

additional and different skills and making policy proposals to government.

To get such a network going, those interested in joining a network are invited to send their email addresses to Julie Bjornberg at CAA National by emailing [operations@caa.asn.au](mailto:operations@caa.asn.au)

# *It's time for a chiropractic technique “computer upgrade”*

*By Dr Nick Hodgson*

“Life is the expression of tone. In that sentence is the basic principle of Chiropractic. Tone is the normal degree of nerve tension. Tone is expressed in functions by the normal elasticity, activity, strength and excitability of the various organs, as observed in a state of health. Consequently, the cause of disease is any variation of tone – nerves too tense or too slack.”

(Palmer DD. *Text-book of the Science, Art and Philosophy of Chiropractic for Students and Practitioners*. Portland Printing House Company. Portland, OR 1910 Page 7.)

This one paragraph demonstrates that DD's understanding of the nervous system stretched beyond a bone out of place pressing on an intervertebral nerve root.

Stephenson way back in 1927 made clear distinction between “pressure” and “tension” effects of subluxation on the nervous tissues. (Stephenson, RW. *Chiropractic Textbook*. 1927.) Despite this, much of the focus in chiropractic literature and research has been on the segmental effects of intervertebral foraminal encroachment.

Many decades later in 1978, neurosurgeon Alf Breig coined the term “Adverse Mechanical Cord Tension (AMCT)”. “From the biomechanical aspect the spinal cord therefore cannot be considered in isolation but must be treated as a continuous tract of nervous and supporting tissues.” (Breig, A. *Adverse Mechanical Tension in the Central Nervous System*. 1978. John Wiley and Sons.) Hence transmission of tension in one section of the spinal cord will automatically be transmitted to the rest of the length of spinal cord. This concept provided new evidence to help reopen the case for the potential for distant neurological effects from a localised source of spinal cord tension – a spinal subluxation.

More recently, Lee described the theoretical role of the central nervous system (CNS) in all disease processes in the journal of Medical Hypotheses. “Every malfunction in the periphery must be sensed by the CNS in order that corrective measures be taken ... the CNS is universally involved in all diseases, regardless of whether they originally arise from the periphery or are indigenous to the central nervous system; whether initiated by various infective agents, be it viral, bacterial, rickettsial or parasitical in nature or resulted from exposures to toxins, radiation, physical injuries or emotional upheavals.” (Lee TN. Thalamic neuron theory: theoretical basis for the role played by the central nervous system (CNS) in the causes and cures of all diseases. *Medical Hypotheses* 1994, 43:285-302.)

Torque Release Technique (TRT) is based on neurologically-based tonal models, systems and procedures which assist a chiropractor to determine the source of biomechanical AMCT. The original intent when initiating the development of what is now called TRT was not to create a new brand of chiropractic. The desire was to filter chiropractic through a thorough scientific process and to demonstrate the far reaching effects of chiropractic adjustments on human potential. This ground breaking research has been published in several journals including the *Journal of Molecular Psychiatry* (Increasing retention rates among the chemically dependent in residential treatment: Auriculotherapy and subluxation-based chiropractic care. *Molecular Psychiatry*, Vol. 6, Supplement 1 – February, 2001, part 2, abstracts, Published by Nature. Pg S8) and *Journal of Psychoactive Drugs* (A subluxation model for reward deficiency syndrome behaviours. *Journal of Psychoactive Drugs*. Vol 32 Supplement, November 2000. Pg 59-60). This research demonstrated the benefits of chiropractic adjustments for “state of wellbeing” outcome measures, in a chemically addicted population. The design of the study was directed by Professor Robert Duncan, one of the top biostatisticians in the USA, whose exacting methodology drove the need for precise assessment and therapeutic protocols to a level never before seen in Chiropractic.

The research process during the development of TRT led its American developer, Dr Jay Holder, to review some of the early literature produced by the developers of seven of the most respected technique systems in chiropractic. This review uncovered the fact that many of these techniques had become diluted and even distorted in their application over the many decades since first being introduced by chiropractic pioneers. Upon critically reviewing, collating and combining the “best of the best” from each technique, a systematic, randomised and non-linear system for analysing subluxations evolved. Now the clinical and examination findings for each individual patient on every visit, directs the appropriate intervention, as opposed to pre-existing linear and mechanistic assessment and treatment systems. Dr Holder and his co-authors have developed a system of answering the age-old question of which spinal segment to adjust; and when and how to adjust that segment!

A further dilemma in chiropractic research; that of the scientifically uncontrollable nature of the application of the human hand, also needed to be rectified. This directed the development of the “Integrator”, the first adjusting instrument to incorporate all the vectors of the specific chiropractic adjustment: rapid thrust, recoil and torque. Even the size and pliability of the contact surface was scientifically tested by measuring thousands of pisiforms. The Integrator’s other unusual feature is that it is preloaded and only fires upon reaching a specified degree of pressure. This increases the inter and intra-examiner reliability of the use of the instrument. This tool was not initially intended for clinical use, but the results and patient and clinician satisfaction necessitated its migration out of the “laboratory” and into the practice.

The real benefit of TRT lies in its applicability to any practice style and method. You can integrate the assessment systems to improve your certainty and accuracy in determining where to adjust regardless of how you adjust. You can add the Integrator adjusting to provide a low-force dimension to your technique spread. Or you can evolve completely to the TRT tonal model which is so congruent with the trend towards wellness practice.

NOTE: You can learn more about TRT and Australian seminars at [www.torquerelease.com.au](http://www.torquerelease.com.au)

## *Love your spouse and split*

The Federal Government has introduced new laws that will allow super contributions to be split or shared with a spouse. It allows non-working or low-income spouses to accumulate their own superannuation and gives families more choices in how they prepare for retirement.

HESTA CEO Anne-Marie Corboy says super is a joint asset, yet often couples approach retirement age with one partner having far more in their account than his or her spouse.

“Women typically have lower investments because of wage rates and time spent out of the workforce to raise children. Contribution splitting is one good way to equalise assets and can offer tax benefits in some situations.

“HESTA is a great supporter of this legislation, which gives couples a chance to split their assets in a way that reflects each person’s contribution to the relationship,” Anne-Marie said.

### **How does super contribution splitting work?**

Contributions made on or after January 1, 2006 are eligible to be split where a super fund chooses to offer this service to its members. Not just after-tax contributions either, the 9% superannuation guarantee (SG) contributions can be directed into a spouse’s account as well as any salary sacrificed contributions and any co-contributions.

The maximum amount able to be split is 85% of deductible contributions and 100% of untaxed splittable contributions. So a fund member can apply to their super fund to rollover, transfer or allot an amount for the benefit of their spouse. The amount of the benefit is determined by the amount of contributions made by, for, or on behalf of the member in the prior income year.

Two super accounts mean two reasonable benefit limits, (the allowable amount you can save within the concessional tax super environment). It also means a couple can access two tax-free lump sums of \$129,751 (indexed). So a retired couple with two super accounts can take lump sums of almost \$260,000 tax-free. Concessional tax applies to super benefits worth up to \$1,297,892 taken as a lump sum, or \$2,595,772 if pensions are used.

“In the health sector we see many relationships where one partner earns significantly more than his or her spouse and we encourage members to think about contribution splitting as a way of maximising their final retirement benefits,” Anne-Marie said.

To apply to split contributions, members should contact their participating superannuation fund after the end of the financial year or when rolling the full account balance from the fund before the end of the year. Only contributions made on or after 1 January 2006 may be split.

For more information on super contribution splitting and to check if you’re eligible check out [www.ato.gov.au/super/](http://www.ato.gov.au/super/)

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