

The Story of BEING NECK CONSCIOUS

In another story—we think it is in QUESTIONS AND ANSWERS—we have discussed at length how Chiropractors spend years preparing themselves and studying how to adjust right vertebra, at right time, in right manner to get sick people well; then give little, if any, to education of patients in teaching them or doing anything themselves to preserve the adjustment, once given. It is as necessary to protect adjustment, once made, as it is to give adjustment to undo damage of vertebral subluxation.

If a fracture of arm or leg occurs, surgeon sets it and put it into a splint or cast to preserve it until it unites. If a rib is fractured, he will more than likely tape area to keep breathing from hindering fracture from uniting. Would that we could do the same with a vertebral subluxation, once adjusted. Such would be difficult.

The important educational feature in which a Chiropractor can instruct his patient is HOW TO SLEEP to protect the adjustment. Many people sleep on left side, right side, on back, or on stomach. Best way to sleep is on back, next on either side, but one should *never* sleep on his stomach. If patient sleeps on either side, he should build up intervening space between thickness of shoulder and neck with proper thickness of pillow, so that head does not sag. This will vary according to differing distance between neck and shoulder. If patient sleeps on back, same should be done by building up space between shoulders and neck-line, with pillow. If patient sleeps on stomach, it becomes necessary to turn head to either side, to breathe. This twists neck, relaxing muscles on warm bed side, and puts a constructed state of muscles on upper cold side of neck, torqueing neck, putting it to a more or less permanent strain. In daily checking cases, we can almost always tell which cases sleep on stomach because their readings are generally worse.

An easy way to understand what we are trying to say is: As you sit, so should you sleep. As you sit, you do not lop your head down on left or right shoulder; neither should you sleep that way. As you sit, you do not drop your head forward on your chest; neither should you sleep that way; yet some people do prop head forward by building up too many pillows between bed and head. As you sit, you do not drop head back between shoulders. Some people are very well built between shoulders and back of head. To sleep without any pillow behind head is to let it drop back on bed and drop head back between shoulders. You should not sleep that way. You should sleep with head in same relationship to body as it is when you sit upright. *Never* sleep on stomach, no matter what you try to do with pillows, your head is always on a torque twist. While sitting upright, try to lop your head to left or right side, forward on chest, or back between shoulders, and you will see what a strain it puts on neck. By doing this, you will see what we mean.

In The B. J. Palmer Chiropractic Clinic, we are very neck-conscious. Having checked case for interference, if such is found, we give an adjustment. Case is then taken back to shielded and grounded booth where post-check is made to prove adjustment has been given. Adjustment consists in setting the vertebra in correct position. Case is then placed on ambulance cot, with head placed in receptacle which does not permit case to twist head after adjustment, and is then taken to a silent rest room where he is required to lie flat on back for at least three hours. In quiet rest room, patient relaxes, and during that relaxation period vertebra *seats* itself. Following that, we do not ask patient to hold neck stiff, looking straight forward and not turning to either side. We ask him to keep neck in a more or less relaxed position, but not to *suddenly jerk head* to left or right, up or down. A stiff neck would defeat purpose; neck must be relaxed. However, case must observe caution against strain or sudden twist of head in any direction.

In this way, once vertebra has seated itself, it remains seated. By observing these simple rules, we reduce frequency of adjusting, because of non-existence or reappearance of vertebral subluxation.