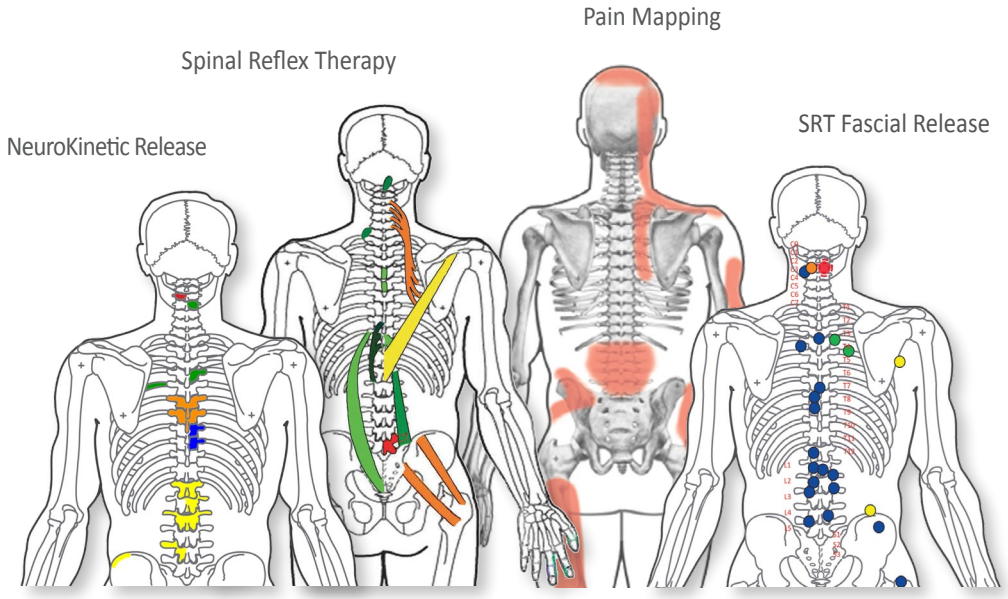
Spinal Reflex Therapy

Standardizing Assessment and Treatment for Massage

SRT Defined for MT
PDR Driven Outcomes
The SRT Advantage
Making a Difference
Evidence Based Care



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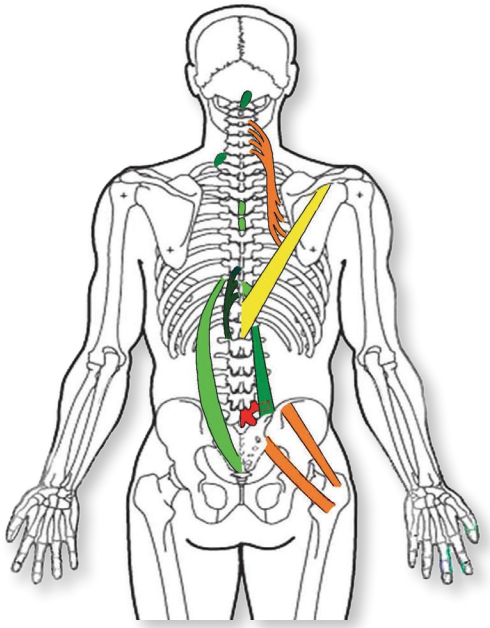
SRT Assessment and Treatment

Spinal Reflex Therapy is an evidence based protocol designed to standardize massage outcomes across multiple practices using various techniques to assess and treat neuromusculo-skeletal (NMS) conditions.

SRA Assessment and Treatment is predicated upon eighty-five years of research and twenty-one years of clinical management of the spondylogenic reflex syndrome (SRS).



Biomechanics

PDR Driven Outcomes

Predictable, dependable and reproducible outcomes are critical for an efficient and successful provider and client experience. Outcomes are dependent upon standardized protocols and procedures. SRT relies upon the intrinsic nature of cord mediated reflexes. Reflexes will produce a sensory and/or motor activation pattern that is 100% consistent across all clients. Whether one or seven billion plus individuals; a spondylogenic reflex is a neurologically hard wired response and once understood and accurately identified, treatment options are swift and efficient, and outcomes are maximized.

