Activator Technique:

Transcript

Steven Bruce
Good afternoon Welcome to the Academy of physical medicine. I'm Steven Bruce. And I confess that I'm a little bit nervous about talking about today's CPD topic. The reason for that is of course, I'm an osteopath. And we osteopaths are brought up to be very cynical and sceptical about the whole idea of instruments assisted manipulation, and other aspects, which we think are just not done in our osteopathic field. However, I've resigned right and resigned myself resolved myself to think that we need to keep open minds about this. And we need to understand how these things work. And actually, what we're going to talk about today is probably better research than almost anything other than spinal manipulation itself. Of course, if you're a chiropractor, you've almost certainly received training in instrument, instrument assisted manipulation. But I'm joined by somebody today who has a lot more experience in that topic than most of us. His name is Julian Barker. He is a chiropractor, mctimoney chiropractor. And He is an expert in the activator instrument. Julian, great to have you with us.

Julien Barker
I Yes, thank you, Steven, really good to be here. I'm really looking forward to this.

Steven Bruce
Did I did I sum you up correctly there by saying that you're an expert in the activator,

Julien Barker
I've been doing it over 15 years now is the main method in the we use within the clinic. I just, it is what I just told my my clients worth it. Also what I just my family at home with. And recently, I've actually been part of a team that's actually teaching it. And I was part of a cohort of four chiropractors that were invited in 2017, to Phoenix in Arizona to the 50 year celebration of activator Central. And so yes, I am as deep in activator as you could possibly get, I

Steven Bruce
think. Good. I'm glad to hear that. And I hope you don't mind me sort of airing my own ingrained reservations about the the activator. It's nothing to do with the activator itself. It's just that as I said, I think all osteopaths are brought up to believe no, we don't do that it can't possibly be as good as what we can feel and do with our hands. But actually, I'm beginning to think that we still like to preserve our hands for the rest of our careers if we possibly can. And there is a lot of evidence there is a reasonable body of evidence behind the activator. It's not of course, the only instrument to assist technique, is it?

Julien Barker
No, definitely, definitely not. The I think the scepticism about at adjustment instruments adjusting also exists within the chiropractic. So you know, you're not alone on that front. And, yes, in terms of so I bring my story in is quite a useful one at this point is as a mctimoney. In my first three years, three, four years of clinical practice, like a lot of recent graduates, whatever technique you did is the only pure and true way and everything else is heresy. Something along those and and I got to the point where I was having a lot of problems with my arm left handed with my dominant left hand in, in college when I was at college, they were doing tests on how fast you could do a talk Total Recall that was one of the research projects. And I can

Steven Bruce
I interrupt that because there may be osteopaths who don't know what that is, I don't know. But that is a very high speed adjustment just peculiar to mctimoney. chiropractic.

Julien Barker
Absolutely, it's a it's a high speed, thrust and rotation adjustment. And that has a very specific hand position. It's it's like you're adjusting with a Pizer form if you can see my hands there. And so he said, twist thrust and rotation Done, done a very high speed. And when we were testing in a college, I was the fastest I my my trusty left, my right was pretty good. But my left hand was faster than anybody else. So the actual speed of adjustment, which was an important was really good. However, three, four years into practice. I'm developing problems with my wrist and it's not that I'm osteoporotic. 30 or osteoarthritic at all. It was I was just unfortunate, like a percentage of the population at the time the ultrasound person said 60% that have a gangland between their skateboard and luminate and and and i quote she said it's not really an issue unless you're a professional boxer or a chiropractor. I said, Well, I don't box. However, so. So I I tried lots and lots of different things. Lots of I tried rest. I tried all kinds of modalities, it just and there was a storage Always quit, or do something different. And as the phrase about, you know, the certainly when the pain of change is is less than the the pain of staying the same that you make a decision and a very good friend of mine who was actually talking to a couple of weeks ago and reminding him of this life changing intervention that he had no memory of how many times does that happen? He said, he said, well look at activator. And at the time in the UK, they were doing two seminars a year on a six month rotation. And I went along, and I was intimidated and in pressed at the same time, because the the, it wasn't necessarily the tool. And this is probably if there's any one thing I want to get across today is that activator is an assessment method more than it is at all. No, have I on camping holidays, use the assessment method, and not had the activator tool and reverted to using my hands. Absolutely, I have. The tool is just a very, very efficient way of delivering the required thrust. So the thing with the activator people, and this is actually the the teaching I was asked to present this was it was the research, the research, the research, the research, they have currently 23 clinical trials, and one of the great things about the having a tool in the protocol is you can very accurately use a placebo. And they build I have my activator here, here's my activator five. One of them, I've got a few,

