

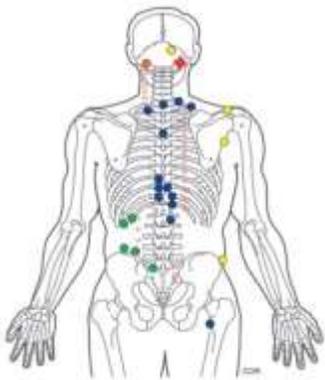
Bio: Dr. Jarrell is the developer of Spondylogenic Reflex Analysis, SRA Diagnostic and Treatment Protocols, SRA Laser Adjusting, 5MinuteBack, 5MinuteBack Pregnancy and TrueCore Spinal Stabilization. He is the Director of Spinal Reflex Institute, Intl. and SRA Pain and Laser COA. He has designed diagnostic and treatment protocols for professional health care providers for over 23 years and trains Doctors in successful Laser, IR Imaging and clinical protocols.
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TrueCore™ Stabilization – Controlling the Unstable Facet Joint

In the middle of writing the abstract for a study on high frequency/high power laser effects on spondylogenic reflex syndromes (SRS) and their propensity to compromise multiple extraneous myotomes and their muscle loading capacity, I paused and reflected... From the data, I am more astonished now than ever at the impact the SRS has on my patient's pathophysiology and how much it changes their pain and dysfunction when we turn them off.



CO1 Right Laser Treatment Chart

In my educational classes to doctors and more recently through the Colorado Chiropractic Association, I present the interactive threads between the science of infrared imaging for inflammation, high frequency/high power lasers for high speed tissue responses and the relevance of the SRS in driving aberrant neurology in a manner that illustrates the immediacy of cause, effect and therapeutic outcomes. I bring this to the top of the mind as perhaps the most important component of our practices for all the right reasons... accuracy, speed, strategies and outcomes. With outcomes, crucial aspects of a successful business model emerge; concise treatment strategies, the best diagnostic and treatment tools available and the patient's positive experience. Together, the rewards of rapidly increasing your patient's outcomes are high rates of referrals, income and professional satisfaction.

We all know that we can throw money at extensive marketing programs, charismatic clinical bedside manners, patient incentives and tough care plans. However, much of the stress, anxiety and tight budgets of driving this type of practice fall away when you focus on patient outcomes. After all, is your patient coming to see you for any of those other reasons or are they there to experience a difference in their pain and suffering? Can the patient hear your sales pitch or how great we are before they are notably relieved of pain? Do you have to educate them on chiropractic or is it better to show them what chiropractic can do through merit and simply remind them to let others know?

We are physicians driven by a passion to help others and yes, we do want and need financially successful practices! Focusing on concise, fast and effective outcomes will give you that "patient for life" experience. They will refer their husband, mother, sister, grandparent, children, friend and colleague to the one person who helped them the most. They will trust in your professional skills and the safety of knowing you are there to help them by making "the big difference", that you are the gatekeeper they can trust. Improving outcomes and referrals increases your income. It is the basic rule of Return on Investment (ROI) when you enhance your skills as a Doctor of Chiropractic. You increase the breadth, scope and number of problems you can identify and treat successfully. Then the referrals feed the ROI process and strengthens the insurance and cash sides of your practice and fulfills your sense of professional satisfaction.

Why high power/high frequency lasers in the study? They are 10 to 15 years out on technology and they are phenomenal tools for high speed outcomes and big changes. They give the "I can feel it now" WOW factor in patient pain management and accelerated healing. Why infrared thermal imaging? It shows you and the

patient where the inflammation is noting that inflammation and pain are synonymous processes. IR imaging gives you and the patient the “I can see the problem” WOW factor. Why Spondylogenic Reflex Analysis (SRA)?



Fig. 1 - Pre 5MB Exercise

Note: Lumbosacral inflammation and peak temperature at 95.5°F. at T8-9 and overall low grade inflammation. Flir E8

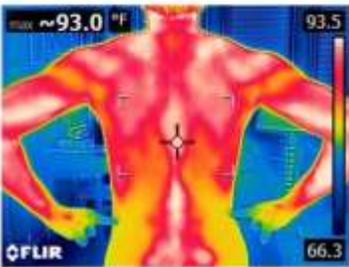


Fig. 2 - 38 Minutes Post 5MB Exercise

Note: Reduced lumbosacral inflammation; peak T at 93.0°F. reduced peticothorax T and skeletal muscle activation pattern



Fig. 3 - 58 Minutes Post 5MB Exercise

Note: Continue reduction in lumbosacral inflammation and peak temperature at 90.9°F. Flir E8

It shows you and the patient how the art and science of chiropractic directly connects with their experience of pain and dysfunction. It also gives you a map to options and outcomes. It is the “how did you know” WOW factor for the patient and the “I immediately know what to do next” WOW factor for the doctor. These are all 'low cost investments with high ROI' tools that strengthen the cash income side of your practice.

