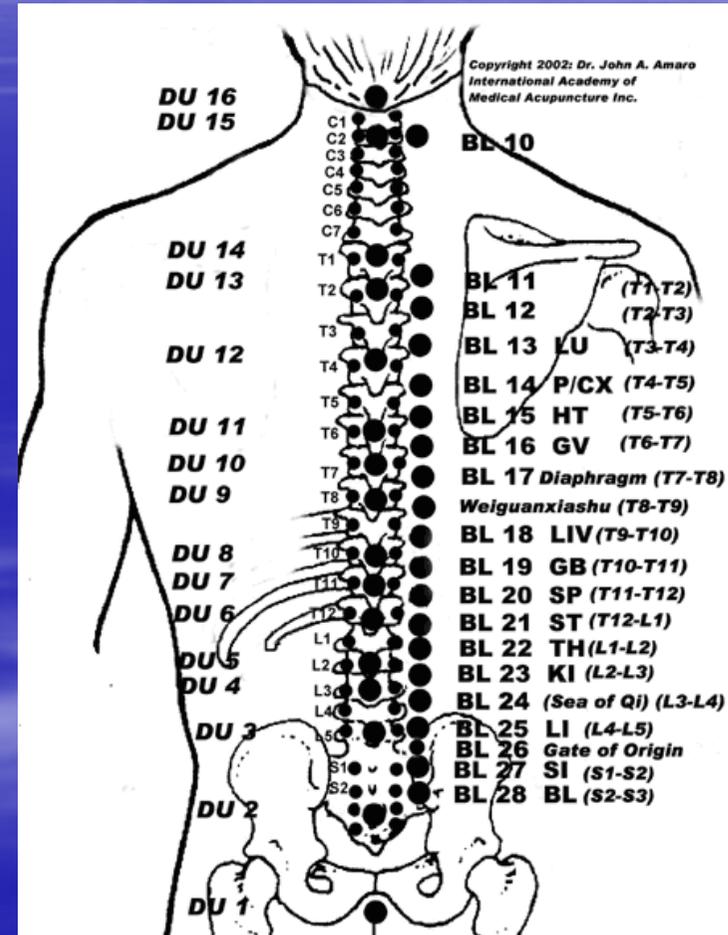
- Patient gets up confused
- OH I feel better !!
- Shook my hand and walked out of here with no Stick !!! Very happy with resut

Acupuncture

- Various needling techniques recommended prior to re-alignments
- Local Ashi Points above and below subluxation, paraspinal intraspinal and back shu points if organ is involved and treating pattern and GV points along spine between Spinous processes points also
- Needling medial oblique towards bone (in thoracics)

Acupuncture

- Huatoujiaji points between the transverse processes ,
- Don't forget distal points



Common Pattern TCM to consider in Lower Back pain

- Lower Back Pain
- Invasion of Cold damp
- Stagnation of qi and blood
- Kidney Deficiency
- Liver qi stagnation
- Aetiology
- Excessive Work
- Excess Sexual
- Invasion of cold and damp
- Inadequate exercise
- Pregnancy

Massage and the Dorn Method

- Various Massage techniques used
- Breuss Massage and Spinal massage
- Myofascial therapy, tuina and trigger point therapy
- Rolfing Sitting stretch extremely effective
- Massage generally recommended after re-alignments however releasing massage before facilitates easier re-alignments

BIOMESOTHERAPY

Biomesotherapy great adjunct to Dorn Therapy, especially effective for acute conditions that are highly inflamed .Recommended to reduce pain prior to alignments if condition is very hot or acute and unable to be treated by Dorn on first visit. Advantage is the use of medicine in conjunction with Acupoints . Affective for chronic conditions not responding to cortisone therapy and conventional drugs . Local and distal points used for effective results. Stimulates the cuta visceral response which acts to stimulate healing via a pro-inflammatory challenge to tissue .



natural anti-inflammatory
for temporary relief

Traumeel S

For symptomatic relief of:

- Soft tissue trauma
- Swelling from sporting injuries
- Sprains and strains
- Inflammation – temporary relief
- Bruising, sore aching muscles – temporary relief

Germany's
no.1 injury
product

Traumeel S

An advertisement for Traumeel S. It features a background image of a runner in motion. The text is overlaid on the image. At the top right, it says 'Traumeel S'. Below that, it lists 'For symptomatic relief of:' followed by a bulleted list of conditions: 'Soft tissue trauma', 'Swelling from sporting injuries', 'Sprains and strains', 'Inflammation – temporary relief', and 'Bruising, sore aching muscles – temporary relief'. To the right of the list is a small inset image of a runner. At the bottom right, it says 'Germany's no.1 injury product'. At the bottom left, it says 'Traumeel S'.

