# The Webster Technique: Definition, Application and Implications

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## Abstract

**Background:** Developed by Larry Webster DC [1945-1997] over 30 years ago, the Webster Technique has been observed clinically to be associated with improved pregnancy outcomes since that time. The International Chiropractic Pediatric Association (ICPA) was founded by Webster to promote and defend the chiropractic care of children, pregnant women and general family wellness care through patient advocacy, post-graduate education and research. The ICPA is the oldest free-standing organization in the chiropractic profession to teach and certify chiropractors on the Webster Technique.

**Objective:** To clarify the philosophical, theoretical and clinical framework of the Webster Technique by providing a historical perspective while clarifying its clinical utility in the context of caring for pregnant women. A definition of the Webster Technique as promoted and taught by the ICPA is reviewed and the "hands-on" technique as originally taught by Webster is reviewed and described.

**Discussion:** Due to the empirical observations that pregnant women under chiropractic care with breech fetal pregnancies were reporting correction of fetal position to vertex following the use of the Webster Technique, the technique was inappropriately described in its early days as a "breech turning technique" by both patients and some chiropractors.

**Conclusion:** The ICPA holds that the Webster Technique is a specific assessment and diversified adjustment for all weight bearing individuals and is utilized to enhance neuro-biomechanics in that individual. The ICPA does not endorse the use of Webster's as a treatment for fetal malposition or in-utero constraint.

**Key Words:** *Chiropractic, pregnancy, Webster Technique, subluxation, ICPA*

**Introduction**

Over 30 years ago, Dr. Larry Webster, DC [1945-1997] shared his namesake technique to address sacral subluxation with the chiropractic profession.[1] Since then, the Webster Technique and/or its clinical effects have been described in a number of papers including case reports,[2-8] case series,[9-12] survey studies,[13] and commentaries.[14-17]

Our understanding of the science, art and philosophy of chiropractic has evolved since the profession's inception and such is also the case with the Webster technique.

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Alterations and/or modifications have been made to the technique. Following a re-examination of the technique as originally taught by Dr. Webster, and in consideration of the clinical utilization of the Webster Technique in today's practice milieu, we wish to comment on the definition of the technique and its hands-on application.

**Webster Technique: History**

The technique was taught by Dr. Webster as involving a specific sacral analysis, diversified adjustment and related soft tissue release to be used on all weight baring individuals including the pregnant population throughout pregnancy.[18] Due to the empirical observations that pregnant women under

chiropractic care with breech fetal pregnancies were reporting correction of fetal position to vertex following the use of the Webster Technique, the technique was described in its early days as a "breech turning technique" by both patients and chiropractors.[1] This is reflected in the 1990's Reference Manual by Peet, where the technique is described as a "breech turning technique.[20] Also in the 1990's, Anrig[21] and Forrester and Anrig[22] described the Webster Technique as an "in-utero constraint technique". Founded by Dr. Webster, the International Chiropractic Pediatric Association (ICPA), is the largest free-standing chiropractic post-graduate provider for chiropractors on the care of children, pregnant women and general family wellness care. [23] In 1999 Connie Webster, then ICPA Executive Director and Jeanne Ohm DC, implemented the ICPA Webster Technique Proficiency Certification class.

By the following year, the terms "in-utero-constraint" and "breech" were eliminated from the "language" describing the technique and simply called, "The Webster Technique." The reasoning behind this position was that both terms implied the treatment of a condition - the intentional focus of care on an unborn malpresented/ malpositioned fetus rather than focusing on the correction of sacral subluxation to restore normal function.

The ICPA Webster Technique Certification was incorporated into what is now the ICPA 180 Hour Certification program. True to Webster's original intent, this Perinatal Class, taught by Ohm has always defined the Webster technique as a specific and valuable diversified adjusting technique to be used on all weight bearing individuals including the pregnant population throughout pregnancy to reduce the pelvic subluxation.

As the primary instructor of the ICPA Webster Technique Certification program since its inception, Ohm has diligently explained to chiropractors the reasoning behind the dissociation of the descriptive words "breech" and "in-utero constraint" from not only in the name of the technique, but from the explanation of the theoretical and clinical framework of the Webster Technique to patients, other healthcare professionals, uninformed chiropractors, and the general public. Old habits die hard, and since the chiropractic profession itself remains in debate as to the role and function of chiropractic in the care of patients,[24] some chiropractors have not yet grasped the essence of this perspective with respect to the Webster Technique or management of subluxation in general.

