Activator Technique - Ref178JB

with Julien Barker

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TRANSCRIPT

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Steven Bruce
Welcome to the Academy of Physical Medicine. I'm Steven Bruce. And I confess that I'm a little bit nervous about talking about today's CPD topic. The reason for that is, of course, I'm an osteopath. And we osteopaths are brought up to be very cynical and skeptical about the whole idea of instrument assisted manipulation, and other aspects, which we think are just not done in our osteopathic field. However, I've resolved myself to think that we need to keep open minds about this. And we need to understand how these things work. And actually, what we're going to talk about today is probably better researched than almost anything other than spinal manipulation itself. Of course, if you're a chiropractor, you've almost certainly received training in instrument assisted manipulation. But I'm joined by somebody today who has a lot more experience in that topic than most of us. His name is Julien Barker. He is a chiropractor, McTimoney chiropractor. And he is an expert in the activator instrument. Julien, great to have you with us.

Julien Barker
Yes, thank you, Steven, really good to be here. I'm really looking forward to this.

Steven Bruce
Did I sum you up correctly there by saying that you're an expert in the activator?

Julien Barker
I've been doing it over 15 years now, it is the main method that we use within the clinic. It is what I adjust all my my clients with, also what I adjust my family at home with. And recently, I've actually been part of a team that's actually teaching it. And I was part of a cohort of four chiropractors that were invited in 2017 to Phoenix in Arizona to the 50-year celebration of activator central. And so yes, I am as deep an activator as you could possibly get, I think.

Steven Bruce
Good. I'm glad to hear that. And I hope you don't mind me sort of airing my own ingrained reservations about the activator. It's nothing to do with the activator itself. It's just that, as I said, I think all osteopaths are brought up to believe no, we don't do that it can't possibly be as good as what we can feel and do with our hands. But actually, I'm beginning to think that we still like to preserve our hands for the rest of our careers if we possibly can. And there is a lot of evidence, there is a reasonable body of evidence behind the activator. It's not of course the only instrument to assist technique, is it?

Julien Barker
No, definitely not. I think the skepticism about an adjusting instrument also exists within the chiropractic, so you know, you're not alone on that front. And, yes, in terms of, probably my story in is quite a useful one at this point is, as a McTimoney, I made my three, four years of clinical practice. Like a lot of recent graduates, whatever technique you did is the only pure and true way and everything else is heresy. Something along those. And I got to the point where I was having a lot of problems with my, I'm left-handed, with my dominant left hand. In college, when I was at college, they were doing tests on how fast you could do a Torque Toggle Recoil that was one of the research projects.

Steven Bruce
Can I interrupt there, because there may be osteopaths who don't know what that is, I don't know. But that is a very high-speed adjustment, just peculiar to McTimoney chiropractic I believe.

Julien Barker
Absolutely, it's a high speed, thrust and rotation adjustment that has a very specific hand position. It's like you're adjusting with the pisiform, if you can see my hands there. And so it's a twist, thrust and rotation done at very high speed. And when we were testing in college, I was the fastest. My trusty left, my right was pretty good. But my left hand was faster than anybody else. So the actual speed of adjustment, which is important, was really good. However, three, four years into practice I'm developing problems with my wrist and it's not that I'm osteoporotic or osteoarthritic at all. It was I was just unfortunate, like a percentage of the population at the time, the ultrasound person said 60% that have a ganglion between their scaphoid and lunate and I quote she said it's not really an issue unless you're a professional boxer or a chiropractor. I said, well, I don't box, however... So I tried lots and lots of different things. I tried rest. I tried all kinds of modalities, and there was a stark choice. Quit, or do something different. And as the phrase about, you know, the certainly when the pain of change is less than the pain of staying the same that you make a decision and a very good friend of mine who I was actually talking to a couple of weeks ago and reminding him of this life changing intervention that he had no memory of, how many times does that happen? He said, well look at activator. And at the time in the UK, they were doing two seminars a year, so on a six-month rotation. And I went along, and I was intimidated and impressed at the same time, because the, it wasn't necessarily the tool. And this is probably, if there's any one thing I want to get across today is that activator is an assessment method more than it is a tool. Have I on camping holidays, used the assessment method, and not had the activator tool and reverted to using my hands. Absolutely, I have. The tool is just a very, very efficient way of delivering the required thrust. So the thing with the activator, people, and this is actually the teaching I was asked to present this, was, it was the research. They have currently 23 clinical trials, and one of the great things about having a tool in the protocol is you can very accurately use a placebo. And they build, I have my activator here, here's my activator five, one of them, I've got a few.

