

# Sacro Occipital Technique (SOT): Documentation and recording system

---

Harvey Getzoff

---

**Narrative:** Sacro Occipital Technique (SOT) is a systems method of Chiropractic, assessment oriented and reasoning based, therefore a suitable recording system becomes a necessity.

Reasoning in this regard is defined as *'the process of forming conclusions, judgements, or inferences from facts or premises'*.

It has been my experience that the recording system outlined in this paper addresses these qualities while allowing for an ongoing method of reference and guidance.

**Indexing Terms:** Sacro Occipital Technique (SOT); Chiropractic; ;SOT Categories; SOT Indicators; Documentation.

## Introduction

The intent of this paper is to present a method of documenting a patient's most recent and past history, along with a method of recording their most current evaluation findings and adjustments. This documentation and recording system allow for a process of referencing and comparing the status of a patient in an ongoing manner.

Haneline in his book Evidence Based Chiropractic Practice states 'In clinical practice documentation essentially consists of recording the subjective complaints of the patients, the objective findings, one's assessment and the plan of case management'. (22)

SOT was founded and developed by Dr MB DeJarnette DC. SOT is based on the identification, via SOT indicators, (specific tests and observations) of the state of function of three primary systems of the body and the SOT adjustments needed to affect change. (23, 1) *'These functional systems are referred to as Categories 1, 2 and 3'*. (23, 1)

DeJarnette asserts *'To bring order out of chaos SOT offers the Category System'* (5, 6) The SOT Category most in need of adjustment is identified by SOT (category defining indicators), while other indicators identify the adjustments needed within the category adjustment, (adjustment defining indicators). Some indicators even do both, identify the category and the adjustments

... SOT Categories = A  
Model of Function + A  
State of Dysfunction +  
Method of Adjustment  
...'



needed. (8) In Table 1 list the SOT indicators and differentiate their correlation to each category and the adjustments most needed.

Table 1: Category defining (CD), adjustment defining (AD) indicators

<b>Indicator</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>
Plumbline visual analysis, eyes closed <b>(CD)</b> (23,8)	Anterior/Posterior sway	Lateral sway or deviation to one side	No sway, fixed, often with a lean or curvature
Rib #1/T #1 palpation, head flexion <b>(CD)</b> (8,23)	Bilateral movement	Unilateral movement with bulge	No movement, fixed
Arm/Fossae test <b>(CD) (AD) *</b> (1,8,23)	Not definable	Definable, If positive overrules all other category defining indicators.	Not definable
Heel Tension <b>(CD) (AD) *</b> (1,8,23)	Present, same side as prone leg deficiency	Not Present	Not Present
Step Out Toe Out maneuver, SOTO <b>(CD) (AD) *</b> (1,8,23)	Could be present but not defining	Could be present but not defining	Present and defining
Psoas muscle for unilateral difference <b>(AD)</b> (1,8,23)	Not required	Necessary if indicated	Necessary if indicated
Ilio Femoral joint for unilateral difference <b>(AD)</b> (1,8,23)	Not required	Necessary if indicated	Necessary if indicated
Cervical range of motion (ROM). Stair Step, Figure 8 <b>(AD) **</b> (5,6,17)	Necessary If indicated	Necessary if indicated	Necessary if indicated

\*The arm/fossae, heel tension and soto, are not only category defining indicators but also are the essential part of the category adjustments, indicative of the need for the placement of the blocks as well as for when to remove the blocks. [1,5,6,23]

\*\* Cervical stairstep, and figure 8 are most often part of all 3-category adjustment protocol but the presence of any of these cervical findings do not indicate the category most in need of adjustment.

Table 2: Added adjustment defining indicators

Indicator	Category 1	Category 2	Category 3
Sitting cervical forward flexion limited (13)	Not utilized, vasomotor or occipital fibers utilized	Utilized with compressed thoracic interspinal space adjustment	Utilized with compressed thoracic interspinal space adjustment
Straight leg raise (SLR) limited (12)	Not utilized	Can be utilized with sitting disc technique	Essential, utilized with sitting disc technique
Sitting cervical rotation limited (17)	Re-check after, stair step and figure 8	Re-check after, stair step and figure 8	Re-check after stair step and figure 8

### SOT Categories

#### *Category 1*

Category 1 refers to the function of the Primary Cranial Sacral Respiratory Mechanism (PCSRM). Respiratory refers to the inherent motion of the cranial and sacral portions of the PCSRM that allows for tension on the dura and the movement of cerebral spinal fluid throughout, protecting and nourishing, the Central Nervous System.

