

How was ABC discovered?

The way ABC™ came about starts before I knew anything about body manipulation.

It starts in high school.

I thought I wanted to be a doctor so I volunteered to work in a hospital my sophomore year. The story is long but after using a defibrillator unsuccessfully on a patient whose heart stopped I was quite disappointed. A doc told me not to be so disappointed, this was not TV and most of the time the thing did not work.

He further added to that, if it is not an infection we can give people antibiotics for or something we can do surgery on there really is not much we can do for people but relieve their pain.

I was flabbergasted. This was not the profession I imagined being part of for the rest of my life. I interviewed other docs and nurses and got the same basic talk.

I quit volunteering at the hospital after discovering that and was quite aimless for the next 5+ years. Then, during a summer off a friend told me I should go to Chiropractic school. I could help people and make a lot of money.

The only thing I knew about Chiropractors was that one day my father could not move when he woke up and we went to work without him. When I returned that night he was walking about fine. He took me with him to the next visit but the guy said nothing I understood or was interested in.

I looked into chiro school a bit and decided to go.

Chiropractic College

When you go the Chiropractic school one of the things that happens in the first week of school as a Freshman is that you get assigned an intern in the junior clinic. That is the Junior Clinic. It is their practice before they go to the public clinic as a senior. They take you in as a new patient and treat you over time. This guy did an exam, took x-rays and explained something to me that I understood nothing of. It was like he was talking Greek.

Anyway, he lays me down on my side puts his hands at the base of my head and does an adjustment — to me it was, he banged on the top of my neck really hard. Scared the heck out of me.

I got up and felt quite a bit different but did not know what the difference was. After a hour or two I realized the stomach pain I constantly had ever since I can remember was gone.

It was quite strange. I literally had had stomach pain since I was born for all I remembered. Now it was gone. I tested it by eating all the foods that made the pain worse and... no pain. I got diarrhea from the grease and spicy foods but no pain. Very strange. However, it gave me absolute reality that this stuff (manipulating bones to get healthy) worked.

People do not generally realize the first year in Chiropractic school is like the first year in medical school — anatomy, physiology (how the body works), biochemistry and all that. In the second semester they add starting to teach about adjusting bones. It is what other professions call manipulating bones or manipulation. Some chiropractors get upset when that word is used in relation to Chiropractic rather than “adjustment” of bones — as in adjusting the positions of the bones — but it is the same thing.

Anyway, in the second semester they started teaching about body mechanics and adjustment of bones. I have a self-taught background in mechanical engineering. It is a longer story but in high school I was trying to design something and asked an engineer. He told me I would have to learn calculus and all this other stuff to do it effectively. I went to a bookstore and bought all these books like self-taught calculus and others — no internet in those days — and learned how to the engineering stuff. It taught me enough to design my machine, which was useful to no one but me but I had the knowledge too.

The reason that is important is that the doctor teaching the course — chiropractic doctor — said things that just did not make sense. The biggest one was, if you lay someone face down and push down on their back or you lay them face up and put your hand behind their back and push up the same thing happens.

This made no sense to me and I asked if I got behind my car and pushed and then got in front of my car and pushed I would not expect the same thing to happen. He said, “Bodies are different.” I asked the guy next to me to stand up. I pushed on sideways on his shoulder and his body moved in the direction I pushed. I pushed sideways on the other shoulder (opposite direction) and his body moved in the other direction. I looked up at the teacher and said, “No it’s not.” He said, “I will cover it with you after the class.”

After the class I went up to him and he said, “Don’t ever do that to me again” and left. After interviewing many chiropractors in school and out I got the same types of comments. I was left with — adjusting bone positions to have a body regain or be healthy definitely worked — because of what happened with my stomach pain. However, no one seemed to know mechanically how it worked or the best way to do it. There are literally dozens of “techniques” to do manipulation in Chiropractic and close to a hundred if you add in the techniques from other professions like Osteopathy, physical therapy and others.

