2013

Spinal Asymmetries - Their Determination, Incidence and Pathophysiologic Association

Richard S. Koch

Follow this and additional works at: http://digitalcommons.pcom.edu/koch

Part of the Alternative and Complementary Medicine Commons, and the Osteopathic Medicine and Osteopathy Commons

Recommended Citation
Koch, Richard S., "Spinal Asymmetries - Their Determination, Incidence and Pathophysiologic Association" (Original Date Unknown, Online Publication Date 2013). http://digitalcommons.pcom.edu/koch/22

This Neck and Back Disorders, Therapy and Management Spinal Treatment/Back Pain is brought to you for free and open access by the Special Collections at DigitalCommons@PCOM. It has been accepted for inclusion in Koch Collection, Papers of Richard S Koch, DO by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.
December 2, 1985

8º CONGRESO FIMM
Tie, S.A.
General Secretariat
Londres, 39-10B
28028 Madrid
SPAIN

Gentlemen:

Enclosed is my abstract for the Madrid FIMM-86 Congress to be held June 24-28, 1986.

Not being clear regarding the various fees and inclusions, could you kindly specify what such fees will be for my (physician) registration and for my wife's and my own sightseeing and social functions.

Also, what would be the cost for two non-medical associates, friends of ours, to accompany us for just the social and sightseeing events -- that is no scientific registration nor sessions attendance.

Thank you for your kind cooperation.

Sincerely,

Dr. Richard S. Koch

Encl.
ABSTRACT FORM

SPINAL ASYMMETRIES -- THEIR DETERMINATION, INCIDENCE AND PATHOPHYSIOLOGICAL ASSOCIATIONS
(An Original Study)

R. S. Koch
, Olympia, WA 98501 USA

150 adult patients were studied via "postural" (standing) full spinal A/P X-rays.

The object was to determine: 1. The incidence of pelvic, vertebral and rib asymmetries while standing upright under gravitational influences; 2. The incidence of spinal discomfort symptoms occurring in areas of asymmetry; 3. The incidence of symptoms of disturbed visceral physiology ("functional ailments") in regions of autonomic neurosegmental relationship to the asymmetries; 4. The incidence of bony (costal, vertebral, and pelvis), and visceral pathology likewise segmentally related to various asymmetries.

Technique: Patients were X-rayed standing before an upright X-ray table. 14x36" films at a film tube distance of 60" are utilized. A steel wire is superficially imbedded in the table longitudinally bisecting table as a plumb bob vertical. A carpenter's level is used to correct any deviation from horizontal of table base or standing area. The wire then registers on the film as the midheel center of gravity line on which a symmetrical spine and pelvis will align itself, bisecting spinous processes, sacrum, and symphysis pubis. Subject's feet must be 6-12" apart (equal to the inter anterior superior iliac spines' distance) and equidistant from the midline wire. Floor markers position feet.

On the developed film then, simple true horizontal projections may be taken from the vertical line and scribed through desired weight bearing joint parts (sacral base-lumbosacral, femoral acetabular joints, et al).

Horizontal asymmetries are observed as bony parts and joints being "higher" or "lower" (from the floor) than their contralateral fellow. Vertical asymmetries appear as curves and lists (lateral side bending) and rotations, either as single vertebral segments or as multiple, participating in a group of several adjacent segments.

Summary of Findings: 1. 94% of all subjects exhibited readily perceived gross asymmetries in spine, pelvis, or both. 2. 87% of asymmetric subjects stated a history of spinal or pelvic (skeletal) discomforts recurrently in the areas of asymmetry. 3. 76% of asymmetric subjects evidenced signs of symptoms of functional or organic disorders neurosegmentally related to the areas of asymmetry. 4. In 92% of subjects bony or disc pathology was observed in areas of asymmetries. 5. 84% of patients attest to spinal symptoms predating visceral symptoms.

Conclusions: The above statistics strongly suggest a basic relationship of spinal asymmetries to the production of spinal and visceral dysfunction and pathology. Results of this pilot study further indicate enormous benefits and economy in human health care may well be uncovered by a much more scientific, rigorous, and controlled similar study, toward identifying the extent and possible cause and effect of concurrent spinal asymmetries to related symptoms of back and neck aches, and visceral functional and organic disorders.
SPINAL ASYMMETRIES

Richard Sayre KOCH
Olympia, Washington
USA

150 adult patients were studied via "postural" (standing) full spinal A. P. X-rays

The object was to determine: 1. The incidence of pelvic, vertebral and rib asymmetries while standing upright under gravitational influences; 2. The incidence of spinal discomfort symptoms occurring in areas of asymmetry; 3. The incidence of symptoms of disturbed visceral physiology ("functional ailments") in regions of autonomic neurosegmental relationship to the asymmetries; 4. The incidence of bony costal vertebral and pelvis, and visceral pathology likewise segmentally related to various asymmetries.

Technique: Patients were X-rayed standing before an upright X-ray table. 14x36" films at a film tube distance of 60" are utilized. A steel wire is superficially imbedded in the table longitudinally bisecting table as a plumb bob vertical. A carpenter's level is used to correct any deviation from horizontal of table base or standing area. The wire then registers on the film as the midheel center of gravity line on which a symmetrical spine and pelvis will align itself, bisecting spinous processes, sacrum, and symphysis pubis. Subject's feet must be 6-12" apart (equal to the inter anterior superior iliac spines' distance) and equidistant from the midline wire. Floor markers position feet.

On the developed film then, simple true horizontal projections may be taken from the vertical line and scribed through desired weight bearing joint parts (sacral base-lumbosacral, femoral acetabular joints, et al).

Horizontal asymmetries are observed as bony parts and joints being "higher" or "lower" (from the floor) than their contralateral fellow. Vertical asymmetries appear as curves and lists (lateral side bending) and rotations, either as single vertebral segments or as multiple, participating in a group of several adjacent segments.

Summary of Findings: 1. 94% of all subjects exhibited
I wish to present my work as:
(Please check the appropriate box)

☐ Free Paper
A paper presentation should take no more than 10 minutes.

☐ Poster
A set of detailed instructions will be sent to those who wish to present posters.

☐ Film
All films should not exceed 30 minutes. Films must be 16 mm, optical and magnetic or without sound.

☐ Video
Requests for special video equipment with specifications will be entertained.

The following technical equipment shall be needed in my presentation:

☐ Blackboard
☐ Overhead projector
☐ Others (please specify)

☐ 35 mm slide projector
☐ Video

☐ 16 mm Film projector
☐ Beta
☐ VHS

Signature ___________________________ Date ___/__/1985

Richard Sayre KOCH
Olympia, Washington
USA

readily perceived gross asymmetries in spine, pelvis, or both.
2. 87% of asymmetric subjects stated a history of spinal or pelvic (skeletal), discomforts recurrently in the areas of asymmetry. 3. 76% of asymmetric subjects evidenced signs or symptoms of functional or organic disorders neurosegmentally related to the areas of asymmetry. 4. In 92% of subjects bony or disc pathology was observed in areas of asymmetries.

Conclusions: The above statistics strongly suggest a causal relationship of spinal asymmetries to the production of spinal and visceral dysfunction and pathology. Results of this pilot study further indicate enormous benefits and economy in human health care may well be uncovered by a much more scientific, rigorous, and controlled similar study, toward identifying the extent and possible cause and effect of concurrent spinal asymmetries to related symptoms of back and neck aches, and visceral functional and organic disorders.