

acetes have unilaterally described the full range of unilateral flexion and extension.

The rotation side-bending lesion, as has been mentioned previously, is of traumatic origin, and a greater percentage of cases is found than is customary. There is usually a marked deviation of the spinous process from the median line as is found in the side-bending rotation lesion. However, even at its best is more or less of a negligible factor; therefore, clinically, it is not necessary to place particular emphasis on this lesion. The same methods of adjustment would be used as in the correction of the side-bending rotation

The combined lesions are: first, side-bending rotation complicated with flexion or extension; and, second, rotation side-bending lesion complicated with extension or flexion. Treatment of these lesions necessitates the removal of the side-bending rotation or the rotation side-bending as the factor of prime maintenance of the lesioned condition. If the primary factor of flexion or extension does not spontaneously adjust itself, additional adjustive effort should be used.

Stubborn or rebellious pain which defies all adjustive measures should be carefully handled and the physician should rule out by the x-ray or allied means such conditions as ossification of the fifth lumbar which is due to a broadening of the body of the fifth and partial fusion with the sacrum, arthritis due to over-strain of the lumbo-sacral articulation which demands that the spine be kept erect and supported to lessen irritation, spondylosis, with its history of tubercular infection, primary spondylitis deformans without traumatic history, as well as deformities of the fifth lumbar, and other structural and pathological involvements of the lumbar vertebrae.