AN ABNORMAL POSITIONAL OR FUNCTIONAL RELATIONSHIP BETWEEN ADJACENT SPINAL SEGMENTS CALLED VERTEBRAE (VER'TE-BREE)
THE SPINAL COLUMN SERVES TWO MAJOR FUNCTIONS. THE NORMAL SPINE FORMS A CENTRAL CANAL THAT PROTECTS THE SPINAL CORD AND NERVES. THE NORMAL SPINE ALSO PROVIDES A STRONG FLEXIBLE POSTURAL SUPPORT. SHOULD THE SPINE FAIL IN EITHER FUNCTION BIO-MECHANICAL PAIN AND DISEASE (headaches, slipped disc syndroms, sciatica, shoulder-neck syndroms, and functional disorders) MAY DEVELOP.

Perhaps the most frequent cause of failure of the spine to function normally is an extremely complex spinal disorder called a subluxation (see page one). Not only does a subluxation destroy the normal balance and mobility of the spine, it may also occlude the adjacent nerve opening. If a subluxated vertebra occludes a nerve opening the nerve passing through the opening suffers compression and irritation. Pain and loss of function then occurs in that part of the body supplied by the injured nerve.

Most people are now familiar with the fact that a subluxated vertebra may cause nerve pain and loss of function in the arms or legs (pinched nerve syndroms). It logically follows that if a nerve in the neck when compressed may cause shoulder and arm pain... A NERVE THAT SUPPLIES A VITAL ORGAN MIGHT ALSO SUFFER A SUBLUXATION INJURY AND THAT ORGAN THEN SUFFERS PAIN AND LOSS OF FUNCTION.

The chiropractic profession is that branch of the healing arts most concerned with the correction of spinal subluxations and the re-establishment of body balance and functional integrity.
Prevent SPINAL DISABILITIES
PAINFUL BACK DISORDERS OCCUR MORE FREQUENTLY THAN ANY OTHER SINGLE CLASSIFICATION OF DISABLING DISEASES. ONE OUT OF EVERY TEN MAN HOURS LOST IS DUE TO SPINAL DISABILITY ... MOST DISABLING SPINAL DISORDERS CAN BE PREVENTED BY PERIODIC CHIROPRACTIC CHECK-UPS AND A PROFESSIONALLY DIRECTED SPINAL HYGIENE PROGRAM.

Authorities agree that most back disabilities are due to defects in the alignment and altered mobility of one or more spinal segments or vertebrae . . . . most such spinal distortions are due to repeated minor falls, accidents and prolonged muscle tension (carrying a heavy load) . . . . EACH MINOR SPINAL INJURY TENDS TO STRETCH THE SUPPORTING LIGAMENTS AND MUSCLES AND TO ALTER THE ALIGNMENT AND MOBILITY OF ONE OR MORE VERTEBRAE . . . WITH EACH MINOR INJURY SOME OF THE DELICATE BALANCE AND PRECISION MOVEMENT OF THE SPINE IS LOST AND THE SPINE IS STRUCTURALLY WEAKENED . . .

THE EFFECTS OF REPEATED STRAINS AND INJURIES ACCUMULATE OVER MANY MONTHS AND WITH FEW SYMPTOMS . . . The loss of muscle balance may appear as nothing more than a high hip or slight head tilt. A misaligned vertebra may fail to move through its normal range with only a slight loss in the ability to bend forward. Such structural alterations may be dismissed as "just age" until an unguarded move or unusual exercise forces a vertebra out of its normal alignment.

WHEN A VERTEBRA IS FORCED OUT OF ALIGNMENT THE ADJACENT NERVE OPENINGS MAY BE OCCLUDED. SUCH AN OCCLUSION OR PARTIAL CLOSING OF A NERVE OPENING SERVES TO IRRITATE THE SPINAL NERVE THAT PASSES THROUGH THE OPENING. That part of the body dependent upon the injured nerve for its vital energy must suffer pain and loss of function.

LOWE R SPINE & PE LVIS SPINAL NERVES IN RED

THE ACCUMULATION OF THE EFFECTS OF REPEATED MINOR INJURIES MAY BE PREVENTED BY REGULAR PERIODIC CHIROPRACTIC EXAMINATIONS AND A PROFESSIONALLY DIRECTED SPINAL HYGIENE PROGRAM.
Structural Spinal Disorders

- HEADACHE
- TENSION HEADACHE
- MIGRAINE
- "NERVES"
- LOW BACK PAIN
- FACET SUBLUXATION
- NEURALGIA
- BURSITIS
- CAPSULITIS
- WHIPLASH
- VERTIGO
- SPINAL DEFECTS
- "SLIPPED DISC"
- SCIATICA
- TORTICOLLIS
- FAULTY POSTURE
- SHOULDER, NECK AND ARM PAIN

DR. TERRY L. CUNNING, D.C.
7th & CHESTNUT STREETS
PERKASIE, PA. 18944
TELEPHONE 257-8855
PROTECT YOURSELF
AND YOUR FAMILY
AGAINST

Structural Disorders

WHICH
Comprise one of the largest groups of
DISABLING DISEASES in America.

Most Structural Spinal Disorders are due to
NEGLECT or lack of proper care of the neck and
back following minor falls and accidents.

Many spinal disorders begin as faulty posture
during childhood.

Research has shown that a small painless
spinal distortion may gradually increase
WITHOUT SYMPTOMS over a period of
many months or years.

During this period the spine shifts slowly
until finally an awkward step or unusual
exercise brings about a severe and
prolonged SPINAL DISABILITY.

A regular professional spinal care program enables
your Chiropractor to more adequately protect you
through EARLY DISCOVERY of SPINAL DEFECTS.

BE SURE YOUR INSURANCE PROGRAM
INCLUDES CHIROPRACTIC CARE.

