
PRACTICAL PUBLICATIONS

Original Osteopathic Moves As
Taught by Doctor Andrew Taylor Still
to
Dr. Charles F. Haverlin, a pupil
and graduate of Doctor A. T. Still
Modernized by



Andrew Taylor Still
1828-1917

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C-SPOMM

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This book contains general information only. It does not contain specific medical advice. It is not a substitute for a patient consulting with his or her own physician regarding particular symptoms and appropriate treatment.

DEDICATION PAGE

*Dedicated to the man who started us all
along the osteopathic trail,
Dr. Andrew Taylor Still*

PREFACE

What an exciting discovery to come upon such clear class notes of our profession's founder, Andrew Taylor Still.

With simple language, Dr. Haverlin recorded the clear and insightful reasoning that hallmarks all true Osteopathic thought. With a basic knowledge of anatomy and the ability to visualize the living tissues, the reader can glean many pearls of wisdom from these few pages.

Our patients still suffer from similar maladies that Dr. Still's patients suffered from at the turn of the century. A little practice with the techniques described here may make the difference between a successful and unsuccessful clinical experience.

Although the principles of structure and function are well-known to practicing osteopathic physicians, another repetition and perspective just lets us see a little more of old Dr. Still's squirrel in the tree.

I hope you enjoy this little work and find some helpful insights in it.

Stephen M. Davidson, D.O., C-SPOMM
Editor

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LECTURE ONE

DRAINING CERVICAL LYMPHATICS

To drain the cervical lymphatics, stand on the right side of the patient, in dorsal position. Place the left hand on the forehead. With the right hand, reach over the sterno-cleido-mastoid muscle, draw the muscles up closely around the chin. With pressure on parotid and sub-mental glands, turn the head away gently with the left hand and continue this movement downward, one vertebra at a time, to the seventh cervical. Gently inhibit with right index and middle finger the first and second dorsal vertebra together. Drawing the muscles away from spine, turning head away from operator and upward.

Place the hand down over the scapula. Draw the muscle up and place fingers against the superior border. Lay the right arm against the chest of the patient and turn the head slowly and gently in the opposite direction from the operator.

Stand at the head of the table and cross the hands under the patient's head. Flex the head toward the chest. Let down slowly, have the patient turn the head to the right and flex forward towards the patient's right elbow. Let the head slowly backward and turn it to the left and flex toward the left. This movement stretches all the posterior neck muscles,

ligamentum nuchae, trapezius muscle. It also flexes all anterior muscles and completes the drainage of cervical lymphatics.

Cervical Osteological Adjustments

The Osteopathic Osteological adjustment for the cervical region. Turn the patient's head to the left with the operator's right hand on the occiput and with the left hand of the operator pointing downward over the chin. The head is given a sudden traction upward and downward towards the operator's left knee. This is not Chiropractic. It is distinctly Osteopathic manipulation.

LECTURE 2

FREE THE CIRCULATION OF THE PECTORALIS MAJOR AND MINOR 3

Give treatment on the neck muscle by placing the right hand under the chin. Let the head rest gently on the table, placing the left hand over the pectoralis major and minor muscles. Draw the head upward in the median line, with traction of the muscle down and outward. Reverse the hands to the right side. Then, turn the patient's head to the left with the fingers of the left hand pointing over and downward from the chin. Place the fingers of the right hand on the acromion process and stretch the head away sideways with traction gently downward on the shoulder. Reverse and take the left side.

To Free The Intercostals

Place the left hand under the right scapula with the side of the thumb resting on the right side of the neck against the jugular vein and carotid artery with the ball of the thumb resting against the clavicle. Turn the palm of your right hand outward by turning the thumb inward and back. Grasp the inside of the right wrist of the patient. Stretch the arm up over the head and then inward towards the median line, allowing the thumb of the left hand to gently slide in under the clavicle. Reverse to the left side.