#### *Category 2*

Category 2 refers to the function of the Weight Bearing System of the body as it interacts with the bodies' ability to process sensory input, the integration of that input, and the capacity of the body to respond through the muscle system. All occurring as the body reacts to instability of the weight-bearing portion of the sacroiliac joint. Often sacroiliac instability is a result of other disturbances throughout the structural system.

#### *Category 3*

Category 3 addresses the function of the lumbar spine, lumbar disc tissue and the condition of the sciatic nerve all in the presence of responsive *piriformis* and *psoas* muscle adaptations.

#### **Important clinical point**

The SOT category most in need of adjustment (refer to table # 1) represents both an SOT diagnosis and an SOT adjustment plan consistent with the diagnosis, ( refer to table # 3)

Table 3: Primary adjusting procedures for each category

Category 1	Category 2	Category 3
Prone blocking, heel tension monitoring (1,5,6)	Supine iliofemoral and psoas adjusting (5,6)	Iliofofemoral adjusting (3,5,6,)
Crest and dollar sign monitoring (1,5,6)	Supine blocking (1,5,6,23)	Prone blocking (3,5,6)
SB plus or minus prone blocking (5,6)	Arm/fossae monitoring (1,5,6,23)	SOTO maneuver (3,5,6, 11)
Vasomotor adjusting, or Occipital fiber adjusting (5,6)	Basic 2 adjusting (7,23)	Psoas adjusting (3,5,6)
Cervical stair step and figure 8 (5,6,17)	Cervical stair step and figure 8 (5,6,17)	Sitting disc technique (3,11,12)
Cranial adjusting (7,14)	Cranial adjusting (7,14,20)	Cervical stair step and figure 8 (5,6,17,20)

### Exam/Adjusting Record Keeping

The patient's examination findings, changes in the findings, adjustments, the patient's history of the day, a review of the patient's home-care instructions as well as the practitioner's comments to the patient regarding their care should all be recorded.

Haneline notes 'Good clinical documentation should reflect the thought process involved in patient management and provide evidence of the patient's progress while under care. This type of record keeping enables practitioners to accurately monitor patient progress so that they can make the best possible clinical decisions. It might also allay some of the problems associated with third party record reviews'. (22)

Fig 1: Exam/Adjusting Card

X-RAY DIAG.		DIAGNOSIS										ORTHO FIND.					DENTAL FIND. <small>16/A</small>																	
NAME		[REDACTED] 3/25/05																																
DATE	STRUCT. CAT.	PELVIC MOTION	T1/11ST RIB PALP.	SUBLUX. PATT.	CERV. FLEX./EXT.	CERV. MOTION	CERV. ADJUST.	EXTREMITY #1	EXTREMITY #2	LEG DEF.	HEEL TENSION	ILIO FEMORAL	SOTO TEST	PELVIC IND.	LUMBAR PALP.	SIJT. PALP.	OCC FIBERS	TRAP. FIBERS	SPINE #1	SPINE #2	SPINE #3	LEG DEF.	ILIO FEMORAL	ARMFOSSAE	STRAIGHT LEG	PSOAS MUSC.	TMJ	CERV. MOTION	CERV. ADJUST.	CERV. ADJUST.	TEMPORAL	MALAR	OCCIPUT	KEY
																																		L=LEFT R=RIGHT B=BILATERAL N=NEGATIVE
3/25/05	3	8	N	N		R60	L		L	L		L	L+		4/5	N		N	N			N	N	N	B35			R60	8		N	R-	N	
MEDS																																		
CERV. INST.		LUMBAR/SI INST.					POST. EXERCISES					BLOOD EVAL.					NUTRITION																	

**Basic History**

(B) Hip area pain + pain across ilium (B) post. upper leg pain onset after fall. Difficult walking

**Commentary**

Lumbar 4 and 5 limited interspinal space

**Key Findings**

Cat. III  
No Cat. II indicators  
Note SLR B35°  
4/5 Lumbar positive to palpation (circled finding=painful)

Date_____	Initial History:
Name_____	
Date_____	History of the day:

Pelvic Motion through Sublux patt are done with the patient standing on the plumbline. Cervical Flex/Ext through Cervical Adjust are done with the patient seated. Extremity # 1 through Spine # 3 are done with the patient prone; the remaining Leg Def. through Occiput are done with the patient supine. The Sublux Patt is inferior ear side over\spinal lean or curve side.

An appendix at the end of this paper details the meaning of all the findings and adjustments across the top of this exam/adjusting card.

The back of this Exam/Adjusting Card has a format that allows for the date, a condensed version of the initial patient history with multiple lines for the history of the day and any other essential information relevant to that day's patient visit.