A slight forward bending of the spine as seen in
an X-Ray of a normal neck.

Loss of the normal forward bending of the spine
as seen in an X-Ray of a neck following a minor
injury.

Straightening defects of this type are frequently
associated with "Tension Headaches", "Nervous-
ness", shoulder and arm pain and occasionally
with some types of vertigo or dizziness.
BACK PAIN
... due to SPINAL DISORDERS

POSTURAL PAIN
"SLIPPED DISK"
FACET SUBLUXATION
CAPSULITIS
SYNOVITIS
OSTEOPHYTOSIS
SPINAL CURVATURE
SACRO-ILIAC STRAIN

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LITHO IN U.S.A.
Most back pains are caused by truly mechanical defects in the alignment and mobility of one or more spinal segments.

A single spinal segment (vertebra) may be slightly displaced or locked beyond its normal range of motion by excessive prolonged muscle tension or minor falls, accidents and strains.

When a single spinal segment fails to function within a critical range of motion, the entire spine and associated back muscles begin to curve and adapt to the abnormal support of the defective segment.

This begins a period of gradual spinal distortion which may continue without pain over many weeks or months. During this period increasing stress is placed on the normal spinal segments and back muscles.

The process of distortion continues until finally an awkward step or unusual exercise brings about a severe and prolonged spinal disability.

During the period of distortion and adaptation spinal nerves which exit the spine between adjacent spinal segments suffer varying degrees of injury. The symptoms of spinal nerve irritation may vary from an occasional muscle twinge to severe neuritis and symptoms of organic disease.

Chiropractic x-ray analysis and spinal examination reveals even minute spinal distortions.

Early detection allows more effective care and prevention of progressive spinal disorders.
THE PAINFUL SYMPTOMS OF STRUCTURAL SPINAL DISORDERS ARE FAMILIAR TO ALMOST EVERY ONE ... Over the years these symptoms have been given various names depending upon the location of the pain and degree of tissue or organ malfunction ... i.e. TENSION HEADACHE, NEURITIS, NEURALGIA, LUMBAGO, "SLIPPED DISK" ETC.

ONLY IN RECENT YEARS HAVE SUCH DIVERSE SYMPTOMS BEEN TRACED TO A COMMON CAUSE ... MECHANICAL OR STRUCTURAL DISORDERS WITHIN THE SPINAL SYSTEM. Authorities agree that most back pains and disabilities are due to truly mechanical defects in the alignment and mobility of one or more spinal segments or vertebrae. Most spinal distortions which cause pain or disability are due to the accumulated effects of repeated minor accidents and a gradual process of structural weakening of the spinal system.

CHIROPRACTIC RESEARCH AND CLINICAL EXPERIENCE HAS SHOWN THAT MINUTE DEVIATIONS FROM NORMAL ALIGNMENT AND MOBILITY OF A SINGLE SPINAL SEGMENT MAY CAUSE NOT ONLY DISABLING BACK PAIN BUT MAY ALSO INTERFERE WITH THE NORMAL NERVE SUPPLY OF A PART OF THE BODY AND THEREBY AFFECT THE TOTAL HEALTH PATTERN OF THE INDIVIDUAL ...

X-RAY OF UPPER SPINE - NERVE OPENINGS IN RED OUTLINE

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC CARE.

LOWER SPINE WITH MISALIGNED VERTEbra AND PINCHED NERVE IN RED

Most people are familiar with the fact that a misaligned spinal segment or vertebra in the lower back might pinch a nerve which supplies the leg and cause pain and loss of function of the leg. It is equally well recognized that a nerve pinched by a misaligned vertebra in the neck may cause head, neck and shoulder pain ... IT LOGICALLY FOLLOWS THAT WHEN A MISALIGNED VERTEBRA PINCHES OR IRRITATES A NERVE SUPPLYING ANY PART OF THE BODY WHETHER THAT PART IS A BACK MUSCLE, A LEG OR A VITAL ORGAN ... STOMACH, KIDNEY ETC., THAT ORGAN MAY SUFFER PAIN AND LOSS OF FUNCTION.
YOUR CHILD'S
Posture & Health
A REGULAR PROFESSIONALLY DIRECTED SPINAL HYGIENE PROGRAM OFFERED BY THE CHIROPRACTIC PROFESSION HELPS TO SAFEGUARD THE HEALTH AND FUTURE OF YOUR CHILD.

DURING THE ADOLESCENT YEARS, 7 OUT OF 10 CHILDREN SHOW DEFINITE SPINAL DISTORTIONS AND MECHANICAL OR STRUCTURAL DEFECTS. Such spinal distortions might not only affect the appearance and health pattern of the child but if neglected become forerunners of an adult spinal disability.

NEGLECT OF MINOR FALLS, STRAINS, SPRAINS AND DAILY INCIDENTS IN THE LIFE OF AN ACTIVE CHILD IS A MAJOR CAUSE OF CHILDHOOD SPINAL DISORDERS.

Structural spinal disorder might appear in the child first as a gradually developing posture defect. The child might seem to have less energy than usual. Until recent years little attention was given posture defects in children. The distorted, misshapen and in some cases actually handicapped child was looked upon as careless, lazy or simply a product of heredity. A spinal curvature, a head tilt or a pelvic tilt was taken as an unfortunate accident of nature. Research now reveals that such distortions are most frequently the result of neglect of minor falls and accidents and prolonged stress or tension.

SAFEGUARD THE HEALTH OF YOUR CHILD.
INCLUDE REGULAR CHIROPRACTIC CHECK-UPS IN THE CHILD'S HEALTH PROGRAM.

