

Talsky Tonal Chiropractic – White Paper

Redefining Subluxation

A Tonal and NeuroSpinal Paradigm for Modern Chiropractic

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1. Executive Summary

“Subluxation is always global, and the primary is always NeuroSpinal.”

The science of chiropractic is evolving—and so must our understanding of subluxation. For more than a century, the profession focused on the vertebral subluxation: bones misaligned or fixated, compressing nerves and disrupting function. While that bone-first lens provided a structural foundation, modern anatomy, neurophysiology, and decades of clinical practice now reveal a far more global phenomenon.

This white paper substantiates a paradigm shift: subluxation is fundamentally a state of aberrant tone in the NeuroSpinal System—also known as the Cranio-Spinal Meningeal Functional Unit (C-SMFU). This continuous, integrative system comprises the brain, spinal cord, multi-layered meninges, cerebrospinal fluid (CSF), and the dural attachments that tether these tissues throughout the cranium and spine. When physical, chemical, or emotional stress exceeds adaptive capacity, the C-SMFU contracts. That contraction generates aberrant NeuroSpinal tension, throttling sensory bandwidth, limiting adaptability, and fragmenting the body’s coherence—often preceding and giving rise to the Vertebral Subluxation Complex (VSC) (Breig, 1978; Ward, 1980).

Talsky Tonal Chiropractic (TTC) builds on foundational chiropractic theory, decades of hands-on experience, and modern neuroscience. TTC recognizes vertebral subluxation not as the primary interference, but as a compensatory adaptation to global neurological tension. Correction is achieved not through high-force mobilization of fixations, but through information-rich input delivered at a precise, non-articular contact aligned with the direction of ease—the vector parallel to the aberrant tension within the C-SMFU.

Supported by research from Breig (1978), Ward (1980), Haavik (2007), Oschman (2000), Becker and Seldon (1985), and others, TTC reframes the chiropractic adjustment as a neurological communication—a touch-based dialogue, delivered with congruent intent, that facilitates the body to reinitiate the process of self-adjusting, correcting, and returning to wholeness.

This paper will:

- Trace the historical evolution of tonal chiropractic thought
- Present the anatomical and physiological basis of the C-SMFU
- Examine the distinction between OsseoTonal and direct tonal engagement
- Explore information-driven pathways through which the body organizes, adapts, and corrects
- Clarify how TTC integrates with and enhances existing chiropractic techniques

In doing so, we offer a lens for the future of principled chiropractic—precise, neurologically grounded, and built on the body’s innate capacity for self-adjustment and optimization.

2. The Application of Principles

2.1 Vitalistic Philosophy, Mechanistic Application

Chiropractic has always been grounded in vitalistic philosophy. Its foundational premise is that the body is not a machine to be fixed, but a self-organizing, self-healing system animated by Innate Intelligence. This Intelligence coordinates all function through the nervous system and operates according to principles—principles which, when integrated into clinical protocols, enhance the body’s capacity to reduce subluxation from within.

And yet, for most of the profession’s history, this vitalistic foundation has not been reflected in its application. Chiropractic philosophy and principles were always vitalistic, but for a century, the methods remained almost exclusively mechanistic. The spine was assessed as static architecture; subluxation was defined as bone out of place; and the adjustment was delivered as a mechanical force intended to realign structure. Despite decades of advancement in neurophysiology, most techniques continued to treat the spine as malfunctioning hardware the chiropractor must “fix.”

2.2 The Mechanistic Legacy

This disconnect—between the principles of chiropractic and the protocols used to apply them—defined much of the 20th century. Techniques varied in execution but shared the same underlying model: identify the fixated segment and adjust it with enough force to move the bone. Often this was done based on listings determined during the first visit and repeated in the same sequence across future visits. The body’s Intelligence was acknowledged in words but overlooked in action.

This model is not wrong—it’s simply incomplete. The problem with mechanistic chiropractic is not that it exists, but that it is mistaken for the whole. TTC doesn’t dismiss what has worked in the past. It builds upon it—refining the application so that it aligns more fully with chiropractic’s vitalistic roots .

2.3 Subluxation as a Glitch in the System

From a tonal perspective, subluxation is not just structural displacement—it’s an adaptive holding pattern, rooted in past stress, that has become a stuck state. It is best understood as a glitch in the software of the NeuroSpinal System: a disruption in how the body perceives and responds to its environment. Though initially protective, this pattern persists not because the body is unintelligent—but because its system has lost access to a better option. Just like a circuit breaker

remains flipped after the surge has passed, the nervous system holds tension until it receives the right input to re-initiate the process of resetting, correcting, and self-adjusting.

This view shifts the goal of care. Rather than imposing correction from the outside, tonal protocols aim to restore communication and provide the exact input the body needs to resume its own process of self-adjusting and returning to coherence.

2.4 Reconnecting Philosophy with Protocol

The integration of chiropractic philosophy into application begins when we stop adjusting the body like a machine and begin listening to it like a living system. The adjustment is no longer a forceful correction but becomes a form of communication—delivered at the point of greatest receptivity, with the least amount of the most effective input, precisely vectored along the line of correction. It is no longer about overpowering resistance, but about partnering with the system's intelligence to help it resolve interference.

Tonal chiropractic reframes analysis and application around the dynamic, patterned, and responsive nature of the nervous system. The emphasis shifts from fixing bones to facilitating the reorganization of tone—from doing something to the body to working with the body.

2.5 TTC as a Paradigm Shift

Talsky Tonal Chiropractic (TTC) offers a precise model for this evolution. It is not a variation of osseous technique with tonal awareness layered on top. It is a new system—built entirely around the principles of tone, tension, and intelligence within the NeuroSpinal System. It acknowledges that the nervous system is non-linear, adaptive, and self-correcting when provided the right input at the right moment in the right direction.

TTC teaches chiropractors how to find the “best window in”—the point of greatest receptivity for delivering a tonal input that acts not as a command but as a catalyst. This input is guided not by static palpation or predetermined listings but by real-time analysis that honors the system's changing needs.

In doing so, TTC embodies the application of principles—not just in theory, but in protocol. It demonstrates how the chiropractic principles of intelligence, organization, and adaptability can be operationalized through a tonal protocol—reconnecting what has long been separated in the profession: foundational principles and clinical application.

3. From Bone-on-Nerve to Tone-First — A Historical Evolution

What if the real mechanism of subluxation has been hiding in plain sight?

3.0 Opening Perspective

Subluxation stands as the defining conclusion of chiropractic’s vitalistic philosophy—where the presence of Innate Intelligence meets the possibility of its interference. This cornerstone concept, formalized through the deductive logic of the 33 Principles, continues to distinguish principled chiropractic from mechanistic intervention. In early practice it was framed almost exclusively in structural terms: a vertebra misaligned, compressing a spinal nerve, and disrupting the expression of Innate Intelligence. This bone-on-nerve model became the cornerstone of 20th-century chiropractic philosophy and technique.

“Life is an expression of tone; the cause of disease is any variation in tone.”