Steven Bruce
The previous model of that looked a little less like Star Wars Reagan didn't it, it was a bit more of a...

Julien Barker
Yeah, I guess the previous model was a spring-loaded device. And there's, I can talk about that now or I can just deviate off into the point being is with the tool, with either of those models, you can build one that looks and feels the same but doesn't actually deliver the thrust. And you can then blind your participants, be it the doctor or the patient. And so you can end up with double blind placebo trials, which manual therapy of all descriptions has always struggled with, because, you know, even in the acupuncture world, how do you fake sticking the needle in somebody? It's very tricky. And huge amounts of research and research, both based on, so if I just rattle some off that I was teaching the other day there are demonstrations of, obviously safety was as an important one, but also of efficacy. There have been animal trials as well, in terms of inflammatory response, there have been animal studies, model studies for osteoporosis. And then lots and lots and lots of studies about, does it move the bone? Does it move the bone? Is the mechanoreception stimulation actually happening? And by how much? And then

comparison trials between activator adjustments and, what in my world will be diversified, or lumbar roll adjustment.

Steven Bruce
Can I just take you back to what you said at the beginning there? I'd like to have a closer look at the instrument itself at some point. But I have always made an assessment or made an assumption that using a tool like this, because you can adjust the force very accurately and so on, would be safer than a manually delivered thrust. And yet these were banned in Saskatchewan in 2004 on safety grounds.

Julien Barker
Yeah, I have to say that's news to me. That's probably activator central is probably question, I really don't know why. In terms of safety, that is one of the absolute things in terms of , as far as I know, activator have done trials on all kinds of things from, you know, could you break a bone? What kind of joint movement do you do? Could you cause any damage and whether the, was the University of Maryland I think and the funding through the National Institute of Health in the States and they went to the guy and the name eludes me at the moment. But he was the one who developed ultrasound breaking up for kidney stones. So in terms of a force pulse, this was a guy that knew what he was talking about and he did all the studies on tissue types and different tissue types and how much actually movement you get through the joint and also significantly, how much movement you get above and below any particular section. So if you're adjusting for sake of discussion, T12, or L1, you will get movement at least three above and below. So you're now getting an adjustment down into the lumbars and above, so you get a whole chain of movement from a single thrust. And that is, I have to say that comes up, it's probably come up three times this morning in clinic where I will identify through the protocol, which is the point of it, I will identify a need to adjust say, lumbar four and lumbar five, I will adjust lumbar for usually go to the higher one because of the homologous linkage within the neural chain, and then go back and check the five. And if it's cleared, and there's no now demonstratable need to adjust that, leave them alone. The advantage for me, and I've had two go either way this morning, one that did and one that didn't. So the one that did clear the five, the L5 in chiropractic speak, I can say to that guy, this is going to settle down really quickly, you're going to feel relief really quickly and you're going to be fine, where I needed to adjust a lumbar 5, after a four, I know that they're going to be a bit sore. And they’re going to be aware of that change for a day or two. And of course, clients always like if you tell them what's going to happen in advance of it, it can only ever be a positive outcome. And if I'm in a situation where I adjust a lumbar four on the left and a lumbar five on the right, I know that they are definitely going to be sore for a couple of days. But it's going to feel sore in a different way, it's going to release the symptoms. And also, the other thing to say is, if for new clients, once we've assessed them and put together report findings and put together a course of care, that course of care for me, is going to be anywhere between two and five, maybe six months minimum, because the majority of clients that we see are chronic long-term cases.

Steven Bruce
And we've had a very, very informative discussion with one of your chiropractic colleagues on the benefits of maintenance treatment in the past. That's in our library so if people want to watch that. And I guess I've talked to other McTimoney chiropractors particularly but I think your world and my osteopathic world are brought up to share that idea that we see a patient and we hesitate to give them long term plans, we like to say well, we'll see how you are next time when we try and stop seeing them after three

appointments and yet the theory, the evidence for maintenance care is that for the chronic patients, they probably are going to need a lot more than that. Let's leave that one aside because we've covered it.

