

Torque Release Technique: The First Technique Of Chiropractic's Second Century

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Historical Overview

Torque Release Technique™ (TRT), founded and developed by Dr. Jay M. Holder and Dr. Marvin A. Talsky, embraces a vitalistic paradigm, specifically relating to tone, the premise on which D.D. Palmer originally founded chiropractic (1,2). TRT's unique approach makes its model and technique characteristically non-mechanistic and non-linear, as will be explained later.

TRT was developed out of a human population research study, involving subluxation centered chiropractic in a residential addiction treatment setting. The purpose of this research was out of respect for non-mechanistic, non-linear adjusting priorities and to demonstrate the psychoneuroimmunological role of chiropractic, not limited to chiropractic's role in neuromusculoskeletal disorders. It has attempted to establish the vertebral subluxation complex as a primary issue in the multi-factorial expression of addictions and compulsive disorders as well as an entity existing in many other disorders stemming from a lack of state of well-being, now established and recognized as Reward Deficiency Syndrome (RDS) (3).

This investigation was conducted in a randomized clinical trial setting, double blinded and with placebo control, by Robert Duncan, Ph.D., biostatistician at the University of Miami School of Medicine, in conjunction with the Holder Research Institute, funded in part by the Florida Chiropractic Society. The results were striking when compared to placebo and conventional care. Chiropractic produced a 100% retention rate within the 30 day residential model. It also showed a statistically significant improvement in anxiety (4) and depression (5) scores. Further, it showed a significant reduction of nursing station visits (6).

The Integrator

The Integrator™, an FDA approved hand held instrument, was designed for delivering the chiropractic adjustment in this research study. Years of development, testing and design went into creating an instrument that would reproduce what the hands were intended to do via the chiropractic adjustment. Some of its main features include torque and recoil, components that were present in the original chiropractic technique of Toggle Recoil (7,8). The thrust and recoil is delivered at a speed of 1/10,000 sec., appropriate for subluxation reduction as expressed in Hertz frequencies (9,10). A pre-cocking, pressure sensitive tip with an automatic release mechanism was incorporated into this instrument for the purpose of true inter-professional reproducibility, as is pertinent in scientific research. Although TRT is as such the first chiropractic system to

be born out of clinical research, it was however, originally developed for the purpose of conducting this study and intended to represent chiropractic as a whole in a generic form. It was not intended for promoting a new chiropractic technique and/or a new adjusting instrument.

Tonal Model

The central nervous system in the TRT model is viewed as one integrated functional unit. The brain, spinal cord, multi-layered meningeal sheath, the bones of the cranium, vertebral column, and pelvis, all constitute what is referred to by Holder and Talsky as the Cranio-Spinal Meningeal Functional Unit (CSMFU) (11). The dura mater, the membrane which envelops the brain and spinal cord, adheres to bone throughout the cranium and around the circumference of the foramen magnum at the base of the occiput, and peculiarly adheres to spinal segments of the axis and C3 (12) and C5 (13), at the cephalic end, and to the sacrum and coccyx, at the caudal end, with some anomalies, with no other adherence to osseous structures (12) throughout the spine!

The significance of these attachments with regard to the subluxation is that they are suggested to have a more profound effect on neural tension/torsion/distortion, and by that, on the total wellness of the individual. The analogy, first described by Holder (14), that is used for explaining this relationship is a guitar, with its strings attached at its extreme ends and their sound resonating throughout (i.e. tone). Cord tension/torsion/distortion has been described early in chiropractic literature as being a major and distinct component of subluxation, as opposed to nerve pressure or compression (16). In more recent literature, excessive cord tension has been described as a source of motor, sensory, and autonomic dysfunction (17). Research suggests that the usual picture of the limbic system, the seat of emotion in the brain, should be extended to include the spinal cord, due to the dorsal horn's rich concentration of neuropeptide receptors (18) and to the cord's direct neuronal projection to the amygdala and orbital cortex, enabling somatosensory information, including pain, to effect autonomic, endocrine and behavioral functions (19,20,21).

TRT is first and foremost a model based on the principles and protocol that focus on many diagnostic indicators of spinal subluxation (15) with contributions from Palmer (Upper Cervical), Van Rumpft (Directional Non-Force Technique), DeJarnette (Sacro Occipital Technique), Toftness, Thompson, Gonstead, Logan, Pierce, and Epstein are highly recommended, any current technique (Network Spinal Analysis), all well-established

and commonly practiced chiropractic techniques. Although the TRT technique and the Integrator that one may prefer to use may still be integrated into this larger application model, like a software upgrade for an already existing system (technique). Therefore, it is not necessary to discontinue any technique when applying this model. TRT is also not instrument dependent and can be practiced by hand, without the use of the Integrator.

Closing Remarks

Many common clinical and sub-clinical conditions have been suggested by Holder and Talsky as being related to neural tension, generated by subluxation (22). Thus, a model focusing on a process of supporting ongoing subluxation correction and healing related to neural tone and tension would clearly be clinically relevant to today's day and age. The transition from a strictly mechanistic and linear model of disease versus health, in which we have been stuck for so many years, to a vitalistic model of wellness can be the hallmark of the coming millennium. Seminars to teach, demonstrate, and experience this new analysis and adjusting procedure are being offered. For more information, contact the Holder Research Institute at: 1-800-490-7714 or 305-535-8803.

References

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