–D.D. Palmer, The Chiropractor’s Adjuster, 1910

Even in D.D. Palmer’s day, within the mechanistic model of bone-on-nerve interference and mechanical fixation, there was a realization far ahead of its time: that the tone of the nervous system is paramount. Decade by decade, pioneers within the profession observed that nervous system tone is the primary determinant of physiological adaptability and health expression. From the founder at the profession’s inception to a growing body of clinical experience and research today, more and more chiropractors are recognizing that subluxation is tonal first and structural second—setting the stage for today’s NeuroSpinal paradigm.

3.1 Evolving the Subluxation Model: From Structural Fixations to Tonal Adaptation and Aberrant NeuroSpinal Tension

For most of chiropractic’s history, the subluxation was defined in structural terms—most notably by R.W. Stephenson in 1927, who described it as a misalignment of vertebrae that impinges nerves and interferes with the transmission of mental impulses. This “bone-on-nerve” model became the dominant framework throughout the 20th century, shaping both chiropractic philosophy and clinical application.

The vertebral subluxation was commonly understood as:

- A misalignment or fixation of one or more spinal vertebrae
- Interfering with nerve transmission via mechanical compression or irritation

- Causing downstream dysfunction and dis-ease in the body

This bone-centric definition inspired motion palpation, segmental X-ray listings, thermographic scans, and high-velocity adjustments—clinical methods that continue to help millions today. But while the classical model remains clinically effective, it offers only a partial explanation for how and why subluxations form, persist, or reoccur.

Various theories have sought to explain the initiating mechanism: structural instability, joint locking, altered proprioceptive feedback, or defensive posturing in response to actual or perceived stress. Each offers valuable insight within its respective framework, but emerging discoveries suggest there is a more foundational mechanism—one that links stress, tone, and the sustained fixation patterns observed in clinical practice.

This white paper proposes a unifying framework: that aberrant tone in the NeuroSpinal System is the primary adaptive response to stress, and that the Vertebral Subluxation Complex (VSC) is a downstream imprint of that response.

Two foundational concepts emerge from this perspective:

- **Stress adaptation:** The NeuroSpinal System’s contractive response to overwhelming input is the mechanism for global subluxation and what sets the stage for the Vertebral Subluxation Complex (VSC).
- **NeuroSpinal tone:** Global tension patterns in the meninges are not secondary to subluxation—they are often its origin.

This perspective does not discard earlier models—it makes them more complete. As our understanding of anatomy and neurophysiology evolves, so too must our models. The emerging evidence around the independent contractility and whole-system behavior of the C-SMFU reveals it to be not only involved in mechanical stabilization, but also a medium for neurological communication, adaptive signaling, and the imprinting of unresolved stress.

These conceptual gaps set the stage for the discoveries that followed—shifting chiropractic thinking from compression to tension, and ultimately to a tone-first paradigm that centers on the NeuroSpinal System.

3.2 The Shift from Compression to Tension-Based Interference

Modern neuroscience increasingly challenges the long-held assumption that vertebral misalignment routinely causes neural interference through direct mechanical compression. Heidi Haavik, D.C., Ph.D., showed that neural interference more often stems from tension, distortion, and altered afferent input than from outright compression (Haavik & Murphy 2007). This tonal interference perspective—focusing on the quality of information flow rather than mechanical impingement—builds upon a series of foundational insights that redefined the chiropractic understanding of subluxation.

The shift from compression to tension-based models began with the work of Alf Breig, M.D., Ph.D., who in the late 1970s documented how mechanical tension in the spinal cord and meninges could distort neural function without vertebral displacement. His concept of “adverse mechanical tension” emphasized that the brainstem, spinal cord, and dura operate as a continuous, biomechanically sensitive system.

This concept was further advanced by Lowell Ward, D.C., who drew on Breig’s work to reframe the spine and dural system as a singular, synchronized functional unit. In his 1980 publication *The Dynamics of Spinal Stress*, Ward introduced the idea of meningeal stress fixations and modeled the spine not as a segmented biomechanical structure, but as a dynamic tone-based system. His model foreshadowed what is now understood as the Cranio-Spinal Meningeal Functional Unit (C-SMFU), and helped redirect the chiropractic lens toward global tone as the origin of interference.

- **Alf Breig, M.D., Ph.D. (1978)** – documented “Adverse Mechanical Tension”: excess stretch or slack in meninges and cord distorts neural firing without vertebral displacement; mechanical tension alone can cause interference in nerve function.
- **Lowell Ward, D.C. (1980)** – reframed the spinal column and dura as a synchronous functional unit. Introduced the concept of meningeal stress fixations and helped define subluxation as a manifestation of global tone imbalance, not isolated misalignment.
- **Heidi Haavik, D.C., Ph.D. & Bernadette Murphy, Ph.D. (2007)** – somatosensory-evoked potential research showed cortical processing changes follow altered afferent input and meningeal tension—not nerve pinch; interference is primarily tonal and afferent in origin.

3.3 Contributions to Tonal Chiropractic and the Emergence of OsseoTonal

As tonal awareness deepened within the chiropractic profession throughout the 20th and 21st centuries, multiple techniques contributed foundational insights that expanded the understanding of subluxation beyond the vertebral model. These contributions shaped the path toward a tonal paradigm—where subluxation is seen not merely as mechanical fixation or misalignment, but as a state of altered tone and disrupted neurological coherence.

Simultaneously, a new category of chiropractic technique emerged—blending structural contact with tonal awareness. These techniques engage the nervous system through joint articulations but are directed by tonal indicators and intent. They are collectively referred to as OsseoTonal techniques: an emerging class of approaches that integrate osseous (articular) contact with neurologically driven tonal analysis and correction strategies.

This section outlines two distinct categories:

- The foundational contributions to tonal chiropractic, including early tonal awarenesses and reflexive analysis tools
- A growing collection of OsseoTonal techniques, which reflect the profession’s evolving synthesis of structure and tone.

3.3a Foundational Contributions to Tonal Chiropractic

The following techniques represent pivotal contributions to the emergence and refinement of tonal chiropractic within the profession.

- **D.D. Palmer, Founder of Chiropractic**

D.D. Palmer’s original vision laid the philosophical foundation for tonal chiropractic. He asserted that “life is an expression of tone,” and defined disease as “a variation in tone”—referring to the vibratory frequency of nerves, tissues, and the body’s energy systems. In *The Chiropractor’s Adjuster* (1910), Palmer expanded:

“Life is an expression of tone. In that sentence is the basic principle of Chiropractic. Tone is the normal degree of nerve tension. Tone is expressed in function by normal elasticity, strength, and excitability in the tissue or organ. The cause of disease is any variation of tone—either too much or too little.”

Though limited by the anatomical understanding of his time, Palmer clearly identified the role of nervous system tone in both health and dysfunction. His concept of Innate Intelligence

guiding bodily function and his recognition that subluxation interferes with this expression set the stage for a tone-first approach to chiropractic.

Palmer's original paradigm was not strictly structural or mechanical. It was vitalistic and rooted in the idea that intelligence flows through matter via tone. Tonal chiropractic extends and deepens this vision, shifting emphasis from bone misalignment to functional coherence within the NeuroSpinal System.