Like everyone else, I set out to figure out the best way to treat my patients.

What a confusion of ideas and methods I discovered. I learned that this was not unusual and that every student in Chiropractic, Osteopathy, physical therapy, massage and any other profession doing physical body work to fix bodies discovers and undergoes the same confusion.

A larger confusion in human endeavor you will probably never find.

Spinal Stressology & Lowell Ward

In searching all these methods I came across Spinal Stressology by Dr. Lowell Ward. The short story is that after school I took the course and it was the first thing that made sense mechanically.

Not to take anything away from Dr. Ward, but as I became close to Gene (Lowell Eugene Ward — friends called him Gene) I discovered that most of Spinal Column Stressology was created by Clint Fulkerson an aeronautical engineer who was a friend of Dr. Ward's.

Another very long story made short is that the Gene would ask Clint questions about some chiropractic thing and Clint would basically say, let's get out of Chiropractic fairyland and get into what physically happens based on the same laws of matter and physics that the rest of the world works on.

Little by little things were being worked out. I came along after Dr. Ward had made a large discovery. He had been taking standing front and side view full spine x-rays so he and Clint could measure three dimensional mechanics of bodies that way. After a patient whose standing x-rays measured great and was being dismissed from care said to Dr. Ward that he was great and had fixed her headaches and many other things about her body but that it was a shame he could not stop the pain in her hip when she sat, Ward was bothered.

He was a very straight thinker and realized that if the body mechanics were as good as the measurements showed there would be no reason for the pain. Later that evening he asked his secretary to type something, she asked if it could wait until morning because her hip was just killing her when she sat. He had been treating her and she also had measurements that indicated her body was in excellent condition. These two things happening together just set him off.

If you can add two and two and consistently come up with four, which he could, it meant something was wrong with the analysis of mechanics. Something must be different sitting. He called the patient, had her come in and took sitting x-rays. His world exploded!

There were changes to the spine on the sitting x-rays that were supposed to be impossible to occur without much treatment and work.

It turns out that if you take standing and sitting front and side view x-rays on just about anybody who has not been treated for a long time with Advanced BioStructural Correction™ you will discover changes in the spine that are not supposed to happen or not supposed to happen without months of treatment according to ALL other techniques — including medical and physical therapy science.

Many of the things that Clint had theorized must be there but that did not seem to show up much on standing x-rays showed up on x-rays when the person sat.

The reason for this turns out to be that contrary to the general theory that human bodies evolved from 4 legged to two legged positions, the changes in mechanics from sitting to standing show that human bodies were designed to be upright. While on the same basic model as 4 legged animals, human bodies are much more efficient standing than with the pelvis flexed in a 4 legged type configuration.

The importance of that discovery cannot be over emphasized. Even today most methods or systems of manipulation use an analysis that is based on one position mechanical analysis. They do not take into account the changes a body makes as it becomes less efficient in a sitting or sitting-type position.

Because of that no other system but ABC™ has come close to being able to have bodies be upright with no muscular effort. And, no one else can promise consistent and predictable outcomes from manipulative treatments. Some methods work sometimes on some bodies, others work other times on the ones that the first one did not work on and so on. However, because of the analysis of the differences in sitting and standing mechanical configurations first noted by Ward but not expanded upon enough by him, ABC™ can consistently correct body structures.

Shortly after that very large discovery Ward had a patient who was obviously quite affected by mental things controlling his body. Ward would say have a pimple here and the next day he did. Ward stopped his great interest in body mechanics and got lost in the mental/emotional effects on the body.

New Discovery and the Beginning of Advanced BioStructural Correction™

The story of Jesse Jutkowitz coming into the picture starts in 1981-2. After taking the course I realized that Ward was the first one on the right track. After discovering that an engineer was behind most of the ideas about Spinal Column Stressology, I spent hours on the phone over the next few

years talking with Ward about what must happen with bodies based on everyday physics rather than some rambling doctor imagining things that just could not happen in this physical world.