Dorn Method before or After ?

- According to traditional use of Dorn , Dorn is performed before breuss massage and other treatments , to allow the body to relax after treatment and to prevent reactions
- In my clinical practice it varies case by case , most of the time I perform Pelvic and LL checks first followed by Acupuncture and then further Spinal re-alignments after

Varied use of Dorn Treatment

- It is recommended that the full method be done on the first visit (including self help exercises) followed by bruess massage
- On subsequent visits However isolated specific re-alignments can be performed
- Always check Pelvis, LL and C1 C2 !!!

OHS when needling before Dorn Method

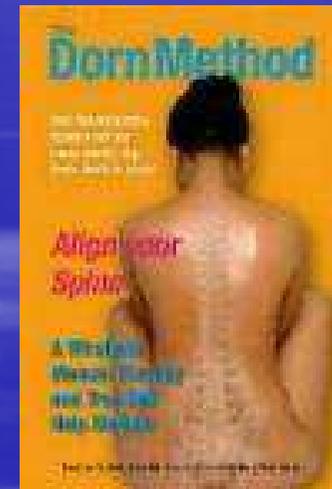
- Same rule applies to massage after Acupuncture . Ideally Dorn Should be performed first to prevent infection , however best results for re-alignments are seen after tissues are relaxed
- Use Own clinical judgment here
- If Doing Dorn After Acupuncture or BMT ensure wounds are cleaned correctly and use gloves if a risk of infection (assess case by case)

Advanced Techniques

- Techniques that follow the Dorn Principle but are not Dorn
- Leg length variations
- Neck Techniques in the supine position
- Back techniques in the Prone Position
- Standing self help Techniques
- Lying Scoliosis treatment
- Dorn Variations in hand positions
- Tips for Kids and Animals

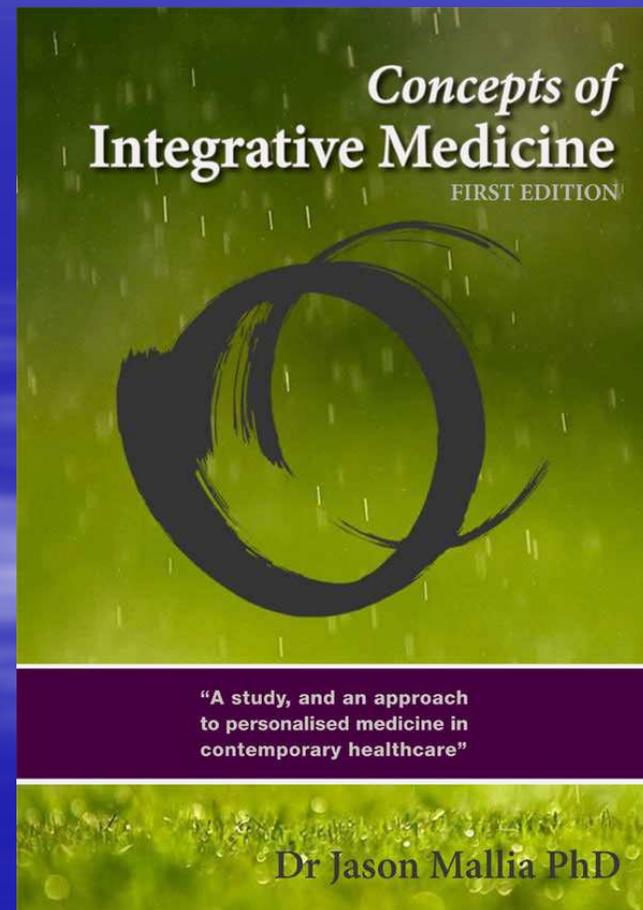
Reading Material

- The Dorn Method By Dr Thomas Zudrell MD (MA)
- Guide to the Dorn method



Concepts of Integrative Medicine

- Includes integrative Case Studies including Dorn /Acup cases
- Available as e-book
- www.integratedhealth.com.au



Testimonials Dorn

I am a recreational surfer and had experience mid thoracic pain for over 12 years in this time I have tried many different therapies including, physiotherapy, chiropractic, osteopathy and massage therapy for my back and nothing seemed to fix my problem.

