March 1, 1960 J. C. THOMPSON 2,926,660

CHIROPRACTIC TABLE

Filed April 11, 1956 3 Sheets-Sheet 1

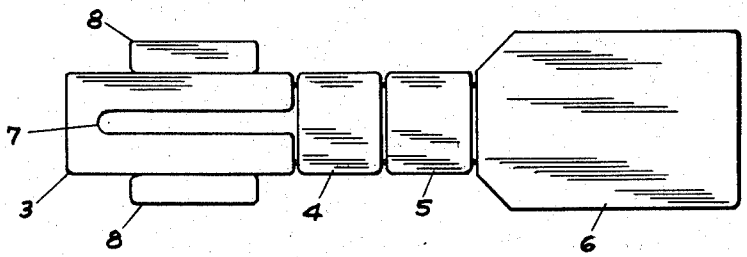



FIG. 1

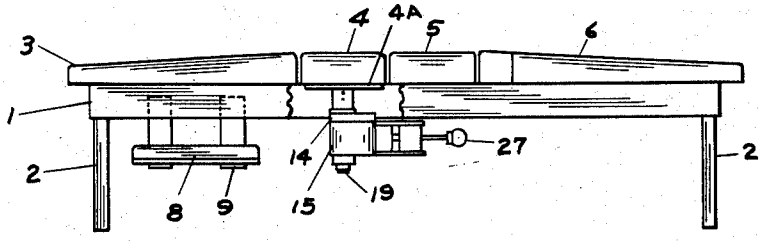



FIG. 2

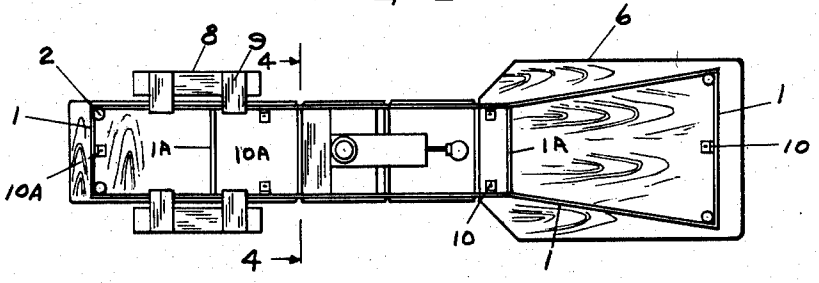



FIG. 3

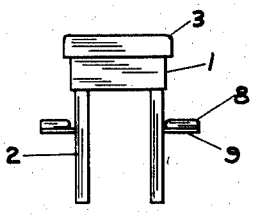



FIG. 7

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CHIROPRACTIC TABLE

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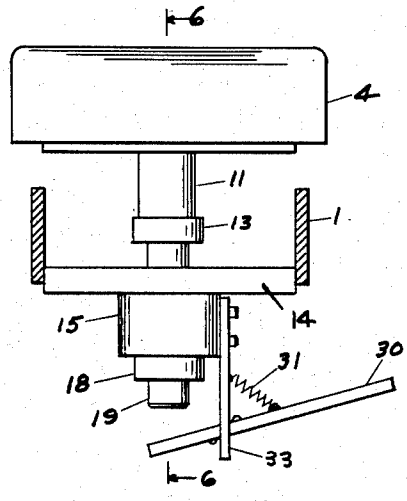