Julien Barker
Heidi Haavik is the lady to speak to about that. In New Zealand. She is the head of research in a New Zealand chiropractic school. And her MRI studies on wellness care are amazing.

Steven Bruce
Yeah, let me just do one final thing on the issue of safety with this. Two things, first is, to try to reassure the osteopath. So I made one comment about the activator being banned in Saskatchewan in 2004. It isn't banned any longer, as far as I'm aware. And I suspect that that was purely suspicion on the part of the medical world that they didn't have the evidence that it was safe that led to that ban. And I don't know the answer to that. It is permissible in Australia, America, Canada, the UK and everywhere else chiropractic is practised as far as I know.

Julien Barker
And Europe.

Steven Bruce
And Europe. So yeah.

Julien Barker
What I would say, is that the activator types. So the tool that I've been waving here, when it was released in the States, the National Institutes of Health had they want one question was, is it safe, and they went through the procedure and the procedure is effectively, bring your evidence to a court of law and run it through? Well, when it came into Europe and the CE mark, which is now post Brexit is somewhat defunct, but the CE mark was two questions. Is it safe? And does it work? Turn up with your evidence, and that took them two years, 18 months to two years to go through that legal procedure of proving that it is safe and efficient within a legal framework to gain the mark. So yeah, so the thing you mentioned, which I didn't know, I know that one of the things that is, whenever I go to an activator semina is, it's all about the data. It's all about the data and the data is incredibly thorough. However, go on, your next question, Steven.

Steven Bruce
The second of my questions was, I suspect that many people might be thinking, well, what about the the elderly brittle bone osteoporotic patient? Here we are effectively delivering a punch to a bone. That's how I would envisage it.

Julien Barker
It's my favourite topic, and the answer is, so the activator was originally designed as the Americans would say, for senior population. And they found it was so effective that it found a way through. A study done in I believe Spain, at the University of Barcelona a couple of years ago now, not that many years ago, looking at, what effect did it have, now you can breed within medical research, they use osteoporotic rats, genetically modified rats that have osteoporosis. At the time, I think she did about $10,000 per rat. Long

story short, what they found is in hip and knee joints, and then the study was then reproduced as well on rabbits, that there was a reading of trabecular bone directly over the site where the activator thrust was used. And they delved into the mechanism, and it's to do with muscle growth factor causing a thickening of bone. So it is exactly the opposite of what you might think, actually, the activator method has an evidence basis that in animal model studies suggests it can be used as part of a, as a treatment for osteoporosis. And I can turn the setting force down, it has four settings, I can be cautious, and turn it right down to the setting that I would quite happily use and have done on babies and neonates and get good results. And I've had clients come back to me and said, after long, long periods of time there dexa scores are remaining the same or slightly improving nothing massive. And that is just, that is an anecdotal observation in clinic. But yeah, and once explained, yeah, I'm quite happy to adjust osteoporotic patients. Whereas to be honest, actually, even with McTimoney, I wouldn't have been quite as confident to do it.

Steven Bruce
Yeah. What just talk there about once it's been explained. I mean, do you have a specific consenting protocol for using this on patients? I don't know whether patients are more reassured by the science of a machine or more worried about the science of a machine.

Julien Barker
Well, yeah, we get into the psychology of explaining care or any description. So our protocol is, if we're talking about new clients, as we call them in there, once we've shown them around the building, and there's this, and they provided the history form, and all that kind of information, we sit them down with what we call an orientation video, which I could do, it's three minutes and 36 seconds long. And it goes through and shows them the activator and some explanation of where it comes from. I think in the 12 years that we've been doing that I could count on three fingers that people go, actually I just want somebody to crack me, this is not for me, and off they go. So three out of probably several, well, probably 1000s to be honest. I would say the, actually, and this is getting into treatment management is, is that clients that turn up in any situation like this, whether it's chiropractors, osteopaths, physiotherapists, acupuncturist, massagists, and probably even GPs have only two questions in their mind. And those two questions and there's, I will give the nod to Steve Davison, who told me this, is a chiropractor in my world, is they'll only have two questions. One, do I trust you? Two, do you have the solution to the problem I'm presenting with? Beyond that, trust me, they do not care what you do.