Steven Bruce
the the previous the previous model of that looked a little less like a Star Wars Reagan didn't it, it was a bit more of

Julien Barker

the breed. Yeah, I guess, previous model was a spring loaded device. And those, I can talk about them now or I can just deviate off into the point being is with the tool with either of those models, you can build one that looks and feels the same, but doesn't actually deliver the thrust. And you can then you can then blind your your participants, the be the doctor or the patient. And so you can end up with double blind placebo trials, which manual therapy of all descriptions has always struggled with? Because, yeah, you know, even in the acupuncture world, how do you fake sticking the needle in somebody? It's very tricky. But so, so and huge amounts of research and research, both based on so if I if I just rattle some of the I was teaching the other day there is there are demonstrations of obviously safety was as an important one, but also of efficacy. There have been animal trials as well, in terms of inflammatory response, there have been animal studies, model studies for osteoporosis. And then lots and lots and lots of studies about do does it move the bone? Does it move the bone? Is the mechanical reception stimulation actually happening and by how much and then comparison trials between activator adjustments and what in my world will be diversified or lumber roll.

Steven Bruce
I just can I kind of just take you back to what you said at the beginning. I'd like to have I'd like to have a closer look at the instrument itself at some point. But I have always made an assessment or maintenance assumption that using a tool like this, because you can adjust the force very accurately and so on would be safer than a manually delivered thrust. And yet these were banned in Saskatchewan in 2004. on safety grounds.

Julien Barker
Yeah, I have to say that's news. To me. That's probably activator central is probably a question I really don't pay those. I don't know why I in terms of safety, that is one of the absolute things in terms of as far as I know, activator have done trials on all kinds of things from you know, could you break a bone? What kind of joint movement do you do? Could you cause any damage and whether the was the University of Maryland, I think and the and the funding through the National Institute of Health in the state and they went to the guy and the name eludes me at the moment. But he grew right who developed ultrasound, breakout for kidney stones. So in terms of a force pulse this this was a guy that knew what he was talking about. And he did all the studies on tissue types and different tissue types and how much actually movement you get through the joint and also significantly if yours is how much movement you get above and below any particular section. So if you're adjusting for sake of discussion, t 12 or l one, you will get movement at least three above and below. So you are now getting an adjustment down into the lumbers and above, so you get a whole chain of movement from a single thrust. And that that is I have to say that comes up, probably come up three times this morning in clinic where I will identify through the protocol, which is the point of it, I will adjust the need for identify a need to adjust say number four and number five, I will adjust lumber for usually go to the higher one because of the homologous linkage within the neural chain, and then go back and check the five. And if it's cleared, and there's no now demonstratable need to adjust that leave them alone. The advantage for me, and I haven't had to go either way, this morning, one one that did and one that didn't. So the one that did clear the five, the five in chiropractic speak, I can say to that right, this is going to settle down really quickly, you're going to feel really really quickly and you're going to be fine, where I needed to adjust a lumber five, after four, I know that they're going to be a bit sore. And they are going to they're going to be aware of that change for a day or two. So it and of course, clients always like if you if you tell them what's gonna happen in advance of it happening, it can only ever be a positive outcome. And if I if I'm in a situation where I just a long before on the left and a lumber five on the right, I know that they are

definitely going to be sore for a couple of days. But it's going to be it's going to feel sore in a different way it's going to reduce symptoms. And and also, the other thing to say is, is home if for new clients, once we've assessed them and put together report findings and put together a course of care, that cost of care for me is is going to be anywhere between two and five, maybe six months minimum, because the majority of clients that we see are chronic long term places.

Steven Bruce
And we've had a very, very informative discussion with one of your chiropractic colleagues on the benefits of maintenance treatment in the past. That's it That's in our library. So if we want to. And I guess I've talked to other work too many chiropractors, particularly but I think your your world and my osteopathic world are brought up to share that idea that we see a patient and we we hesitate to give them long term plans, we like to say Well, we'll see how you are next time when we try and stop seeing them after three appointments. Yeah, and yet the theory that the evidence for maintenance care is that for the chronic patients, they probably are going to need a lot more than that. Let's leave that aside because we've covered it

Julien Barker
is the lady to speak to about that. In New Zealand. She is the head of research in the New Zealand chiropractic school. And her MRI studies on on wellness care are amazing.

