

Sacro Occipital Technique (SOT): Gastroesophageal Reflux Disease (GERD) ~ A Case Report

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Grok prompt

Summarise this case report by Harvey Getzoff into 3 paragraphs using clinical language appropriate for a Chiropractor, and provide 5 multi-choice quiz questions with answers

Grok response

This case report documents a 43-year-old female with chronic gastroesophageal reflux symptoms, including heartburn, odynophagia, dysphagia, and related neck and thoracic discomfort, who had trialed gluten-free and dairy-free diets and was on Omeprazole prior to chiropractic management. The presenting picture included gastrointestinal symptoms alongside cervicothoracic pain and anxiety, with prior imaging unrevealing. The diagnostic approach entered on SOT (SOT Chiropractic) analysis to identify functional disturbances across three body categories, emphasising Category Two (sacroiliac weight-bearing instability) as well as cranial/sutural and occipital fibre findings. The patient's history and exam, including arm/fossae testing, occipital fibre line assessment, and thoracic 5/6 subluxation, guided a course of SOT Category Two adjustments, cranial sutural work, and occipital fibre line 2 techniques, with supportive postural and swallowing instructions.

Over the course of 13 adjustments in the initial 2 months, followed by a long-term maintenance regimen extending to 4.5 years, the patient demonstrated progressive improvement in postural stability and a normalisation of weight-bearing function as reflected by plumb line measures and reduced lateral sway. Clinically, her GERD-related symptoms progressively diminished to the point of discontinuing Omeprazole in favour of a natural digestive aid, with no reported flares. The treatment protocol incorporated blocks, cranial adjustments, cervical stairstep and figure-eight manipulations, sutural adjustments (notably right maxillary/malar sutural work), and CMRT components, with ongoing retesting to guide continuation or modification of care.

The case concludes that, within the framework of a single-case observation and the Joanna Briggs Institute model of evidence-based reporting, SOT chiropractic care targeting viscerosomatic connections and autonomic balance achieved functional improvement in a gastric disorder. The author emphasises the interrelation of occipital fibres, vertebral subluxations, sutural function, and visceral health, noting sustained patient benefit and ongoing referrals as indicators of perceived success. The report acknowledges the foundational contributions of the SOT approach and its originator, Dr. DeJarnette, in linking structural adjustments with organ-system function.

Quiz

1. Which clinical finding initially suggested a systemic weight-bearing disturbance relevant to the SOT Category Two focus? A) Positive arm/fossae test B) Lateral sway with dominant left thoracic/first rib swelling C) Rightward head tilt D) Leftward eye deviation

Answer: B

2. In this case, the patient's GERD symptoms improved to the point of discontinuing a proton pump inhibitor. Which component of the care was most directly associated with addressing the visceral aspect of the disorder? A) Occipital fibre line 2 technique with thoracic adjustments B) Supine cervical mobility exercises C) Gluten-free dietary restriction D) Anti-anxiety pharmacotherapy

Answer: A

3. What was the initial chronic packaging of adjustments over the first two months? A) 5 adjustments B) 8 adjustments C) 13 adjustments D) 20 adjustments

Answer: C

4. Which cranial feature was repeatedly targeted throughout care due to underdevelopment on one side and associated sutural dysfunction? A) Right maxillary/malar suture B) Left frontal suture C) Zygomatic arch alignment D) Left occipital condyle

Answer: A

5. Which of the following best represents the intended outcome of the occipital fibre line 2 technique in this case? A) Immediate resolution of all GERD symptoms within the first week B) Defensive modulation with improved vertebral and visceral function and reduced tenderness C) Complete restoration of cranial sutures to symmetrical status within a single visit D) Elimination of all spinal subluxations without need for further follow-up

Answer: B