Spinal Reflex Therapy
Standardizing Assessment and Treatment for Massage

SRT Defined for MT
PDR Driven Outcomes
The SRT Advantage
Making a Difference
Evidence Based Care
SRT Assessment and Treatment

Spinal Reflex Therapy is an evidence based protocol designed to standardize massage outcomes across multiple practices using various techniques to assess and treat neuromusculoskeletal (NMS) conditions.

SRA Assessment and Treatment is predicated upon eighty-five years of research and twenty-one years of clinical management of the spondylogenic reflex syndrome (SRS).

PDR Driven Outcomes

Predictable, dependable and reproducible outcomes are critical for an efficient and successful provider and client experience. Outcomes are dependent upon standardized protocols and procedures. SRT relies upon the intrinsic nature of cord mediated reflexes. Reflexes will produce a sensory and/or motor activation pattern that is 100% consistent across all clients. Whether one or seven billion plus individuals; a spondylogenic reflex is a neurologically hard wired response and once understood and accurately identified, treatment options are swift and efficient, and outcomes are maximized.

The SRA Advantage

General Benefits

- Rapid assessment cycle averaging 30 seconds
- Grossly improved assessment and treatment accuracy
- Predictable, dependable and reproducible outcomes
- Higher client and provider (professional) satisfaction
- Higher referral rates and lower marketing costs
- Continuity of outcomes across the profession

“Predictable, dependable and reproducible outcomes are critical for an efficient and successful client and provider experience”.

Shared concepts and language with other providers in health care
Making a Difference

Prevalence of the SRS in the global population is rising exponentially due to decreasing paraspinal muscle strength, adverse lifestyles and habits and ever increasing environmental stress.

The SRT Assessment and Treatment advantage for NMS care is rooted in hard science, years of clinical application and one indisputable fact: a reflex is a reflex is a reflex.

The SRS is an unwavering neurological event across all populations and when utilized properly in the identification and treatment of the ensuing cascade of pathophysiology it creates, it is a golden standard for predictable, dependable and reproducible outcomes.

SRT Assessment and Treatment Systems are first in category, first in class and will definitively raise the standard of education in Massage treatment and outcomes!

Evidence Based

Originating from 85 years of research and over 21 years of clinical application, SRT Assessment and Treatment procedures are predictable, dependable and reproducible as a stand alone system or as an outcome multiplier in conjunction with conventional therapeutic procedures.

Research on Spondylogenic Reflex Syndromes

Kelligren, J. H. 1938-1939
Comment: Original studies injecting noxious compounds into clavicular and vertebral structures. Discovered schlerotomal pain.

Feinstein, B. 1954
Comment: His work built on Kelligren’s study using 75 students, mapping non radicular pain patterns.

Wyke, B. 1967-1980

“Rooted in hard science, years of clinical application and one indisputable fact; a reflex is a reflex is a reflex. The SRS is an unwavering neurological event across all populations”.

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Research on Spondylogenic Reflex Syndromes (continued)


Comment: Discovered efferent component of reflexes. Used studies on cats to show clearly reflexogenic relationships between receptors in the joint capsule and peripheral musculature. His work is the primary resource in understanding nociception and innervation of vertebral zygaphysical structures and their relationship to non-radicular syndromes.

Sutter, M 1974-1981

Jiri Dvorak, Vaclav Dvorak and Tomas Drobny 1984 - present
 Manual Medicine Diagnostics 1984 George Thieme, Verlag, Rudigerstrasse 14, D-7000 Stuttgart 30, West Germany
Comment: Referenced spondylogenic reflex muscle activation per segment based on previous description. Referenced Wykes work on neurology and nociceptors in the vertebra to validate clinically apparent ‘non-radicular pain patterns.

Jarrell, L 1993 - present
Comment: Developed SRS based diagnostics and treatment protocols, researched symptom profiles and defined the progressive cascade of neuromusculoskeletal dysfunction and degeneration mediated by the spondylogenic reflex syndrome. Developed SRS, SRT. 5MinuteBack.

“The SRS is the primary missing factor in the assessment and treatment of all NMS pain and dysfunction and severely limits therapeutic outcomes across all professions”

Jarrell