

The SOT diagnostic indicators system is a great guide for successful treatment protocols for severe physically compromised patients A case report [Abstract]

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Indexing terms: Chiropractic; SOT; Cranial; Category One; Category Three; failed low-back surgery.



Objective:

To establish the concept that sacro occipital. technique (SOT) is a method of chiropractic which includes diagnosis and treatment through a researched specific indicator system. The advanced practitioner who understands the SOT indicator system and also has years of experience with patient application; can be creative with treatment on the very challenging cases with very physically compromised patients utilising the SOT indicator system as a guide - which may not necessarily follow normal protocols and procedures for the less compromised patient.

Clinical Features:

This patient is a 69-year-old female who has had multiple lower back surgeries that have not relieved left leg and foot pain. Patient had a bad fall in February of 2022 where she fractured Lumbar 4 and 5. After the 2 surgeries to repair L4 and L5 (the second surgery to remodel the first surgery), the patient was left with both bladder and bowel incontinence as well as chronic sciatic pain in complete left leg and ankle. On evaluation the patient's left leg and foot exhibited intermittent paralysis. The patient is on Oxycodone daily for constant excruciating pain and also had an Evoke Patient Controller (ECV by Saluda Medical, Australia) spinal cord stimulator implanted to help with pain control.

Methods:

Chiropractic manipulative therapy was applied via SOT and SOT Craniopathy for evaluation and treatment. SOT Indicator system was used to establish which Category to use in treatment; in this case the patient received a mix of Category III and I. Category III treatments included orthopaedic blocking; spinal adjusting via R+ C factors; and Category III basic cranial. These were the initial few visits. After a few visits monitoring heel tension the patient required Category I treatments which included blocking, \$ and/or #, SB +, vasomotor neutralisation and appropriate intra-oral cranial to free the sphenoid bone. Patient received the most pain relief from the Category I procedures.

Other evaluations included standard orthopaedic and neurological testing as well as PRO Balance 360 testing. Pro Balance 360 was used for not only evaluation but also treatment of the patient's balance stability. The PRO Balance 360 will give a metric which represents how far the patient's body will sway away from the patient's centre of gravity line and is Decisional Support System certified by the United States government as the only unit currently in use at the Veterans Administration Health Care Facilities.

Results:

Reevaluation after 10 visits of SOT and SOT Craniopathy utilizing mainly Category III and Category I protocols: patient has improved approximately 50%. Areas of marked symptomatic improvement: pain reduction; better quality of life: greater desire to go out and do things after each adjustment instead of going home to bed. Objective improvement illustrated Balance metric more stable; all evaluation indicators improved.

Conclusion:

The SOT indicator system can be an important tool to successfully guide chiropractic treatment protocols for very challenging patient health conditions. Further research is needed to see if the results from this case can be generalised to other patient populations.

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About the practitioner



Esther M Remeta DC is a practising chiropractor and clinical researcher. She has practiced for over 30 years in North Carolina and is currently the executive director of Chiropractic Research Institute (CRI) in Clemmons. Dr. Remeta is a SOTO-USA Board Certified Sacro Occipital Technique and Craniopathy practitioner and a Diplomat with the American Academy of Pain Management. She is on the faculty of SOTO-USA and lectures nationally and internationally to her fellow colleagues in the field of brain and spinal cord trauma rehabilitation.



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