### Features of the Exam/Adjusting Card

- ▶ The indicator findings and the adjustments are coded so that more information can be stored for a quick reference, comparison and an overall comprehensive review.
- ▶ Note the key in the upper right-hand corner (L, R, B, N) which is used to note the specifics for the findings and adjustments that are being recorded.
- ▶ The top line is a base line representing data collected at the initial visit, hence the chiropractic diagnosis (struct cat) and adjustment protocol are established.
- ▶ The exam/adjusting card is sequentially designed so that care is seen as a continuum of an ongoing process.
- ▶ SOT analysis and adjustment are never done in a rote manner, always critically thought out to form judgements based on the findings of the day.
- ▶ This record keeping system helps develop a dynamic working process of monitoring the patient's response to care.
- ▶ The frame, top and bottom, around the front of the exam/adjusting card contains valuable information that can be and usually is pertinent to the processing of a successful outcome (X-Rays, meds, instructions, exercises, etc.).
- ▶ Treatment plans and case management decisions as well as consultations, discussions and recommendations can be primarily based on the objective information that is continually being processed.

'Appropriate care will be much more likely to ensue when clinical progress is carefully monitored and recorded'. (22)

'Nothing in SOT is done without a reason and no action is complete until it is re-evaluated all guided by indicators'. (23)

'SOT is a thinking and a reasoning procedure. Learn to observe and interpret signs into meaningful information'. (5, 6)

'We all know how important communicating essential information can be in establishing the respect and trust that is needed between the doctor and their patient'. (21)

## Conclusion

My objective for writing this paper is to provide order and context to the SOT method of Chiropractic by utilising this system of documentation and recording while at the same time presenting a method that I feel can be helpful in maximising each individual patient experience.

It has been my experience that this SOT recording system also facilitates the learning and mastering of the SOT examination and adjusting techniques and procedures which ultimately can lead to improved decision-making, doctor, patient communication as well as more favourable outcomes.

As always, I honour Dr DeJarnette for his 70 years of extensive research and study, all presented and explained in detail in his yearly seminar notes and teaching conferences. I have been honoured by having the opportunity to study and practice his work for over 50 years.

*'DeJarnette addressed the understanding of human function and its identification and treatment by studying basic and primary systems of the body and putting them into three clinically definable but interrelated categories. These categories not only have methods of identification, called indicators and specific treatment protocols but they give us a model of function for which to strive'. (2, 21)*

SOT Categories = A Model of Function + A State of Dysfunction  
+ Method of Adjustment

Harvey Getzoff

DC

Private Practice

Marlton, NJ, USA

[ihgetz55@gmail.com](mailto:ihgetz55@gmail.com)

---

Cite: Getzoff H. Sacro Occipital Technique (SOT): Documentation and recording system. Asia-Pac Chiropr J. 2024;5.2. [apcj.net/Papers-Issue-5-2/#GetzoffSOTDocumentation](https://apcj.net/Papers-Issue-5-2/#GetzoffSOTDocumentation)

## References

1. Getzoff IH. A Critical Approach for Learning the Operating Principles of Sacro Occipital Technique (SOT) Chiropractic. Asia-Pac. Chiropr. J. 2023.
2. Getzoff IH. Sacro Occipital Technique Categories: A System Method of Chiropractic; Journal Chiropractic Technique; May 1999; 11(2;62-5).

