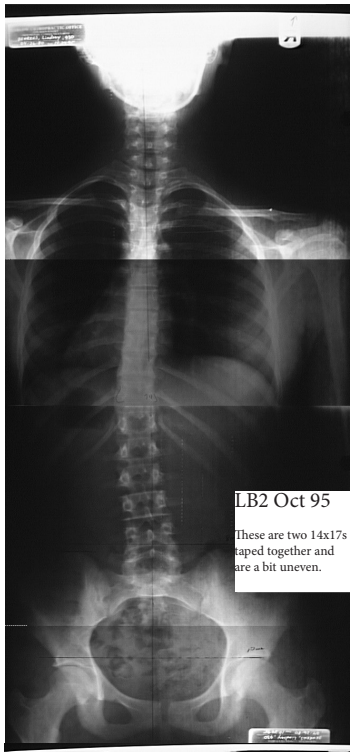
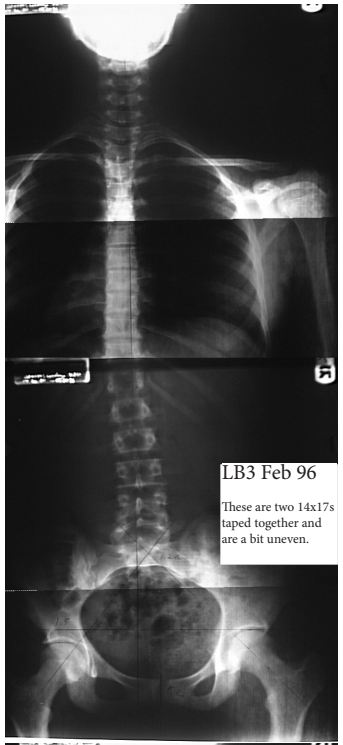
X-Ray Analysis



LB2 Oct 95

These are two 14x17s taped together and are a bit uneven.



LB3 Feb 96

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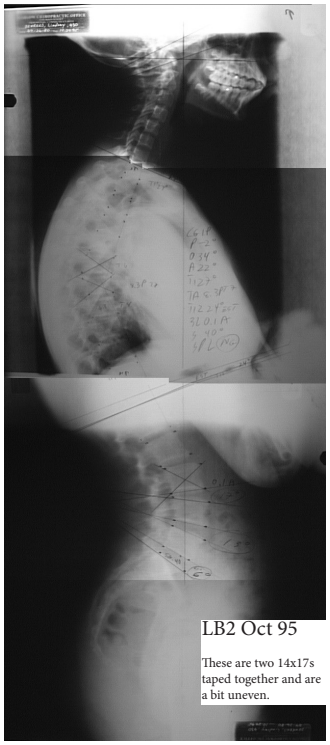
First:
Going to the Sitting AP LB2 and LB3 to the left you might notice the S configuration in the LB2 sitting because you know what to look at. You can see that same S shape in the thoracolumbar curve in the LB3 picture but the spine is in much better mechanical condition overall so some of that mechanical stress is shifted to the AP direction. Remember I noted that the spine moves and twists in THREE dimensions?

Secondly:
So, looking at the LB2 sitting Lateral compared to the LB3 sitting Lateral to the right you find that there was a collapse of the upper thoracic curve in the LB2 films (all of them). You can note that collapse by the reversal of the kyphosis in the thoracic spine from T12 (T12 angle is negative 4 degrees) up through T8 or T7 and the flat spot T5-4-3-2-1.

However, in LB3 you can note much less of a reversal in the lower and midthoracic spine and that the upper thoracic curve in the LB3 film now has a semblance or normalcy.

What you are watching there is the return of the correct curves in the spine in THREE dimensions and not just a spine forced into a set of tighter curves that are actually more pathological.



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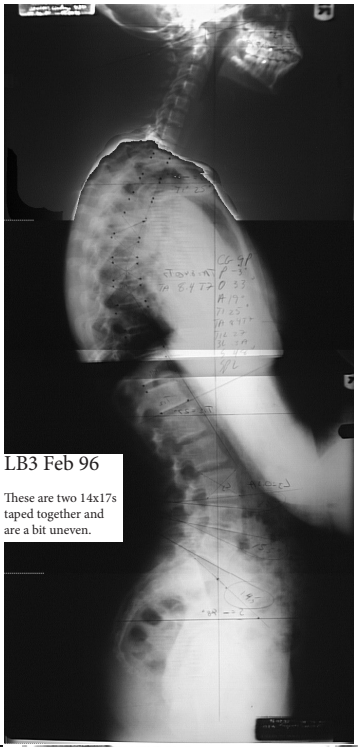

LB3 Feb 96

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Lastly:
A hint at what to look at further in these films, it looks like there is a thoracic kyphosis in the standing lateral LB2, however, you know from the sitting that the thoracic spine there is actually just collapsed. Can you see that? Much more there. What about the lumbars? What in the lateral lumbar would point you to the fact that there was a curve to the right that was hidden as the body leaned far to the left and compressed it down to just about total invisibility? How about treatment? See below.