(Palmer, The Science, Art and Philosophy of Chiropractic, 1906; Palmer, The Chiropractor's Adjuster, 1910)

- **Sacro Occipital Technique (SOT):** Developed by Dr. M.B. DeJarnette in the 1920s, SOT brought forward a systems-based model that linked cranial, pelvic, and spinal dynamics through dural and CSF flow. By emphasizing meningeal tension patterns, CSF rhythm, and dural release, SOT highlighted the functional interdependence of the cranium and sacrum—connected through the dural membranes of the spinal cord. While not considered a tonal technique by its original design, SOT laid foundational groundwork for tonal chiropractic's emergence by addressing dural tone and its relationship to global physiological function. Its Category System, cranial work, and pelvic blocking strategies continue to inform tonal models today.

(Sacro Occipital Research Society International, <https://sorsi.com>)

- **Logan Basic Technique:** Pioneered in 1931 by Dr. H.B. Logan, this technique recognized subtle shifts in postural tone and sought to influence global alignment through light, sustained sacral contacts. Its primary contact point—the sacrotuberous ligament—affects NeuroSpinal tone directly via its connective tissue and dural attachments to the C-SMFU. Though developed decades before the term “tonal” was widely used, Logan Basic stands as an early example of non-articular tonal engagement, influencing the tone of the NeuroSpinal System without joint manipulation.

(Logan University, <https://www.logan.edu>)

- **Ralph W. Stephenson, D.C.:** Author of *The Chiropractic Textbook* (1927), Stephenson articulated the “33 Principles of Chiropractic,” providing a philosophical framework that emphasizes the body's innate intelligence and its capacity for self-healing. These principles have been foundational in shaping the vitalistic perspective inherent in tonal chiropractic.
- **Upper Cervical Chiropractic:** Pioneered by Dr. B.J. Palmer in the 1930s, Upper Cervical Chiropractic emphasized that misalignments in the upper cervical spine could have widespread effects on the nervous system. Later, John D. Grostic's Dentate Ligament–Cord Distortion Hypothesis (1988) provided a biomechanical basis, demonstrating how such misalignments might induce global dural tension through mechanical stress on the spinal

cord via the dentate ligaments. This early recognition of global neurological effects from localized structural disturbances helped lay the conceptual groundwork for tonal chiropractic, reinforcing the principle that precise input can influence systemic tone and adaptive function. (*Palmer, 1934; Grostic, 1988*)

- **Pressure Testing:** Pressure testing refers to gentle, directional input at a specific location in order to observe a neurological response—through a reflex indicator of a leg length change. It is one of several binary biofeedback systems used to “ask the body” where, when, and how to adjust. Pressure testing facilitates a neurological conversation between the chiropractor and the patient’s nervous system, enabling precisely vectored adjustive input that aligns with the system’s current state of receptivity.

This form of binary inquiry was first introduced to chiropractic in the 1940s by Richard Van Rump, D.C., through his development of Directional Non-Force Technique (DNFT). While DNFT was not developed as a tonal technique, its use of the body’s own feedback to guide the adjustment laid a critical foundation for future Tonal, OsseoTonal, and Osseous approaches. Many of these techniques continue to use and build upon Van Rump’s foundational work with pressure testing.

A wide range of Tonal, OsseoTonal, and Osseous techniques utilize binary biofeedback systems to guide analysis and application. These include methods such as pressure testing, mental checking, muscle testing, Occiput Drop (OD), and resonance-based devices—all of which facilitate an effective neurological conversation with the body.

- **Toftness Technique:** Developed in 1953 by I.N. Toftness, D.C., the Toftness Technique was one of the earliest fully tonal chiropractic approaches. It used electromagnetic field detection to locate interference patterns in the nervous system and applied low-force tonal contacts for correction. A key feature of the technique was its use of a resonance-based device—often referred to today simply as a “resonator”—as a form of binary biofeedback. This tool allowed practitioners to ask the body where, when, and how to adjust by detecting subtle shifts in electromagnetic response.

Though the formal Toftness Technique has diminished in use, the understanding of the resonator’s mechanism of action has continued to evolve, and its application in analysis has shifted accordingly. The resonator remains an active and effective tool within a variety of contemporary tonal and OsseoTonal systems that utilize binary feedback to engage the body in a neurological conversation.

(*Toftness Postgraduate School of Chiropractic, <https://www.toftness.org>*)

- **Thompson Technique:** Developed in 1955 by Dr. J. Clay Thompson, this technique expanded the use of Van Rump’s pressure testing and leg checks and introduced several

reflex-based indicators. Many of these have since been reframed through the lens of global tone within the TTC model.

(Thompson Technique Foundation, <https://www.thompsontechnique.org>; TTC Seminar Notes, 2025)

- **CranioSacral Therapy (CST):** Developed in the 1970s by John Upledger, D.O., CST expanded upon the insights of William Sutherland, D.O., who in the 1930s identified rhythmic cranial motion and the role of dural tension in systemic health. Upledger described the craniosacral system as a continuous membrane extending from cranium to sacrum—capable of influencing neural coherence, emotional integration, and physiological adaptability. Don Cohen, D.C. later expanded CST’s reach through educational materials and seminars in the 1990s, increasing its visibility within chiropractic conversations.

While CST’s core principles resonate with tonal chiropractic philosophy, CST is not chiropractic because it does not share the unique gift that chiropractic offers: analyzing for interference in communication between the Central Nervous System and the body, and delivering precisely vectored, correctional input through the physical structures of the NeuroSpinal System—at the point of greatest receptivity—to re-initiate the body’s own process of self-correcting, adjusting, and returning to wholeness.

While CST engages components of the same system—particularly the CSF and dural membranes—it does so without analyzing for interference or delivering specific input intended to facilitate subluxation reduction.

(Sutherland, 1939; Upledger & Vredevoogd, 1983; Cohen, 1995)

- **Alf Breig, M.D., Ph.D.:** A pioneering neurosurgeon and researcher, Dr. Alf Breig provided groundbreaking anatomical and physiological insights that laid the foundation for the tonal chiropractic model. In his 1978 publication *Adverse Mechanical Tension in the Central Nervous System*, Breig demonstrated that mechanical tension within the spinal cord and meninges—independent of vertebral compression—can lead to significant neurological dysfunction. He introduced the concept of the dura mater, spinal cord, and pons-cord tract as a continuous biomechanical unit, capable of transmitting stress globally through the central nervous system. This challenged compression-based models and reframed interference as a tension-based phenomenon.

Further expanding this paradigm in his 1989 work *Skull Traction and Cervical Cord Injury*, Breig explored how cervical cord tension could be mitigated through changes in head and neck positioning, and how relaxation of the spinal cord from a pathologically elongated state could reverse certain neurological deficits. He emphasized that recovery from dysfunction often involved reducing cord tension—validating the idea that the nervous system’s tone and

mechanical state play a critical role in function and healing. These findings directly support the TTC view of the NeuroSpinal System as a continuous, contractile, and tension-sensitive system central to subluxation physiology.