3. Getzoff IH. Sacro Occipital Technique (SOT) Category Three: Predictability of Outcomes. Asia- Pac. Chiropr. J. 2024.
4. Oxford University Dictionary; Oxford University Press: 1997 Vol.3.
5. DeJarnette MB. Sacro Occipital Technique 1980. Privately Pub. Nebraska city NB.166-179, 319-29.
6. DeJarnette MB. Sacro occipital Technique 1984. Privately Pub. Nebraska City NB 51,75,101, 116-144,245-255.
7. DeJarnette MB. Cranial Technique. Privately Pub, Nebraska City NB.19791980: 1.
8. Getzoff IH. The Sacro Occipital Technique: Indicator System with additions: Pre and Post Adjustment Analysis; 2019 Sacro Occipital Technique Research Proceedings. San Jose Ca. 2019.
9. DeJarnette MB. The Philosophy Science and Art of Sacro Occipital Technique. Privately Pub. Nebraska City, NB. 1964.
10. Getzoff IH. The Role of the Atlas Vertebrae in the Sacro Occipital Technique Category System:2012 Sacro Occipital Research Conference Proceedings.
11. Getzoff IH. Disc Technique and Adjusting Procedure for any Lumbar Discogenic Syndrome. Journal Chiropractic Med. Fall 2000; 2 (4): 122-144.
12. Getzoff IH. The Sitting Disc. Technique and the Relationship to the Straight Leg Raise Test: A Retrospective Case Series of 30 Patients. Asia-Pac. Chiro. J.2020: 1,2.
13. Getzoff IH. Anterior Thoracic Adjusting and the relationship to Cervical Flexion: A Retrospective Case Series of 24 Patients. Asia Pac. Chiropr. J. 2020; 1,2
14. Getzoff IH. A Primary Cranial Analysis and Adjusting Method for all Three Sacro Occipital Technique (SOT Categories: A Retrospective Study of 85 Patients. Asia- Pac. Chiropr. J. 2023.
15. Getzoff IH. A Study of the nature of SOT Occipital Fibers Line 2. A Retrospective Study of 65 Patients. SOTO/USA Research Conf. 2012.
16. Getzoff IH. Sacro Occipital Technique Procedures Case Studies and Standard Orthopedic Testing: SOTO/USA Research Conference 2011.
17. Getzoff IH. Sacro occipital Technique (SOT) Cervical Protocol: Analysis, Adjustment, Assessment: A Retrospective Case Series 48 Patients. SOTO/USA Research Conference; 2014.
18. Getzoff IH. The Management and Care of Three Elderly Patients with Neck Pain. SOTO/USA Research Conference. 2019.
19. Calliet R. Neck and Arm Pain. Pub. A. Davis co. Phila. Pa. 1964.IX, 5.
20. Getzoff IH Sacro Occipital A Practical Guide to Cranial Adjusting. Pub. By Wiedner and Sons. Riverton NJ. 1996.[Type here]
21. Getzoff IH. Sacro Occipital Technique (SOT): A System Driven Method of Chiropractic. Asia-Pac. Chiropr. J. 2024.
22. Haneline MT> Evidence Based Chiropractic Practice. Pub. Jones and Barlett Sudbury, MA. 2007: 311-313.
23. Getzoff IH. Sacro Occipital Technique (SOT) Category 2: Systems Integration. Asia-Pac. Chiropr. J. 2024.

## Also by this author

### *In this Journal*

1. Getzoff H. A Critical Approach for learning the Operating Principles of Sacro Occipital Technique (SOT) Chiropractic. Asia-Pac Chiropr. J. 2023;3,4. <http://apcj.net/Papers-Issue-3-4/#GetzoffSOTPrinciples>
2. Getzoff H. Sacro Occipital Technique (SOT). Category Three: Predictability of Outcomes. Asia-Pac Chiropr. J 2024;4.3. <http://apcj.net/Papers-Issue-4-3/#GetzoffSOTCat3>
3. Getzoff IH. The Sitting Disc Technique and the Relationship to the Straight Leg Raise Test: A Retrospective Case Series of thirty Patients. Asia Pac. Chiropr. J. 2020; 1,2. <https://apcj.rocketsparkau.com/sitting-disc-and-slr--getzoff/>
4. Getzoff H. Anterior Thoracic adjusting and the relationship to cervical flexion: A retrospective case series of twenty-four patients. Asia-Pac Chiropr J. 2020;1.2:online only. URL <https://apcj.rocketsparkau.com/anterior-thoracic-adjustment--getzoff>
5. Getzoff H. A primary cranial analysis and adjustment method for all three Sacro Occipital Technique (SOT) Categories: A retrospective study of 85 patients. Asia-Pac Chiropr J. 2023;4.2. URL [apcj.net/Papers-Issue-4-2/#GetzoffCranial](http://apcj.net/Papers-Issue-4-2/#GetzoffCranial)
6. Getzoff H. Sacro Occipital Technique (SOT): A Systems Driven Method of Chiropractic. Asia-Pac Chiropr J. 2024;4.4. [apcj.net/Papers-Issue-4-4/#GetzoffSOTSystem](http://apcj.net/Papers-Issue-4-4/#GetzoffSOTSystem)

