

How M-O Maneuver Connects Pregnancy to Nausea

1 Pregnancy changes tissue support

The body becomes more flexible as it prepares for pregnancy and birth. The flexibility can make some joints easier to displace from their ideal working position.

2 The Skull loses its ideal orientation

A small directional shift can occur with the orientation of the mother's skeletal geometry. The shift may be slight, but the location is neurologically important.

3 The nervous system must compensate

The body works constantly to keep the eyes level, the head balanced and the brain oriented to gravity. A disturbed foundation creates extra demand in this system.

4 Nausea becomes the signal

Within the MOMs model, morning sickness is the body's response to the disturbed orientation of the head during the pregnancy.

5 The MO Maneuver restores the relationship

A low-force, direction-specific correction returns the skull toward its intended position. When the responsible head orientation is restored, the nausea generally resolves.



Dallas Wellness For MOMS

Contact Us Through:



(214) 238- 0489

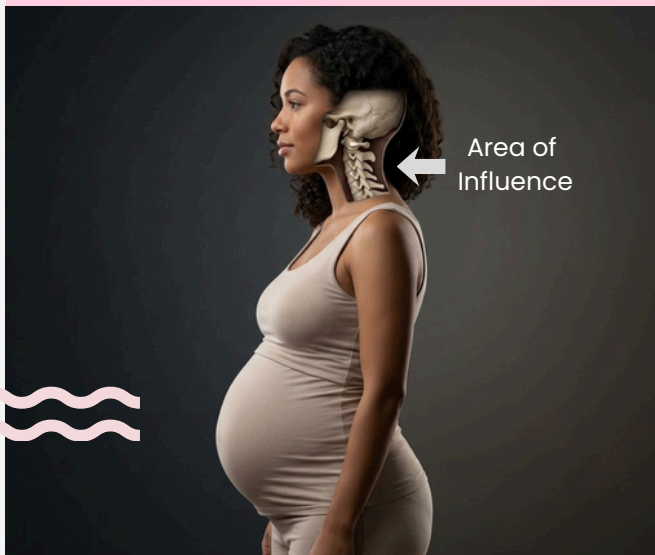


www.dallaswellness.com



4300 MacArthur STE 170
Dallas, TX 75209

M-O Maneuver Maternal Orientation Maneuver



Dallas
Wellness
Chiropractic & Advanced Healing Therapies

M-O MANEUVER FOR MORNING SICKNESS

(214) 238-0489

admin@dallaswellness.com

WWW.DALLASWELLNESS.COM

Morning sickness may not be something you simply have to endure.

Pregnancy changes the body in many ways. One of those changes may leave the joints and supporting tissues more vulnerable, allowing the skull to lose its ideal position on the spine. MOMS evaluates that relationships and, when needed, restores it with gentle MO Maneuver.

(Maternal Orientation Maneuver)

Gentle by design.

Experience shown to be effective clinically with relief often beginning quickly and progressing to complete cessation of nausea with no reported treatment side effects.

*MO Maneuver for pregnant women.
Maternal Orientation Maneuver*



When to Consider MOMS

Consider a MOMS evaluation when:

1. Nausea begins during pregnancy.
2. When current approaches have not provided acceptable relief, or
3. You simply want to know whether a Maternal Orientation (MOMS) may be contributing.



Why Women Choose MO-Maneuver

- A drug free, low- force approach
- A gentle procedure designed specifically around skeletal orientation
- A response that can often be evaluated during the first visit
- Extensive clinical experience with highly consistent results
- An approach the complements - not replaces- prenatal care

The MO Maneuver is gentle, precise and guided by the individual woman's skeletal geometry. The force is kept low because the **GOAL** is simply to overcome a small directional error.

A same- visit answer : You will not be asked to wait weeks to learn whether the correction helped. The changed is assessed before the visit is over.

Take the Next Step



**DALLAS WELLNESS • OTZ
NEURO-SKELETAL
GEOMETRY
DR. FRANCIS X. MURPHY, DC**

What to Expect

The Visit is focused and designed around the patients comfort. MOMS is not a general neck treatment. It looks for one specific structural relationship.

1. A conversation about when the nausea began & how it affects your day
2. A visual check of head position, balance & posture
3. Gentle examination of how the skeletal geometry has changed
4. Identification of the exact direction of the structural shift
5. Comfortable positioning throughout the evaluation
6. The low-force MO Maneuver only when the MOMS pattern is present
7. Immediate reassessment of both skeletal positioning & nausea



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.

MOMS 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 MO Maneuver is low force and anatomically specific, contraindications are narrow: acute unassessed trauma, destructive pathology at the contact region, inability to assume the required position, absence of the MO Maneuver pattern, or lack of consent.

CLINICAL APPLICATION

What the MOMS Evaluation Examines: MOMS is not a generic neck adjustment. 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 MOMS is direct clinical observation.

Contact

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DALLAS WELLNESS

OTZ -SKELETAL GEOMETRY

DEVELOPED BY DR. FRANCIS X. MURPHY, DC



Chiropractic & Advanced Healing Therapies

M-O MANEUVER

For morning sickness



About 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?

MOMS applies that 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 MO 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

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 head
orientation can accompany
morning sickness—and how
restoring that relationship can bring
the nausea to an immediate end.

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

A technical introduction for
OB/GYNs, midwives and doulas
specializing in maternal care.

The corrective input is low force,
highly specific and determined by
the patient's geometry. Its purpose
is not to mobilize the cervical spine
generally. Its purpose is to overcome
the precise directional error that has
contributed to the skeletal 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.

M-O Maneuver for Morning Sickness Professional Education THE M-O Maneuver

From Pregnancy-Related Laxity 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 continually preserve
the eyes and inter-balance mechanism
relative to gravity. When the specific visual
and balance mechanism are no longer
properly organized autonomic systems can
compensate.

4 Expression as morning sickness

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

5 Restoration

The MO 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.