Steven Bruce
Yeah, let me just do one. One final thing on the issue of safety with this. The two things first is to try to reassure the osteopath. So I made one comment about the activator being banned in Saskatchewan in 2004. It isn't banned any longer, as far as I'm aware. And I suspect that that was purely suspicion on the part of the medical world that they didn't have the evidence that it was safe that led to that ban. And I don't know the answer to that. It is permissible in Australia, America, Canada, the UK and everywhere else. chiropractic is practice as far as I know, and Europe and Europe. So

Julien Barker
we would say that is the activator type. So that's all that I've been waving here. When it was released in the States, the National Institutes of Health had they want one question was is it safe and they went through the procedure and the procedure is effectively bring your evidence to a court of law and and run it through? Well, when it came into Europe and the CE mark, which is now post Brexit is somewhat different, but the CE mark was two questions. Is it safe? And does it work? Turn up with your adverts and that took them two years of 18 to 18 months to two years to go through that legal procedure of of proving that it is safe and and efficient within a legal framework to to gain the mark. So yeah, so this the the thing you mentioned, which I didn't know I know that one of the things that is whenever I go to an activator seminar is is is all about the data. It's all about the data and your data is is incredibly thorough. However, gone

Steven Bruce
The second of my questions was, I suspect that many people might be thinking, Well, what about the elderly brittle bone and osteoporotic patient? Here we are effectively delivering a punch to a bone. That's how I envisage it. It's a favourite topic. Good.

Julien Barker

My favourite topic and the answer is so activated was originally designed as Americans would say, for for senior population. And they found over so effective that they ran away through study done in the US in I believe Spain, University of Barcelona a couple of years ago now, not that many years ago, looking at what effect that it has. Now you can breed within medical research, they use osteoporotic rats genetically modified rats that have osteoporosis. At the time, I think she did about $10,000 per rat. So these are this is, this is long story short, what they found is in hip and knee joints, and then the study was reproduced as well on rabbits, that there was a rate of trabecular bone directly over the site where the activated thrust was used. And they delved into the mechanism and has to do with muscle growth factor causing a thickening of bone. So it is exactly the opposite of what you might think, actually, the activator method is has an evidence basis that in animal model studies suggests it can be used as part of a as a treatment for osteoporosis. So I can change the turn the setting force down, it has four, four settings, I can be cautious, and turn it right down to the setting that I would quite happily use and have done on babies and near night and get get good results. And I've I have I've had clients come back to me and said, after a long, long period of time, their dexus goals are remaining the same or slightly improving nothing massive. And that is just that is an anecdotal observation in clinic. But yeah, it's once explained. Yeah, I'm quite happy to adjust osteoporotic patients. Whereas To be honest, actually, even with mctimoney, I wouldn't have been quite as confident to do it. Yeah.

Steven Bruce
What do you just talked there about once it's been explained? I mean, do you have a specific consenting protocol for using this on patients? I don't know whether patients are more reassured by the size of a machine or more worried about the size of machines?

Julien Barker
Well, yeah, we get into into the psychology of explaining care or any description. So our protocol is if we're talking about new new clients, as we call them in there, once we've shown them around the building, and there's this, and they've provided a history form, and all that kind of information, we sit down down with what we call an orientation video, which is a cycle. It's three minutes and 36 seconds long. And it goes through and shows them the activator and some explanation of where it comes from. I think in the 12 years that we've been doing that I could count on three fingers, the people that go, actually I just want somebody to crack me this is not for me, and off they go. So So three out of probably several more, probably 1000s to guys. I would say the actually and this is getting into treatment management is is that clients that turn up in any situation like this, whether it's chiropractors, osteopaths, physiotherapists, acupuncturist and massages, and probably even GPS have only two questions in their mind. And those two questions and there's, I will give the nod to Steve Davison, who told me this is a chiropractor in my world. Is there any I have two questions. One, do I trust you to? Do you have the solution to the problem I'm presenting with beyond that. Trust me, they do not care what you do.