FIG. 4

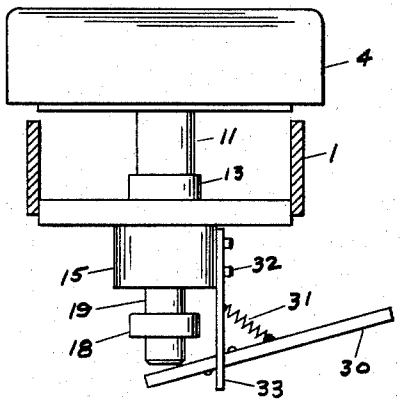



FIG. 5

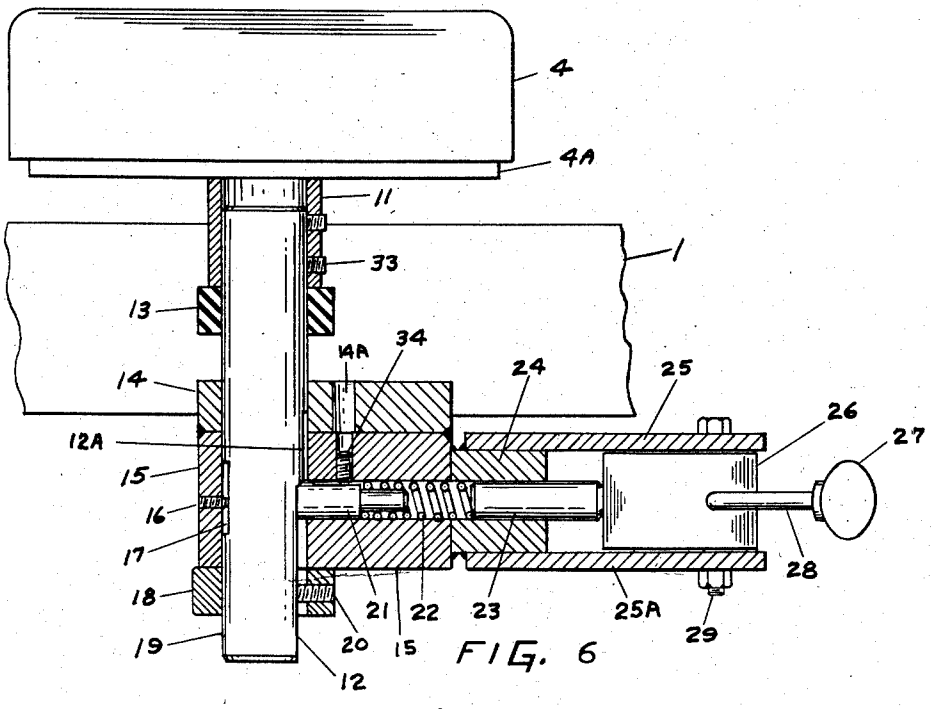



FIG. 6

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CHIROPRACTIC TABLE

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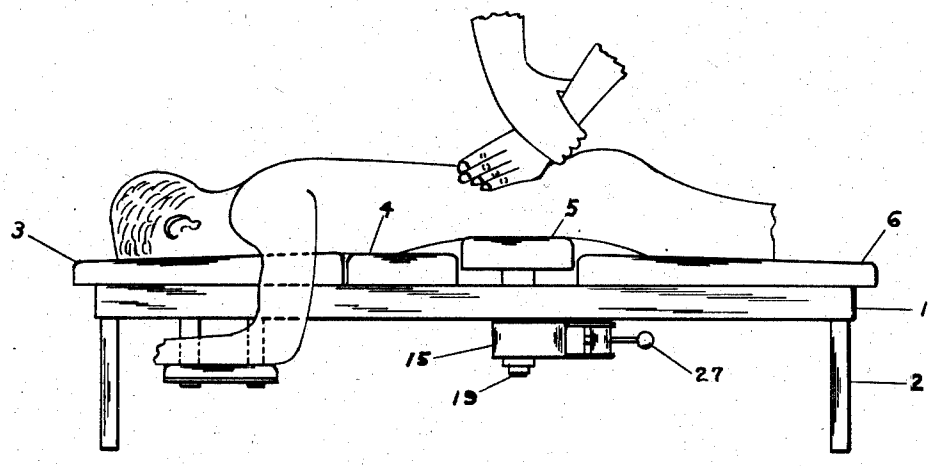



FIG. 8

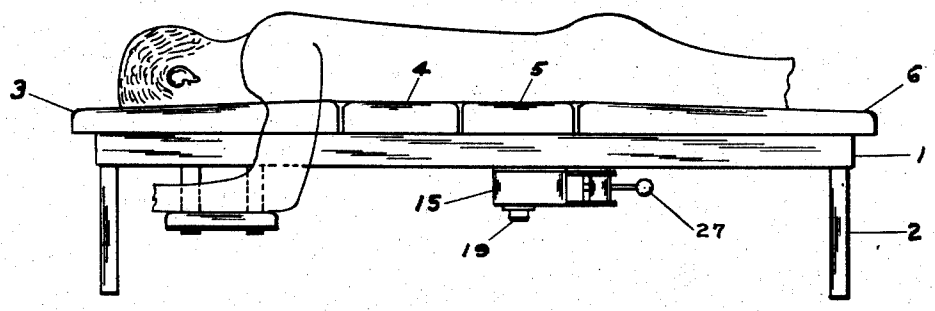



FIG. 9

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United States Patent Office 2,926,660 Patented Mar. 1, 1960



2,926,660

# CHIROPRACTIC TABLE

Joseph Clay Thompson, Davenport, Iowa

Application April 11, 1956, Serial No. 577,473

7 Claims. (Cl. 128—70)

My invention relates to an improved process of chiropractic adjustment and to an improved bench or table for use in chiropractic adjusting of the dorsal, lumbar and lower vertebrae of the human spine.

