

## 52H

## Fulford Percussion

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## KEY CONCEPT

In this section, emphasis is placed on synchronization of palpatory diagnostic interpretation with the application of an external percussion device. This device, the percussion vibrator, amplifies what is normally done through the hands alone and thus can increase the amount of energy delivered to the tissues. The energy state in the dysfunction field must be matched to properly release it. Intrinsic to this approach is the incorporation of thought derived from Andrew Taylor Still's expression of "mind, matter, motion."

## CASE STUDY

A 21 y/o F presents to the office with a complaint of right leg discomfort for the past month. She has an "achiness" of her right leg that radiates into her lateral ankle. She remembers standing on the rung of a ladder for some time to clean her windows. There is no other history of trauma. Past medical/surgical history is negative. She has been using Arnica Montana for relief, but the discomfort returns.

## Physical Examination:

T-98.8, P-72, R-12, B/P 110/70, Ht-64," Wt-120#; HEENT/ CV/Pulmonary/Abdomen/GU-noncontributory. Neurological exam is intact. Structural exam reveals level landmarks, normal AP curves, no lateral curves. There is tenderness to palpation along the lateral aspect of the right calf. Lateral malleolar motion appears sluggish. There is tension in the interosseous membrane.

## Diagnosis:

Somatic dysfunction of the lower extremity—ankle, calf.

## Plan:

Treatment of the subtle motion restriction with the percussion hammer (see Example 1 at the end of the chapter).

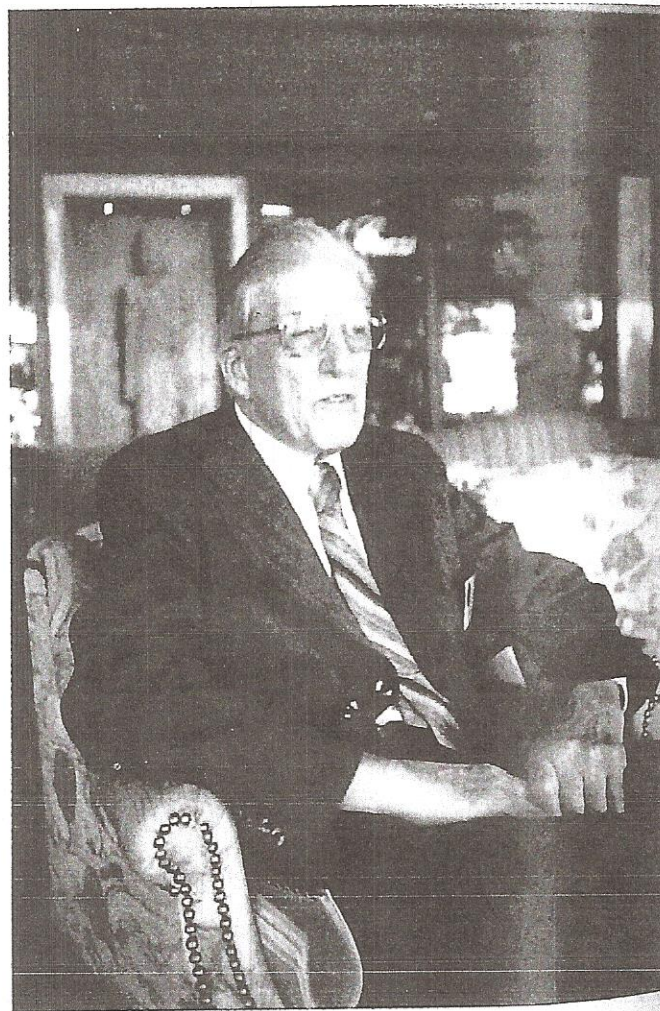
## Definition

It is an osteopathic manipulative technique developed by Robert C. Fulford, D.O., involving the use of an instrument referred to as a percussor. The percussor utilizes a specific application of a mechanical vibratory percussive force to treat somatic dysfunction. This modality is distinct from other massage, vibration, or oscillatory approaches. The use of the percussor is coupled with the operator's palpatory feedback before and during the treatment.

