

A DIRECT INVITATION TO MATERNAL SPECIALISTS

WHAT THIS OFFERS YOUR PATIENTS

A pregnant patient who cannot eat, work, rest or care for her family does not regard morning sickness as a minor inconvenience. She wants the nausea to stop—not merely to become somewhat more tolerable.

The M-O Maneuver offers a different clinical question: instead of asking only how to suppress the nausea, ask whether the maternal skeletal system has lost the orientation required for normal function.

TRUE CONTRAINDICATIONS

Because the M-O Maneuver is low force and anatomically specific, contraindications are narrow: acute un-assessed trauma, destructive pathology at the contact region, inability to assume the required position, absence of the M-O Maneuver pattern, or lack of consent.

CLINICAL APPLICATION

What the M-O Maneuver Examines: It begins with Skeletal Geometry analysis and proceeds only when the normal pattern is disturbed.

WHAT THIS OFFERS YOUR PRACTICE

- A rapid response that can be evaluated during the first visit
- A defined anatomical relationship rather than a generalized wellness claim
- A complementary referral pathway that does not interfere with prenatal management
- A new framework for patients whose current options have not produced acceptable relief

OBSERVE IT. QUESTION IT. MEASURE IT.

The most persuasive introduction to The M-O Maneuver is direct clinical observation.

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Chiropractic & Advanced Healing Therapies

M-O MANEUVER

For morning sickness

Practitioner Pamphlet



About The M-O Maneuver

A New Structural Specialty Within NSG Neuro-Skeletal Geometry examines the skeletal system as the organizing infrastructure of the nervous system. It asks a precise question: has the geometry supporting neurological function changed in a predictable way?

The M-O Maneuver applies this analysis to pregnancy-related nausea. It does not attempt to alter pregnancy physiology. It evaluates and corrects the skeletal orientation made vulnerable by the connective-tissue changes of pregnancy.

For the Maternal-Care Team Doulas and midwives can recognize the pattern and guide appropriate patients toward evaluation. OB/GYNs can refer while continuing all necessary obstetric care. The goal is cooperation around a structural problem that falls outside typical routine management.

Clinical experience: Across years of clinical outcomes, the M-O Maneuver has produced a remarkably consistent result: complete cessation of nausea following very few visits, without reported post-treatment adverse effects.



The M-O Maneuver — Maternal Orientation Maneuver

When the skeletal orientation loses its proper positioning, the consequences may be autonomic—not merely mechanical.

Pregnancy changes the mechanical environment of the maternal body. Skeletal Geometry reveals how a slight but functionally important displacement of critical skeletal orientation can accompany morning sickness—and how restoring that relationship can bring the nausea to a predictable end.

Highly consistent results, with complete cessation of nausea and no reported post-treatment side effects.

The corrective input is a low force, highly specific correction determined by the skeletal geometry. Its purpose is to overcome the ultra precise positional error that has contributed to the skeletal and neurological changes.

Clinical test: The response is not deferred for weeks. The effectiveness of the correction is evident by the end of the visit through reassessment of both geometry and nausea.

Care-giver Introduction

How Pregnancy-Related Laxity leads to Nausea
1 A vulnerable attachment system

The hormonal environment of pregnancy changes the behavior of connective tissues.

Structures that normally preserve skeletal opposition to gravity become more permissive.

2 Loss of Skeletal orientation

The occipital condyles and superior articular surfaces of the atlas form the principal weight-bearing interface between the skull and cervical spine. A slight directional escape changes the geometry of that interface.

3 Compensatory neurological demand

The righting reflex must continuously preserve the eyes and inter-ear balancing mechanism relative to gravity. When the specific visual and balance mechanism are no longer properly organized autonomic systems can compensate and vagal tone is altered.

4 Expression as morning sickness

Within the M-O Maneuver, nausea is the neurological expression of this disturbed skeletal geometry in the pregnancy-altered system.

5 Restoration

The M-O Maneuver applies a low-force, direction-specific correction to restore the relationship. When the responsible geometry is corrected, the compensatory demand ends—and the nausea resolves.