Objects of my invention are to provide an improved process of chiropractic adjustment which will greatly reduce or eliminate the pain which sometimes accompanies a chiropractic adjustment, will facilitate adjustment and promote recoil of the human tissues following an adjustment, will guard against over-adjustment, will limit the amount and space of an adjusting movement so as to leave the spine in more normal position and greatly reduce the amount of force required on the part of the operator to make adjustments on conventional tables now in use;

To provide a process of chiropractic adjustment to be applied after finding a human ailment and ascertaining the location of a spinal condition or subluxation causing it, and requiring adjustment by hand, which includes placing the patient in prone position upon a bench or table with the particular place to be adjusted lying directly over an intermediate vertically movable section of the table, raising the movable section under the articulations to be adjusted so as to raise that portion of the body of the patient resting thereon up to approximately three-quarters of an inch more or less above its previous prone position, adjusting the support for the movable section so as to support the movable section and that portion of the body so raised at the predetermined level, applying the hands of the operator in the usual chiropractic manner to the articulations to be adjusted and exerting a rapid force thereon in the characteristic chiropractic manner to overcome the resilient support and drop the movable section to its original position, stopping the manual force applied to the spine an instant after the movable section has reached its lower limit of travel.

Other objects of my invention are to provide an improved chiropractic table to be used in the performance of that process that will facilitate the steps of my process by a stable table top with a movable intermediate section adjustably mounted therein with means for manually elevating the movable section a short distance and holding it and a portion of the patient thereon in raised position until depressed by the adjusting force of the operator;

To provide a chiropractic table having a rigid horizontal supporting frame with stationary head and foot sections with base boards or plates secured thereto upholstered with padding or cushioning material increasing somewhat in thickness from the outer ends to the inner ends thereof, with one or a plurality of movable transverse sections interposed between the inner ends of the head and foot sections, means for raising each intermediate section a short distance and for holding it in raised position until manually depressed, also gauging means to adjust the holding means adapted to enable a movable section to uphold various weights of the part of a body resting thereon and offering the desired resistance to the adjusting force needed to be applied in different cases to accommodate different ages, conditions and sizes of patients, to provide the head section with a longitudinal channel adapted to accommodate the face of a patient along its length so as to permit the body of the patient to be so positioned longitudinally that any desired portion of his spinal column from the cervical vertebra down through the dorsal, lumbar, sacral and coccygeal regions will be directly over and rest upon the movable transverse section, or one of them;

To provide a chiropractic table with a vertically movable middle section, manually operable means for raising the middle section a short distance, resilient means for detaining it in raised position until manually released and an adjustable gauge adapted to vary the amount of force needed to support the middle section in raised position or to depress it therefrom;

To provide a chiropractic table adapted to receive a patient in prone position and having stationary head and foot sections with a small movable transverse mid-section between them combined with means for raising the mid-section a short distance whereby a portion of the spine resting over the mid-section would be raised above its prone position;

To provide a chiropractic table for patients in a prone position having a movable mid-section adapted to raise and sustain the portion of a patient's body and the spinal column thereon and to facilitate successive adjustment of consecutive vertebrae in such raised position;

To provide a chiropractic table with interchangeable head sections whereby it may accommodate patients in either prone or lateral position thereon.