(Breig, Adverse Mechanical Tension in the Central Nervous System, 1978; Skull Traction and Cervical Cord Injury, 1989)

- **Lowell E. Ward, D.C.:** Through his model of Spinal Column Stressology (1980), Dr. Lowell Ward reframed the spine as a singular, synchronized, functional unit rather than a segmented biomechanical structure. His analysis emphasized that dural and spinal cord tension—not just vertebral misalignment—are key contributors to subluxation. Ward’s documentation of meningeal stress fixations, particularly in relation to functional leg-length discrepancy, foreshadowed the modern concept of the Cranio-Spinal Meningeal Functional Unit (C-SMFU). His work forms a critical anatomical and physiological bridge to the emergence of the NeuroSpinal model foundational to Talsky Tonal Chiropractic.

(Ward, The Dynamics of Spinal Stress, 1980)

- **Network Spinal Analysis (NSA):** Introduced in 1987 by Dr. Donald Epstein, Network Spinal Analysis—originally known as Network Chiropractic—expanded the tonal paradigm through a synthesis of indicators from multiple pre-existing techniques into a comprehensive tonal analysis system. A distinguishing feature of NSA is its emphasis on the expression of two unique wave phenomena: the respiratory wave and the somatopsychic wave, which reflect enhanced neural organization and mind-body integration. The contacts in NSA are oriented with an awareness of these wave propagations, aiming to cue the nervous system toward greater coherence, adaptability, and self-regulation through gentle spinal contacts at specific gateways.

(EpiEnergetics, <https://www.epienergetics.com>; TTC Seminar Notes, 2025)

- **CLA Insight Technology:** Introduced in the 1990s by the Chiropractic Leadership Alliance (CLA), Insight scanning technology provides non-invasive, reproducible neurophysiological data including thermal scans, surface electromyography (sEMG), and heart rate variability (HRV). These measurements offer a tonal window into autonomic balance, muscular symmetry, and stress adaptability—supporting analysis strategies that align with tonal chiropractic objectives.

(Chiropractic Leadership Alliance, <https://insightcla.com>)

- **Torque Release Technique (TRT):** Developed by Marvin Talsky, D.C. and co-founded by Jay Holder, D.C. in 1995, TRT introduced an instrument-assisted tonal approach using the Integrator™. A key distinction in TRT’s evolutionary uniqueness was its incorporation of tonal aspects from all of the aforementioned influences, with a particular dependency on Van Rumpelt’s pressure testing and leg checks—applied, however, with tonal awareness, intent, and

application.

While rooted in tonal philosophy, Talsky later recognized that many of TRT's core applications remained grounded in a Newtonian, mechanically-oriented model—what we now term an OsseoTonal approach, to distinguish it from fully tonal systems. It was considered a tonal technique until new discoveries clarified that directly engaging the NeuroSpinal System through non-articular means represents a key distinguishing feature of fully tonal chiropractic—while an OsseoTonal approach engages the NeuroSpinal System indirectly via osseous (articular) adjustments.

This realization prompted the development of Talsky Tonal Chiropractic (TTC) as a distinct tonal paradigm aligned with vitalistic principles and a direct engagement with the tone of the NeuroSpinal System.

(Talsky & Nadler, TTC Seminar Notes, 2025)(Talsky & Nadler, TTC Seminar Notes, 2025)

- **Bio-Geometric Integration (BGI):** Established as a seminar series in 1995 by Dr. Sue Brown, Bio-Geometric Integration (BGI) integrates concepts from quantum physics, tonal philosophy, and sacred geometry into chiropractic analysis and adjusting. A distinctive feature of BGI is its emphasis on the body's biotensegrity in relation to the propagation of tonal wave dynamics throughout the entire system.

Adjustments in BGI are guided by the innate geometry of the body, with vectors oriented to global structural patterns and wave dynamics—rather than to specific lines of aberrant tension as in TTC. Instead of utilizing pressure testing or leg checks to identify subluxation focal points, BGI practitioners rely on tonal palpation and subtle energetic indicators to determine when, where, and how to engage. This approach emphasizes the integration and release of stored potential energy, facilitating healing and evolution by restoring coherence within the body's natural geometric design.

(BGI HQ, <https://www.bgihq.com>; TTC Seminar Notes, 2025)

- **James L. Oschman, Ph.D.:** A pioneer in the field of energy medicine, Dr. Oschman presents the body as a continuous molecular and electromagnetic network of communication. He introduced and developed the concept of the “living matrix”—a fascial and cytoskeletal continuum that transmits mechanical, energetic, and informational signals at speeds faster than synaptic conduction. Oschman's synthesis of biophysics and physiology supports the view that connective tissue—including the meninges—functions as an intelligent interface for whole-body communication. His work provides a compelling scientific rationale for the tonal chiropractic model, where changes in tissue tone, tension, and vibrational frequency modulate the flow of information and adaptation throughout the system.

(Oschman, Energy Medicine: The Scientific Basis, 2000; Energy Medicine in Therapeutics

and Human Performance, 2003)

- **Heidi Haavik, D.C., Ph.D.:** Since the early 2000s, Dr. Haavik's peer-reviewed research has provided compelling evidence that vertebral subluxation causes interference not through bone-on-nerve compression, but through aberrant tension and altered afferent input. Her work demonstrates that subluxation distorts sensorimotor integration and brain-body communication—validating the tonal model's focus on aberrant tension, NeuroSpinal tone, perception, and adaptability
(Haavik, *The Reality Check*, 2014; Haavik Research, www.heidihaavik.com)

- **Talsky Tonal Chiropractic (TTC):** Established as a seminar series in 2001 by Dr. Marvin Talsky, TTC emerged as a fully tonal paradigm that integrates the analytical strengths and insights of earlier techniques while introducing a distinct model centered on the NeuroSpinal System. TTC engages aberrant tone within the C-SMFU directly—without reliance on joint articulation—using tonal indicators and pressure testing to locate the best window into the system.

Unlike techniques that engage the NeuroSpinal System through articular contacts, wave propagation, or geometric alignment, TTC delivers non-articular input precisely vectored along the line of correction—parallel to the NeuroSpinal System's aberrant tension and aligned with the direction of unwinding. This input is delivered at the point of greatest neurological receptivity, providing the NeuroSpinal System, which is the foundational tone-setter, with the exact information it needs to reinitiate its own process of self-correcting, adjusting, and returning to wholeness, which is healing.

(Talsky & Nadler, TTC Seminar Notes, 2025)

- **June Wieder, D.C.:** In 2004, Dr. June Wieder published *Song of the Spine*, offering a unique contribution to the tonal chiropractic paradigm through her investigation of harmonic resonance within the spine. Using tuning forks and muscle testing over years of clinical application, she identified that specific vertebral regions consistently respond to distinct vibrational frequencies. Her mapping of these resonant spinal frequencies—along with their correlation to enhanced neurological and emotional responses—suggests that the spine operates as a harmonic structure within the NeuroSpinal System. Notably, the frequencies Wieder discovered closely align with those identified independently by Dr. Marvin Talsky through decades of clinical findings in TTC. Her work reinforces the foundational tonal chiropractic view that frequency, tone, and vibration are central to how the nervous system stores, communicates, and reorganizes information.
(Wieder, *Song of the Spine*, 2004)

3.3b OsseoTonal Techniques in Modern Chiropractic

A Blended Model

As the tonal paradigm continues to evolve, a growing number of techniques have emerged that blend tonal awareness with structural (osseous) application. These OsseoTonal approaches engage the NeuroSpinal System through articular contacts and biomechanical vectors, but within an intentional tonal framework.

