Chapman’s Reflexes
A Whole Body Approach

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Osteopathy is divine geometry, physics and chemistry

- Robert Truhlar
Frank Chapman, D.O.
Frank Chapman, D.O.
Graduated A.S.O. in 1899

- At the core of classic osteopathy as taught by his teacher, A.T. Still, was the concept of diagnosing autonomic tone by the “feel of the tissues” and recognizing the unlimited potential of the lymphatics.

- Dr. Frank Chapman practiced and charted his “lymphatic reflexes” for over thirty years.

- Upon Dr. Frank Chapman’s death, his wife, Dr. Ada Hinckley Chapman, and her brother, Dr. Charles Owens along with Dr. W.F. Link assembled his writings into “an Endocrine Interpretation of Chapman’s Reflexes. This set the stage for the concept of unity of hormones, immunity and the autonomic nervous system.
Chapman’s Reflex

Or Receptive Organ
Typical Thoracic Spinal Nerve

Note: In lower thoracic region lateral branch of dorsal ramus is longer, motor and cutaneous, medial branch is shorter and motor only.
Viscerosomatic Reflex

[Diagram showing the pathways of pain-related responses involving the brain, sensitized interneurons, increased muscle tension, and tissue texture and temperature changes.]
## Spinal Cord Levels

<table>
<thead>
<tr>
<th>Spinal Nerve and Cord Segment</th>
<th>Vertebral Level</th>
<th>Spinous Process</th>
<th>Level of Nerve Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>C1</td>
<td>C1</td>
<td>Above C1</td>
</tr>
<tr>
<td>C8</td>
<td>C7</td>
<td>C6</td>
<td>Between C7–T1</td>
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<td>T6</td>
<td>T5</td>
<td>T3</td>
<td>Between T6–T7</td>
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<tr>
<td>T12</td>
<td>T8</td>
<td>T8</td>
<td>Between T12–L1</td>
</tr>
<tr>
<td>L2</td>
<td>T10</td>
<td>T10</td>
<td>Between L1–L2</td>
</tr>
<tr>
<td>L5</td>
<td>T11</td>
<td>T12–L1</td>
<td>Below L5</td>
</tr>
<tr>
<td>S3</td>
<td>T12</td>
<td>L1–L2</td>
<td>Third sacral foramen</td>
</tr>
</tbody>
</table>
Beginnings of the Lymphatic System
Lymphocytes and Histiocytes
Lymphatic Drainage

Right Lymphatic Duct

Heart and Lungs

Left Lymphatic Duct
Lymphatic Road blocks

Legend:
Palpation sites for terminal lymphatic drainage dysfunction from body regions.

A. Supraclavicular space “head and neck”
B. Epigastric region “abdomen and chest”
C. Posterior axillary fold “arm”
D. Ingual region “lower extremity”
E. Popliteal space “leg”
F. Achilles region “ankle and foot”
Warmth Provocative Test

Legend:
Zink “Warmth Provocative” test for a significant somatic dysfunction using the respiratory-circulatory model.
The Zink-Chapman’s application for total body lymph drainage

Legend:
Regional diagnosis and transition zone relationship to the four major transverse diaphragms.
Chapman’s Reflex Points: “Gangliform” Contractions

- Hypercongestion from hypersympathetic tone to deep intercostal fascia resulting in lymphatic edema and myofascial thickening. This is reflected as a painful nodule that is described by Patriquin as:
  - Small
  - Smooth
  - Firm
  - Discreetly palpable
  - Approximately 2-3mm in diameter
  - Note: Posterior points may feel like any other SD
...gangliform contraction that blocks lymphatic drainage causing inflammation in tissues distal to the blockage.
Palpatory Characteristics...

- Lies deep to the skin lying on the deep fascia or periosteum
- Typically paired reflexes on the front and back side of the body
- Fixed at specific anatomic locations
Anterior Chapman’s Reflexes...