This is an important point. All of the mechanical analysis of methods of manipulation are too simple and mostly just plain wrong about how the body changes. They are not something any engineer would even consider after looking at a set of full spine x-rays done standing and sitting.

I would do treatments and the full spine sitting and standing x-rays to measure out the effects of the treatments.

At Anaheim the seminar Ward did over New Years 1983-84 everything new Ward taught was something I had come up with or that we had come up with together. I approached him and asked that my name be put on some of the discoveries. I do not know why but he refused and gave me a plaque for outstanding achievement in Spinal Column Stressology at group dinner instead.

I resolved not to share further discoveries about body mechanics and treatment with him. The biggest one, the discovery that the most important thing about body mechanics going wrong is that bones go out of place in a direction the body cannot self-correct because it has no muscles pulling in the direction needed to properly reposition that bone, was included in the things I would not discuss for a while. I eventually brought it up and discussed it as it was the reason the treatments worked when they did and why some of the Spinal Column Stressology treatments were not working for many patients.

I had not attended a SCS seminar for two years and decided to attend the 1986 seminar to see what Ward was doing. Most of the seminar was relating body mechanics to mental/emotional conditions. Gene had lost his focus on correcting body mechanics and changed to mental stuff. Showing a few docs attending some of the things I discovered mechanically to have them treat me had them asking who showed me those things because they worked fantastically. At that point I knew I was well beyond what Gene had put together with Clint and stopped much most communication with Gene.

In 1990 Ward had retired. I called and asked if he minded if I taught — because I had signed an agreement when I first learned Spinal Column Stressology not to teach it. He said he did not mind any longer. I did my first seminar in 1991 and off I was. That is a question I get from very few people but from enough.

My goodness, how many things did not work to correct bodies?

More than I can count. I can tell you that when I first started doing standing and sitting. X-rays I had to start throwing out all the things that I like to do in body treatment and manipulation.

Pushing down on a person's back when they are laying face down, Posterior-to-Anterior adjusting, went out the door immediately after the first few sets of films.

If you take just standing full-spine standing films you cannot really tell it's making people worse because standing is the compensation position. If you take standing and sitting Full Spine front and side view films, you will immediately know you're making people worse doing that.

The reason you do not see it in just the standing position film is that standing is that best compensation position for human bodies. The sitting position, while still a compensation position is a less efficient compensation position.

So comparing sitting and standing films you get the the body in a more complicated position standing and a less compensated position sitting.

If you compare those films you can tell what the body is trying to do to compensate and if the body is getting better or worse. You can also tell what is breaking down in the bone lever system and thus what needs to be corrected.

One position x-rays will never work to analyze body mechanics. Doing video of moving from one position to the other might be better for some specific cases of injury/damage however, sitting and standing shows tons of differences from what occurs versus what doctors and therapists think occurs and enough to get results that others just dream about. My chiropractic education only got in the way because there are tons of things that" everyone knows unquote that are actually just plain not true.

Again, the reason this is not noticed by so many people is they assume it's true and they never really observe what happened afterward.

So overall, the discoveries in ABC™ were delayed probably about 2 or 3 years until I realized that I had to test every single thing and not take anything for granted.

I can tell you that just about every professional I teach has a similar problem. Old ideas that are just no true — False Data.

Alvin Toffler covered it in his book Future Shock in the 1970s. Technology changes were coming so fast even then (much faster now) that he made the point, "The illiterate of the 21st century will not be those who cannot read and write but those who cannot learn, unlearn and relearn.

In the light of ABC™ results being so different from what anyone else can do or teach it is likely time for you to unlearn and relearn.

After I realized that things people assumed were true were not it went much faster. Now that is a funny story.

You know the saying, "Necessity is the mother of invention?" Well, that covers it but, it took more than a year.