As commented upon by Pickar,[25] a thread common in many of the chiropractic theories is that changes in the normal anatomical, physiological or biomechanical dynamics of contiguous vertebrae or in extra-spinal joints can adversely affect function of the nervous system. The Webster Technique, a chiropractic technique, is consistent with this statement. The Webster Technique incorporates a chiropractic analysis followed by a chiropractic adjustment. Common to the theoretical and clinical framework with all chiropractic adjustments, physiological and/or biomechanical changes are thought to occur in the person receiving the care. Furthermore, these changes are unique and particular to the person receiving the adjustment.

**Current Concerns**

In this age of evidenced based practice,[26] given the lack of higher-level research design scrutinizing the technique's effectiveness in ameliorating the consequences of a dysfunctional pelvis, we depend on our clinical experience and clinical expertise while respecting the needs and wants of our patients to inform our clinical application of the Webster Technique. As explained by Alcantara[27] on what it means to practice in an evidence-based fashion in a recent issue of this Journal, external clinical evidence from randomized controlled clinical trials can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient. The ICPA is actively involved in pursuing additional external evidence on the use of the Webster Technique through its Practiced Based Research Network (PBRN) projects.

As a caveat, the chiropractor should be aware that if explaining or advertising the Webster Technique as "breech turning" or an "in-utero constraint technique", two issues arise:

1. You as a chiropractor are claiming a clinical outcome that has not yet been supported by higher levels of evidence (i.e., randomized controlled clinical trials) in the EBM hierarchy.[28]
2. You as a chiropractor are making claims to treat a condition (i.e., breech fetus and/or fetal in-utero-constraint), which is insofar as we know, outside the scope of chiropractic practice. Essentially, this approach to patient care (i.e., "breech turning" or addressing an "in-utero constraint") may be considered the practice of obstetrics.

With over 3000 chiropractor members worldwide, it is imperative that ICPA members be reminded that any use of inaccurate and incorrect descriptions of the technique be rectified in practice related materials and representations. The ICPA holds that the Webster technique is a specific assessment and diversified adjustment for all weight bearing individuals and is utilized to enhance neuro-biomechanics in that individual.[29] This is consistent with how the Webster technique has been taught in the ICPA Perinatal class by Ohm. The ICPA does not endorse the use of Webster's as a treatment for fetal malposition or in-utero constraint.

As taught to students in the ICPA Webster Technique Certification program, the ultimate responsibility of practice intent and representation rests solely upon the provider in the use of the Webster Technique. One should note that:

1. Oregon allows for chiropractic specialty certification in obstetrics.[30]
2. If you are claiming breech turning technique or treating in-utero constraint in the pregnant patient, you may be accused of practicing obstetrics.
3. The theoretical and clinical framework of the Webster Technique, as taught by the ICPA Webster Certification program, is for the restoration of neurobiomechanical balance of the pelvis with a sacral adjustment.[29]

Chiropractors have expressed frustration with pregnant patients attending the chiropractor to have "Webster's" performed and following auto-correction of the fetus from abnormal positioning, the patient discontinues care. "Breech turning" is neither the intention of Webster's Technique nor the intention of chiropractic care in general and the solution is based on proper communication of the chiropractic objective.

Pregnant patients, as all others, should be educated on why they may want to continue with their chiropractic care throughout their pregnancy and following the birth of their child. In regards to the Webster Technique, Ohm recommends educating pregnant patients similar to all patients on the objectives of chiropractic care on the first visit for consultation and possible care of a pregnant patient.

Discussions pertaining to the chiropractic subluxation, how the chiropractic adjustment corrects subluxation and its relationship to restoration of normal body function should be addressed. If patients inquire why claims are made that the Webster Technique "turns breech babies," it is recommended to explain the chiropractic biomechanical theories related to pregnancy as is taught in the ICPA Webster Certification program. This relates the sacral adjustment to the expectant mother's neurobiomechanical pelvic function.

The importance of regular chiropractic care vis a vis the Webster Technique during their pregnancy and the evidence pointing toward the potential for safer, easier births as a result of improved neurobiomechanical function may be expressed. This evidence-informed discussion is based on the positive experiences of pregnant patients under chiropractic care, the clinical experience of the practitioners, academic studies on the subject of sacral subluxation and its consequences to proper pelvic function. In addition, it is recommended that the chiropractor offer patients lifestyle suggestions for them to implement in their everyday life in order to improve postural and biomechanical pelvic function.

Insofar as we are aware, United States chiropractic licensing in all 50 states allows chiropractors to perform the chiropractic adjustment to address neurobiomechanical dysfunction.[31] Performing the Webster Technique, as taught within the ICPA Certification program, and defined on the ICPA website is within the scope of practice of chiropractic.[29] Communicating our intent through patient education and our approach in clinical practice clarifies our adherence to scope of practice.