The SRA Advantage

General Benefits

- Rapid assessment cycle averaging 30 seconds
- Grossly improved assessment and treatment accuracy
- Predictable, dependable and reproducible outcomes
- Higher client and provider (professional) satisfaction
- Higher referral rates and lower marketing costs
- Continuity of outcomes across the profession

Shared concepts and language with other providers in health care

"Predictable, dependable and reproducible outcomes are critical for an efficient and successful client and provider experience".

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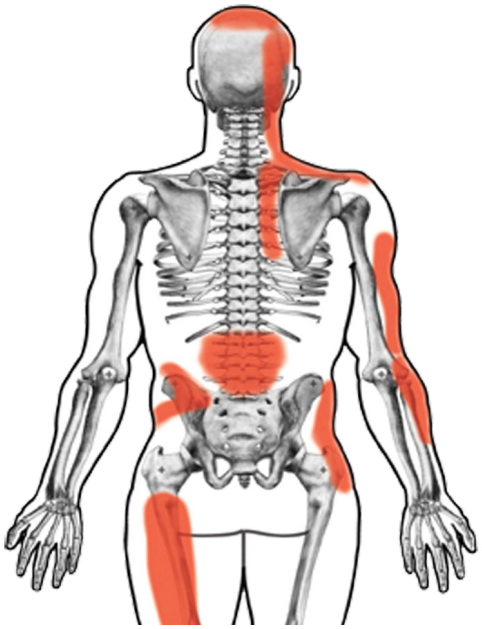
Making a Difference

Prevalence of the SRS in the global population is rising exponentially due to decreasing paraspinal muscle strength, adverse lifestyles and habits and ever increasing environmental stress.

The SRT Assessment and Treatment advantage for NMS care is rooted in hard science, years of clinical application and one indisputable fact: a reflex is a reflex is a reflex.

The SRS is an unwavering neurological event across all populations and when utilized properly in the identification and treatment of the ensuing cascade of pathophysiology it creates, it is a golden standard for predictable, dependable and reproducible outcomes.

SRT Assessment and Treatment Systems are first in category, first in class and will definitively raise the standard of education in Massage treatment and outcomes!



Pain Profiles

Evidence Based

Originating from 85 years of research and over 21 years of clinical application, SRT Assessment and Treatment procedures are predictable, dependable and reproducible as a stand alone system or as an outcome multiplier in conjunction with conventional therapeutic procedures.

Research on Spondylogenic Reflex Syndromes

Kelligren, J. H. 1938-1939

1. Kelligren, J.H.: Observation of referred pain arising from muscles. Clin Sci 3:175, 1938.
2. Kelligren, J.H.: On the distribution of pain arising from deep somatic structures with charts of segmental pain areas. Clin Sci 4: 35, 1939
   Comment: Original studies injecting noxious compounds into clavicular and vertebral structures. Discovered schlerotomal pain.

Feinstein, B. 1954

1. Feinstein, B., J.N.K. Langton, R.M. Jameson, F. Schitter: Experiments on pain referred from deep somatic tissue, J Bone Joint Surg 36A: 981, 1954.
   Comment: His work built on Kelligren's study using 75 students, mapping non radicular pain patterns.

Wyke, B. 1967-1980

1. Wyke, B. D,: The neurological basis of thoracic spinal pain. Rheum Phys. Med 10: 356, 1967.
2. Wyke, B. D,: Morphological and functional features of the innervation of the costovertebral joints. Folia Morphol 23: 296, 1975

"Rooted in hard science, years of clinical application and one indisputable fact; a reflex is a reflex is a reflex. The SRS is an unwavering neurological event across all populations".