CHIROPRACTIC SPINAL ANALYSIS DETECTS EVEN MINOR SPINAL DISTORTIONS WHICH MAY DEVELOP MAJOR DISABILITIES.
"AS A TWIG IS BENT . . .
SO GROWS THE CHILD"
DON'T HANDICAP YOUR CHILD BY NEGLECT

BETWEEN THE AGES OF SIX AND SIXTEEN 7 OUT OF 10 CHILDREN SHOW DEFINITE SPINAL DISTORTIONS.

57.9% of the nation's school children failed to pass physical fitness tests.

UNTIL RECENT YEARS LITTLE ATTENTION WAS GIVEN POSTURE DEFECTS IN CHILDREN. THE DISTORTED, MISSHAPEN, AND IN SOME CASES ACTUALLY HANDICAPPED CHILD WAS LOOKED UPON AS A FATE OF HEREDITY. A SPINAL CURVATURE, A HEAD TILT, OR A PELVIC TILT WAS TAKEN AS AN UNFORTUNATE BUT NORMAL ACCIDENT OF NATURE.

Research has revealed that such defects are NOT NORMAL but are rather the forerunners of many serious STRUCTURAL SPINAL DISORDERS of adulthood.

ALTHOUGH HEREDITY IS AN IMPORTANT FACTOR IN THE CHILD'S SPINAL PROBLEM, IT DOES NOT ACCOUNT FOR MORE THAN A SMALL PERCENT OF THE SPINAL DISORDERS.

THE NEGLECT OF MINOR FALLS, STRAINS, SPRAINS AND DAILY INCIDENTS IN THE LIFE OF AN ACTIVE CHILD IS THE MAJOR CAUSE OF STRUCTURAL SPINAL DISORDERS.

SAFEGUARD THE HEALTH OF YOUR CHILD. INCLUDE REGULAR CHIROPRACTIC CHECK-UPS IN THE CHILD'S HEALTH PROGRAM.

STRUCTURAL SPINAL DISORDERS MAY BE DETECTED EARLY AND MORE EFFECTIVELY TREATED.
HEADACHE

. . . . . . DUE TO STRUCTURAL DISORDERS OF THE UPPER SPINE
HEADACHE due to structural disorders of the upper spine . . . .

. . . IS A RECURRENT TYPE HEADACHE AT THE BASE OF THE SKULL. It may begin as a dull ache at the base of the skull and progress to a piercing pain that radiates to the top of the head and along the sides of the head to the temples and behind the eyes.


Because of the associated pain and muscle spasm along the back of the neck, the condition is frequently confused with the muscle tension type headache. . . . There may also be an associated dizziness and nausea that has sometimes led to the condition being erroneously called migraine.

HEADACHE WHICH IS DUE TO STRUCTURAL DISORDERS OF THE UPPER SPINE MAY BE PRESENT IN THE MORNING AND GRADUALLY DISAPPEAR DURING THE DAY ONLY TO RETURN IN LATE AFTERNOON OR EVENING.

X-RAY AND CLINICAL STUDIES show that the "Spinal Headache" is due to an alteration in the normal alignment and range of motion of the upper two or three spinal segments. This structural or mechanical defect tends to occlude the tiny nerve openings located between adjacent segments.

X-Ray of upper spine and head

Three Nerve Openings AreOutlined In Red.

THE UPPER SPINAL NERVES WHICH PASS THROUGH THE OCCLUDED NERVE OPENINGS ARE COMPRESSED AND IRRITATED. THE RESULT IS PAIN ALONG THE COURSE OF THE NERVES AS THEY SUPPLY THE SCALP AND NECK MUSCLES.

Experience has shown that headaches which are caused by mechanical or structural disorders of the spine respond readily to the SPECIALIZED CARE OFFERED BY THE CHIROPRACTIC PROFESSION.

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC COVERAGE
Head, Neck and Shoulder Pain
AN OCCASIONAL EPISODE OF SHOULDER BURSITIS . . . TENSION IN THE BACK OF THE NECK WITH AN OCCASIONAL HEADACHE . . . AN OCCASIONAL STIFF NECK . . . NEURALGIA ACROSS THE SHOULDERS AND ARMS . . .

. . . These are symptoms with which everyone is familiar. In later life victims of such apparently unrelated symptoms seem to have a high incidence of degenerative disorders of the upper spine.

Chiropractic research indicates that these are not always the symptoms of unrelated disorders, but are frequently the symptoms of the progressive stages of undetected structural disorders of the upper spine.

X-RAY OF HEAD, NECK AND SHOULDER.
Nerve openings in red.

Chiropractic spinal analysis detects even minor spinal distortions which may develop major disabilities.

A fall, strain or even gradual posture decay may alter the precision alignment and range of motion of one or more spinal segments in the upper back and neck.

Such mechanical distortion places undue stress on the spinal joints, muscles, ligaments and nerves. The symptoms of such spinal distortion frequently begins as a burning ache across the “shawl” of the shoulders. Pain may extend into the neck, head and down the arms. As the condition persists, attempts to raise the arms may cause sharp pain in the shoulder and arm. Weakness and fatigue of the arm and hand may accompany the pain. Coughing or sneezing may increase the pain.

Experience has shown the specialized care offered by the chiropractic profession to be the method of choice for correcting the CAUSE of head, neck and shoulder pain syndromes.
Recurrent Headaches and Chiropractic
THE NECK AND PARTICULARLY THE UPPER PORTION OF THE SPINE MUST BE CONSIDERED SUSPECT IN EVERY CASE OF RECURRENT HEADACHES.

CHIROPRACTIC RESEARCH .... Indicates that most recurrent type headaches are related to an abnormal positioning or an abnormal mobility of one or more vertebrae (spinal segments) of the upper neck.