I accomplish these objects by the aid of the apparatus shown in the drawings, in which,

Figure 1 is a top or plan view of my table;

Figure 2 is a side elevation;

Figure 3 is a view of the bottom of the table;

Figure 4 is an enlarged sectional detail on the line 4—4 of Figure 3 with a movable section in raised position;

Figure 5 is an enlarged sectional detail on the line 4—4 of Figure 3 with a movable section in covered position;

Figure 6 is an enlarged detail showing the housing, sleeve and pad 13 in section on the line 6—6 of Figure 4;

Figure 7 is a reduced end view of my table;

Figure 8 is an enlarged side elevation showing in outline the body of a patient lying in prone position upon the table with the area to be adjusted raised higher than the two adjacent sections and with the chiropractic doctor's hands applied to the back in position to deliver an adjusting thrust at the selected point;

Figure 9 shows the position of the patient and table after the adjustment has been completed and the body of the patient and the intermediate section of the table have been returned to their normal position, and also the position of the patient and table before the transverse section has been raised.

In the specification and claims, I use the terms "head rest" and "head rest section" to refer to the long terminal rest section 3 as shown in Figures 1, 2, 8 and 9, where it is shown as long enough not only to support the head of a patient lying thereon, but also able to support the shoulders and upper part of the chest of a patient with his arms resting upon the arm support 8—8 on opposite sides of the table, if desired.

My table includes a horizontal frame of strong metal bars 1 and crossbars 1A and supported by legs 2.

Upon the bars 1 a foot section 6 is mounted at one end thereof and may be made removable with brackets 10 to allow a different foot plate to be used.

At the other end a head section 3 is removably mounted with brackets 10A so as to allow substitution of a different form of headrest if desired.

The head and foot plates may be of board, plastic or metal and are upholstered with padding covered with leather, cloth, plastic or other suitable covering. The padding is somewhat thicker and extends a little higher (preferably approximately an inch or so) at the inner ends of the head and foot sections than at the outer ends thereof.

Intermediate the inner ends of these two plates I mount either one or a plurality of transverse sections 4—5 upholstered to correspond in height with the adjacent inner ends of the head and foot plates.

Each transverse section 4 has a suitable base plate 4A united thereto and movable therewith. A vertical bar 19 is slidably mounted in a cylinder 15 united to a cross plate or bar 14 rigidly mounted upon the frame 1. The cylinder 15 has an extension 24 which may be integral therewith or secured thereto by welding or any other suitable means and which carries the plates 25 and 25A in which the cam 26 is mounted on the pivot bolt 29.

The vertical bar extends downwardly below the cylinder and its lower end contacts a lever 30 fulcrumed upon an arm 33 carried by the cylinder 15. One end of the lever projects laterally so as to be reachable by the hand or foot of the operator and when the outer end of this lever is depressed, the inner end of it will raise the bar 19 and the intermediate section 4 secured thereon. Upon the lower end of the bar 19 a ring 18 is secured by a set screw 20 which limits the upward travel of the bar 19. The bar 19 is flattened on one side and a slope is formed at the upper end of the flattened portion.

A gauge bar 21 is mounted in the housing and its inner end is beveled at the top and projects into the flattened space 12A of the vertical bar to retain it and the transverse sections in their upraised position when raised.

The gauge bar 21 is provided with a compression spring 22 which holds it normally in contact with the vertical bar.

In order to regulate the amount of pressure of the gauge bar against the vertical bar, a cam 26 is pivotally mounted in the housing in contact with the outer end of a short bar 23 bearing against a compression spring 22 the other end of which bears against the gauge bar and arranged to increase the compression of the spring against the gauge bar and the gauge bar against the vertical bar 19 or to reduce the pressure by manual adjustment. In order to limit the vertical movement of the shaft or bar 19, a plug 16 is threaded in one side of the cylinder 15 and projects into a groove 17 in the shaft or bar 19.

In order to limit upward movement of the gauge bar 21, a set screw 34 is threaded in a bore in the cylinder block or housing 15 and may be inserted and adjusted through a larger bore 14A formed in the crossbar or plate 14. To release the lever 30 from contact with the lower end of the bar 19, a tension spring 31 is attached at one end to the lever 30 and at the other end to the arm 33.

The cylinder 15 is rigidly united to the crossbar or plate 14 and together they form a housing for the vertical bar 19 which is slidable vertically therein.

The upper and lower horizontal plates 25 and 25A form an extension of the cylinder block 15 and form a housing for a cam 26 rotatably mounted therein.

After placing a patient upon the table, the transverse section is moved upwardly a short distance as shown in Figure 4. If the weight of the patient is sufficient to drive the transverse section and bar downwardly, the cam is turned manually by the handle 27 and lever 28 to increase the spring pressure upon the vertical bar enough so that the gauge bar will hold the transverse section and the part of the body upon it, in their desired upraised position.

