

Table 1: Doctor and patient frequencies, by type of technique

Technique	Doctors	%	Patients	%	Technique Description
Atlas Orthogonal	9	10.8	130	11.9	Atlas Orthogonality was founded by Roy Sweat, D.C. in 1981. Advanced Orthogonality was founded by Stan Pierce, D.C. in 2001. Both procedures use a side posture patient position with a solid mastoid support, segmental contact over and directed toward the C1 transverse process via a stationary stylus on a table mounted instrument. The force is on a specific pre-calculated vector generated by a percussion wave mechanism.
Blair	11	13.3	157	14.4	Blair technique was founded by Williams Blair, D.C. in 1960. This technique uses a side posture patient position on a drop headpiece toggle table, with the surface of the headpiece parallel to the floor. The doctor contacts the patient with his pisiform over the anterior, posterior, or inferior transverse process based upon the necessary correction. With the headpiece cocked, a toggle and 180° torque type correction is administered depending on pre-determined vertebral alignment variables.
Knee Chest	16	19.3	194	17.8	Knee Chest technique has been in use since B. J. Palmer, D.C. developed UC chiropractic in 1931. The patient is in a kneeling position with their head turned on a solid headpiece table. Segmental contact point is over the posterior arch and uses a toggle-torque-recoil type thrust.

<p>National Upper Cervical Chiropractic Association (NUCCA)</p>	24	26.5	303	27.8	<p>NUCCA was founded by Ralph Gregory, D.C. in 1966. This procedure uses a side posture patient position with a solid mastoid or skull support. The segmental contact is over the C1 transverse process via the pisiform using a hand adjustment. The force is on a specific pre-calculated vector generated by a triceps pull.</p>
<p>Orthospinology/ Grostic Procedure</p>	15	18.1	231	21.2	<p>The Grostic Procedure was developed by John F. Grostic, D.C. in the late 1930s. Orthospinology was founded by a group of doctors in 1977 and implemented instrument adjusting as well as manual adjusting. Both procedures use a side posture patient position with a solid mastoid support. The segmental contact is over and directed toward the C1 transverse process via a moving stylus on a table mounted or hand-held instrument or via the pisiform using a hand adjustment. The force is a single pulse on a specific pre-calculated vector generated by a solenoid or a manual cam accelerated mechanism for instruments or a triceps pull for hand adjustments.</p>
<p>Spinal Orthopedic Neurological Advancement and Research (SONAR)</p>	3	3.6	30	2.7	<p>SONAR was developed Thomas Elliott, Jr., D.C. who was a NUCCA practitioner. SONAR employs procedures for taking and analyzing x-rays. The SONAR instrument uses computer generated specific sound waves in a precise vector of the size, magnitude and torque required to reposition the upper cervical spine.</p>

Toggle Recoil/ Duff	5	6.0	45	4.1	Toggle Recoil was popularized in the 1930s by B.J. Palmer, D.C. with his development of HIO technique (which was also done in the Knee Chest position). This type of adjustment is made in the side posture patient position on a drop headpiece toggle table, with the doctor's pisiform contact over the C1 transverse process. A quick contraction and relaxation of the triceps generates the administered force. The Duff Method of Analysis was developed by Stephen A. Duff, Sr., D.C. utilizes a specific pre/post thermographic instrumentation procedure and upper cervical x-ray analysis. The adjustive technique utilizes a modified toggle-recoil to the atlas or axis with a predetermined vector and contact point. A side posture table with a drop mechanism is used.
Total	83	100	1090	100	

FROM: **Symptomatic Reactions, Clinical Outcomes and Patient Satisfaction Associated With Upper Cervical Chiropractic Care: A Prospective, Multicenter, Cohort Study**
[BMC Musculoskelet Disord. 2011 \(Oct 5\); 12: 219](#)