A VERTEBRA NEAR THE JUNCTION OF THE BASE OF THE SKULL AND UPPER NECK MAY BE FORCED INTO AN ABNORMAL POSITION OR BEYOND ITS NORMAL RANGE OF MOVEMENT BY A FALL, ACCIDENT, POSTURE FAULT OR INCORRECT POSITION OF SLEEP.... Although there might be no symptoms immediately, the misaligned vertebra places undue stress on the muscles, ligaments and nerves at the base of the skull....This finally results in pain and tenderness at the base of the skull. The pain may radiate from the base of the skull along the nerves of the scalp to the temples and behind the eyes. The pain may be accompanied by muscle spasms along the back of the neck and shoulders.....As the pain becomes intense and prolonged some individuals may experience nausea....THE MUSCLE SPASMS ALONG THE BACK OF THE NECK AND THE NAUSEA SOMETIMES LEADS TO AN INCORRECT DIAGNOSIS OF TENSION HEADACHE OR MIGRAINE.

MANY PEOPLE SUFFER YEARS OF REPEATED EPISODES OF RECURRENT TYPE HEADACHES BECAUSE OF GENERAL BELIEF THAT SUCH HEADACHES ARE CAUSED BY PSYCHOLOGICAL TENSION AND CONFLICT.

X-RAY OF UPPER PORTION OF THE SPINE AND BASE OF THE SKULL..... ARROW INDICATES MISALIGNMENT OF UPPER VERTEBRA.

EXPERIENCE HAS SHOWN THAT HEADACHES WHICH ARE CAUSED BY ABNORMAL ALIGNMENT AND MOBILITY OF ONE OR MORE VERTEBRAE RESPOND READILY TO THE SPECIALIZED CARE OFFERED BY THE CHIROPRACTIC PROFESSION.

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC COVERAGE.
Recurrent Occipital Headache...

... due to faulty Spinal Alignment and Mobility.

The patient is usually aware of a tender area on either side of the neck at the base of the skull. Occasionally the patient who suffers recurrent occipital headaches also suffers transient dizziness. The pain may be increased or relieved by changes in the position of the head. The headache may awaken the patient at night and be relieved by simply changing position of his head and neck. The headache may be present upon awakening and disappear after the patient is up and around.

Loss of the normal forward bending of the spine as seen in an X-Ray of a neck following a minor injury.

CLINICAL EVIDENCE HAS SHOWN CHIROPRACTIC CARE OF FAULTY SPINAL MECHANICS TO BE THE METHOD OF CHOICE FOR CORRECTING THE CAUSE OF RECURRENT OCCIPITAL HEADACHES.

THE RECURRENT OCCIPITAL HEADACHE IS NEARLY ALWAYS CAUSED BY FAULTY ALIGNMENT AND MOBILITY OF THE UPPER THREE OR FOUR VERTEBRAE. Such faulty spinal mechanics may partially occlude a small nerve opening between vertebrae. Partially occluded nerve openings serve to compress and irritate the spinal nerves which exit the spine to supply the scalp and neck muscles. The patient may experience pain along the course of the injured nerves and sensations of tightness in muscles of the neck.

Straightening defects of this type are frequently associated with “Tension Headaches”, “Nervousness”, shoulder and arm pain and occasionally with some types of vertigo or dizziness.
Low Back Pain with Associated Leg Pain

Chiropractic research has shown faulty alignment and mobility of the lower spine and pelvis to be the major cause of low back and associated leg pain.
LOW BACK PAIN

LOW BACK PAIN, WITH OR WITHOUT ASSOCIATED LEG PAIN, MOST FREQUENTLY OCCURS AS THE RESULT OF FAULTY ALIGNMENT AND MOBILITY OF ONE OR MORE SPINAL SEGMENTS [VERTEBRAE]. SUCH MECHANICAL DERANGEMENT OF THE LOWER SPINE MAY PARTIALLY OCCLUDE A NERVE OPENING BETWEEN ADJACENT VERTEBRAE. A PARTIALLY OCCLUDED NERVE OPENING IN THE LOWER SPINE SERVES TO PINCH OR IRRITATE A SPINAL NERVE AND THEREBY CAUSE PAIN AND LOSS OF FUNCTION TO THE LEG AND FOOT. THIS TYPE MECHANICAL DERANGEMENT OF A VERTEBRA IS CALLED A SUBLUXATION [SUB-LUKS-A'-SHUN].

A SUBLUXATION OF A VERTEBRA IN THE LOWER BACK MAY BE CAUSED BY A SINGLE INCIDENT SUCH AS A FALL OR ACCIDENT OR UNUSUAL EXERCISE . . . WHILE A SINGLE INCIDENT MAY BE THE IMMEDIATE CAUSE OF A PAINFUL SUBLUXATION, MORE OFTEN THE LIGAMENTS AND MUSCLES WHICH SUPPORT THE VERTEBRA ARE FIRST WEAKENED BY MANY YEARS OF UNDUE STRESS AND WEAR. UNDUE STRESS AND WEAR MAY BE PLACED UPON THE SUPPORTING LIGAMENTS AND MUSCLES OF THE SPINE BY A LARGE AREA STRUCTURAL DISTORTION. SUCH A LARGE AREA DISTORTION MIGHT AFFECT THE WHOLE BODY AND NEVER BE NOTICED, OR IT MIGHT BE CASUALLY NOTICED AS A SWAY BACK, ROUNDED SHOULDERS, HEAD TILT OR A HIGH HIP. EVEN ARCH DEFECTS OF THE FEET MAY PLACE PROLONDED STRESS ON THE LOWER SPINE AND PELVIS. THE ABNORMAL STRESS SERVES TO GRADUALLY WEAKEN THE SPINAL LIGAMENTS AND MUSCLES UNTIL FINALLY AN INSIGNIFICANT INCIDENT OR UNGUARDED MOVE IS SUFFICIENT TO CAUSE A VERTEBRAL SUBLUXATION WITH DISABLING LOW BACK AND LEG PAIN.