When other physicians used the percussor in a modified way Dr. Fulford would quietly disapprove of it. Although he never addressed these individuals directly or publicly, he felt that they never really understood the philosophy and principles he was teaching and so they would change the way it was used to accommodate their lack of understanding.

## History and Philosophy

To understand the philosophy of Dr. Fulford's percussion, it is helpful to have an understanding of the history behind his development of it. Dr. Fulford faced many obstacles in his life, but what he



Dr. Robert C. Fulford at the 1985 A.A.O. Convention Colorado Springs, Colorado. Courtesy of Dr. E. Sara Saxton D.O.

learned from the difficulties shaped his understanding and future. He could not attend medical school in 1929 due to the depression. This forced him to work at Union Carbide where he developed an appreciation for subtle motion and the impact it could have on the purity of oxygen produced. There he found that a slight mechanical turn of a dial would be the difference between getting impure oxygen or pure oxygen. In 1936, he was denied admission to medical school. In 1937, he had an injury that awakened an old desire

for becoming a physician. He obtained admission to Kansas City College of Osteopathic Medicine and became fascinated with Dr. A.T. Still's Philosophy of Osteopathy. He developed an interest in metaphysics, spirituality of all religious philosophies, astrology, yoga, esoteric teachings, and many natural healing arts of the world. He was well read and knowledgeable in these areas. This broad-mindedness, grounded in medical science and an understanding of osteopathic anatomy, allowed him to "read between the lines," so to speak, as he studied the Osteopathy of Dr. A.T. Still.

In his junior year at Kansas City College, he became interested in Dr. Harold Saxson Burr's energy work. Dr. Burr, an anatomist at Yale School of Medicine, published over 90 papers and raised interest among his colleagues many of whom became leaders in science. Through his readings of Dr. Burr's experiments of measuring energy fields, Dr. Fulford believed that these fields provided a blueprint for all living things. Dr. Fulford considered these fields diagnostic for mental as well as physical conditions.

In 1941, WWII resulted in increased hours of work due to a number of physicians having to leave the area for the war efforts. In addition to this, Dr. Fulford noticed that there was considerably more tension among the patient population after the war began. Patients were more challenging to treat. A thought from the past occurred to him when he worked for Union Carbide. His superintendent would say that where possible let a motor do the work for you. After he experimented with various vibrators without acceptable results, the Foredom Vibrator Flyer arrived in the mail in the 1940s by chance and was found to fulfill his needs allowing the manipulative procedures to be performed more easily and effectively after its use. He would say that many instances in his life he found that what he needed was provided to him spontaneously as it were.

Dr. Fulford originally met Dr. Sutherland in 1939 as a student. His first course with Dr. Sutherland was in 1942 as his interest again turned to the energy field. He describes the impact Dr. Sutherland had on his thinking at Des Moines College in 1949. "It was a most important day of my life when I had an opportunity to sit in the classroom of Des Moines College back in 1949. Dr. Sutherland was teaching his cranial concept. His ideas were heavily charged with energy and they soon began to work in me like some powerful force."

Dr. Fulford was convinced Dr. Sutherland was aware of the energy fields.

According to Dr. Fulford, his understanding of cranial osteopathy as taught to him by Dr. Sutherland was different than what was taught after Dr. Sutherland's death. He stated the first week of cranial osteopathy was about anatomy. The second week was taught by Dr. Sutherland himself where Dr. Sutherland would draw a house on the board with all the windows out and floating in the ocean. According to Dr. Fulford, this house symbolized the human body and the ocean with its many waves representing the primary respiratory mechanism (PRM) (universal energy). Dr. Fulford further states this does not correspond with the commentaries of Dr. Sutherland's recordings. In regard to PRM, primary is the universal life force expressed as mind, energy, and breath, the breath being the first principal in the cerebral spinal fluid (CSF). Respiratory is a rhythmic motion of mind energy, fine energies of the CSF, as they motivate and manifest life. Mechanism is a process, conscious or unconscious where a result of accomplishment is produced, in this case, where the sensory motor energies relate sensation, experiences and expression in the world of matter.

Dr. Fulford appreciated two other basic principals from Dr. Sutherland in addition to the ones he drew on the blackboard (the house with wavy lines). One was that as osteopathic physicians

we should stay close to our maker and the other is the importance of breath in life and healing. Dr. Fulford was spiritual. He mentioned the use of meditation or "running the energies through the body," and breathing exercises. He credited a breathing exercise with keeping his body alive for as long as he did.