If the patient is a small child or very light person, the pressure of the gauge spring will be reduced to correspond.

After the patient has been positioned and the gauge set at the desired point which should carry a pressure of about ten pounds more than the weight of the patient



provides, the operator places his hands upon the patient's back over the spine in the position used by the chiropractic profession to make the desired adjustment and a quick thrusting force is applied to the patient. The transverse section is thus forced downwardly and the gauge bar is moved outwardly.

A sleeve 11 is rigidly united to the base plate 4A of the transverse section and surrounds the vertical bar 19.

As the section descends, this sleeve will contact a rubber washer surrounding the vertical bar. The washer will contact the crossbar 14 and form a stop to prevent any further movement of the movable segment or section and the body thereon.

This downward movement of the vertical bar will force the gauge bar outwardly and the movable section and the patient's body will then be able to remain at rest in the lowered position as long as desired.

It will be noted that when upraised, the movable section will cause an upward movement or curve of the portion of the spine over the movable section. When the adjusting force is applied, the transverse section and the portion of the patient's body resting thereon, will be moved downwardly until stopped by contact of the rubber washer with the crossbar or plate 14.

Thus, when the patient has been positioned for the desired adjustment, the portion of the spine to be acted upon will be held upwardly somewhat higher than its prior position and when the adjustment is completed, that portion of the spine will be returned to its previous level.

Thus, if a portion of the spinal column has formed a convex curve after being upraised, the adjustment will return it to its previous alinement, while under the previous practice of chiropractors, the downward force of an adjustment would depress a portion of the spine to a point lower than its previous position and might cause considerable pain in so doing and sometimes would result in increasing the subluxation rather than reducing it.

The transverse section of the table would be cushioned so that the top thereof in its idle position would be at the same height as the adjacent ends of the foot and head sections but when raised may be up to approximately three-quarters of an inch above the adjacent edges of the head and foot section.

Provision is made for adjusting the allowable movement of the transverse section by set screws 33 seated in the sleeves which can secure the sleeves at different heights upon the vertical bar.

The transverse section can be made of any desired width, but I prefer to provide sections approximately eight inches in width and when so provided, a plurality of adjustments may be made upon several adjoining vertebrae of the spine with a single position of the patient's body upon the table.

The head section is provided with a central longitudinal channel adapted to accommodate the face of the patient and to allow his body to be moved longitudinally upon the table either toward the head or foot thereof as desired.

A plurality of corresponding transverse sections may be mounted between the inner ends of the head and foot sections with the same means for adjusting and controlling them as heretofore described.

I use the term "subluxation" as in common use in the chiropractic profession to indicate an abnormal or impaired position of one or more vertebrae of the spine whereby undue pressure is caused upon a spinal nerve or nerves or upon the spinal cord itself which interferes with the healthy flow of the nerve impulses to and from the brain.

The technique of adjusting is fully described in such chiropractic books as "The Subluxation Specific—the Adjustment Specific." In that book it is said that Innate cannot recoil on slow movement induced by a shove or push, but only where there is necessity for a rebound. She

will recoil on a quick delivery of forces, and describes such a recoil taking place after the hands of the operator have left the back. Thus the innate recoils of the tissues of the body of a patient reset vertebrae into normal position. It is also said "An adjustment consists of just so much and not any more, but it must be just so much."

Also, it is said that if an adjustment is given in a slow shove or push manner, it can be made to go beyond the normal median line in which case it may not snap back into the median line, but will stay beyond, where it should not have been shoved or pushed.

In the use of my process and apparatus, it is obvious that the hand of the operator and the spine of the patient will be in motion for the short distance which the transverse section will travel before being stopped and that a certain amount of inertia will be effective in moving the hand and the spine after the sleeve carried by the base of the transverse section contacts the rubber washers which bring the section to a stop, thereby continuing to a slight extent the movement of the articulations of the spine acted upon and provoking the recoil which is so important in correcting a subluxation. At the same time, the adjusting force applied by the operator need not be great enough to force an injurious movement of the vertebra below the normal level of the spine.

My tables are intended only for the use of chiropractors.

Various modifications can be made in my machine and process without departing from the spirit of my invention as expressed in the claims and I do not limit my claims to the precise form shown and described therein.