CHIROPRACTIC HAS PROVED TO BE THE METHOD OF CHOICE FOR CORRECTION OF ACUTE PAINFUL MECHANICAL DEFECTS IN THE LOWER SPINE AS WELL AS THE CHRONIC LARGE AREA OR WHOLE BODY STRUCTURAL DISTORTIONS THAT SO OFTEN PRECEDE ACUTE LOW BACK AND LEG PAIN.
NERVE PAIN
... due to hidden
SPINAL DISORDERS

MIGRAINE
TENSION HEADACHES
SHOULDER & ARM PAIN
INTERCOSTAL NEURALGIA
LOW BACK PAIN
SCIATICA

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NERVE PAIN

SPINAL NERVE PAIN HAS BEEN DIAGNOSED AS BEING NEURALGIA, NEURITIS, SCIATICA, LUMBAGO, TENSION HEADACHE AND AN ARRAY OF FUNCTIONAL DISEASES.

SPINAL NERVE PAIN IS MOST OFTEN DUE TO AN OCCLUSION OF THE SMALL IRREGULAR SHAPED NERVE OPENINGS BETWEEN ADJACENT VERTEBRAE.

A spinal segment [VERTEBRA] may become misaligned or be forced beyond its normal range of movement by a fall, accident or unusual exercise. When this occurs the tiny nerve openings [FORAMEN] lose their normal shape, or become partially occluded. Such a mechanical derangement of a vertebra is called a SUBLUXATION [SUB-LUXS-A'-SHUN] and serves to irritate the spinal nerve as it exits the partially occluded nerve opening.

Pain and impaired function may be experienced in the spine at the point of the subluxation and along the irritated nerve and at the end of the nerve in the body structure supplied by the nerve.

MOST PEOPLE ARE NOW FAMILIAR WITH THE FACT THAT A PINCHED OR IRRITATED NERVE MAY CAUSE INTENSE PAIN AND IMPAIRED FUNCTION IN AN ARM OR LEG. IT LOGICALLY FOLLOWS THAT WHEN A NERVE IS IRRITATED OR INJURED, PAIN AND IMPAIRED FUNCTION MAY BE EXPERIENCED IN THAT PART OF THE BODY SUPPLIED BY THE NERVE... THIS MIGHT BE A MUSCLE, JOINT OR INTERNAL ORGAN.

It is the fact that the nervous system supplies every part of the body that has caused such a diversity of diagnosis, many times incorrect, to be applied to spinal nerve pain caused by a vertebral subluxation.

CHIROPRACTIC X-RAY ANALYSIS AND SPINAL EXAMINATION REVEALS EVEN MINUTE SPINAL DEFECTS.

CHIROPRACTIC IS THAT BRANCH OF THE HEALING ARTS MOST CONCERNED WITH THE CORRECTION OF STRUCTURAL SPINAL DISORDERS THAT AFFECT THE NERVOUS SYSTEM.
DROWN CLINIC OF CHIROPRACTIC
DR. GREGORY V. BROWN
439 STATE ROAD
EMMAUS, PA. 18049
FOR APPOINTMENT - CALL 967-4195

SHOULDER - NECK - ARM PAIN and CHIROPRACTIC
SHOULDER, NECK AND ARM PAIN WITH OR WITHOUT NUMBNESS AND TINGLING OF THE HANDS CONSTITUTE THE MOST FREQUENTLY RECOGNIZED SYMPTOMS OF SPINAL NERVE COMPRESSION OR IRRITATION IN THE UPPER BACK AND NECK.

NERVES WHICH SUPPLY THE SHOULDER, NECK AND ARMS EXIT THE SPINE THROUGH CHANNEL LIKE PASSAGEWAYS BETWEEN ADJACENT SPINAL SEGMENTS OR VERTEBRAE......Should a vertebra in the lower neck be forced from its normal alignment by a fall or accident or by poor posture, the nerve passageway adjacent to the misaligned vertebra becomes partly closed or occluded.

ABNORMALLY SMALL, OCCLUDED OR DISTORTED NERVE OPENINGS SERVE TO PINCH OR IRRITATE THE NERVES WHICH PASS THROUGH THEM.....Muscles of the shoulder, neck and arm which are supplied by irritated spinal nerves lose their ability to relax and may suffer gradually increasing tension and finally painful spasms.

The condition may have an acute onset or develop gradually over a period of several weeks. The condition may begin as tender "Shawl" muscles across the top of the shoulders and progress to become a burning type pain. The pain may radiate to the arm with numbness and tingling developing in the fingers, and upward to the base of the skull.

EXPERIENCE HAS SHOWN THAT ACUTE AND CHRONIC SHOULDER, NECK AND ARM SYNDROMES RESPOND EXTREMELY WELL TO THE SPECIALIZED CARE OFFERED BY THE CHIROPRACTIC PROFESSION.

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC COVERAGE
THE TERM SCIATICA REFERS TO PAIN, NUMBNESS AND OCCASIONALLY MUSCLE WEAKNESS IN THE AREA SUPPLIED BY THE SCIATIC NERVE, i.e., HIP, BUTTOCK, POSTERIOR THIGH, CALF AND FOOT. . . . THE PATIENT MAY EXPERIENCE A CRAWLING SENSATION OVER THE AFFECTED AREA AND AN INABILITY TO WALK ON HIS TOES OR HEELS DUE TO MUSCLE WEAKNESS.