I will present another tool from the SRA Tool Chest on June 10, courtesy of the CCA in Denver and I encourage all doctors who want to learn the easiest, yet fastest spinal stabilization program available for prescribing to your patients.

Based on over 90 scientific studies supporting the underlying premise; SRA TrueCore Exercises go something like this... Looking back 500, 1000, a million years ago, the SRS was not a problematic process in the human experience. As an unstable facet articulation, it is a modern problem. We are taller, longer and thinner than our predecessors. We have a 75 joint kinetic chain that is effectively a longer lever than ever and yet we have the lowest density of spinal muscle mass supporting it in the entire history of humanity. Each generation is weaker than the last in paraspinal muscle strength and when coupled with process addition of smart devices, lack of play in childhood, dietary, lifestyle and growth factors associated with modern life, it all contributes to a fundamental failure in dynamic spinal stability.

Your spine is not a column; it is a functional tripod consisting of 3 weight bearing columns: left and right facets and vertebral bodies. Each column bears the average static load of gravity, tone and the peak angular load of motion according to the inherent curve or arc in each area. In a kinetic chain of 75 odd joints, the spine is approximately the length of you hip to your ankle. The spine conveys approximately 99% of your neurology to and from the brain and it can be compromised by the position and the status of those joints. With 5 joints and no direct impact on neurology, the lower extremity is simplistic in comparison.

Is it inherently a bad design? No, it is perfect. Is it prone to subluxations and injury? No, not if it is supported and controlled by strength. Example: I lost 90% of my L5/S1 and 40% of my L4/L5 disc height through a skydiving accident at the age 22. I was down for the count roughly 6 times a year in full spasms, pain and radiculitis for 2 weeks at a time well into my 30s. At the same time I was lean, in good shape, ran and practiced yoga for flexibility for over 15 years. The pain cycles never changed and the stiffness never went away. The day I stopped yoga and started designing my own back stabilization exercises was the day the pain stopped and my flexibility returned. I could flex to the floor while standing without bending my knees for the first time in 20 years.

Was the yoga wrong? Yes, for my condition it was. If my back was stronger, it may not have been contraindicated. You cannot stretch your muscles and ligaments into spinal stability. Did I have a deficiency of stretch? No, I had a deficiency of spinal intersegmental strength. In fact, current research indicates that stretching muscle more than 10-15 seconds leads to rebound shortening through reflex protective reflexes. Stretching longer does not technically lengthen muscle, but can stretch the tendons and ligaments. This leads

to further joint instability, especially under load and at increased angles of movement. Switching from stretching to 4 strengthening exercises for 5 minutes a day immediately started me on the road to more flexibility, agility and strength than I had in college. This is the opposite of the average timeline in the aging process.

SRA TrueCore™ spinal stabilization exercises focus on intersegmental strength first, not multi-segmental or multi-regional muscle strength. Intersegmental strength focuses on four key muscles of the spine that are half muscle fibers and half mechanoreceptors. They are so small that they cannot actually move one vertebra in relation to another. Maybe muscle, not really muscle, too small to do work... Why do we even have them in the mix of paraspinal support? The rotatories, intertransversalis, interspinous and levator costae brevis muscles apprise the nervous system of intersegmental relationships between two vertebrae so that the spinal cord and brain can sequentially manage the rate, amount and control of muscle activation necessary to accomplish the intentional movement in an efficient manner. Multisegmental multifidi and increasingly larger multiregional muscles then complete the motion. There is another set of muscles that underly intersegmental muscle activation, but you will have to attend the class to hear more about those.

Case Example: 44 year old female runner prepping for upcoming marathon presented with right hip and groin pain that is preventing daily training for past 5 weeks. MRI revealed adjacent femoral neck mild soft tissue edema and likely subtle periostitis. She has not responded to PT or chiropractic yet. An SRS evaluation identified COL > R SRS with over facilitated C5/6, T7-12, L2-3, L4 and L5 extraneous myotomes. Prescribed a 15 second/3 rep TrueCore (TC) stabilization exercise to be done 5x/day that resulted in same day 5 mile run w/o CC and 10 miles the following day. Follow-up visit included C5/6 and L2/3 TC exercises for a total combined total of 2 min/5x/day resulting in 15 and 18 mile runs w/o CC. Her training target is 20 miles per day. Currently, she is performing TC exercises and training daily w/o her CC. We are currently supplementing with SRA procedures in minimal low force adjusting and HF/HP laser for long term resolution and performance.

About that study I mentioned: Preliminary outcomes on the initial pilot study indicate that a single spondylogenic reflex can adversely affect the muscle load capacity in multiple extraneous myotomes in asymptomatic adults, and that 2 minutes of high frequency/high power laser administered to the SRS only, can reduce both the number of compromised myotome counts and the hottest reflexive inflammatory zone in all subjects. Bottom line... Outcomes matter and the ROI on just one patient will impact all aspects of your practice and your professional success.

Dr. Frank Jarrell