Woops. What if you treated with exercise and bracing and/or mirror image structural care, manipulation etc.? What did you do and what do you see?

It varies because bodies compensate differently and different configurations of pathological mechanics exist in the pelvis, legs and upper spine. However, it often goes something like this: Either more curve to the left because the body is pushed right, which is actually INTO its problem side. Or, straighter spine but with many kinks like the ones you see at L4-L5 on the LB2 standing film.

If More Curve:
The body, being pushed into its Breakdown direction (the direction in which its mechanics are Breaking Down [as in a mechanical breakdown in a car]), The body, being pushed into its Breakdown direction curves further left to compensate even harder and prevent a worsened condition. (Now comes the operation for many.)

If Less Curve but More Kinks:
The body, being pushed into its Breakdown side and unable to curve more to the left for one of several possible reasons, was forced to twist to compensate. That results in a more twisted condition which, seems to look better but leads to other mechanical pathologies and worsening inability to move freely.

Leave this last one alone for a while and they will either deteriorate and have other mechanical problems within a few years, or they will revert to the curved condition but not quite the same.

As noted, these configuration changes correlate with the changes in the lumbar curves seen on the Lateral films and even with the changes you see form sitting to standing. I leave you to view those and try to workout an understanding. Alternatively, you can buy the Advanced BioStructural Correction™ X-Ray Seminar on CD by calling our office.

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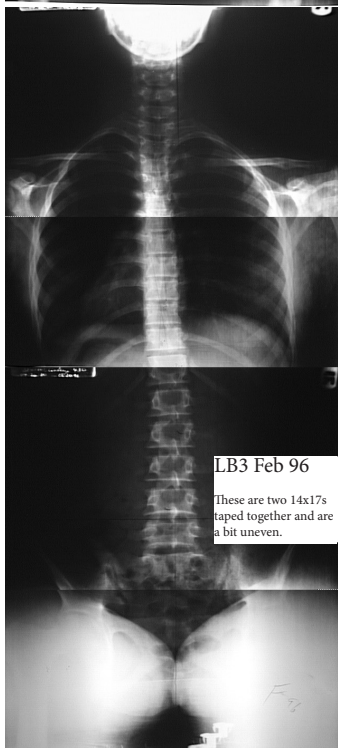

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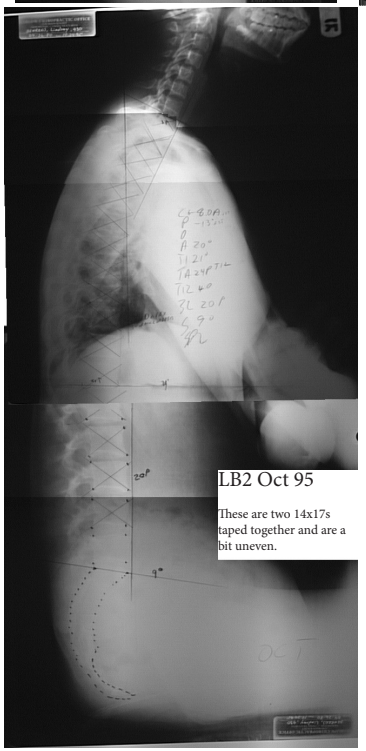

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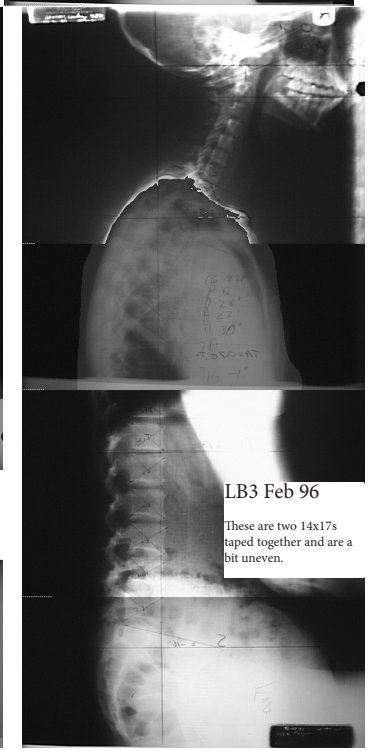

LB3 Feb 96

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Scroll Down for Additional Photos

Note the lumbar spine in LB2 Standing:

There is a thoracolumbar scoliosis to the left viewed on the films. However, note that L5 and L4 do not quite look as smoothly curved left as the other vertebrae.

Now note the LB2 SITTING AP view:
There is also a thoracolumbar scoliosis to the left here but it is farther to the left and L5 and L4 are still not smoothly in the leftward curve. (This change in curve and shape of curve is consistent with, and correlates with, the Breakdown of the lumbar lordosis seen on the sitting lateral, but that is for the greater analysis in the full seminar.)

Going to the LB3 view FIVE months later:
We see here that the thoracolumbar scoliosis we thought we saw to the left in the earlier pictures (LB2 standing and sitting) was actually an S shaped scoliosis with the lower lumbars going right, then left starting at L4-L3 and then coming back to the right in the thoracic spine.