1. The nerve openings between adjacent vertebrae in the lower back may be partially occluded by a misaligned or subluxated vertebra. Nerves which make up the sciatic nerve are compressed and irritated as they pass through the partially occluded openings. [See Fig. 1]

2. A sacro-iliac subluxation or distortion may exert a direct pressure on the sciatic nerve.

3. The deep muscles of the buttock may be placed under unusual stress by a faulty pelvic alignment. The stretched or even collapsed muscles may squeeze and irritate the sciatic nerve as it passes between them. [See front page.]

There are many possible causes for SCIATICA, but the most frequent cause has been found to be faulty alignment and mechanics of the lower spine and pelvis. Such faulty alignment serves to compress or irritate the sciatic nerve with a resulting painful inflammation of the nerve.

THERE ARE THREE POINTS AT WHICH FAULTY SPINAL-PELVIC MECHANICS MOST FREQUENTLY INJURE THE SCIATIC NERVE . . . . .

CLINICAL EXPERIENCE HAS SHOWN CHIROPRACTIC CARE OF FAULTY SPINAL-PELVIC MECHANICS TO BE THE METHOD OF CHOICE FOR CORRECTING THE CAUSE OF SCIATICA.
THE EFFICIENCY AND SHAPE OF THE SPINAL COLUMN IS CLOSELY RELATED TO THE SHAPE AND CONDITION OF THE SPINAL OR INTERVERTEBRAL DISCS....

A spinal disc is a tough fiber pad with a GELATIN-LIKE CENTER. The spinal discs are situated between the weight bearing parts of the adjacent vertebrae and serve to separate the vertebrae and allow spinal resiliency and flexibility. The discs serve as shock absorbers to protect the spine.

WHEN A VERTEBRA “SLIPS” OR BECOMES SUBLUXATED IT MAY OCCLUDE A SPINAL NERVE OPENING BETWEEN ADJACENT VERTEBRAE THIS OCCLUDED NERVE OPENING MAY SERVE TO COMpress OR IRRITATE THE SPINAL NERVE AS IT LEAVES THE SPINE. When this occurs in the lower back the nerve injury may be experienced as radiating pain and/or tingling in the leg or foot. The leg pain is sometime called SCIATICA when it radiates to the back of the thigh and calf.

WHILE THE RESILIENCY OF THE DISCS ALLOWS SPINAL MOBILITY IT ALSO MAKES POSSIBLE MINOR MISALIGNMENTS OF THE VERTEBRAE...A fall or unguarded move may cause a vertebra to ‘slip’ or misalign between the vertebra above and the one below.....THIS MISALIGNMENT OF A VERTEBRA IS CALLED SUBLUXATION.

This type of structural disorder or SUBLUXATION is a common cause of low back pain....THE TERM “SLIPPED DISC” IS FREQUENTLY APPLIED TO THIS TYPE SPINAL DISORDER; HOWEVER IT IS ACTUALLY THE VERTEBRA THAT SLIPS OR MISALIGNS RATHER THAN THE DISC....The disc may be stretched or torn as the vertebra slips into an abnormal position.....

IN SOME CASES WHERE VIOLENT INJURY IS INFLECTED UPON AN ALREADY STRUCTURALLY DEFECTIVE SPINE OR A SPINE THAT HAS BEEN WEAKENED BY REPEATED MINOR INJURIES.....The disc might be torn or ruptured to the point that the gelatin-like substance in the center of the disc spills into the spinal canal or nerve openings. This type injury is much more serious.

EXPERIENCE HAS PROVEN CHIROPRACTIC TO BE THE METHOD OF CHOICE IN THE CORRECTION OF THE CAUSE OF THE “SLIPPED DISC SYNDROME”.

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC COVERAGE
SPINE and SHOULDER PAIN
SHOULDER, NECK AND ARM PAIN WITH OR WITHOUT NUMBNESS AND TINGLING OF THE HANDS CONSTITUTE THE MOST FREQUENTLY RECOGNIZED SYMPTOMS OF SPINAL NERVE COMPRESSION OR IRRITATION IN THE UPPER BACK AND NECK.

NERVES WHICH SUPPLY THE SHOULDER, NECK AND ARMS EXIT THE SPINE THROUGH CHANNEL LIKE PASSAGEWAYS BETWEEN ADJACENT SPINAL SEGMENTS OR VERTEBRAE.....Should a vertebra in the lower neck be forced from its normal alignment by a fall or accident or by poor posture, the nerve passageway adjacent to the misaligned vertebra becomes partly closed or occluded.

ABNORMALLY SMALL, OCCLUDED OR DISTORTED NERVE OPENINGS SERVE TO PINCH OR IRRITATE THE NERVES WHICH PASS THROUGH THEM.....Muscles of the shoulder, neck and arm which are supplied by irritated spinal nerves lose their ability to relax and may suffer gradually increasing tension and finally painful spasms.

The condition may have an acute onset or develop gradually over a period of several weeks. The condition may begin as tender "Shawl" muscles across the top of the shoulders and progress to become a burning type pain. The pain may radiate to the arm with numbness and tingling developing in the fingers, and upward to the base of the skull.

EXPERIENCE HAS SHOWN THAT ACUTE AND CHRONIC SHOULDER, NECK AND ARM SYNDROMES RESPOND EXTREMELY WELL TO THE SPECIALIZED CARE OFFERED BY THE CHIROPRACTIC PROFESSION.

BE SURE YOUR INSURANCE PROGRAM INCLUDES CHIROPRACTIC COVERAGE
your
SPINE and
MUSCLE
PAIN
MORE THAN 500 MUSCLES ATTACH TO THE HUMAN SKELETON AND BY COORDINATED CONTRACTION AND RELAXATION THE MUSCLES PROVIDE ALL THE MOVEMENT NECESSARY FOR NORMAL DAILY ACTIVITY.

A muscle is composed of tiny thread-like cells called muscle fibers. Each muscle fiber is supplied by a nerve.