Common Tonal Elements

OsseoTonal techniques vary in how fully they incorporate tonal awarenesses. Many include certain elements, while others reflect a more comprehensive integration of tonal principles. These may include the role of Innate Intelligence in both the formation and reduction of subluxation, the importance of focused intent during analysis and force application, the use of observable tonal indicators, and the practice of adjusting “at-ease”—delivering force into a state of ease rather than into fixation or restriction.

Reverence for the Learning Body

This also reflects a reverence for the body’s learning capacity. This reverence calls for protocols that honor the body’s adaptability—avoiding the repetitive reinforcement of maladaptive patterns. Instead of teaching the system to wait for external correction, tonal application aims to support the body’s growing capacity to initiate its own self-adjusting process.

Indirect vs. Direct Engagement

These techniques do not engage the tone of the NeuroSpinal System as directly as what we define as tonal chiropractic because their input is delivered through joint spaces. The location of contact, vector, amplitude, depth, and intent are all applied via articular pathways rather than directly into the tension patterns of the NeuroSpinal System at the area of most receptivity.

Although this is done with tonal awareness and intent, the input still travels through articular mechanoreceptors rather than directly engaging the aberrant tension patterns of the C-SMFU. These techniques affect the NeuroSpinal System indirectly—through afferent signaling and indirect tensile engagement—rather than through a direct, precisely vectored tonal input into the primary pattern of tension. Unlike tonal chiropractic, which uses the least amount of the most effective input to communicate corrective intent through touch, OsseoTonal techniques require enough force to stimulate joint mechanoreceptors—requiring enough force to move a bone.

They support the process of reorganization, but not through direct communication with the system’s core tonal distortion.

A Sign of Evolution

As chiropractors deepen their understanding, communication, and embodiment of principles, tonal elements naturally influence their analysis, intent, and adjustments. Tone responds not only to physical force, but also to the intent behind that force—a reminder that chiropractic is as much about communication with an intelligent system as it is about mechanical correction.

The emergence of OsseoTonal techniques signals a broader movement toward congruency between chiropractic philosophy and clinical practice. As chiropractors continue to deepen their understanding, communication, and application of principles, tonal elements naturally begin to influence analysis, intent, and adjustment.

While this paper does not attempt to catalog all modern OsseoTonal techniques, their growth reflects the profession's evolution. The rise of these approaches demonstrates that as chiropractic continues to mature, a more principle-centered application—one that respects both structure, tone, and most importantly, intelligence—is becoming inevitable.

TTC stands as a model that offers clarity for this transition, providing chiropractors with a refined tonal framework that can inform and elevate any technique, even those rooted in osseous delivery. The future of chiropractic lies not in abandoning what has worked, but in expanding how we understand and apply the principles that have guided the profession from the beginning.

3. Scientific Foundation of the Tonal Model

The human nervous system is suspended, supported, and protected by a continuous, intelligent membrane system known as the cranio-spinal meningeal system. This system consists of the dura mater and its layered membranes, which envelop the brain and spinal cord and attach to key bony landmarks of the cranium and vertebral column. When understood as a single functional continuum with the central nervous system, this structure forms what we call the Cranio-Spinal Meningeal Functional Unit (C-SMFU)—also referred to as the .

Modern chiropractic models must take this functional unit into account—not just in terms of structure or protection, but as a dynamic, contractile, and information-sensitive system with the ability to influence tone, perception, and adaptability.

3.1 Anatomy of the

The includes:

- The brain and spinal cord
- The pia mater (the innermost layer of the meningeal system)
- The arachnoid space, including the cerebrospinal fluid that fills the space
- The dura mater (the outermost meningeal layer)
- The attachments of the dura to movable bony structures of the cranium and spine

Additionally, the dura exhibits a continuous extension into the peripheral fascial system via the outer sheath of the dura, creating a direct link between central neurological tone and global fascial tone throughout the body.

This system is not a loose sheath—it is a tensegral structure that supports posture, regulates cerebrospinal fluid dynamics, and modulates tone across the entire spine and body. Its structural and neurological integration makes it a central mediator of how the body perceives and responds to stress.

3.2 Contractile Motility and Aberrant Tension

“The isn’t passive—it’s dynamic and responsive. It holds memory, tension, and possibility.”

As early as 1960, neurosurgeon Dr. Alf Breig described the spinal cord and its surrounding membranes as having adverse mechanical tension when subjected to stress or distortion. In his seminal 1978 work, *Adverse Mechanical Tension in the Central Nervous System*, Breig demonstrated that the spinal cord could not only be elongated and twisted under tension, but that these distortions led to observable neurological changes—even without direct vertebral misalignment (Breig, 1978).

These findings confirmed that the dura mater and spinal cord possess their own motility and are susceptible to tension-based interference. This concept was further advanced by Dr. Lowell Ward, who described the spine as a system of spinal stress dynamics, showing that compensatory patterns develop to accommodate subtle dural and cord tension (Ward, 1980).

Together, Breig and Ward laid the anatomical and physiological foundation for what would become the NeuroSpinal model of subluxation.

3.3 Distinguishing Features from Musculoskeletal or Joint-Centric Models

While most chiropractic models focus on vertebrae, joints, and associated muscles, the introduces a higher-order functional architecture. It is:

- Neurologically central: directly connected to brain and spinal function
- Tonally responsive: contracts or relaxes based on perception of stress
- Globally influential: tension in one region affects the entire system
- Non-articular: it does not require joint movement for activation or correction
- Information-sensitive: tone, distortion, and release alter sensory processing

This system acts as a central switchboard for stress adaptation, which is why tension here must be viewed not as a local biomechanical dysfunction—but as a global physiological event.

3.4 The Meningeal Stress Response and Subluxation Initiation

The multi-layered meningeal system is not a passive wrapping around the central nervous system—it is a dynamic, contractile, and neuro-responsive structure capable of adapting to the body's internal and external environment. At the heart of this adaptability are fibroblasts, the principal connective tissue cells within the meningeal layers, which under specific conditions differentiate into myofibroblasts—specialized cells capable of generating contractile tension.

Fibroblast-to-Myofibroblast Differentiation

Fibroblasts convert into myofibroblasts primarily in response to mechanical stress and biochemical signals such as transforming growth factor beta-1 (TGF- β 1). This differentiation is marked by the expression of α -smooth muscle actin (α -SMA) and the development of intracellular stress fibers that allow the cell to contract. This process is reversible: when mechanical tension is released and biochemical signals subside, myofibroblasts can dedifferentiate back into fibroblasts, or undergo apoptosis.

In a healthy state, the meninges are in a state of dynamic tensional equilibrium, maintained by fibroblasts responding adaptively to changes in posture, respiration, cerebrospinal fluid fluctuations, and neural signaling. However, when stressors exceed the body's adaptive capacity, the system contracts globally—a process referred to here as the meningeal bracing response.