Steven Bruce
Yeah, indeed. You mentioned all the studies and I we need to get onto activator technique rather than the self. But in those studies, what seemed to be quite clear to me was the the activator itself has not demonstrated any significant benefit in treatment outcomes over ordinary manual chiropractic. I think that's very common. Yeah, I think so. However, there's the benefit is in to you the practitioner in many ways.

Julien Barker
I think that is also fair. Indeed. I have 20 odd years now. of practice, Steven, you get a level of clinical experience which I would like to take into my into my later decades and I feel confident that I could physically actually adjust into my seven today's is should I want to add By the time I've been doing this for 50 years, I already know I know enough to know I know nothing. And to actually and when I see a an I have it a 2020 Stone bodybuilder rugby player, you know with the I love it. I live in farming and Rugby World here. I have a 20 Stone, no tight head prop comes in with lower back issues does not faze me at all. Because the actual physicality to me is no more than that then the lady has a seven and a half stone osteoporotic lady I take the protocol is going to be the same, exactly the same. And I may change the setting ons at all. But actually the outcome and of course, we very much I'm very much of a we reassess every eight visits and I feed back and I measure measure measure measure, I'm for being a chiropractic chiropractor, my first degree was applied biology. So I'm a scientist. Yeah. And that's important. So but let's move on to methodology. Well, yes.

Steven Bruce
And we've had a question already come in from someone who calls himself double o 5.6. And I wanted to point out activator is not just about the instruments, it's about an assessment protocol, not as an assessment protocol you could use even if you weren't using the instrument.

Julien Barker
Yeah, I'm just looking around here if I'd be more prepared and hadn't just stashed from lunch. There are two textbooks, version one and version two, which very much detail, the the methodology and how to do it. And one of the criticisms I really enjoy about activator is it has been termed a cookbook chiropractic. And I don't know any Cordon Bleu chefs who came out of the womb, knowing how to fry an omelette or knowing how to make a perfect souffle, you need to be trained. And if you having recipes and written protocols is super, super useful actually makes it very reproducible. And only yesterday, am I with my associates and our we do a weekly technical review training thing. We let I'm not sure let's go back to the textbook. What does the textbook say? Which has been revised, revised and updated. So we have a method that has I think, at last count 217 adjustment possibilities in it. So includes its whole its whole body, though. But yes, asked me another question on that.

Steven Bruce
Well, what is your assessment protocol for patients then because these,

Julien Barker
yeah, so so my new client coming in, I have developed an initial workup that we go through. So we take a I've got a six page history form, then we'll sit down and interview them for 20 minutes or so. And actually, you know, find out what's just talked to them, just talk to them, listen to them. And then I run through a an orthopaedic neurological, and some chiropractic evaluation. That is I have so that is unique to my clinic. Because I've taken I've stolen loads of stuff over loads years and put it together. And one thing that that isn't going to allow me to figure out where we go, and what we need to do. Part of that protocol is a run through what's called the activator essential scan in the original textbook that refers to it as the basic scan. And that is going to look at the knee, the ankles, knees, pelvis, number 542, t 12 864177, cervical five, cervical one, two, and occiput. Because as we know, those are the things that if there's going to be an issue, those are the ones that come up

most of the time, be it a fixation or a subluxation. However, you restriction however you want to phrase that, and that then gives us an idea. Then each time the client is coming in, it starts with a patient is lying prone. And we do what's called a six point landing check. So it effectively it's a functional leg length inequality, jack is one leg shorter than the other. Now as we all know, everybody or the vast majority of people have a leg short somewhere between naught and five millimetres, and clinically significant for me and because I was taught by Americans and being a bit older and English, they all everything is done in in inches. So anything beyond a quarter of an inch 12 millimetres is sorry, seven millimetres is significant by the time you get into half or one each leg length inequality. Eat how that changes as you go through the process and I'm quite happy. One of the nice things about activity if I have a client, sibling or somebody watching They will see that leg length changes, if you get it right, it will literally change in front of your face. And you can see that movement because you're examining functional neural pathways. Now, okay, if they have an actual anatomical short leg, and then then you have the tissue, but then in that case, if they were wearing say, if the hidden pants in their, in their shoes, keep them in, and then you could, because you're looking for that, that change, you're looking to change it, it often feels My job is I'm a bit like being a piano tuner, and I'm hitting a reference note. And I'm looking to see if the frequency is above or below that, and then doing something to bring it into line with that frequency.