This move must be made gently and quickly as the pressure over the carotid artery, if continued for any length of time, will cause the patient to become very dizzy and fall asleep under continued pressure.

Note: It is related that the Japanese have produced death in a body by pressure on both sides of the carotid artery just above the clavicles.

Break Up Scapula Lesions

Stand at the right side of the patient. Flex the patient's arm on chest, placing the tips of the fingers towards the left shoulder. Take the patient's elbow with the right hand and rotate the arm slowly inward, drawing up on the muscles over the scapula. Reverse the movement and press down on the acromion. Repeat on the left side.

LECTURE 3

SETTING AND RAISING OF RIBS 5

To release a rib that has been twisted outward and downward, stand behind the patient. Use the left thumb as a fulcrum and, with the knuckles, press against the angles of the ribs below the subluxation. Press the ball of the thumb against the dislocation on the right side. Then, take the wrist of the patient with your right hand. Raise the arm gently up in a perpendicular position. With a sudden quick movement, move the arm slightly backward, downward and sideways, to adjust the rib. This method applied to each rib will free intercostal circulation. This movement is good for relieving colds and congestion of the lungs. When applied on the fourth and fifth ribs on the right side, will especially relieve gall bladder congestion. This maneuver is also very good in cases of anemia.

To Stretch the Trapezius

To stretch the scapula sideways, stand behind the patient. Place the left hand under the axilla, fingers pointing upward toward the sternum. Operator's right hand reaches over the patient's chest, grasps patient's left arm and draws it towards the patient's right elbow. At the same time, draw the muscles with the left hand downward and outward. Repeat, drawing the patient's arm higher each time. Place fingers of right hand over the patient's chest,

grasping the muscle in the axilla. Flex the patient's arm and, with the left hand, draw patient's elbow backward, stretching the muscles inward toward the median line of sternum.

Raising Scapula

Place the patient in the prone position. To raise the scapula, stand on the left side of the patient. Place the patient's left hand on the back, palm up. Grip the acromion process with the left hand and, with the right hand, manipulate under the scapula to break up the Osteopathic muscular lesion. Reverse and take the other side.

Neck Lesions

To break up the Osteopathic muscular lesions of the neck, press the ulnar border of the right hand against the laminae of the seventh cervical and upper two dorsals, close to the spinous processes. Hold this firmly. With a slight sudden traction, turn the head away from the operator. This maneuver will loosen up all the cervicals. Reverse the movement. This is definitely an Osteopathic move.

LECTURE 4

SPINAL LESIONS

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To break up Osteopathic Spinal Lesions

Place the patient on the right side. Flex the legs. With the operator's thigh against the patient's knees, place fingers over the laminae of first and second dorsal vertebra. The muscles are moved upward over the laminae and pulled outward toward the operator as the knees of the patient are, at the same time, pressed against the abdomen by the operator. This is a simultaneous double action move. The patient's knees are released as the operator moves the fingers downward over the third and fourth dorsal. Repeat the movement as above to the base of the sacrum. Reverse the patient and give the treatment from the other side. Naturopathic Tonic Treatment of the spine is preferred. This requires less work by the operator and is considerably more effective.

Posterior and Anterior Lesions

The rotation of the torso.

Stand in front of the patient with the knees of the patient anchored between the knees of the operator. Have the patient clasp hands behind his neck and the operator place his hands inside of the arms. With a gentle gripping movement over the scapula, the shoulders are

rotated from left to right and right to left. Use a pressure on the side which is drawn towards the operator. Then, have the patient fold both hands across the chest. Turn the torso to the right and make a sudden thrust each way. That is, operator's left hand over right scapula and the right hand over left acromion. Work to loosen up all the upper dorsal vertebrae, lumbar and the sacrum. Reverse position.