He would say there are many people who are claiming to do cranial work with little or no knowledge of the theory behind the PRM. "They know the mechanics of how (PRM) works but little about how consciousness is part of a successful treatment." His description of Dr. Sutherland treating is as follows, "It was of interest to watch Dr. Sutherland treat. He sat on a stool, his back straight as a rod and his shoulders level and balanced. The arms extended and appeared as though they were weightless. His eyes were closed; whether he was in a meditative or contemplative state no one will ever know. Then after a few minutes his hands and arms would fly out into space as though they were suddenly given a push outward."

It was confusing for some to hear Dr. Fulford downplay the cranial rhythmic impulse (CRI). He did acknowledge rhythms but did not focus on any particular rate. To him, a still point or a fulcrum was not a particular place but a state of being in which everything is centered.

Additionally regarding Dr. Sutherland's writings, Dr. Fulford has stated, "In Dr. Sutherland's writings he stresses the mechanics as part of the cranial concept, as an engineer would and thus he could be understood. But he himself went beyond that in his findings and touch. That was his secret that he could not teach. He tried to leave us his secret when he gave us the phrase, "thinking and knowing fingers...."

Quoting Dr. Sutherland, "seeing, feeling, thinking finger... fingers that endeavor to get away from the sensation of physical touch wherein you have knowing touch....by knowing I mean not information gained by the physical sense but a knowledge that comes from getting as far as one can from the physical sense" (27).

Just as Dr. Fulford says of Dr. Sutherland that he could not teach directly of what he knew of osteopathy, Dr. Sutherland states the same of Dr. Still. "Dr. Still could not speak of all the things he understood about the living human body. We were not ready to hear him. If you read between the lines in his 'Philosophy of Osteopathy' you will see that this is so."

Around 1949 to 1950, Dr. Fulford along with a number of other DOs left to study with Dr. Beryl E. Arbuckle, D.O. The reason being was the impressive results she was obtaining. Dr. Fulford said that her treatment of children would cause an autonomic response in just a few minutes resulting in perspiration. She would then move to the next child lying on an adjacent table and do the same through several tables in a row. She originally met Dr. Sutherland in 1942 and was one of Dr. Sutherland's early trainers for osteopathy in the cranial field. Also, she was one of the few physicians who Dr. Sutherland allowed to treat him. Having done well over 250 dissections of fetal cadavers at the Philadelphia College of Osteopathy, she felt that the dural stress bands and bony buttresses should be given more importance before moving on to nonbony and nonmembranous aspects of cranial osteopathy that Dr. Sutherland was evolving toward at the time. It was not that she did not appreciate the fluid anatomy, but she felt that we must understand what could be verified physically with anatomy before moving on to fluid, potency, and the breath of life aspects of cranial osteopathy Dr. Sutherland was teaching.

Dr. Arbuckle's influence on Dr. Fulford could be seen by the way he firmly put his hands on the cranium. One could also see the use of Dr. Arbuckle's craniometric points in Dr. Fulford's percussion work as well. Dr. Sutherland's communications of the nonphysical aspect of osteopathy, with its mental, emotional, and

spiritual implications could be observed and felt on the patients Dr. Fulford would treat as the fluid forces would move with great vigor under his hands, a phenomenon unique among his peers. Dr. Koss states, "Many osteopaths do not realize the power that this humble, feeble-looking man had....the power he generated was, to say the least, incredible."

It is interesting to note that according to Dr. Fulford, the CRI with its rates, and amplitude was not a focus with Dr. Arbuckle or, for that matter, with Dr. Sutherland while he was living. These individuals were more focused on the source of the phenomena manifesting as the rate, rhythm, and amplitude.

After 1950, Dr. Fulford met Randolph Stone, D.O. He said, "Dr. Stone and I were good friends." Both these men had great interest in matters of spirituality beyond the boundaries of any particular religion. Dr. Stone developed Polarity Therapy from his influences of the ancient Ayurvedic Medicine of India. Dr. Fulford knew it to be more involved than those who utilize it today. Many believe Dr. Fulford's understanding and appreciation of polarity with regard to diagnosis and treatment was from Dr. Stone, but Dr. Fulford, himself, credits Baron Karl von Riechenbach (1778 to 1869) with that.