Steven Bruce
Yeah, indeed. You mentioned all the studies, and we need to get onto activator technique rather than the instrument itself. But in those studies, what seemed to be quite clear to me was that the activator itself has not demonstrated any significant benefit in treatment outcomes over ordinary manual chiropractic.

Julien Barker
I think that's very common. Yeah, I think so.

Steven Bruce
However, there's the benefit to you, the practitioner in many ways.

Julien Barker
I think that is also fair. Indeed. I have 20 odd years now of practice, Steven, you get a level of clinical experience, which I would like to take into my later decades, and I feel confident that I could physically actually adjust into my 70s and 80s should I want to, and by the time I've been doing this for 50 years, I already know, I know enough to know I know nothing. A 20 stone bodybuilder rugby player, you know, I live in farming and Rugby World here, I have a 20 Stone, you know, a tight head prop comes in with lower back issues does not faze me at all. Because the actual physicality to me is no more than a seven and a half stone osteoporotic lady. The protocol is going to be the same, exactly the same. And I may change the setting not at all. But actually, the outcome and of course, I'm very much of a, we reassess every eight visits and I feedback and I measure, measure, measure, measure, before being a chiropractor, my first degree was applied biology. So I'm a scientist. Yeah, and that's important. So, but let's just move on to methodology.

Steven Bruce
Well, yes. And we've had a question already come in from someone who calls himself 005.6. And I wanted to point out activator is not just about the instruments, is it, it's about an assessment protocol, it's an assessment protocol you could use even if you weren't using the instrument.

Julien Barker
Yeah, I'm just looking around here that if I'd be more prepared and hadn't just dashed from lunch, there are two textbooks, version one and version two, which very much detailed the methodology and how to do it. And one of the criticisms I really enjoy about activator is, it has been termed a cookbook chiropractic. And I don't know any Cordon Bleu chefs who came out of the womb, knowing how to fry an omelet or knowing how to make a perfect souffle, you need to be trained. And having recipes and written protocols is super, super useful and actually makes it very reproducible. And only yesterday with my associates and we do a weekly technical review training thing. I'm not sure let's go back to the textbook. What does the textbook say? Which has been revised and updated. So we have a method that has, I think, at last count 217 adjustment possibilities in it. So its whole body. But yes, ask me another question on that.

Steven Bruce
Well, what is your assessment protocol for patients then?

Julien Barker
Yeah. So my new client coming in, I have developed an initial workup that we go through. So we take a I've got a six page history form, then we'll sit down and interview them for 20 minutes or so. And actually, you know, find out what's, just talk to them, just talk to them, listen to them. And then I run through an orthopedic neurological, and there's some chiropractic evaluation. That is, I have to say, that is unique to my clinic, because I've stolen loads of stuff overloads of years and put it together in one thing. That is then going to allow me to figure out where we go, and what we need to do. Part of that protocol is a run through what's called the activator essential scan in the original textbook that refers to it as the basic scan. And that is going to look at the knee, the ankles, knees, pelvis, lumbar 5,4,2, T12, 8,6,4,1, cervical 7, cervical 5, cervical 1, 2, and occiput. Because as we know, those are the things that if there's going to be an issue, those are the ones that come up most of the time, be it a fixation or a subluxation or a restriction, however you want to phrase that. And that then gives us an idea. Then each time the client is

coming in, it starts with the patient is lying prone. And we do what's called a six point landing check. So effectively it's a functional leg length inequality check, is one leg shorter than the other. Now as we all know, everybody or the vast majority of people have a leg short somewhere between naught and five millimeters, and clinically significant for me and because I was taught by Americans and being a bit older and English, everything is done in inches. So anything beyond a quarter of an inch, seven millimeters is significant, by the time you get into half or one inch leg length inequality, it's how that changes as you go through the process and one of the nice things about activator, if I have a client's sibling or somebody watching, they will see that leg length check, if you get it right, it will literally change in front of your face and you can see that movement because you're examining functional neural pathways. Now, okay, if they have an actual anatomical short leg, then you have the issue. But then in that case, if they were wearing say, if the hidden parts in their shoes, keep them in, because you're looking for that change, you're looking to change, it often feels my job is, I'm a bit like being a piano tuner, and I'm hitting a reference note. And I'm looking to see if the frequency is above or below that, and then doing something to bring it into line with that frequency.