- Well circumscribed nodules
- Smooth and firm
- 2-3mm in diameter “bb like”
- Pinpoint tenderness when palpated
- Nonradiating pain
- Located on ventral side
CHAPMAN'S REFLEXES: anterior points

- Middle Ear
- Nasal Sinuses
- Pharynx
- Tonsils
- Tongue
- Esophagus, Bronchus
- Thyroid, Myocardium
- Upper Lung, Upper Limb
- Lower Lung
- Stomach (acidity) L
- Liver (R)
- Stomach (peristalsis) L
- Liver, Gall Bladder (R)
- Spleen (L), Pancreas (R)
- Adrenals
- Kidneys
- Bladder
- Intestine: peristalsis
- Appendix
- Small Intestines
- Pylorus
- Larynx
- Neck
- Retina, Conjunctiva
- SINUSES
- CEREBELLUM
- Prostate or Broad Ligament
- Rectum
- Uterus
- Ovaries
- Abdomen
- Urethra
- Colon
- All points are bilateral except where indicated (R) for right and (L) for left

Original (9/86)
OT&M Dept.
Reid Taylor, Fellow
Posterior Chapman’s Reflexes

- Located between spinous processes & the transverse processes below
- Not as well circumscribed as anterior reflexes
- Feels more like a somatic dysfunction
CHAPMAN'S REFLEXES: posterior points

CEREBELLUM
NASAL SINUSES
CEREBRUM
ARMS
(also pectoralis minor)
NEURASTHENIA
(also pectoralis major)
Liver (R)
Liver, Gall Bladder (R)
Spleen (L), Pancreas (R)
Small Intestines
Adrenals
Kidneys
Abdomen, Bladder
Urethra
Uterus
Vagina, Prostate
Uterus, Broad Ligament
Rectum, Groin Glands
Fallopian Tubes
Seminal Vesicles
Clitoris
Vagina
SCIATIC NERVE (posterior)
HEMORRHOIDAL PLEXUS
SCIATIC NERVE (anterior)

All points are bilateral except where indicated as (R) for right and (L) for left.
Osteopathic Importance...

- The treatment of these reflexes may alter sympathetic influences on any related organ and therefore disease. As a result affect the viscerosomatic reflex.

- Diagnostic importance as a result of predictable and consistent reflexes.
Treatment...

- Pelvis treated first (if systemic problem)
- Next treat anterior points with one finger pad firmly applied directly on gangliform
- Then a rotatory force is applied anywhere from 10 seconds - two minutes
- Treatment completed when nodule resolves and/or marked decrease in pain
- Treat posterior reflexes if necessary
Where does the sympathetic nervous system really end?
Poupart’s ligament

Look for tensity of the inguinal ligament to look for innominate/pelvic dysfunction!!!!!!!
Legend: The Muscle Energy model of innominate correction, especially position, used even in a passive fashion, would suffice to correct a pelvic dysfunction. The heritage of Dr. Fred Mitchell, Sr and Jr. to the Chapman’s model goes beyond a power point presentation.
Research

Treatment of posterior points (T10-11):
- Decreased systolic/diastolic blood pressure by 15mmHg/8mmHg
- Decreased serum aldosterone

Rotatory stimulation of the posterior Chapman's points (T11-12) depicted above have been shown to effectively lower blood pressure and decrease serum aldosterone levels.\textsuperscript{38}
Chapman’s Reflexes and the hospitalized patient with pneumonia:

Statistical for the presence of Chapman’s Reflexes in the third & forth intercostal space and between T3-4 and T4-5

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Case Study

**Nephrotic Syndrome:**

- 19 yr. Old AA female with nephropathy who presented with oliguria and peripheral edema.
- Unresponsive to diuretics, albumin and dietary restrictions.
- Daily urine output about 250 cc’s
- OMT given at day 5 of hospitalization.
- OMT directed to lymph, diaphragms and Chapman’s point at the periumbilical and thoracolumbar regions
- Immediate 400 cc’s diuresis within 45 minutes.
- Next three days patient voided about 1500-2700 cc’s of urine.
- Avoided cyclophosphamide.
- Patient was discharged and treated as an outpatient on day 8.

“From occiput to coccyx you must know right from wrong or the results will not give satisfaction”
Don’t forget about the parasympathetics

- The occiput, temporal (jugular foramen-CN X), C1-2-Atlas, level of ganglia nodosum AND suboccipital area in general. Remember, there are two vagi, the right one longer.
The Inflammatory Reflex: “A centrally integrated physiological mechanism in which afferent vagus nerve signaling, activated by cytokines or pathogen-derived products, is functionally associated with efferent vagus nerve-mediated output to regulate pro-inflammatory cytokine production and inflammation.” ¹

The Cholinergic Anti-inflammatory Pathway (CAP): “Efferent vagus nerve cholinergic signaling that provides a conduit of brain-to-immune communication for inhibition of excessive release of TNF and other pro-inflammatory cytokines.” ²
The functional anatomy of the inflammatory reflex\textsuperscript{2}
Assess the innominates via tension in the inguinal (Poupart’s) ligament.