Riechenbach was a chemist, naturalist, geologist, metallurgist, and industrialist known for his discoveries of chemical products extracted from tar. He spent his last years researching the energy field, which he called the odic force.

The number of influences and contacts Dr. Fulford had would be too numerous to name and describe in this short essay. It would be safe to say that he had an almost childlike enthusiasm for knowledge of truth in all matters concerning the understanding osteopathic medicine and healing. Nothing would be overlooked until it was examined by him and then accepted or discarded.

## Diagnosis

Dr. Fulford would say that it takes the mind of a physician to understand osteopathy. He felt that without the osteopathic understanding of the interrelationship between structure and function, an accurate diagnosis could not be forthcoming.

Both the history and the examination were important for Dr. Fulford's diagnosis. In fact, diagnosis was considered to be a more important subject than treatment. It was a holistic view of diagnosis and treatment that included the physical as well as the mental and emotional levels of the patient. Another unique feature of Dr. Fulford's diagnosis on the physical level was how much importance was given to the extremities, abdomen, and anterior chest wall as opposed to being primarily restricted, at least by habit of mind, to the spine and cranium for any particular complaint. The breath was also important in diagnosis and not just the breath of the thorax but of the whole body from head to toe. Physical as well as subtle breath was important to him.

Dr. Fulford considered trauma to be an important part of the history intake. First would be birth trauma, which would be reflected in the breath of the individual and greatly influenced by the first breath the individual took as an infant. Second would be physical trauma, especially early in life, and third would be psychological trauma especially early in life. Most of his diagnosis was complete in his mind after getting the history from the patient. As a result, the physical exam served to reassure the patient that he acknowledged their area of complaint.

During the physical examination, the dysfunction was understood to be the area where the "life force is not flowing." The examination would begin in the foot and ankles and continue to the knees, hips and pelvis, abdomen, diaphragm, rib cage, upper extremity,

shoulder joint, lumbar, thoracic, cervical vertebrae, and the cranium. The exam would consist of finding restrictions of motion within the joints. One's attention was directed to the subtle motions of the area being examined and looking for the lack of motion there. This is different than gross motion where light touch is not an important factor. Here, we are using a light touch to appreciate the presence or absence of a "life force" or underlying motion.

## Mechanism of Action

There are probably multiple explanations of the mechanism of action using the percussion vibrator as Dr. Fulford has instructed. Note that the percussion vibrator simply acts as an amplifying device for what the operator initiates with his hands.

Dr. Fulford added and changed many techniques of treatment over the years as he evolved. Many of these techniques would "just come to him," like a gift, out of nowhere. The diagnosis and treatment of Dr. Fulford relies on the bioelectric properties of fascia and bone. When mechanical energy is absorbed into the body, there is a distortion within this bioelectrical matrix creating a higher energetic state within the fascia and bone. This distortion can be palpated as a subtle motion restriction, a depression, or elevation along the tissues of the body. These restrictions can be very subtle and so the physician's level of skill will determine how much they will appreciate under their palpating hands. Dr. Fulford would say that "When you can feel the placement of a single hair under 18 sheets of paper you are ready to do the cranial work." This higher energy state within the tissue needs to be matched with an equal quantum of energy in order to release to a more normal state of structure and function. This may take time as the cells within the tissues take time to redeposit themselves after partial or full release of this potential energy. Tissues are always being turned over and their chemical components redeposited. The epithelial cells of the gut last about 5 days, but those of the main body of the gut last about 120 days. The epidermis of the skin is recycled every 2 weeks. The liver has a turnover time of 300 to 500 days. The entire human skeleton is replaced every 10 years. The manner in which the tissues are redeposited could be influenced at least in part by the bioelectric field present.

It is also believed that mental/emotional trauma can be absorbed into the memory of the tissue through this bioelectric phenomena described. Thoughts and emotions are known to influence the health and well being of individuals.