Steven Bruce
So your first appointment then, is going to take you the better part of 45 minutes with the patient?

Julien Barker
In terms of the client being in and out of the building is probably more like an hour to be honest.

Steven Bruce
What about your follow ups?

Julien Barker
Well, that depends on what we're doing. It's a great question. So our, as we call it, our client voyage, if I tell you, the one that happens the most. So you know, everybody's an individual, but they do fall into certain categories, probably because we also, for six years now I've had a K-laser. Hopefully you've heard of K-laser...

Steven Bruce
We've had him on the show.

Julien Barker
Yeah, fantastic. Have you had Stephen Barabas? Yeah, so Steve's a great guy. And, yeah, so we use the laser. And I've used it for long enough now to know it is a fantastic tool and very useful. And we use that in combination. So the treatment protocol that we will do the most is over a period of four and a half months, this is, we will adjust usually twice a week and use the laser as well. So four things occurring at two visits. And we do that for a month and then reassess and report back on the findings based on the first assessment, then we adjust once a week and I usually bring in soft tissue therapy or massage at that point. And we will run that for a six-week period, and then reassess. And then if everything is going well, which it does the majority of the time, drop down to fortnightly and then start talking about wellness care and whether we go on to... For me the evidence base and where I am certainly is that checking and adjusting people on a six-week schedule will be the minimum optimum to maintain the level you got them

to after that course of care. If they wish to continue to improve and depending on what they want and what their goals are, if they want to run faster or jump higher or work more hours or whatever it is they may do, then fortnightly works. Personally, I get adjusted and checked every week, because I want to be at a very high level of function. So yeah, so that would be probably the most common one we do currently. For chronic cases, I will extend that to five and a half or six months. If you're talking yeah, a very osteoarthritic, multiple disk problems, multiple health issues underlie, it's a complicated situation. Anything, any real, real change is going to take a combination of time and effort.

Steven Bruce
Yeah, interesting, because we don't necessarily want to go, I don't think we've got time to go into this. But I think you told me you treat in an open plan format to these days.

Julien Barker
I do. So currently, my dressing room downstairs has two couches in it, which was a COVID thing because I can tell you they are exactly two meters apart. I am looking forward to, if we get beyond, it will probably be August into going back to having three catches in there. Part of the protocol is, and how we explain and educate clients. And again, this comes from unpublished research within activator, is that having the client lying down for as close to five minutes as we can get the research said that most of the effect starts at 30 seconds beyond five minutes, it doesn't make any difference, that actually having them lying prone, takes gravity off all their load bearing structures, which of course it does because they're lying down, so when you actually deliver the adjustment thrust, you will see an increased movement within the joint, they saw a bigger voltage measured up the spine and so a greater therapeutic effect. So we educate our clients, they are happy to come in, sort themselves out, lie down on the couch, we've got music on in the room, and I am very careful with my language. The concern or one of the concerns is about, well, client confidentiality. Okay, well, if I've got anything private to talk about, we have our reassessments, and our re-reports on session 8, 9, 16 and 17. And then every eight and nine from there on. And if we need to sit down, and also we tell the guys, you know, if you need to tell something, Julien, something you don't want anyone else to hear, just let us know. And we can go dive into another room, or I'll phone them, or actually what happens quite a lot now is they will phone in advance and say, could you give me a call, it's just something I want to talk to, it will be something like, they changed their medication, it will be something like, they just wanted to let me know that their dog died last week, there will be something that they didn't want, but actually, if I'm talking about, so this morning, I was with a lady who works in the NHS in a very high stress position. And I was talking about breathing exercises that can be really useful for getting as much blood away from your amygdala into your prefrontal cortex. And the technique that I learned from that, I'm quite happy for everyone in the room to hear that, excuse me. And because that's useful, generic information, and as a technique that we use a lot is people are lit when they're not being talked to. And they are listening. They pay more attention. And so actually, I use open plan as a very useful tool. So I said, this morning, I said, motion is lotion, rest is rust. You haven't heard that, you know that, write that down. That's a great one. Motion is lotion, rest is rust. And the other lady on the couch when I got to her, she said, I haven't heard you say that. Now, I know. I've said that to her at least 10 times. But this is the time when I wasn't with it that she chose to hear it. And it obviously resonated. She said, that's great. I'm going to take that.