LECTURE 5

SACROILIAC LESIONS

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Have the patient in the dorsal position. Flex both knees on the abdomen and press them down carefully without hurting the patient. Move them to the right and press down, then, move to the left and press down, continuing eight or ten times. Turn the patient over in the prone position. Standing on the patient's left with your right hand under the patient's right knee and your left hand on the right ilia, raise the leg upward from the table. Bring the leg towards you and make a thrust on the ilia to remove iliac lesion. Repeat the other leg from the opposite side.

Then, stand on the left side of your patient. Place the right hand under both knees, the palm of your left hand on the first lumbar vertebra and raise the thighs from the table pressing downward. Continue with each lumbar. On the sacrum, make a sudden thrust.

This was called by Dr. Still, 'springing the spine'. No matter what the osteological lesion may be in the lumbar, it can be adjusted with this move. Get the proper contact, the direction of the thrust desired and correct. As good, old Doctor Still so often said, "Find it, fix it and leave it alone." This method was used by the author in the treating of Infantile Paralysis during the epidemic of 1916. Doctor Frederik

K. Collins treated 22 cases successfully with but two cases partly crippled (the fault of the patients not following instructions.)

Cubin Grind

Place the patient on the right side. The right arm of the operator is placed under the left leg, hand grasping thigh, palm of the left hand over the femur. The leg is rotated around, first rotation forward and downward and up. Then, reverse, taking it down, backward and up.

LECTURE 6

ABDOMINAL TREATMENT & KIDNEYS

11

For the abdominal treatment, stand on the right side of the patient in dorsal position. With the ulna border of the right hand over the sigmoid flexure, manipulate this part of the abdomen several times. Then, with the tips of the fingers, manipulate in a circular manner over the descending colon from the left to the right, the way the hands of a clock move. Each time as you work downward, move the fingers upward until you reach the splenic flexure. Then, with the left hand over the splenic area, (the spleen is found in the mid-axillary line at the point of the elbow two and one-half inches from the surface of the body), manipulate gently with the right hand in and under the ribs. Then, manipulate the transverse colon to the center of the body. Keep the right hand on the body passing around over the head of the patient and continue along the transverse colon to hepatic flexure. Press the right hand over the liver area. With the left fingers, work in under the ribs to manipulate the lower lobe of liver. Continue along ascending colon until you come to the cecum and appendix. To manipulate the kidneys, press thumbs gently in over right kidney away from you with the fingers raised. This movement not only breaks up kidney lesion but all abdominal lesions.

LECTURE 7

LEG LESION

12

Place the patient in dorsal position. Flex the left thigh. Flex the leg against the thigh. Flex the achilles tendon by pressing toes downward. Stretch the achilles tendon by pressing the toes upward.

Place the fingers of the left hand on the patella with the right hand over the right acromion process, draw gently towards you and flex the knee slowly. This is a double action move bringing both points of contact gently towards each other. Change hands with the left hand under the heel extend the leg with a slight jerk. This is the only time the leg is jerked.

Drain Hunter's Canal

Place the patient in dorsal position. Flex the right leg with foot resting on table. Place the right hand on patella, left hand over Hunters Canal. Place fingers well over toward popliteal space. Push the knee inward and draw the sartorius muscle outward, working upward toward the groin about two inches at a time. Reverse to other leg.

(This canal is triangular in shape and contains arteries, veins, nerves, lymphatics, etc.) In many instances, one treatment of this canal will cure rheumatism and other leg troubles. Doctor Still did not pay much attention to this

canal in his personal instruction but the above treatment has been studied well by the author, demonstrated and used successfully by Doctor Charles F. Haverin and others.

Stretching Pubic Arch Dorsal Position

Both legs flexed, feet on table, opening and closing against resistance.

LECTURE 8**CIRCUMDUCTION OF LEGS****15**

Circumduct the right leg outward three or four times with pressure and flexion. Make pressure as follows: With the left hand on patella, press down and away from the body of the patient. At the same time, flex the heel inward away from the operator; and then inward duction three or four times with flexion and extension in the opposite direction, rotating the head of the femur in the acetabulum. This will break up Osteopathic muscular lesions of the leg and hip, increase the circulation and allow the vital fluids to go on. Reverse to the left leg.