Steven Bruce
So like your first appointment, then is going to take you the better part of 45 minutes with a patient,

Julien Barker
in terms of the client being in and out of the building is probably more like an hour to be honest.

Steven Bruce
What about your follow ups?

Julien Barker
Well, that depends on what we're doing. It's a great question. So our, as we call it, our client voyage, if I tell you, the one that happens the most. So you know, everybody's an individual, but they do fall into certain categories, probably because we also for six years now I've had a tiny laser. Hopefully you've heard of a laser. Yeah,

Steven Bruce
we've had them on the show.

Julien Barker
Yeah, fantastic. Have you had Steven Steven therabis. Yeah, so Steve's a great guy. And, yeah, he. So we use the laser. And I've used it for long enough now to know it is a fantastic tool and very useful. And we use that in combination. So the the treatment protocol that we would do the most is over a period of four and a half months, this is we will adjust usually twice a week and use the laser as well. So four things occurring at two visits. And we do that for for a month and then reassess and re report back on the findings based on the first assessment, then I would then we adjust once a weekly and I usually bring in soft tissue therapy or massage at that point. And we will run that for a six week period, and then reassess. And then if everything is going well, which it does the majority of the time, drop down to fortnightly and then start talking about wellness care. And whether we go on to, for me the evidence base and where I'm certain is that checking and adjusting people on a six

week schedule will be the minimum optimum to maintain the level you got them to after that cost of care if you need if they're if they wish to continue to improve. And depending on what they want and what their goals are. If they want to run faster or jump higher or work more hours or whatever it is they may do then. Then fortnightly works. Personally, I get adjusted and checked every week, because I want to be at a very high level of function. So So yeah, so that would that would be the the probably the most common one we do currently. for chronic cases. I will extend that to five and a half or six months. Yeah, yeah. For for if you're talking Yeah, very osteoarthritic, multiple disc problems, multiple health issues underlie it's a complicated situation. And anything, any real real change is going to take a combination of time and effort.

Steven Bruce
Yeah, interesting, because we don't necessarily want to go I don't think we've got time to go into this. But I think you told me you treat in an open plan format to these days.

Julien Barker
I do I do. So currently, my dressing room downstairs has two couches in it, which was a COVID thing because I can tell you they are exactly two metres apart. I am looking forward to if we get beyond appropriately, August into going back to having three catches in there. Part of the protocol is is and how we explain and educate clients. And again this comes from unpublished research within activator is that having the client lying down for as close to five minutes as we can get the research that most of the effect starts at 30 seconds beyond five minutes it doesn't make any difference that actually having them lying prone, takes gravity off all their load bearing structures which of course it does because they're lying down so when you actually deliver the the adjustment thrust, you will see an increased movement within the join they saw a bigger voltage measured up the spine and so a greater therapeutic effect. So we educate our clients they are happy to come in sort themselves out lie down on the couch, we've got music on in the room, and I am very careful with my language one or the other. The always the concern and one of the concerns is about well client confidentiality. Okay, well when we do already if I've got anything private stuff We have our reassessments, and our re reports on session eight, 916 and 17. And then, and then every eight and nine, every eight and nine from there on. And if we need to sit down, and also we tell the clients Yeah, and if you need to tell something, Julian, something you don't want anyone else to hear, just let us know. And we'll we can go dive into another room, or our phone them or actually, what happens quite a lot now is they will phone in advance and say, You give me a call, it's just something I want to talk to, it will be something like they changed their medication, it will be something like they just want to let me know that their dog died last week, there will be something that they didn't want. But actually, if I'm talking about them, so this morning, I was with a lady who works in the NHS in a very high stress position. And I was talking about him breathing exercises that can be really useful for getting as much blood away from your family blood into your prefrontal cortex. And the technique that I learned from that, I'm quite happy for everyone in the room to hear that to me. Because that's useful, generic information and as technique that we use a lot is people are lit when they're not being talked to. And they are listening. They pay more attention. And so actually, I use open plan as a as a very useful tool. So I said this morning, I said, motion is motion, the rest is rust. You haven't heard that, you know that. Write that down. That's a great one. Motion is motion rest is rust. And the other lady on the couch when I got her, she said, I haven't heard you say that. Now, I know I've said that to her at least 10 times. But this is the time when I wasn't with it, but she chose to hear it and they obviously resonated she said that's great. I'm gonna take that.