Steven Bruce
I'm going to take a wild stab in the dark here. And I'm guessing you don't get your patients undressed?

Julien Barker
No, you're quite right. So one of the other, I don't know if this is published or not actually within activator, as you get more accurate, so the inter examiner reliability is higher when clients are wearing their own shoes. So actually, I will keep them in a single layer of cloth and their own shoes. And if it's checking between me or me and my associates, this study was 10 chiropractors, 10 activator chiropractors, more than 10 years' experience and 100 clients, everybody checked everybody and see what the agreement figure was, I think the Kappa score was about 70.72, so 72% would agree when the clients had their own shoes, now inter examiner reliability in our world, I'm sure you know, this is shockingly poor, pretty poor in, anything above 50 is considered good if not very good, most of the time it's, you know, ask 10 experts and get 10 opinions. So to have a Kappa score up there is really good. So actually, part of the protocol is client, and because, although my palpation skills are what they are after 20 years and I'm looking for a if I'm testing for a subluxation lumbar 4 and it comes up with the protocol that's on the left, the right superior or if it's a facet or it's a lateral and there are tests for all of those different levels. I don't need to actually see; I need to be able to find my way there. And in terms of, again, some unpublished data on that was done in Sweden when they were doing the, does the activator move the bone, and they found in that case it was three jumpers and two duffle coats and then the voltage level dropped. So you know anything less than that and as you can imagine at the moment most of the clients come in shorts and T-shirt, anything less than that and then we have little adjusting boots but I tell them, wear a pair of shoes, I'm very used to adjusting people in.

Steven Bruce
Julien, that's really interesting stuff. Can I turn to some questions that are coming from our audience here? Herald has sent in a couple of questions, one I'm really intrigued by, he asks if this can be used on peripheral and axial joins. And of course, at least two of the papers, the activator website refers to look at temporary mandibular joint and in one case Morton's neuroma. Although I have to say I'm not terribly impressed by that one on Morton's neuroma, not least because I can't find it anywhere in the published journals.

Julien Barker
Yeah, if anyway, they tried to get them into JNPT. But yeah, the TMJ one I do. So the simple answer the question is yes, there is a full arm sequence, a full leg sequence, a full jaw sequence of full cranial sequence. So there are 217 current activator locations, they crossover with trigger points, they crossover with acupuncture points, as one might expect. And yes, so typically I run through on each visit, saying that if I'm seeing somebody on a wellness care program, they come in on a six-week basis, I will ask them, is there any area of concern or issue, run through the basic scan. The aim, and again, this is one of the things I love about activator, the aim is to not need to adjust anything. And I learned this lesson a few years back, actually, I'm going to give credit this to my youngest daughter, she was about 13 at the time, she'd been studying hard, and essentially got a bit of a stiff neck and at that time I adjusted them. It was a Sunday after dinner. After our evening meal, every Sunday for about five years. I checked it, I adjusted my kids. And I went through, I just hit atlas. She's always short on the right, I know I can tell you, right atlas, lateral atlas, and she got up from the couch, she said, oh, that's a shame dad. Hopefully next

time, it'll be nothing. I thought wow. You get what this is really about. So back to the protocols, I'd run through the basic scan, adjust as I find and then focus in on any localised area, one because I know the anti-inflammatory response that that will have in the tendons and joint capsules and muscles, etc. And also, you want to ask the client you know, what's top of your list? What's bothering you right now? And they say I've got headaches or my shoulder's niggling me, then you check the shoulder, you check an ankle, I think there are 23 tests for the ankle alone. 26 on a knee.

Steven Bruce
Right. Okay, so the answer is yes.

Julien Barker
The short answer is yes.

Steven Bruce
And one question came in ages ago is, how much is that activator five?

Julien Barker
In dollars, I think they're about $1800. And actually, there was an issue with and it's a European thing at the moment, actually, they're really hard to get hold of at the moment because of the putting the thing or the battery on a plane. So they are very hard, the activator fours come in, I have one as a spare backup, and I have an activator three, which is the rare beast I tend to use at home. They come in around about $700, 800.

Steven Bruce
Okay. I suppose, you know, we're running out of time. A big question here is, how do people who want to find out more, find out more? Said you'd asked if there's an introductory course that people who are not chiropractors can attend?