We recommend that chiropractors refrain from defining or using titles regarding the Webster Technique such as "breech" technique, or "breech turning technique" or as an "in-utero constraint technique" in marketing materials, websites and other forms of communication with patients or potential patients. It is each practitioner's responsibility to make certain their written and spoken patient educational materials are consistent with their scope of chiropractic practice.

**The Webster Technique Definition**

The ICPA definition for the Webster Technique[29] is as follows:

> The Webster technique is a specific chiropractic analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of subluxation and/or SI joint dysfunction. In so doing neuro-biomechanical function in the sacral/pelvic region is improved.
>
> The ICPA recognizes that in a theoretical and clinical framework of the Webster Technique in the care of pregnant women, sacral subluxation may contribute to difficult labor for the mother (i.e., dystocia). Dystocia is caused by inadequate uterine function, pelvic contraction, and baby mal-presentation.[32] The correction of sacral subluxation may have a positive effect on all of these causes of dystocia.
>
> In this clinical and theoretical framework, it is proposed that sacral misalignment may contribute to these three primary causes of dystocia via uterine nerve interference, pelvic misalignment and the tightening and torsion of specific pelvic muscles and ligaments. The resulting tense muscles and ligaments and their aberrant effect on the uterus may prevent the baby from comfortably assuming the best possible position for birth.

The presentation of this definition and hypothesis to obstetricians, medical doctors and osteopathic physicians, as well as midwives and scientists ensures that they understand that the Webster Technique does not encroach upon the practice of obstetrics. In the chiropractic profession however, we are still left with the residue of outdated, erroneous representation by previous instructors, textbooks, marketing materials, etc. from years past.

> **To reiterate, the ICPA does not endorse the terms "breech turning technique "and/ or "in-utero constraint technique" in reference to the Webster technique. Additionally, the ICPA does not approve or endorse the instruction of Leopold's maneuver as part of the Webster Protocol in its sponsored post-graduate classes or the application of Leopold's maneuver by chiropractors.**

As stated in the beginning of this paper, our understanding of the science, art, and philosophy of chiropractic evolves and it is imperative that our practice activities reflect this.

**The Webster Technique Clinical Clarification**

Dr. Webster graduated from Logan College of Chiropractic in 1959 and developed the technique in the 1980's. Logan Technique[33] practitioners, along with students and colleagues of Dr. Webster, knew that he had great respect for the correction of the sacral subluxation. With his passing in 1997, the Webster Technique was taught by various instructors in accordance with both written and classroom instruction.

Following a review of Dr. Webster's class materials and Jennifer Brandon Peet's *Chiropractic Pediatric & Prenatal Reference Manual*,[20] it has come to light that this instructional manual describes both the sacral and abdominal contact points

consistent with Dr. Webster's teachings and corroborated by his instructions on the technique in the 1990's.[34]

In terms of performing the adjustment, Webster recommended a low force, posterior-anterior drop technique as the preferred mode of adjustment. In accordance with his teachings, Webster recommended that the attending chiropractor stand ipsilateral to the involved side of heel to buttock resistance.

He taught that the patient contact point is specific to the sacral notch where the sacrum narrows, just lateral and inferior to the second sacral tubercle.

Webster recommended a side posture adjustment in the instance where the patient is not able to assume the prone position. Therefore, when drop pieces or segments are present on the chiropractic table and pregnancy pillows are available for use, the patient should lie prone for the analysis and adjustment a la the Webster Technique.

In the female patient, Webster instructed on an anterior abdominal soft tissue contact. The anterior contact point on the opposite round ligament is applied to support the efficiency of the sacral adjustment. It is proposed that as the sacrum rotates; the corresponding utero-sacral ligament stretches accordingly, resulting in aberrant tension to the uterus. This rotational tension then pulls unilaterally on the opposite round ligament.

The ICPA Webster Technique Certification class has been taught for over 12 years. To reiterate, the technique has been taught to chiropractors worldwide as a specific chiropractic analysis and adjustment to establish neuro-biomechanical balance and function in the pelvis via the correction of sacral subluxation.

Due to the effects of relaxin (i.e., ligamentous laxity with possible association to biomechanical instability) during pregnancy and its possible contribution to sacral instability,[35] the Webster Technique should be instituted throughout a woman's pregnancy.

Also in accordance with Webster's teachings while an instructor at Life Chiropractic College, the technique can be applied in the care of any weight bearing person (i.e., pregnant or not, males and females, and children) as a valid sacral analysis and adjustment.

Two ICPA PBRN studies on the use of the Webster Technique in clinical practice have been approved for implementation by an ethics review board. We encourage your participation if you are certified in the Webster Technique and if you implement the Webster Technique in your practice in the care of both pregnant and non-pregnant patients. Practice-based research networks are a pragmatic approach to research where "real-world" data, your data, form the foundation of external evidence in evidence-based chiropractic practice.

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