I spend quite a while trying to sort out and observation — after getting C7 treated bodies went forward again at that spot so quickly it was astonishing. Sometimes people were completely upright and then the body went forward when people just bent down to tie their shoes. Frustrating as heck.

I spent a bunch of time x-raying people to try and figure that out.

I tried many things to handle it. I think it was Ward who determined it to be a first rib forward problem. We tried many ways to handle it over the course of more than a year but nothing worked consistently and now I know nothing worked well. I called many chiro who had different techniques, even in Europe, to find something effective.

I discovered there were only a few methods with minor variations. None of them worked to get the rib back. Most methods were actually were pushing in the wrong direction — either inferior (toward the feet) or anterior (forward). The problem was that the rib was already forward to the point it dragged C7 forward and prevented C7 from moving backward into its best position.

One Thursday, it was late and I had one late patient before being done. A past patient called about a car accident she was in with three friends in the car. She remembered that I told her if people got treated immediately or soon after a trauma their bodies did not have a chance to swell and it was much easier to fix them. She wanted to come in immediately.

I had them in and called the late patient to come in even later after I finished the 4.

He did. It was late, I was tired and frustrated about something with the ladies (do not remember what) when he came in.

I had been trying to get his C7 back and stay back for months. I obviously affected his breathing adversely when it was forward. He was a tall guy 6'3" overweight with asthma, allergies, diabetes and more. But, when I got C7 back and it stayed back — I had not idea why sometimes it did and sometimes not — all the asthma and allergy symptoms went away and stayed away until it came forward.

Again, it was late, I was tired and frustrated. He was back against the wall and I was just about to do the C7 correction when I noticed his shoulders were collapsed in which I knew meant the first ribs were forward. I was exasperated, having tried to fix that for months on this guy: For those who do not know exasperated is frustrated and angry combined — frustrated not being able to get it done, angry about not figuring it out.

So, I put my middle and index fingers on the clavicle where the first rib attaches, pushed it upward and backward in the direction of the first rib attachment to the spine and punched it backward rather hard. Roy, the patient, screamed (I guess I got the second rib along with the first which, I did not figure out was a problem until much later, but I will never know).

He said that he could not believe I punched him like that but I just noticed that his entire chest on the right side, the side I treated, was moving much better than the left and expanding in a normal type motion I had never seen on him no matter how well I got C7.

I asked if he noticed how much better he was breathing. No. Test it. Oh, I guess so. Why the first one hurt it is a story but I set-up the other side and did it — no pain. Then I did C7. His body popped upright more than ever and his shoulders were back for the first time.

The next morning, again it is a story, but I did it on a small woman who had asthma. The asthma had been much better but persistent. I punched her rib back but much lighter. She noted how much better she was breathing. I commented that if I did it harder it would get even better but it hurts. She enthusiastically said, “What are you waiting for??”

I redid it much harder. It did not hurt and, she took what she called the deepest breath in her life. Never did have an asthma episode again. And, except for after a 14 hour car trip in a small car, neither did Roy.

I spent a few years figuring out that if you the second rib is out of place to start with the FRM will hurt a bit no matter what and, if you get the second rib because you do the punch low it will move it out of place. That will hurt the patient and adversely affect their breathing until it is corrected. The corrections are simple and easy but nothing else will fix either the first or second rib displacements.

As for all those others who say they can effectively treat a first rib displacement; if the first rib is in its proper place the shoulders stay up and back and do not roll forward in the least. No one else is showing that on pictures of before and after their treatment and they are so amazed at the pictures by ABC™ practitioners they often insist the pictures are faked in some way. They are not. All those pictures are after the instructions, “Breathe in, breathe out and let your body relax and slump.” They are upright because of corrected structure and, there is no excuse for anything else as a result because if I and all the others doing ABC™ can consistently do it on all patients’ bodies so can everyone else.

All they need to do is take the course and follow the directions.