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Research on Spondylogenic Reflex Syndromes

(continued)

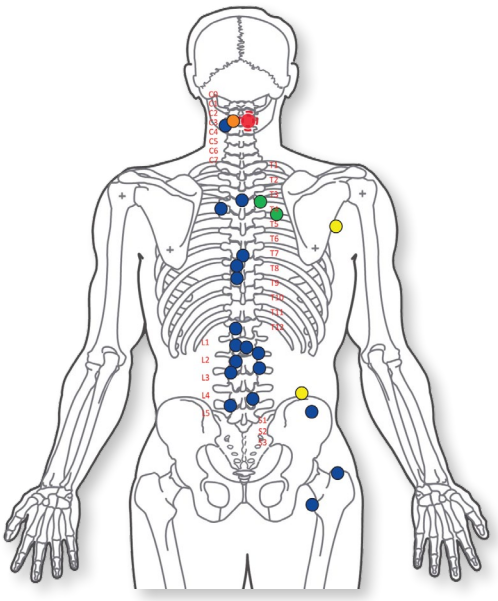
3. Wyke, B. D,: Clinical Significance of articular receptor system in the limbs and spine. Proc. of the 5th Int. Congress of Manual Medicine, Copenhagen, 1977.
4. Wyke, B. D,: Neurological mechanisms in the experience of pain. Acupuncture and Electro-Ther res 4: 27, 1979a.
5. Wyke, B. D,: Neurology of the cervical spinal joints. Physiotherpy 65: 72, 1979b.
6. Wyke, B. D,: Perspectives in physiotherapy. Physiotherapy 32: 261, 1980.
7. Wyke, B. D, P. Polecek,: Structural and functional characteristics of the joint receptor apparatus. Acta Chir Orthop Traum. Cech. 40: 489, 1973
8. Wyke, B. D, P. Polecek,: Articular neurology – the present position. J Bone Joint Surg 57B: 401, 1975.
   Comment: Discovered efferent component of reflexes. Used studies on cats to show clearly reflexogenic relationships between receptors in the joint capsule and peripheral musculature. His work is the primary resource in understanding nociception and innervation of vertebral zygapophysial structures and their relationship to non-radicular syndromes.

Sutter, M 1974-1981

1. Sutter, M.: Versuch einer Wesensbestimming pseudoradikulärer Syndrome. Schweiz Rundsch Med Praxis 63: 842, 1974. Schweizerische Rundschau für Medizin Praxis M Sutter
   [An attempt to define radicular and pseudoradicular syndromes (author's transl)] Schweiz Rundsch Med Prax, Jul 1974; 63(27): 842-5.
2. Sutter, M.: Wesen, Klinik und Bedeutung spondylogener refkex sydrome. Schweiz Rundsch Med Praxis 64: 42, 1975. M Sutter [Nature, clinic and significance of spondylogenic reflex syndrome (author's transl)] Schweiz Rundsch Med Prax, Oct 1975; 64(42): 1351-7
3. Sutter, M.: Rückern-, Kreuz- und Beinshmerzen bei funktionell instabilen Becken. Ther Umsch 34: 452, 1977. M Sutter [Backache and leg pains due to a functionally unstable pelvis (author's transl)] Ther Umsch 1977; 34 (6)
4. Sutter, M.:, R. Fröhlich: Spondylogene Zusammenhänge im Bereiche der oberen Thorax-Apparatur. Report of the Annual Metting of the Swiss Society for Manual Medicine, 1981.
   Comment: Described the Spondylogenic Reflex Syndrome (SRS). Correlated specific "soft tissue rheumatism" or reflexive muscle contractions per vertebral segment via palpation. Describes causative factor as unstable facet joint (he used the term "mispositioned")

Jiri Dvorak, Vaclav Dvorak and Tomas Drobny 1984 - present
Manual Medicine Diagnostics 1984 George Thieme, Vertag, Rudigerstras se 14, D-7000 Stuttgart 30, West Germany
Comment: Referenced spondylogenic reflex muscle activation per segment based on previous description. Referenced Wykes work on neurology and nociceptors in the vertebra to validate clinically apparent 'non-radicular pain patterns.

Jarrell, L 1993 - present
Comment: Developed SRS based diagnostics and treatment protocols, researched symptom profiles and defined the progressive cascade of neuromusculoskeletal dysfunction and degeneration mediated by the spondylogenic reflex syndrome. Developed SRS, SRT. 5MinuteBack.



Laser Therapy

"The SRS is the primary missing factor in the assessment and treatment of all NMS pain and dysfunction and severely limits therapeutic outcomes across all professions" Jarrell

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