## Appendix

CLINICAL RECORDINGS

### KEY TO S.O.T. ADJUSTING CARD

<b>MOTION:</b>	Pelvic Motion Lateral ( <b>Lat</b> ); Anterior/Posterior ( <b>A/P</b> ); Figure "8" ( <b>8</b> ); Negative ( <b>N</b> )
<b>1st RIB:</b>	Right ( <b>R</b> ); Left ( <b>L</b> ); Bilateral ( <b>B</b> ); Negative ( <b>N</b> )
<b>SUB PATTERN:</b>	Left Incline ( <b>LI</b> ); Right Incline ( <b>RI</b> ) + Head Position
<b>FLEX/EXT:</b>	Cervical Flexion or Extension: Flexion limited ( <b>F</b> ); Extension limited ( <b>E</b> ); Both limited ( <b>F/E</b> ); Neither limited ( <b>N</b> )
<b>CERV MOTION:</b>	Right rotation limited ( <b>R</b> ); Left rotation limited ( <b>L</b> ); Neither limited ( <b>N</b> )
<b>CERV ADJ:</b>	Lateral flexion limited RIGHT ( <b>R</b> ); Lateral flexion limited LEFT ( <b>L</b> ); Neither side limited ( <b>N</b> )
<b>EXTREMITY 1:</b>	Slow abduction of arm. Note restriction.
<b>EXTREMITY 2:</b>	Heel to buttock lateral and medial note restriction.
<b>LD:</b>	Prone Leg Deficiency RIGHT ( <b>R</b> ); LEFT ( <b>L</b> ); NO-Leg Deficiency ( <b>N</b> )
<b>HT:</b>	Heel Tension on LEFT ( <b>L</b> ); RIGHT ( <b>R</b> ); NO Heel Tension ( <b>N</b> )
<b>IF:</b>	Posterior Ilio Femoral ( <b>R</b> ); LEFT ( <b>L</b> ); Neither ( <b>N</b> )
<b>SOTO:</b>	Test positive RIGHT ( <b>R</b> ); LEFT ( <b>L</b> ); Record subsequent test and if it remains Positive ( <b>+</b> ) or if Negative ( <b>-</b> ). If SOTO initially Negative ( <b>N</b> ).
<b>PELVIC INDICATORS # OR \$:</b>	Left Crest Sign ( <b>L#</b> ); Right Crest Sign ( <b>R#</b> ); Left Dollar Sign ( <b>L\$</b> ); Right Dollar Sign ( <b>R\$</b> ). If no "#" or "\$" signs, then record as ( <b>N</b> ).
<b>SACRO ILIAC TENDERNESS OR SAC/BASE:</b>	( <b>L</b> ) or ( <b>R</b> ) ( <b>SB+</b> ), ( <b>SB-</b> ), or Neutral ( <b>SBO</b> )
<b>LUMBAR:</b>	Lumbar interspinous space most limited + painful in sitting disc technique. <i>Example: 4/5</i>
<b>OCC:</b>	Occipital Fiber, involved line and side. <i>Example: Line 2, Area 4 on Left (<b>2/4L</b>)</i>
<b>TRAP:</b>	Number involved, Trapezius Fiber and Side involved ( <b>R and L</b> )



- SPINE 1, 2, 3:** Spinal Subluxation and listing.  
\*IP usually means area of Lumbar 1 is postured (Hyperflexed)  
*Example:* D6 Left T.P. **(6L)**
- LD:** Supine Leg Deficiency **RIGHT (R)**; **LEFT (L)**; **NO leg deficiency (N)**
- IF:** Supine Ilio Femoral, **RIGHT (R)**; **LEFT (L)**; **NEITHER (N)**
- A/F:** Arm Fossae **LEFT UPPER (L↑)**; **LEFT LOWER (L↓)**
- SLR:** Straight Leg Raise side and degree. *Example:* Right 70° **(R70)**,  
Left 70° **(L70)**. **If both 90 degrees, then Negative (N)**
- PS:** Psoas side of restriction: **LEFT (L)**, **RIGHT (R)**, or **NEGATIVE (N)**
- TMJ:** TMJ limitation: **RIGHT (R)**; **LEFT (L)**; or **NEGATIVE (N)**
- CERV MOTION:** Side of limited rotation: **RIGHT (R)**; **LEFT (L)**; or **NEGATIVE (N)**
- CERV ADJ 1 & 2:** Figure "8" (8); if specific adjustment, list involved vertebrae

<b>TEMP:</b>	List side restriction via cranial ranges of motion <b>RIGHT (R)</b> ; <b>LEFT (L)</b> ; or <b>NEGATIVE (N)</b>
<b>ZYG/MAL:</b>	List side restriction via cranial ranges of motion <b>RIGHT (R)</b> ; <b>LEFT (L)</b> ; or <b>NEGATIVE (N)</b>
<b>OCC:</b>	List side restriction via cranial ranges of motion <b>RIGHT (R)</b> ; <b>LEFT (L)</b> ; or <b>NEGATIVE (N)</b>

*NOTE: The **top** of the adjusting card has areas for primary x-ray diagnosis, general diagnosis, any additional orthopedic findings and dental findings. The **bottom** of the card has an area to put data for any instructions, exercises or information given to the patient, which are recorded on the back of the card. The **back** of the card contains an area for the initial history and comments made by the patient and to the patient at each visit.*