The percussion vibrator amplifies what is normally done through the hands alone and thus can increase the amount of energy delivered to the tissues. As mentioned the energy state in the dysfunction field must be matched to properly release it. High-impact physical trauma, great psychological trauma and stress can produce and maintain these dysfunction fields with high-energy states. As a practical matter, if 100 ft-lb of force is absorbed into the tissues, the operator cannot apply that much physical force to release it. One must rely on the bioelectric mechanism of the tissues to address this situation. The operator's intention and attention is amplified with the percussion vibrator and will assist in the release. Dr. Fulford would say empathically that "Thoughts are things," and "Energy follows thought." Following the release of these high energetic states, the body areas can return to having a more normal rhythm, or fluctuation of fluids, through the area and thus, healing can begin.

A cursory description of a practical demonstration would be as follows: The percussion vibrator is placed on one side of the body part being treated. The other side is monitored by the other hand usually on the opposite side of that body part. With the skillful

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application of the percussor hand and the monitoring hand, there will be a resonant wave of energy created between the two. This force will resonate with the dysfunction field between the hands. In order to get this resonating wave, the speed, direction, pressure, and placement of the percussing hand will vary depending on the area being addressed and the dysfunctional field present. The resonating force will be present until there is a release, relaxation, and flow of the life force through the area. It is believed that the energy within the resonant wave will match the energy within the dysfunctional field before a release occurs. One's thought and intention for the patient's well being will be key in releasing the most difficult of dysfunctional areas. Dr. Fulford states, "The work of healing will be greatly assisted by tremendous stimulation of the love nature.... We must be sure to pursue genuine healing. Far too often, healing is thought of as relieving stressful symptoms, so we are not bothered by them. As a result, the effort to heal frequently becomes little more than an attack on what is wrong or painful. The healing potential is tapped primarily by learning to identify with the health and using the resources of health to enrich the consciousness and heal the distress as we build up greater health while that which is unhealthy fades away."

A true understanding of this can be gained when one has a background in osteopathic medical training, experience, and help from a qualified, experienced instructor.

### Use and Response of Fulford Percussion

When used with discrimination, the Fulford percussion vibrator can be used on almost all patients. The Fulford percussor can be utilized for any osteopathic dysfunction, but it is with resistant dysfunctions that its usefulness can be most appreciated. Difficult dysfunctions will respond with less treatment time. Because of the enhanced tissue response and release, there is a greater chance of rebound symptoms to occur. Treatment frequency may need to be reduced. This, of course, will depend on the skill of the operator using the percussor. Contraindications would include an area where one would choose to release less tissue such as postsurgical cardiac, abdominal, or orthopedic patients within the last 6 months, prosthetic devices such as heart valves and hip replacements. The use of Fulford's percussion vibrator is generally not advised in the lumbar, sacral, and lower abdomen areas of pregnant patients. Acutely painful areas should never be addressed directly with the percussor.

### Technique

#### Example One

Subtle motion restriction is found in the right ankle joint involving the talus, distal fibula, and tibia (Fig. 52H.1). Percussor speed is adjusted to the lower end because of the areas relative decrease in soft tissue mass. The placement of the percussor is over the lateral malleolus. Pressure and aim is adjusted for maximum response between the percussing hand and the monitoring hand on the opposite side (over the medial malleolus). The response one is looking for is a process of interchange of the life force between the hands. This response will continue until there is a release and the tissue is relaxed. One will be able to experience the life force flow through the area again.

#### Example Two

A restriction in the subtle motion of the left femoral head was found (Fig. 52H.2). The percussor will be placed over the right greater trochanter and the monitoring hand over the left greater

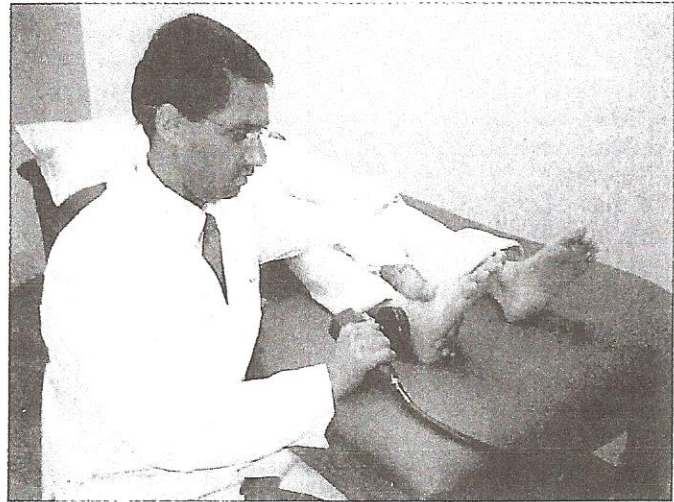


Figure 52H-1 Treatment of ankle.