Steven Bruce
So I'm gonna take a wild stab in the dark here and I'm guessing you can't get your patients undressed?

Julien Barker
No, you're quite right. So one of the other I don't know if this is published or not actually within activator as you get more accurate so the inter examiner reliability is higher when clients are wearing their own shoes. So actually, I will keep them in a single layer of a single layer of cloth on their own shoes. And if it's checking between me or me and my associates, this the study was 10 chiropractors 10 activated chiropractors more than 10 years experience and 100 100 clients everybody check everybody and see what the the agreement frager was and then draw I think the Kappa score was about 70.72 so so 72% would agree when the clients had their own shoes now inter examine their reliability in our world I'm sure you know this is shockingly poor, brilliant or in anything above 50 is considered good if not very good, most of the time it's you know, ask 10 experts and get 10 opinions to have a Kappa score up there is really good so so actually part of the protocol is yes client and because although I my palpation skills are what they are after 20 years and I'm looking for a if I'm if I'm testing for a subluxation out long before and it comes up with the protocol that's on the left the right superior or suffer set or at a lateral and there are tests for all of those different different levels. I don't need to actually see I need to be able to find my way there. And in terms of again some unpublished data on on that was done in Sweden when they were doing the does does the activator move the boat what level of clothing actually starts to interfere with the voltage measured further up and they found in that case it was three jumpers and two duffle coats and then the voltage level dropped. So you know anything less than that and as you can imagine at the moment most of the clients coming in in shorts and T shirt yeah anything less than that and this and then I can we have little adjusting boots but I tell them you know wear wear a pair of shoes I'm very used to wear Justin people in sandals this time of year.

Steven Bruce
To me, that's really interesting stuff. Can I turn to some questions that have come in from our audience here. He might have sent in a couple of questions one I'm really intrigued by he asks if this can be used on peripheral peripheral and axial joints. And of course at least two of the papers the act the activator website refers to look at temporary mandibular joint and one case Morton's neuroma. Although I have to say I'm not terribly impressed by that one on Morton's neuroma Not least because I can't find it anywhere in the published journals.

Julien Barker
Yeah If anyway, they tried to get them into jnpt, but yeah, the the TMJ one I do. So the simple answer the question is yes, there is a full arm sequence, a four legged sequence, a four jaw sequence of four cranial sequence. Team current activator locations, they crossover with trigger points, they crossover with acupuncture points, as one might expect. And yes, so typically, I run through on each visit saying or if I'm seeing somebody on the world wellness care programme they come in on a six week basis, I will also Is there any area of concern or issue, run through the basic scan the aim and again, this, this is one of the things I love about activator, the aim is to not need to adjust anything. And I learned this lesson a few years back actually from I'm going to give credit this to my youngest daughter, she's about 13 at the time, she'd been studying hard, and she said she got a bit of a stiff neck and I those at that time I adjusted them. It was Sunday after dinner. After evening meal every Sunday for about five years. I checked it adjusted my kids. And I went through I

adjusted Atlas she's always a right pdsch on the right, I know I can tell you, right Atlas lateral Atlas, and she's got it from the cache. She said Oh, that's a shame dad. Hopefully next time it will be nothing. I thought wow. You get what this is really about. So back to the protocols I'd run through the basic scan do adjust as I find and then focus in on any localised area one because I know of the anti inflammatory response to that we'll have in in the tendons and john capsules and muscles, etc. And also, you want to ask the client You know what, what's what's top of your list? What's bothering you right now? And they say I've got headaches on my shoulders niggling me then you check your shoulder you check the check and ankle. I think there are 23 tests for the ankle alone. 26 on on the

Steven Bruce
right. Okay, so we're the answer is yes. It's not just for the short answer is yes. And one question, which came in ages ago is how much is that activator five?

Julien Barker
in dollars, I think there were about 18 $100 if and actually there was an issue with and it's a year it's it's a European thing at the moment actually, they're really hard to get hold of at the moment because of the getting a bit put in the thing or the battery on the plane. So they are very hard the activator fours come in, I have one as a spare backup and I have an activator three, which is the rare beast I tend to use at home. They come in around about seven $800

Steven Bruce
Okay. I suppose you know, we're running out of time. A big question here is how do people who want to find out more find out more? So you'd asked if there's an introductory course that people who are not chiropractors can attend?