Derotate the pelvis in a direct myofascial release not unlike standard MET for a rotated innominate.
Importance of Pelvis

- 1. Ganglia Impar-Sympathetics anterior to sacrococcygeal junction
- 2. Ovaries/Testes: Estrogen/Testosterone/Progesterone
- 3. Pelvic Splanchnics: Parasympathetic innervation to the lower GI tract and genitourinary tract including the uterus and prostate
“A dynamic state within an organism in response to a demand for adaptation, and since life itself entails constant adaptations, living creatures are continually in a state of more or less stress”

-Harold Wolf
In every disease process there is hypersympathetic activity; sustained sympathetic activity is a common factor in disease.

-IM Korr
Chapman’s Reflexes: Movement Disorders
Chapman’s Reflexes On the Extremities

Gall bladder

Spleen

Lower Reproductive / Genitalia
Insomnia

Chapman Reflexes: Some old-in new light: Other’s recently unearthed

Breast
Clinical Pearls:

PTSD: consider adrenal points at 11 and 1 o’clock; also the superior cervical ganglia for melatonin production
Clinical Pearls

PMS/PMDD:
consider lymphatic drainage to breast points
And pelvis via the outer thigh
## Viscerosomatic Reflexes

**Pottenger, 1938**

<table>
<thead>
<tr>
<th>Organs</th>
<th>T1-7</th>
<th>T5-9</th>
<th>T6-L1</th>
<th>T9-11</th>
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<tbody>
<tr>
<td>Heart</td>
<td>T1-7</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
</tr>
<tr>
<td>Thyroid</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td>T1-6</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
</tr>
<tr>
<td>Stomach</td>
<td>T5-9</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
</tr>
<tr>
<td>Adrenal</td>
<td>T5-9</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
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<tr>
<td>Kidney</td>
<td>T6-L1</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
</tr>
<tr>
<td>Gonads</td>
<td>T9-11</td>
<td>T5-9</td>
<td>T6-L1</td>
<td>T9-11</td>
</tr>
</tbody>
</table>

**Chapman, 1937**

<table>
<thead>
<tr>
<th>Organs</th>
<th>T2</th>
<th>T3-4</th>
<th>T5-6</th>
<th>T9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>T1-7</td>
<td>T3-4</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Thyroid</td>
<td>None</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Lungs</td>
<td>T1-6</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Stomach</td>
<td>T5-9</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Adrenal</td>
<td>T5-9</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Kidney</td>
<td>T6-L1</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
<tr>
<td>Gonads</td>
<td>T9-11</td>
<td>T2</td>
<td>T5-6</td>
<td>T9-10</td>
</tr>
</tbody>
</table>
Otitis Media

Clavicle upper edge beyond crossing with 1st rib
Sinusitis

3 ½” from the sternum on upper edge of 2nd rib & 1st ICS

C2 Between SP & TP
Thyroiditis
Upper Respiratory

T1-T4

Ear
Nasal Sinuses
Pharynx
Tonsils
Larynx
Bronchus
Cardiopulmonary
Upper Gastrointestinal

T5-T9
Esophagus

2nd ICS

T2 Between SP & TP
Small Intestines

SMALL INTESTINE
UPPER PORTION
MIDDLE PORTION
LOWER PORTION

T8-T11
Spleen

Left 7\textsuperscript{th} ICS

Intertransverse space between T7 & T8
Lower Gastrointestinal

Right Colon
T10-T11

Cecum
Ascending Colon
Hepatic Flexure

Sigmoid
Descending Colon
Splenic Flexure

Left Colon
T12-L2

Anterior Points
Posterior Points
Meso-Appendix

- Anterior point: Tip of 12th rib on the right
- Posterior point: 11th intertransverse space
Atonic Constipation

Between ASIS & Trochanter

T11 TP
Genitourinary

A. Adrenals
B. Kidneys
C. Bladder
D. Uterus
E. Gonads
F. Prostate or Broad Ligament
Urethra

Pubic ramus
inner edge

L2 TP
Neuritis of Upper Extremity

3rd ICS & Parker’s Reflex

Between TP’s of T3 & T4
Parker’s Reflex

- Found on upper outer anterior aspect of scapula. Useful in disorders from the shoulder to the hand. For example: bursitis, carpal tunnel syndrome, Dupuytren’s contracture, reflex sympathetic dystrophy. Stimulates lymph flow and normalizes sympathetic tone to the upper limb.
Note the “ganglion” in the Axilla

Parker’s reflex is a hidden gem in the Chapman’s manual. Look for it on the anterior, superior and lateral border of the scapula.
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