The Meningeal Bracing Response to Stress

The body perceives stress—physical, chemical, or psychological—and the NeuroSpinal System reacts by increasing tension within the dura mater and its connected structures. This contraction is not incidental; it is an active, adaptive strategy. Fibroblasts embedded in the dura, pia, and connective specializations like the denticulate ligaments and filum terminale sense the overload and shift into a contractile state. This alters the tension, tone, and shape of the NeuroSpinal System itself.

This process is not merely mechanical. Fibroblasts also produce and respond to cytokines, neuropeptides, and stress hormones. Chronic exposure to stress, particularly psychological stress, has been shown to epigenetically prime fibroblasts—making them more sensitive and more likely to differentiate into myofibroblasts upon subsequent exposure to tension or inflammation.

This primed contractile response alters the coherence, adaptability, and signaling capacity of the central nervous system. What results is a state of aberrant NeuroSpinal tone—an initiating mechanism of vertebral subluxation.

Allostatic Load

This entire process can be understood through the lens of allostatic load—the cumulative burden of adapting to stress over time. Initially adaptive, this tension-based response within the NeuroSpinal System can become maladaptive when unresolved, leading to misinformation, missing information, and a loss of regulatory capacity. Allostatic overload may serve as the physiological bridge between stress and the formation of sustained subluxation patterns. It provides a scientific framework to explain how stress that exceeds the body’s adaptive capacity leads to adaptive but potentially maladaptive changes in the NeuroSpinal System, resulting in aberrant tone and subluxation.

Three Stress Cascades Leading to NeuroSpinal Subluxation

We propose that the process of subluxation, in its most physiologically grounded sense, is initiated when the body can no longer adequately adapt to a stressor. This initiates a cascade that leads to dural contraction, global tone alteration, and subsequent interference with neurospinal signaling.

1. Physical Stress Cascade

Physical stress (trauma, postural strain, etc.)

- Meningeal mechanical tension
- Fibroblast activation and myofibroblast differentiation
- Meningeal contraction and bracing
- Aberrant NeuroSpinal tone

2. Chemical Stress Cascade

Chemical stress (toxins, inflammation, pH shifts)

- Cytokine signaling / TGF- β 1 activation
- Fibroblast activation and myofibroblast differentiation
- Meningeal contraction and bracing
- Aberrant NeuroSpinal tone

3. Psychological Stress Cascade

Psychological/perceived stress (fear, anxiety, emotional trauma)

- Biochemical response: sympathetic output, cortisol, norepinephrine

- TGF- β 1 and neuropeptide signaling to fibroblasts
- Postural adaptation and muscular co-contraction
- Combined chemical and mechanical tension on the meninges
- Fibroblast activation and meningeal contraction
- Aberrant NeuroSpinal tone

Functional Implications

Aberrant NeuroSpinal tone affects not just biomechanics, but the informational bandwidth of the nervous system itself. The dural system houses and transmits cerebrospinal fluid, anchors nerve roots, and interacts with pain-sensitive and autonomically regulated tissues. Once the NeuroSpinal System is contracted, the flow of information—chemical, mechanical, and vibrational—is altered. The system no longer receives or sends complete signals, leading to discoordination, dysautonomia, and altered perception.

Understanding the meningeal bracing response and the resulting allostatic load as a common thread across all three categories of stress allows us to move beyond a static or bone-centric view of subluxation. Instead, we see subluxation as an adaptive, system-wide contraction—one that is intelligent in its formation, but dysfunctional when it persists beyond its useful phase.

This opens the door to more precise, tonal approaches in chiropractic that communicate not merely with structure, but with the intelligence of the body more directly, by way of directly engaging the tone of its primary functional unity, the NeuroSpinal System.

3.4 From Biotensegrity to Bioenergetics

Work from researchers such as James Oschman and Robert Becker has expanded our understanding of non-synaptic communication and information transfer through connective tissue. Oschman's concept of liquid crystal fascia—and Becker's findings in *The Body Electric*—show that information is transmitted through the body via mechanical and electromagnetic signals, including through the dura mater (Oschman, 2000; Becker & Seldon, 1985).

These signals travel:

- At the speed of sound (through mechanical wave propagation in tissue)
- At the speed of light (through photonic signaling and electromagnetic fields)

The participates in both. These findings confirm that the primary interface for intelligent correction is not the vertebra—it is the itself.

4. Mechanism of Subluxation: Aberrant Tension Over Fixation

In the traditional chiropractic model, the vertebral subluxation was seen as the initiating problem: a misaligned or fixated vertebra causing mechanical interference to a spinal nerve. Over time, the structural fixation model evolved to include neurological components, but the mechanistic lens remained largely segmental and vertebra-focused.

However, modern research and clinical observation show us that vertebral subluxation is not the cause—it is a compensation. It is the visible, structural response to a deeper, global shift in tone occurring within the .

When the body becomes overwhelmed by stress—physical, chemical, or emotional—it does not immediately misalign a bone. Rather, it reacts with a neurological contraction. The Cranio-Spinal Meningeal Functional Unit (C-SMFU) contracts inward in defense, creating patterns of aberrant tension within the core of the system.

This is the mechanism of subluxation: a contraction in the tone of the , which alters perception, limits adaptability, and initiates downstream compensation through structural changes.

4.1 Aberrant Tension: The First Physiological Response

Aberrant tension arises not from injury alone, but from the inability to adequately adapt to internal or external stress. This system-wide contraction alters tone globally—impacting:

- Sensory processing
- Postural integrity
- Motor control
- Segmental range of motion

This is not a passive event. The actively withdraws from its previously organized state as a protective strategy to reduce the amount of information being processed—like a circuit breaker with a dimmer switch, turning down sensory bandwidth in the face of perceived overload.

The body holds this defensive tone pattern until it receives the corrective information necessary to release it.

4.2 Compensation, Not Causation

As the system tightens, the brain instructs the musculoskeletal system to adapt. Vertebrae rotate, wedge, fixate, or lose tone—not because they are the origin of the dysfunction, but because they are responding to the primary neurological contraction.

This is why the vertebral subluxation is not the primary subluxation. It is the visible, secondary adaptation to an invisible, primary shift in tone.

In many cases, there may be no detectable joint fixation at all—but the nervous system is still in a globally subluxated state.

You cannot find the primary cause of interference at the vertebra if the contraction lives in the tone of the .

4.3 The Problem with Fixation-Focused Analysis

Chiropractic today—even within neurologically focused communities—often revolves around locating the "primary fixation": the one segment presumed to be creating compensatory patterns throughout the spine.

This pursuit is based on the assumption that if you adjust the one "driver," the system will unravel.

But if the true primary is a global contraction, then adjusting fixations alone will only:

- Address surface-level compensations
- Reorganize the system only around the contraction
- Miss the opportunity to facilitate deeper neurological release

This explains why structurally focused techniques may achieve lasting adaptive reorganization to a certain extent, but eventually reach a plateau. This limitation gives rise to the concept of maintenance care in structural chiropractic. The reason is not that these methods are ineffective, but that they are not engaging the core mechanism—the aberrant tone within the —directly.

