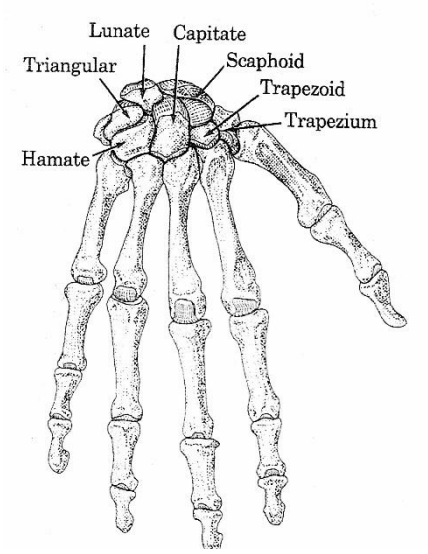
ACTIVATOR

The Activator is basically a one-shot jack hammer, generally providing between 20 and 45 AFR (average force range in pounds-force). It can be used to reduce mild subluxation of various joints in body. These joints may include joints in the hands (carpal and carpal-metacarpal joints), the feet (tarsal and tarsal-metatarsal joints), and the vertebra (cervical, thoracic and lumbar vertebral joints).

The Activator

In most cases, a mild subluxation of a joint may be detected by touch, i.e. palpation over and around a joint to discover any distortion of the joint's contour. If, for example, a carpal jointis mildly subluxed, palpation over the carpals will demonstrate a "pointed" rise of one of the bones involved (the trapezium or trapezoid bones on the posterior surface of the hand are the most common).



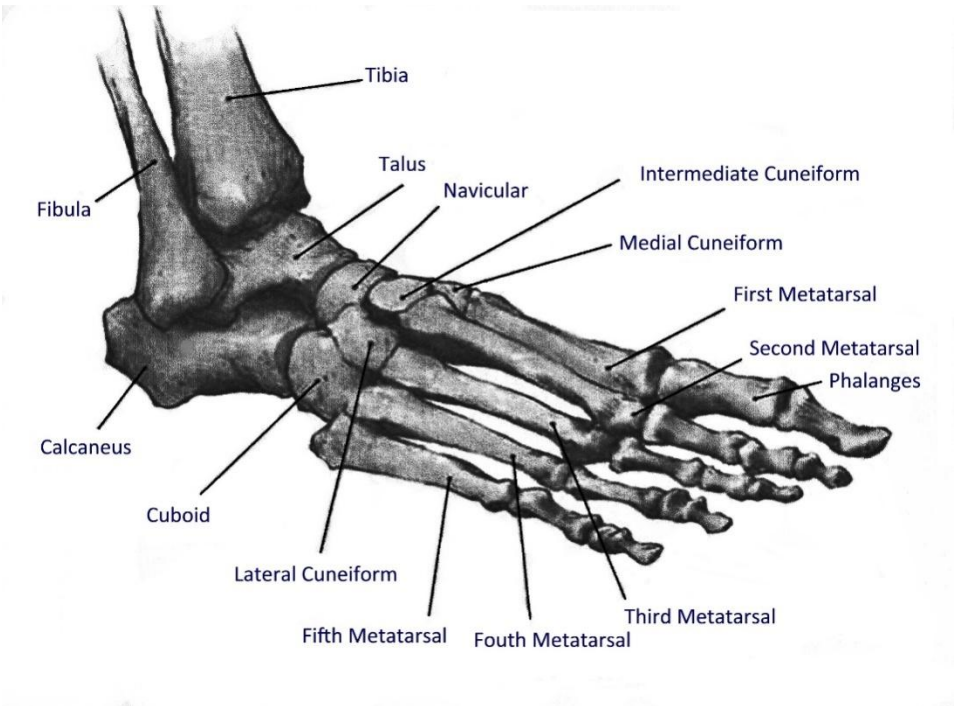
In our setting, however, it has been demonstrated that a mild subluxation can be determined through DSR (differential skin resistance) Survey. Over the site of a subluxation, there will be a zone of relatively high skin resistance right over the subluxation. When the subluxation has been reduced, the zone of relatively high skin resistance will be gone.

To reduce a posterior carpal bone subluxation, simply place the rubber tip of the Activator over the raised bone or in the center of the zone of relatively high skin resistance and squeeze the Activator (generally the Activator is adjusted to provide the maximum amount of force).***Do not*** add to the force of the Activator by pushing forcefully down with the hand holding the Activator.

The Activator is being applied over a subluxed trapezoid
(a subluxed trapezium lies medial to it in a conjoined DSR pattern)

Similar subluxations may occur between the tarsal bones and the tarsal-metatarsal bones, and should be treated similarly.

It should be noted that in our setting, following reduction of the subluxation(s), the tissues within and around the DSR pattern(s) are manually manipulated to break any adhesions that may be present. The area is then exposed to cold laser to denature any inflammatories that may be present.



Mildly subluxed vertebrae are also of interest. The presence of a subluxation can be established through a DSR Survey (as mentioned above). The indicative pattern will appear just one side of the involved vertebra. To reduce the subluxation, the rubber tip of the Activator should be placed inside of the DSR pattern, and at an oblique angle to the involved vertebra. The Activator, set a maximum force, should then be squeezed. If successful, the DSR pattern should then be gone. The area should be manipulated to eliminate any adhesions, and then cold laser should be applied to denature any inflammatories which might be present.

A mild subluxation of the C7 vertebra being reduced by the Activator

When a vertebra is subluxed, it is essentially rotated slightly out of line of its optimal position. To put it back into position, its spinous process needs to be pushed back into place. This can generally be accomplished with skillful use of the Activator (as described above). There is an exception, however. When the C1 vertebra is subluxed, it is literally moved laterally out of place and not rotated. Simultaneous palpation,just distal to the mastoid processes, on either side,will make it possible to determine if the
C1 is out of place. There will be a “lump” (a protruding vertebral transverse process) discernible on the side that the vertebra has been pushed toward. There will also be a distinct zone of relatively high skin resistance right over the “lump”. The Activator may be used to ***safely*** push the vertebra back into place. If successful, the DSR zone will be gone. The area should next be manipulated to eliminate any adhesions that might be present, and then exposed to cold laser to denature any inflammatories that might be present.

The Activator being applied to reduce a C1 vertebral subluxation (note the distinctive DSR pattern present over the protruding transverse process)