Julien Barker
Yeah, that's that is a great question. So one of the things that activators central in Phoenix did and have been doing for a good few years now probably five years is the entire postgraduate training for activator can now run through a virtual training programme. It's about the cost of a seminar. So I think it comes in around about $400 per month and to be honest, a month would do it it's more that Yeah, and then you can log off and I know that I have run osteo my ologists through that training programme. I spoke to Alan for who is the main guy behind it and said you know, how do I do this? He said well run them through the the activated vt Virtual Training and and then you can coach them on the practical stuff. So So I've I've done that. Lots of times it's what they want to know is probably the criteria for that are that you are insured and regulated with a governing body that you have done a at some level you have done spinal manipulation and and yeah, you're you you have insurance cover.

Steven Bruce
Yeah. Okay. Well, maybe if afterwards if you can let me have some something I can send people as a link in case they want to follow that up. That will be helpful.

Julien Barker
A date I have to say in eight minutes I'm back in clinic but that will that will happen at some point, Stephen? Yeah.

Steven Bruce

Okay. Well, okay, within a short space of time she tells asked a question which I imagine all of us are interested to know. Can you damage Straight this thing in action. Yeah, I don't think it's gonna be very dramatic. Is it? Yeah,

Julien Barker
no isn't a it isn't a tool. I think what we need to do Steven is is at some point, we'll come back and do another session, I, you know, I can put I can, if I switch the tool on here you can see my going on screen now. It's firing up, it's it's pulling from the battery into the capacitor, I can switch between the settings there. It's got a two pound preload on there. And you're not going to see a lot of movement here. But you might have my finger moving there, you're definitely going to hear it. I do have some way a demonstration a marble in a plastic jar, and you can make the marble jump about suffice to say what I do know is if you're doing that thrust on number four vertebra or any of the lumbers, it is going to move that that bone in 1.8 millimetres, one point is going to move that by 1.8 millimetres in exactly 10.4 milliseconds. And one of the differences that you mentioned your reference earlier on the the previous versions, at the spring loaded, they from the studies at the NIH trial, they realise that actually to improve the joint movement and improve some of the the function that we're trying to get there as a perfect sine wave that they were trying to get a sine wave of movement within tissue from a shockwave. The previous version did it 74%, they wanted to get it higher, and they activated fibres actually 94%. But to get it slower, you can't do it with a mechanical spring, you just can't engineer a spring that can deliver a thrust in less than this case, less than 3.85 milliseconds, they knew it needed to be 10.4. So the reason they went to the activator five was if you put a servo and a computer chip in there with charged by a capacitor that delivers that energy rapidly, you can just dial in the number you want, and then you have 10.4 what I've noticed is and this is treating fibromyalgia patients stroke patients, people with underlying neurological issues, serious pathology and neurological pathology, Ms ones being another one as well. The previous activator would you had to be quite cautious on it made them quite sore with the activator five and that slower adjustment speed, and it's still way under the muscle stretch reflex at 20 milliseconds. You don't get that so actually adjusting Fibromyalgia or stroke or MS patients is a joy.

Steven Bruce
Okay, my final woman from Ian Ian's asked whether you whether you mix it up, do you use this and diversified techniques or mctimoney techniques?

Julien Barker
I Ks no is the simple answer we use we use the laser and I've got a massage therapist working within the clinic and I don't do the laser people trying to do the laser. I I've also done dun so t carve it all the way through as well. I occasionally will use some blocking techniques because it's really good for almost instant relief of pain from from number citing disk issues. But no, the thing back in the in the 80s activator set up in Phoenix, another big clinic, they're a pure activated, they wanted to know whether you could solely do activator and still have a very successful outcome practice. And they did and that that practice was seeing 1000 people a week.

Steven Bruce
So big, we've come to the end of our time, and I know you can't hang around because you got patients and he says I really hope. I really hope that our osteopathic audience have been receptive to what you've said, even if they choose not to use the equipment because that was fascinating. Even having looked through the papers that are on the activator site, I find what you had to say,

actually quite reassuring about the protocol. And I'd very much like to get you in here in the studio and sometime in the future where we can actually do a bit more detailed stuff. Absolutely. I'd love to do a demo. Brilliant. Thank you very much.