Because structural adjustments work primarily through joint spaces and musculoskeletal compensation, they can help the system reorganize around a state of global contraction, but they do not typically initiate the level of ongoing neurological unwinding and optimization that becomes possible when tone itself is addressed at its source.

4.4 Shifting the Focus: From Fixation to Function

The Talsky Tonal model offers a new mechanism: the subluxation is a state of sustained aberrant tension in the .

From this perspective:

- Vertebral misalignment is not the interference—it is the adaptation
- Joint fixation is not the problem—it is the output
- Adjustments should not force correction—they should facilitate information flow

When we locate the best window in and deliver the least amount of the most effective input, the body doesn't need to be adjusted—it begins adjusting itself.

This shifts chiropractic from a force-based correction model to an information-based facilitation model, where we engage with tone, not position, and function, not fixation.

5. The Talsky Tonal Chiropractic Model

The Talsky Tonal Chiropractic (TTC) model represents a profound shift in how chiropractors engage with the nervous system. Rather than focusing on vertebral position or joint fixation, TTC focuses on global tone within the —the cranio-spinal meningeal functional unit (C-SMFU).

This model views subluxation not as a structural anomaly to be corrected, but as a state of adaptive contraction—a functional distortion in the body's central communication system.

Correction, then, is not about moving bones or mobilizing joints. It's about delivering information in the right way, at the right place, and with the right intent, so that the body can reorganize itself.

5.1 TTC Is a Model, Not Just a Technique

TTC is best understood as a model and paradigm—a way of viewing and interacting with the body’s adaptive intelligence. It includes:

- A comprehensive understanding of the mechanism of subluxation
- A protocol for analyzing global tone through tonal indicators and pressure testing
- A non-articular method of contact and communication
- And a shift in intent—from forcing change to facilitating intelligent reorganization

The TTC model can enhance existing techniques or be practiced on its own. Its insights about tone, vector, and communication can be integrated into many approaches, including structural, OsseoTonal, and tonal systems.

TTC is not a rejection of other techniques—it’s a completion of the picture. It fills in the missing piece: how to interact directly with the tone of the .

5.2 The Best Window In

At the heart of TTC analysis is the search for the “best window in.” This is the specific location, direction, and line of correction through which the body is most receptive to change.

Through tonal pressure testing, reflex indicators, and observation, the practitioner locates the point at which the entire system shows a moment of balance—usually for about six seconds. This is the system’s way of saying: “That’s the input I need to begin unwinding.”

Only one point, in one direction, will yield that full system response. The rest may produce partial responses or none at all.

This phenomenon cannot be fully explained by mechanics. It is an informational exchange, influenced by the practitioner’s intent and awareness. It reflects a principle supported by quantum biology: the system responds to how it is observed, engaged, and communicated with.

5.3 Input in the Direction of Ease

The TTC adjustment is a non-articular input given:

- At the subluxation focal point (the best window in)
- In the direction of ease (parallel to the vector of aberrant tension)
- With corrective intent (to facilitate re-initiation of self-adjustment)

This is known as the vector of unwinding.

When this contact is made in the right location, with the right vector, and with congruent intent, the begins to unwind, reorganize, and restore coherence.

The body doesn’t need to be adjusted—it needs to be informed. Once it receives the information it was missing, it knows what to do.

5.4 Communicating with Intelligence

TTC seminars show chiropractors how to communicate directly with the intelligence of the body through tone.

“TTC is not about adjusting the body—it’s about facilitating the re-initiation of the body’s own self-adjustment process.”

95% of the time, bones are out of place because the body thinks they need to be. The body is holding them that way because it got overwhelmed—and now it’s stuck in that pattern. It’s not

waiting to be thrown back into place. It's waiting for information, permission, and space to re-initiate its own process of self-adjusting.

The TTC model honors the idea that the body is not broken. It is intelligent—but it may be missing what it needs in order to adapt more effectively.

Chiropractic doesn't need more force—it needs more precision, communication, and reverence for the intelligence of the system.

6. Communication Pathways and the Role of Information

“The body is not waiting for force—it's waiting for accurate information.”

At the core of the Talsky Tonal model is a fundamental question:

What is the body missing when it can't adapt?

It's not force.

It's not mobility.

It's information.

When the becomes overwhelmed, it contracts. This contraction:

- Decreases range of motion → resulting in missing information
- Alters tone and perception → resulting in misinformation

Together, these two distortions mean that the body is no longer receiving or interpreting reality accurately. It doesn't know the stress has passed. It doesn't know it's safe to unwind. It is no longer operating in the present—it's operating from a pattern held in tension.

This is why the body holds subluxation patterns that are no longer necessary. Not because it wants to, but because it doesn't know that it doesn't need to.

The body is not waiting for an adjustment.

It's missing the right information—delivered through the right window, with the right tone, through a system it can still hear.

6.1 How the Communicates

The communicates via:

- Neurological synaptic transmission (traditional nerve conduction)
- Mechanical tension (biomechanical signaling through connective tissue)
- Electromagnetic and photonic signaling (biofield interactions)

Recent research by Oschman (2000) and Becker & Seldon (1985) demonstrates that:

- Mechanical signals propagate at the speed of sound through fascia and dura
- Bioelectromagnetic signals travel at the speed of light, utilizing light-sensitive biocommunication pathways

These non-synaptic pathways are:

- Faster
- Broader in bandwidth
- Less prone to bottleneck

- Active within the dura and the connective tissue network of the

This is why light touch delivered in the correct vector and location can initiate global reorganization—when that touch communicates through these channels.

6.2 The Role of Dura and Inner Fascia

The dura mater is not just protective connective tissue. It is:

- Electrically conductive
- Mechanically sensitive
- Connected continuously into the fascia system of the body (via the outer sheath of the dura)

When a practitioner delivers an adjustment with precision, awareness, and tonal intent into the best window in, the signal is received by this intelligent membrane system—and communicated globally. The entire has the capacity to respond to this vibrational, informational input.

The practitioner is not forcing correction.

They are creating a shift in tone.

They are speaking the body's language.

The body doesn't need noise—it needs signal. TTC helps reintroduce signal into a system distorted by noise.

7. Clinical Implications

“It's not about finding the primary fixation. It's about finding the best window in.”

Understanding subluxation as a state of aberrant tension within the changes everything about how we analyze, adjust, and care for the nervous system.

In this model, the chiropractor is no longer searching for what is out of place.

They are searching for where the system is most ready to receive information.

This requires a different type of listening, a different method of analysis, and a different intention behind the adjustment.

7.1 Identifying the Global Subluxation

TTC practitioners begin by assessing the global tone of the . This involves:

- Observing posture, breath, balance, tone, and energy
- Using tonal pressure testing to ask the body where it wants to be engaged
- Identifying the best window in—a location and direction through which the entire system momentarily balances

Unlike motion palpation or segmental listings, this is not about identifying a fixation. It's about finding the point of highest receptivity in the system.