LECTURE 9

STRETCHING SCIATICAS 16

Raise each leg from the table perfectly straight, covering the patella with one hand, the other hand on the heel. Traction as much as the patient can stand then alternate. Then, raise both legs from the table until the buttocks and spine are raised, press down on the heels stretching the sciatica. Allow the patient's legs to come down on the table by placing the hand under the occiput and bending the patient's body forward until the head comes to the knees. This drains the spinal column. Then, have the patient stand up, raise the arms over the head and ride up on the toes quickly. This will flush the spinal column.

LECTURE 10

REDUCING DISLOCATIONS 17

See the Collins book, *Naturopathic Method of Reducing Dislocations without Anesthesia*.

Osteopathic Movements for Deafness

Patient in the dorsal position, take the ear between the middle fingers and rotate it downward, backward and upward and then reverse the rotation. Place the index finger in the meatus and give a gentle vibration for one or two minutes. Take the lower lobe of the ear and work it forward, downward and backward and the upper lobe forward, upward and backward. Cup the ears by placing the hand over the ear to create a vacuum and quickly withdraw. Breathe into the ears as follows:

Place the two middle fingers over the ear so that your lips do not come into contact with the ear. Take a long breath and blow into the ear gently. This warms the ear drum and helps dissolve wax concretions. This treatment should not be given to an ear that is inflamed without first reducing the inflammation by applying cold compresses over the ear and changing them every half minute until the inflammation has subsided.

Treatment for the Eyes

Place the tips of the fingers in the supra-orbital notch and make intermittent pressure from the

inner canthus to the outer of the eye. Press on the infra-orbital notch and make the intermittent pressure on the lower part of the eye from the inner canthus outward. Manipulate the upper part of the eyeball by having the patient look downward then manipulate the lower part of the eyeball by having the patient look upward. Give gentle concussion to the eyeball by placing the finger over the eye itself, resting on the bridge of the nose, and gently tap with the fingers. With the fingers of the other hand, reverse to other eye. Place both thumbs over the eyes and give inhibition: Press the eye gently down into the socket slowly and carefully as much as the patient can stand and release slowly.

The eyes are very delicate organs and should be treated carefully. The hands should be thoroughly washed and the utmost precaution used in the treatment so that there is no discomfort or pain to the patient.

Treatment for Hemorrhoid

Place the patient in the prone position. Operator manipulates all the muscles over the sacrum and coccyx, stretch the sphincter muscles of the anus upward and outward away from the median line and give deep manipulation of the pubic nerve. Give a gentle rotation and keep this up for at least two minutes or longer if the patient does not complain. Reverse and take the opposite side. I have cured many cases of hemorrhoids of

many years standing by continual manipulation in this manner two or three times a week. Some cases responded inside of a month. I would also advise the patient Naturopathically in regards to the use of water internally and externally. Also, see *Dulmage System of Pelvis Adjusting*.

Osteopathic Treatment of the Foot

Take the patient's right heel in the left hand and rotate the foot from left to right ten or twelve times. Reverse the movement. Hold the foot at the instep. Apply traction with sudden extension of the toes. This maneuver loosens up the joints. Manipulate the muscles between the metatarsal bones. Flex the toes upward and downward several times, spread the toes apart, take the heel in the right hand and rotate the heel. Any Osteological lesions of the tarsal and metatarsal bone may be thrust on from above or below adjusting the bones into place. This osteopathic foot treatment twice weekly has cured many cases of corns soft and hard of long standing. (See Doctor Collin's *Pedopractic Method of Foot Correction* complete with illustrated charts.)

From any of the above you can make a major or specific treatment for any part of the body in five to fifteen minutes. It takes from twenty-five to seventy-five minutes to give the full osteopathic treatment, according to the case and the condition of the patient.

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