Muscle and nerve fibers indicated in red.

When a muscle is stimulated by a nerve impulse it shortens or contracts.

All muscles are supplied with nerves which transmit minute electric-like impulses. When the nerve discharges an impulse into the muscle some of the muscle fibers contract and then relax. All muscles, even when resting receive precision controlled streams of nerve impulses. These impulses keep the muscle in a state of very mild contraction called muscle tone.

Should a nerve be cut the muscle loses all tone. It becomes soft and is said to be paralyzed.

A spinal segment may be forced beyond its normal range of movement by a minor accident or posture defect. When this occurs the tiny nerve openings between adjacent vertebrae are partially closed by the misaligned segment. This serves to compress and irritate the passing nerve.

AN IRRITATED NERVE TRANSMITS AN UNCONTROLLED FLOW OF NERVE IMPULSES TO THE MUSCLES SUPPLIED. THIS RESULTS IN OVER STIMULATION OF THE MUSCLE AND INCREASED MUSCLE TONE. THE MUSCLE DOES NOT RELAX AND TENSION IS SAID TO EXIST. IF THE CONDITION PROGRESSES THE MUSCLE GOES INTO A STATE OF SUSTAINED CONTRACTION OR SPASM.

MANY CONDITIONS SUCH AS LUMBAGO SHOULDER, NECK AND ARM SYNDROMES, TENSION HEADACHES, NERVOUSNESS AND IN SOME CASES SUDDEN POSTURE DECAY MAY FREQUENTLY BE TRACED DIRECTLY TO OVERTONED MUSCLES OR MUSCLE SPASMS DUE TO SPINAL NERVE IRRITATION.

EXPERIENCE HAS SHOWN THAT PAINFUL MUSCLE DISORDERS DUE TO STRUCTURAL SPINAL DISORDERS RESPOND READILY TO THE SPECIALIZED CARE OFFERED BY . . . THE CHIROPRACTIC PROFESSION.

Be sure your insurance program includes CHIROPRACTIC.
Your
SPINE, NERVES
AND HEALTH
YOUR SPINE AND YOUR HEALTH ARE RELATED

MOST PEOPLE ARE FAMILIAR WITH THE FACT THAT . . . A SPINAL SEGMENT IN THE LOWER BACK MAY “SLIP” OR LOCK AND IRRITATE THE NERVES WHICH SUPPLY THE LEGS . . . THEREBY CAUSING PAIN AND LOSS OF FUNCTION IN ONE OR BOTH LEGS. This has sometimes been referred to as sciatic neuritis.

JUST AS THE NERVES WHICH SUPPLY THE LEGS EXIT THE SPINE THROUGH OPENINGS BETWEEN EACH PAIR OF SPINAL SEGMENTS IN THE LOWER BACK . . . NERVES WHICH SUPPLY ENERGY TO VITAL ORGANS PASS THROUGH OPENINGS HIGHER IN THE BACK AND NECK.

THEREFORE IF A SPINAL SEGMENT HIGHER IN THE BACK OR NECK SHOULD SLIP OR LOCK AND IRRITATE A NERVE; ONE MAY LOGICALLY EXPECT PAIN AND OR LOSS OF FUNCTION IN THE TISSUE OR ORGAN SUPPLIED BY THE IRRITATED NERVE.

OTHER THAN THE IMPAIRMENT OF THE OBVIOUS FUNCTION OF AN ORGAN, IE. DIGESTION (STOMACH), THE LESS OBVIOUS ABILITY TO RESIST INVASION BY BACTERIA OR GERMS IS FREQUENTLY IMPAIRED.

CHIROPRACTIC . . .
Your first line of defense against disease.

THE USE OF SPINAL X-RAYS AND MODERN SPINAL ANALYTIC METHODS ALLOWS YOUR CHIROPRACTOR TO LOCATE AND CORRECT SPINAL DEFECTS AND THEREBY DECREASE YOUR SUSCEPTIBILITY TO DISEASE AND DISABILITY ORIGINATING FROM SPINAL DEFECTS.

X-RAY OF SIDE VIEW OF HEAD AND NECK
ENLARGED VIEW OF 3 SPINAL SEGMENTS nerve openings indicated in ORANGE)

THE CHIROPRACTIC PROFESSION OFFERS YOU AND YOUR FAMILY A REGULAR PROFESSIONALLY DIRECTED SPINAL HYGIENE PROGRAM.
YOUR Spine Nerves & Chiropractic

THE SPINE AND NERVOUS SYSTEM ARE CLOSELY ASSOCIATED WITH THE TOTAL HEALTH PATTERN OF THE INDIVIDUAL.

WHEN THE SPINE IS IN PROPER BALANCE IT NOT ONLY PROVIDES A STRONG FLEXIBLE POSTURE SUPPORT BUT IT ALSO PROVIDES A PROTECTIVE TUBULAR PASSAGE FOR THE SPINAL CORD AND SPINAL NERVES.

When the spinal segments or vertebrae are in proper alignment they form a flexible tubular column through which pass the nerves that provide vital energy to virtually every part of the body.

Small semi-circular openings in each vertebra coincide with similar openings in the vertebra above and the one below to form circular openings. The spinal nerves exit the spinal cord through these openings and pass on to supply every part of the body.