I claim:

1. A chiropractic table having a longitudinal under frame with a head rest section and an separate leg rest section spaced apart and mounted on the frame, an intermediate transverse body rest section, interposed between the head and leg sections and adjacent to either one or both of them, having rigidly united thereto a sleeve which is adjustable and is rigidly seated upon and at the top of a vertical bar, a cross-plate mounted upon the frame between the body and leg sections having a central bore through which the vertical bar passes, a housing for the vertical bar provided by a block with a vertical bore or cylinder therein corresponding in diameter to the vertical bar and in which the vertical bar is slidable lengthwise, said block being united to the cross-plate with a vertical bore therein which permits a slidable movement of said vertical bar in the bore, a manually operable plunger slidably mounted in a horizontal bore in the housing with its inner end in contact with the vertical bar and its outer end engaged by one end of a compression spring and the other end of the spring being engaged by a slidable horizontal bar mounted in an extension of the housing, upper and lower supporting horizontal plates united to the housing extension and having a manually operable cam pivotally mounted therein in position to move the horizontal bar to increase the pressure of the compression spring upon the plunger or to allow a reduction of the pressure thereof.

2. A chiropractic table as described in claim 1, and an elastic annular stop united to the vertical bar above the cross-plate whereby the stop may rest upon the cross-plate when the vertical rod is in its lowermost position and afford an elastic stop for the depending sleeve attached to said intermediate section.

3. A chiropractic table as described in claim 2, and a downwardly extending arm rigidly united to the housing with a manually operable lever fulcrumed thereon having one end extended under the lower end of the vertical bar whereby said bar and the sleeve and intermediate body rest section may be raised a short distance when the other end of the lever is depressed.

4. A chiropractic table as described in claim 2, and a downwardly extending arm rigidly united to the housing with a manually operable lever fulcrumed thereon having



one end extended under the lower end of the vertical bar whereby said bar and the sleeve and intermediate body rest section may be raised a short distance when the other end of the lever is depressed, said vertical bar having a flat area cut into one side thereof with an adjusting screw threaded into the adjacent part of the housing to bear against the flat surface whereby rotation of the vertical bar may be prevented, and it may be locked in a desired position.

5. A chiropractic table as described in claim 4, and a flat area on the opposite side of the bar corresponding in width to the width of the plunger adjacent the vertical bar and with a downwardly and inwardly sloping face on the vertical bar at the top of said flat area, a complementary similar face upon the adjacent end of the plunger whereby the plunger will be forced outwardly when the vertical bar and the intermediate rest section are manually depressed.

6. In a chiropractic table, the combination with a longitudinal frame, of a head section and a leg rest section removably mounted upon the frame and spaced apart, a vertically adjustable, intermediate, transverse, body supporting section mounted between the other two sections and normally at a corresponding level therewith, a depending sleeve united to the intermediate section, a cross-plate mounted upon the frame between the head and leg sections, a vertical bar adjustably united to the depending sleeve and slidable through a central opening in the cross-plate, a housing for said bar under and united to the cross-plate with a vertical bore therein in which bore said vertical bar is slidable when manually actuated, a manually operable plunger slidably mounted in a horizontal bore in the housing with its inner end in contact and pressing on one side of the vertical bar, a compression spring having one end bearing against and exerting pressure on one end of the plunger and the other end being engaged and adjustable by a horizontal bar slidably mounted in an extension of the housing, spaced upper and lower supporting horizontal plates united to the housing extension and having a manually operable cam pivotally mounted thereon between them, and in contact with the last mentioned bar to vary the pressure of the compression spring upon the plunger so as to increase or reduce the force thereof, and an elastic stop firmly united to the vertical bar above the housing to contact the transverse plate when the vertical rod is in its lowermost position and afford a resilient stop for the sleeve and intermediate body section, said head rest section having a longitudinal channel to accommodate the face or head of a patient lying upon the table in various positions for treatment.

7. A chiropractic table as described in claim 6, and a downwardly extending arm rigidly united to the housing with a manually operable lever fulcrumed thereon having one end extending under the lower end of the vertical bar to raise said vertical bar and sleeve, the intermediate body rest section, and the part of the body resting thereon, a short distance of approximately three-quarters of an inch when the other end of the lever is depressed.


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