Julien Barker
Yeah, that is a great question. So one of the things that activators central in Phoenix did and have been doing for a good few years now, probably five years, is the entire postgraduate training for activator can now run through a virtual training program. It's about the cost of a seminar. So I think it comes in around about $400 per month. And to be honest, a month would do it. It's more that, yeah, and then you can log off. And I know that I have run osteomyologists through that training program. I spoke to Arlen Fuhr who is the main guy behind it and said, you know, how do I do this? He said, well, run them through the activator VT, Virtual Training and then you can coach them on the practical stuff. So I've done that lots of times. What they want to know is, probably the criteria for that are, that you are insured and regulated with a governing body, that you have done a, at some level, you have done spinal manipulation. And yeah, you have insurance cover. Yeah.

Steven Bruce
Okay. Well, maybe afterwards if you can let me have something I can send people as a link in case they want to follow that up. That will be helpful.

Julien Barker
Indeed, I have to say in, eight minutes, I'm back in clinic, but that will happen at some point, Steven, yeah.

Steven Bruce
Well, okay, within a short space of time, Chantelle asked a question, which I imagine all of us are interested to know. Can you demonstrate this thing in action? I don't think it's going to be very dramatic. Is it?

Julien Barker
Yeah, no, it isn't, it isn't at all. I think what we need to do, Steven is at some point, we'll come back and do another session. You know, if I switch the tool on here, you can see, it's on screen there. It's firing up, it's pulling from the battery into the capacitor, I can switch between the settings there. It's got a two-pound preload on there, and you're not going to see a lot of movement here, but you might see my finger moving there, you'll definitely get to hear it. I do have somewhere a demonstration, a marble in a plastic jar, and you can make the marble jump about, suffice to say, what I do know, is if you're doing that thrust on number four vertebra or any of the lumbars, it is going to move that bone in 1.8 millimeters, one point, it's going to move that by 1.8 millimeters in exactly 10.4 milliseconds. And one of the differences, you mentioned, you referenced earlier on the previous versions of the spring loaded, from the studies at the NIH trial, they realised that actually to improve the joint movement and improve some of the function that we're trying to get there as a perfect sine wave that, they were trying to get a sine wave of movement within tissue from a shockwave. The previous version did it 74%, they wanted to get it higher, and the activator five is actually 94%. But to get it slower, you can't do it with a mechanical spring, you just can't engineer a spring that can deliver a thrust in less, in this case, less than 3.85 milliseconds, they knew it needed to be 10.4. So the reason they went to the activator five was if you put, it's a server and a computer chip in there which is charged by a capacitor that delivers that energy rapidly. You can just dial in the number you want, and then you have 10.4. What I've noticed is, and this is treating fibromyalgia patients, stroke patients, people with underlying neurological issues, serious neurological pathology, MS ones being another one as well. The previous activator you had to be quite cautious on, they make them quite sore. With the activator five and that slower adjustment speed, and it's still way under the muscle stretch reflex at 20 milliseconds. You don't get that, so actually adjusting fibromyalgia or stroke or MS patients is a joy.

Steven Bruce
Okay, my final one then from Ian, Ian's asked whether you mix it up, do you use this and diversified techniques or McTimoney techniques?

Julien Barker
I cave, no is a simple answer. We use the laser and I've got a massage therapist working within the clinic and I don't do the laser, people are trained to do the laser. I've done SOT chiropractic all the way through as well. I occasionally will use some blocking techniques because it's really good for almost instant relief of pain from lumbar sciatic disk issues. But no, the thing back in the 80s activator set up in Phoenix, the big clinic there, a pure activator, they wanted to know whether you could solely do activator and still have a very successful outcome practice and they did. And that practice was seeing 1000 people a week.

Steven Bruce
Julien, we've come to the end of our time. And I know you can't hang around because you've got patients any second.

Julien Barker
I have, I have and I could go on.

Steven Bruce
I really hope that our osteopathic audience have been receptive to what you've said, even if they choose not to use the equipment because that was fascinating. Even having looked through the papers that are on the activator site, I find what you had to say, actually quite reassuring about the protocol. And I'd very much like to get you in here in the studio at some time in the future, we can actually do a bit more detailed stuff.

Julien Barker
Absolutely. I'd love to do a demo.

Steven Bruce
Brilliant. Thank you very much.