I discovered dorn spinal therapy and decided to contact a practitioner and found Dr Jason by chance.

On our first visit Jason performed a combination of number of techniques including, myofascial therapy, dorn spinal therapy, Rolfing and Acupuncture. Jason also took the time to explain to me what was going wrong with my structure and recommended some home help exercises . After the session I was so amazed and could not believe that after only one first visit my pain that I experienced for 12 years had completely disappeared. In fact I felt so good after my first visit I felt like I didn't need to see him again!!

I strongly recommend Jason integrative approach to Musculoskeletal problems.

■ Craig, Central Coast

Resources

- Local sites
- www.dmaa.info
- <http://www.integratedhealth.com.au/services/dorn-spinal-joint-therapy-sydney> Jason Mallia ND 95181253
- <http://www.facebook.com/pages/Dorn-Method-UK/120465157983939#!/pages/Dorn-Method-Academy-of-Australia/278122085573105>
- <http://www.dorn-method.com> (Dr Thomas Zudrell)
- http://www.dorn-method.com/dornmethod_international_practitioner_directory.html
- <http://www.dorn-method.hk>
- <http://www.dmta.org.uk/>
- <http://www.facebook.com/pages/Dorn-Method-UK/120465157983939>

Day 2 ADVANCED

The Dorn-Therapy on Children and Infants

- Since the root problem appears to be the traumatic events at, before and after birth it is easy to understand that the treatment of children is not only possible with this gentle therapy but indeed necessary. Children often lack the feeling for their body, different long legs or other imbalances in their structural system and they do not necessarily express these problems with pain because they are still more flexible and relaxed than adults and their energy flows more freely. However problems are often noticeable in their behaviour like frequent crying, restlessness or the opposite and sleeping problems. Symptoms like Skin diseases and Inflammations,
Breathing problems, Hyperactivity or frequent colds may be due to Misalignments and Blockages in the Spinal Column.
Closely related are for example the appearance of polyps and problems in the cervical spine at C2 and C4, Child Migraine often seems connected to a misaligned Atlas (C1) and Bedwetting
- and Bladder problems are connected to the third lumbar vertebra (L3). When Kids do not like to walk, prefer to sit or want to be carried around, get tired easily or

appear to have a limited range of movement and flexibility then this could be signs of misalignments in the pelvis and spine.

Especially after a complicated birth the often caused subluxations in the cervical spine and the pelvis and hips must be corrected as soon as possible. Luckily we often do not need to correct the whole spine in very young children up to school age because they are still very self-adjustable and flexible at that age but the hips, cervical

spine and sacrum need attention also in these kids. But any problems also in children likely have connections to the spine and should be checked and corrected following the Dorn-Method principles.

Assessment and Therapy

- The assessment and correction of misalignments in children is in principal the same as it is in adults only much more gentle and with more patience. It mainly depends on the child's abilities if it can be treated the same way as an adult. If it understands the exercise and it is cooperating, it can stand on its own and swings the legs freely for example then the corrections can mostly be executed similar to the treatment in adults. If the child is too small for that then we need some modifications in the therapy as the following descriptions illustrate it.
- **Different Leg Length in children**
The causes are as mentioned often at birth and directly after due to a difficult and traumatic birth experience, unfavourable lifting of the baby at the legs, carrying and moving the baby, one-sided movements, falls and others. Because of the far reaching consequences for the child the parents, grandparents, babysitters, midwives, nurses and doctors should be made sensible for this problem.

Leg Length check in children:

- With Mother (Parent) The baby lies on its back. The mother stands on the side and places –one hand on the stomach area to ensure the back of the baby stays flat on the surface. The hand also has a calming effect.
- With Therapist The Therapist stands at the end of the table (at the feet). He should always –explain every step to the mother first and stay in a calming and friendly eye contact to the baby and the mother. When the baby feels trust between the mother and the therapist then it is more likely to also trust the therapist.

Execution

- Gently grab the legs with both hands
- Carefully lift the legs while keeping the knees straight as much as possible. Be gentle, □ always! The baby must not be tense.

Assessment and Therapy

- Put thumbs onto the heels. The fingers assist the legs. The therapist then compares the position of his thumbs and assesses and leg length difference there similar to the procedure on adults.
- Note: Alternatively the therapist may place the index finger onto the heels and uses his thumbs to stabilize the legs.

