

Are you missing an important subluxation?

Exhaustion, anterior body carriage and the femur heads

by Tedd Koren, D.C.

Figure 1



Illustration shows head balanced over sacrum

Figure 2



Illustration shows head anterior to pelvis

Figure 3

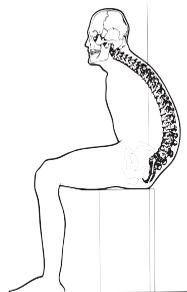


Illustration shows fetal shaped spine in adult

DOCTOR: "YOU FEEL TIRED MUCH OF THE TIME, don't you?"

Patient: "Yes, I feel exhausted all the time. How did you know?"

Doctor: "Your femur heads are anterior. Most of your energy is being used to hold your body up."

One of the most fascinating subluxations is of the femur heads. The femur head is ball-shaped and located at the top of the thigh (femur) bone. It fits into the acetabulum, a cup-shaped cavity in the hip made up of the ilium, ischium and pubis.

Head and sacral alignment

Dr. Lowell Ward, developer of Spinal Column Stressology, analyzed lateral full-spine standing and sitting (14" x 36") X-rays. He studied the relationship between the center of the head (as measured at the anterior arch of atlas) and the center of the pelvis (as measured at the anterior border of the sacral base).

Ward consistently found that people who sat and stood with their head anterior to their pelvis were the most sick, with deteriorating physical and psychological health. (See Fig. 1)

Day-to-day observation reveals this is so. Watch people walking down the street. Those who are healthiest have relatively straight postures while the sickest and weakest are bent forwards. Isn't the bent-forward man or woman our cultural image of sick old age? As one wit observed, "They are leaning toward their graves." There is some sad truth to that observation.

So what's going on?

Our femurs respond

Ward observed that, when the spine was under a lot of anterior stress, the femur heads would first move posterior to resist the displacement.

After awhile, however, as energies were depleted (in accordance with Selye's stress breakdown theories), defenses would break down. First, one femur head would move anterior and, eventually, the other would.

With both femur heads anterior, much energy would be devoted to preventing falling forwards.

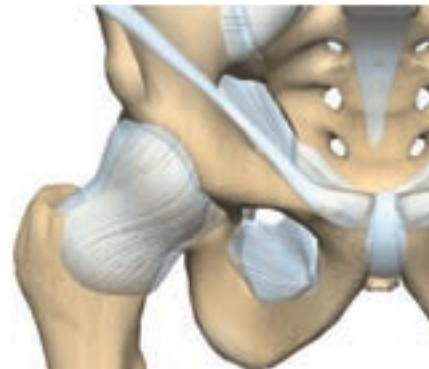


Illustration shows anterior pelvis and femur head.

Anterior = decreased health

Ward's observation was underscored by a 2005 paper in *Spine*, where researchers X-rayed 752 people and looked for a relationship between anterior head carriage and health status. Each subject's health status was evaluated using the Scoliosis Research Society patient questionnaire, MOS short form-12, and Oswestry Disability Index.

The authors consistently found that even minor head anteriority was detrimental; the severity of symptoms (increased pain, decreased function) increased in a linear fashion with progressive increase of anteriority.

They concluded: "All measures of health status showed significantly poorer scores as [anterior] deviation increased." [Glassman SD, Bridwell K, Dimar JR, Horton W, Berven S. The impact of positive sagittal balance in adult spinal deformity. *Spine*. 2005;30(18): 2024-2029.] (See Fig. 2)

Anterior femur heads and anterior body carriage

If both femur heads are anterior, the problem is more serious. It means that the body's defenses are exhausted and the person is deteriorating ("breaking down"). Patients with this double anterior femur head pattern often feel they are getting worse.

Fetal posture

The most extreme example of anterior breakdown is when the cervical and lumbar lordotic



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curves completely reverse—the spine then assumes a fetal position. By this time a person is both physically and emotionally curled up in the deathbed, completely helpless and dependent on others for existence—like a fetus. (See Fig. 3)

Other femur head listings

The femur heads can subluxate anterior, posterior, lateral, medial, superior and can have inner rotation (more common) and outer rotation.

KST and the femur heads

Using Koren Specific Technique (KST), we can easily determine if your patients' (or your) femur heads are subluxated anterior, posterior or in any other position and quickly and easily correct them—all in a few seconds. This is usually done with the patient standing. Clinically, the patient begins to report more energy, better balance and improved health status when the femur heads are adjusted and the spine is unsubluxated.

Koren Specific Technique, developed by Tedd Koren, DC, is a quick and easy way to locate and correct subluxations anywhere in the body. It is a gentle, low-force technique. Patients hold their adjustments longer and it's easy on the doctor, too. With KST, practitioners can specifically analyze and adjust themselves. For seminar information, go to www.teddkorenseminars.com or call 1-800-537-3001. Write to Dr. Koren at tkoren@korenpublications.com. TAC



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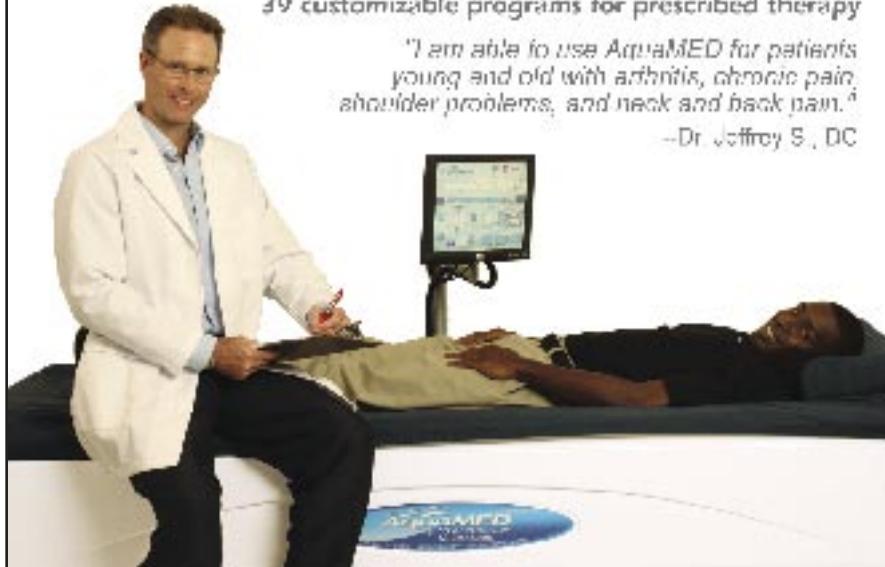
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