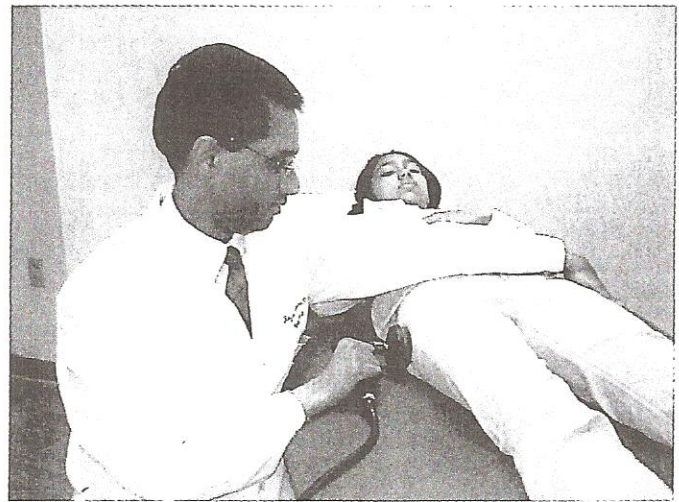


Figure 52H-2 Treatment of femoral head.

trochanter. This is due to concept of polarity that Dr. Fulford used in diagnosis and treatment. In regard to the pelvis, percussion on the right side clinically allows more efficient release even if the restriction is on the opposite side, as in this case, at the left femoral head. This is particularly true when release of the entire pelvis is desired. Percussion speed would be relatively high due to the relative increase in soft tissue in the area. Again, once the release is achieved, one should be able to appreciate the flow of energy through the pelvis at the end of the treatment.

### SUMMARY

This chapter offers a glimpse of Dr. Fulford's percussion. It is not intended to provide a substitute for appropriate training, both didactic and practical under credible guidance, and is meant for those with a complete osteopathic education and not for any other purpose.

As a profession, there is much to be gained from those with great clinical results regardless of whether we have theoretical model to support it at that time or ever. The clinical experience shapes and develops the art over time. The osteopathic profession

can choose to divide itself among differences or inherit the richness of diversity brought to the table from great minds. The proof is in the consistency of their clinical results as observed by many who witnessed those events repeatedly.

Dr. Still states, "...we should treat with respect and reverence all truths, great and small....each truth or division as we see it, can only be made known to us by the self-evident fact, which this truth is able to demonstrate by its action."

No description of Dr. Fulford's work would be complete without mention of the love he would say was required to properly carry out diagnosis and treatment. The care and love he had for the patient's welfare came across in every encounter with his patients. It was reflected in his behavior with friends, as well as those from which he would prefer to distance himself. His professional and personal life was living testimony to that embracing principle of love seldom experienced in a life.

Dr. Eschtruth said of him, "Medicine in general, and the osteopathic profession in particular is immeasurably better because this selfless, humble man from southern Ohio who spent his life teaching others his unique way to reach the still point in his patients. Some of Bob Fulford's patients crossed oceans to seek his unique treatment. Bob Fulford gave himself as few others have in the medical profession. He will be sorely missed, but his presence will continue to be felt and his teachings will live on and grow forever."

The late William E. Wyatt, DO, FAAO was a popular presenter at the Annual Convocation Program of the American Academy of Osteopathy. In a striking moment, he stopped in the middle of a presentation to speak directly to Dr. Fulford. He asked "Do you know what kind of effect you are having on the Academy?"

The influence Dr. Fulford has had on the medical profession is undeniable and being enjoyed by us all. The late and great baseball player Jackie Robinson said it simply, "A life is not important except in the impact it has on other lives."

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