7.2 Facilitating Receptivity, Not Forcing Change

The adjustment in TTC is not a correction—it is an invitation.

When input is delivered in the correct vector, at the best window in, with tonal intent, the system:

- Acknowledges the input
- Begins to unwind

- Reorganizes from the inside out

The chiropractor is not “fixing” the body.

They are facilitating the body’s ability to adjust itself.

This approach helps the patient develop not only better organization—but greater self-regulation and adaptive resilience over time.

7.3 Clinical Outcomes: From Fixation to Optimization

TTC doesn’t aim to simply restore motion or correct structure—it aims to:

- Release held tension patterns in the nervous system
- Restore coherent tone in the
- Reestablish adaptability, plasticity, and wholeness

This is not just about resolving symptoms—it’s about upgrading function.

Over time, patients under TTC care demonstrate:

- Improved posture and balance
- Decreased emotional reactivity
- More efficient adaptation to stress
- Greater awareness of their own body
- Spontaneous structural correction without forceful input

The goal is not maintenance—it is never-ending optimization.

This is what becomes possible when we engage the primary.

8. Conclusion

The chiropractic profession has long honored the body’s innate intelligence. But our understanding of how to engage that intelligence—of how subluxation truly works—must continue to evolve.

The evidence is clear: subluxation is not a bone out of place interfering with a nerve through compression.

It is a state of aberrant tension in the —arising from the body’s inability to adequately adapt to stress.

This tension alters tone, perception, and function—long before any joint fixation is present. And while vertebral subluxations are real, they are often secondary compensations to a deeper, global neurological contraction.

Talsky Tonal Chiropractic invites the profession to explore a new model:

- One that is grounded in neurophysiology, neuroanatomy, and emerging research
- One that respects the tonal roots of chiropractic
- One that shows us how to communicate directly with the body’s intelligence through tone, touch, and intent

This is not just a technique.

It is a paradigm shift—a model that can enhance other techniques, or stand alone as a complete tonal approach.

It begins with a simple question:
What if the real mechanism of subluxation has been hiding in plain sight?
The body is not waiting for force. It's not waiting for fixation to be corrected.
It's missing accurate information—delivered with reverence and clarity—so it can begin to reorganize from within.
If we engage the tone of the with precision, awareness, and intent, we don't just help the body adapt.
We help it evolve.

9. References

- Becker, R. O., & Seldon, G. (1985). *The Body Electric: Electromagnetism and the Foundation of Life*. William Morrow and Company.
- Breig, A. (1978). *Adverse Mechanical Tension in the Central Nervous System: An Analysis of Cause and Effect*. Almqvist & Wiksell.
- Brown, S. (2003). *Bio-Geometric Integration: The Geometry of Consciousness*. Self-published.
- Grostick, J. F. (1973). *Dentate-Ligament-Cord Distortion Hypothesis*. NUCCA Archives.
- Haavik, H., & Murphy, B. (2007). The role of spinal manipulation in addressing disordered sensorimotor integration and altered motor control. *Journal of Electromyography and Kinesiology*, 17(3), 306–317.
- Holder, J. M., & Talsky, M. A. (1995). *Torque Release Technique Protocols Manual*. Chiropractic Leadership Alliance.
- Oschman, J. L. (2000). *Energy Medicine: The Scientific Basis*. Churchill Livingstone.
- Palmer, D.D. (1910). *The Chiropractor's Adjuster*. Davenport, IA.
- Upledger, J. E. (1983). *Craniosacral Therapy*. Eastland Press.
- Van Rumpt, R. (Undated). *Directional Non-Force Technique Manual*. (Archival materials).
- Ward, L. E. (1980). *The Dynamics of Spinal Stress* (3rd ed.). Spinal Stressology Institute.
- Logan, H. B. (1932). *Logan Basic Methods*. Logan College Press.
- Toftness, I. N. (Undated). *The Toftness System of Chiropractic Adjusting*. Toftness Clinical Research Center.
- Palmer, B.J. (1934). *The Subluxation Specific, The Adjustment Specific*. Davenport, IA: Palmer School of Chiropractic.

Glossary

Osseous Chiropractic Technique

An Osseous Technique is a chiropractic approach that utilizes the Vertebral Motor Unit—or another non-vertebral osseous motor unit—as the functional unit for both analysis and force application. Force is applied through a structural contact, with the location and vector determined by joint mechanics or biomechanical restrictions. These techniques may be delivered manually or with an instrument and are often—but not always—associated with joint cavitation. Even when performed using low-force applications, a technique is still considered osseous in nature when the contact point and line of drive are oriented around articular structures and delivered with sufficient force to mobilize the bone.

OsseoTonal Chiropractic Technique

An OsseoTonal Chiropractic Technique is a chiropractic approach that uses the Vertebral Motor Unit—or another non-vertebral osseous motor unit—as the functional unit for both analysis and force application. Force is delivered with tonal intent and within a tonal analytical framework. While OsseoTonal techniques may resemble traditional mechanistic methods in contact and vector, their purpose is not merely to correct joint mechanics, but to influence the tone and adaptability of the nervous system through structural entry points.

These techniques are distinguished by a reverence for the body's innate intelligence, accessed via engagement with the nervous system, and an awareness of the critical role aberrant tension within the NeuroSpinal System plays in adaptive function. As tonal understanding continues to expand within the profession, OsseoTonal techniques are progressively incorporating greater tonal awareness into their protocols—emphasizing a tonal intent within the framework of tonal protocols—even when using articular vectors.

(TTC Seminar Notes, 2025)

Tonal Chiropractic Technique

A Tonal Chiropractic Technique is a chiropractic approach that utilizes the Cranio-Spinal Meningeal Functional Unit (C-SMFU)—also referred to as the NeuroSpinal System—as the functional unit for both analysis and application. These techniques do not rely on joint fixation or articular biomechanics to determine location or vector. Instead, tonal analysis is guided by global tonal indicators.

Force is not applied with the intent to move bone, but rather to communicate with the intelligence of the body via engagement with the NeuroSpinal System. Tonal techniques use the least amount of the most effective input, delivered through the area of greatest receptivity—referred to in TTC as the “Best Window In.”

These techniques are distinguished by their non-articular application, their reliance on real-time feedback indicators, and their commitment to a vitalistic, non-linear paradigm. Rather than

imposing correction, tonal techniques invite the nervous system to reorganize itself—facilitating self-adjustment, coherence, and increased adaptability through precise, intentional force application.

Tonal Chiropractic is more than just a technique—it is a broader model of evaluating the NeuroSpinal System as a dynamic, global system and facilitating its reinitiation of the process of self-adjusting, correcting, and returning to wholeness.

Note on the TTC Model:

The Talsky Tonal Chiropractic (TTC) model provides a foundational framework for tonal chiropractic and can be integrated with a variety of tonal and OsseoTonal techniques. While TTC offers this broader model, it also includes a uniquely complete tonal chiropractic technique—distinguished by its direct engagement with the NeuroSpinal System, use of pressure testing for real-time specificity, and a set of evolving discoveries and refinements that make it a powerful standalone technique or complementary addition to other Tonal and OsseoTonal approaches.