Assessment and Therapy



Correction of hip joint

- Position of Baby and Mother As before Mother on the side touching the baby –
- Position of Therapist The Therapist stands on the same side as the Hip-Joint that will be treated.
- Execution:
- Lift the leg to an angle of approximately 90° . The Mother gently keeps the back of the baby flat on the surface. □
- Using very gentle pressure at the area of the greater trochanter with the thumb, thumb - base or back or front side of the index finger or two fingers directed a little upwards and inwards (towards stomach middle) the leg is then brought to a straight position to help the Joint find its proper position.

Correction of hip joint

- Repeat this Procedure a few times (3 to 4) gently. □
- Always do this procedure on the other side as well (both sides needs treatment) □
- Control After correction of both sides make sure you check the leg length again. Usually –they are now already at the same length. If not you may repeat all again once only.
- Note: Each Therapist will develop his own style in time.
- The Mother should be instructed how she can do this on her own and must be encouraged to
- do it on a very regular basis. There is no need of doing a leg length check prior to the correction. Always both sides must be corrected and spending a little time for this the baby
- will cooperate as it is a play situation. The mother should be a little patient to wait for the right moment doing the correction.



Assessment of sacrum

- Position of the Mother The Mother is usually standing and holding the baby at her stomach –area. The head lies at her chest. One hand is holding the buttock while the other baby's baby's stabilizing the upper back and head. The legs are hanging down freely.
- Position of Therapist The Therapist stands opposite of the mother directly behind the baby. –
- Execution
- To check the sacrum position the therapist palpates very gently the dimples area □ (PSIS) downwards to the and looks for asymmetric Bone structure similar to coccyx's
- check an adults sacrum however much more gentle.

Assessment of sacrum

- The correction is done with very gentle pressure using the thumb against the PSIS □ while the other hand is moving the leg of the same side (or the opposite side) gently back and forth.
- It is again advisable to do this in any case on both sides.



Assessment of sacrum



Assessment and correction of the lumbar vertebra

- Position as before
- Execution
- The spine is very gentle so minimal pressure will you search for deviated vertabras
- Use thumb as contact
- Swing action is done by parent or therapist

Assessment and Correction of the upper Thoracic Spine:

- Position The mother stabilizes the baby at the lower thoracic and lumbar spine so the – therapist can reach the upper parts for palpation.
- Execution
- The therapist is palpating the spine from the lower thoracic area upwards left and right □
- next to the spinous processes and checks for any abnormalities and deviations. It is often best to use the thumbs for this.
- Misaligned vertebra are brought back to their proper position again with very gentle □ counter pressure against the processes while one arm of the baby is moved forwards
- and backwards in a swinging motion by the mother or the therapist. It is either the opposite arm that is moved or the arm at the same side to be corrected.

THORACIC SPINE ASSESSMENT



- sacrum upwards to the lower thoracic spine (middle of the back) pretty much the same way as with adults. It is often best to use the thumbs for this.
- If any deviation of the vertebra position is found then a correction is attempted. The correction is done in principle the same way as with adults. The swinging motion of the leg is done by the mother or the therapist. Gentle thumb counter-pressure is guiding the vertebra back in place while the leg on the same side is moved back and forth.

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■ Assessment and Correction of the Cervical Spine:

- Position of Mother and Baby The Baby lies on its back on the treatment table (any table –will do). The mother holds and calms the baby by placing her hand onto the stomach. baby's
- Position of the Therapist The Therapist stands at the Head (above) of the baby –
- Execution
- The therapist takes the head of the baby in both hands; ideally the baby cuddles into his hands.
- With his fingers the therapist is palpating the cervical vertebra and checks if they are in their proper position. The therapist should be skilled and gentle as this may be uncomfortable if any misalignments exist.

Cervical spine cont

- The correction is done by applying very careful and gentle pressure onto the spinous or transverse processes while the head is moved (rocking motion) from side to side (No-No Movement) by the therapist.
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- At the Atlas a super gentle and careful traction can be used to help the vertebra in place additional to the described procedure
- Note: Always work in cooperation with the Mother.
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- Be very careful and gentle. Do not overdo it.
- Do not cause Pain to the Baby.
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ASSESSMENT OF CERVICAL SPINE



Dorn therapy for Animals

Dorn Method for Horses



Dorn Method for Dogs