SHOULD A VERTEBRA BE FORCED OUT OF ITS NORMAL ALIGNMENT OR BEYOND ITS NORMAL RANGE OF MOVEMENT BY A FALL OR ACCIDENT OR BY THE GRADUAL PROCESS OF POSTURE DECAY . . . IT MAY SERVE TO PARTIALLY CLOSE OR DISTORT THE SHAPE OF THE CIRCULAR NERVE OPENINGS. THE SPINAL NERVES WHICH PASS THROUGH THE OCCLUDED OR DISTORTED OPENINGS ARE COMPRESSED OR IRRITATED. THIS DISTURBS THE NORMAL FLOW OF VITAL NERVE ENERGY TO THAT PART OF THE BODY SUPPLIED BY THE INJURED NERVE. AN ABNORMAL NERVE SUPPLY TO ANY PART OF THE BODY (ARM, LEG, KIDNEY OR STOMACH) CAUSES THAT PART TO FUNCTION ABNORMALLY AND GIVES RISE TO VARIOUS SYMPTOMS . . . PAIN, FEVER, LOSS OF MOVEMENT, SPASM, ETC.

Most people are familiar with the fact that a misaligned vertebra in the neck may irritate a nerve and cause pain and loss of function in the arm and shoulder and tingling in the fingers.

It logically follows that the same type injury may irritate or compress any other nerve which exits the spine through the openings between the vertebrae; and therefore disturb the nerve supply to a major organ as well a hand or arm or leg.

IT BECOMES OBVIOUS THAT A SPINAL DISORDER MAY PLAY AN IMPORTANT PART IN THE CAUSATION OF NOT ONLY SUCH DISABILITIES AS LOW BACK AND LEG PAIN, HEADACHES AND NEURITIS BUT ALSO FUNCTIONAL DISORDERS INVOLVING ANY MAJOR ORGAN OR SYSTEM . . . IN FACT THE TOTAL HEALTH PATTERN OF THE INDIVIDUAL.

THE CHIROPRACTIC PROFESSION PROVIDES YOU WITH A SYSTEM OF CONTINUING HEALTH THROUGH REGULAR PROFESSIONAL SPINAL CARE.
WHIPLASH TYPE NECK INJURIES occur as the result of a sudden backward and forward whipping movement of the neck. Such injuries frequently occur in front to rear automobile collisions.

A sudden forceful whipping movement of the neck serves to stretch or sprain the ligaments and muscles which hold the spinal segments or vertebrae within a normal range of movement.

Failure of the holding ligaments to limit the range of movement of a vertebra allows it to slip into an abnormal position or beyond its normal range of movement. When this occurs the tiny nerve openings located between adjacent vertebrae are partially closed and distorted in shape. The abnormal nerve opening serves to compress and irritate the spinal nerve which exits the spinal cord through the opening. The result of compression and irritation of a spinal nerve is pain and/or loss of function in those structures of the face, neck, shoulders, arms, chest and back that are supplied by the injured nerve in the neck.

The complex nature of the whiplash type spinal injury which includes ligament and muscle damage, disturbed spinal mechanics, and spinal joint and nerve injury understandably causes a wide variety of symptoms.


CHIROPRACTIC CARE ASSURES MAXIMUM SPINAL CORRECTION FOLLOWING WHIPLASH TYPE SPINAL INJURIES.

MOST INSURANCE PROGRAMS INCLUDE CHIROPRACTIC
YOUR SPINE, NERVES AND
WHIPLASH
NECK INJURY

CHIROPRACTIC HAS PROVEN TO BE THE METHOD OF CHOICE FOR THE CORRECTION OF ACUTE SUBLUXATIONS RESULTING FROM WHIPLASH TYPE NECK INJURIES . . . SUCH INJURIES MAY BE THE CAUSE OF SHOULDER, NECK AND ARM PAIN SYNDROMES, HEADACHE, DIZZINESS AND NERVOUSNESS.
YOUR SPINE, NERVES AND
WHIPLASH NECK INJURY

MOST PEOPLE ARE NOW FAMILIAR WITH THE
WHIPLASH TYPE NECK INJURIES THAT MAY
CAUSE DISABLING SYMPTOMS SUCH AS
HEADACHE, NECK AND SHOULDER PAIN,
DIZZINESS, TINGLING ARMS AND HANDS AND
NERVOUSNESS. IT IS GENERALLY RECOGNIZED
THAT THESE SYMPTOMS ARE CAUSED BY A
MISALIGNMENT OR DISTURBED MECHANICS
OF ONE OR MORE SPINAL SEGMENTS (CALLED
VERTEBRAE), AND INJURY TO THE SUPPORTING
LIGAMENTS AND MUSCLES.

WHEN A VERTEBRA IS FORCED INTO FAULTY
ALIGNMENT (FIG. 1) OR BEYOND ITS NORMAL
RANGE OF MOVEMENT, THE NERVE PASSAGES
BETWEEN ADJACENT VERTEBRAE MAY BE
PARTIALLY OCCLUDED AND THEREBY SERVE
TO IRRITATE THE SPINAL NERVES THAT PASS
THROUGH THE OPENINGS TO SUPPLY THE
HEAD, NECK, SHOULDER, ARMS AND UPPER
BODY. SUCH A MECHANICAL MISALIGNMENT
OR DISTURBED MOBILITY OF A VERTEBRA IS
CALLED A . . . SUBLUXATION (SUB" LUK SA'
SHUN).

A SUBLUXATION OF A VERTEBRA OF THE
NECK MAY RESULT FROM A SINGLE INCIDENT
SUCH AS A WHIPLASH . . . . A SUBLUXATION
MAY ALSO REPRESENT A FINAL MECHANICAL
BREAK DOWN AT AN OVERSTRESSED OR
WEAKENED POINT OF A LARGE AREA OR
WHOLE BODY STRUCTURAL DISTORTION*
SUCH AS A SPINAL CURVATURE OR POOR
POSTURE WHICH HAS DEVELOPED OVER A
PERIOD OF MANY YEARS.

BETTER INSURANCE PROGRAMS INCLUDE
CHIROPRACTIC COVERAGE.

LOSS OF NORMAL CURVE
(Frequently seen in Whiplash neck injuries)

FIG. 1