

CASE SERIES

Resolution of Breech Presentations Confirmed by Ultrasound Following Chiropractic Care using Webster Technique in Five Women: A Case Series

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Abstract

Objective: The purpose of this paper is to report the positive health outcomes experienced by five women with breech presentations that resolved following chiropractic adjustments using the Webster Technique.

Clinical features: Five women between the ages of 24 and 40 presented to a chiropractic office with pregnancy related pain and breech presentations ranging from 30 to 36 weeks gestation.

Interventions and outcomes: Webster technique was administered to correct sacral subluxations. Ultrasounds confirmed normal vertex positions within 10 adjustments (with 5.8 adjustments being the average). All five women went on to have normal vaginal deliveries.

Conclusion: We describe the positive health outcomes confirmed by ultrasound of five women with breech presentations where vertex positions were assumed following chiropractic care. Additional positive health outcomes included decreased back, pelvic and head pain.

Key Words: *Webster Technique, chiropractic, subluxation, pregnancy, breech presentation, external cephalic version, cesarean section*

Introduction

It is extremely important for a baby to be positioned correctly before delivery for the safety of the mother and child as well as for ease of delivery. The correct position for a baby is the head down, or vertex position. When a baby does not attain this position, but is instead in the buttocks or feet down orientation, this is referred to as the breech position. Approximately 3-4% of pregnancies result in a breech presentation.¹ The year 2000 Term Breech Trial Lancet Study indicated that cesarean sections were the safest way to deliver a breech baby.² After this article was published, cesareans became the most popular medical intervention for a breech presentation. In fact, while the rate of cesarean delivery for

breech presentation in the United States was 14% in 1970, it is currently 90-95%, and in some institutions 100%.³⁻⁴

There is a pervasive view that there is little risk associated with a planned cesarean section when in fact there are many risks when compared with similar presentations in planned vaginal births. Planned cesarean sections have an increased risk of cardiac arrest, wound hematoma, anesthetic complications, venous thromboembolism, and hemorrhage requiring hysterectomy.⁵ The other option for intervention with a breech baby in the medical community is to perform External Cephalic Version (ECV). This procedure involves the

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doctor attempting to manually reposition the baby. The doctor pushes down on the head of the fetus with one hand while moving its bottom with the other hand. The mother may be given a tocolytic injection to relax her uterus. ECV shows a 65% success rate in correctly positioning the baby. Like cesarean intervention, ECV has severe associated risks including umbilical cord entanglement, abruptio placenta, premature rupture of the membranes, and preterm labor. There is also severe maternal pain associated with this procedure.⁶

Looking at the cause of many breech presentations may help to avoid the necessity for procedures like those listed above. One possible factor in the breech positioning may be the position/mobility of the sacrum. Sacral subluxation may lead to a difficult birth process by causing pelvic misalignment, uterine nerve interference, and torsion of certain pelvic muscles and ligaments. The subsequent tension in the muscles and ligaments has an aberrant effect on the uterus which may prevent the fetus from adopting the best birthing position.

Dr. Larry Webster created the Webster Technique in 1978 to address this pelvic misalignment. The technique involves a sacral analysis performed by positioning the pregnant woman in the prone position and then approximating her heels to her buttocks. The leg that shows resistance first (lags) indicated a posteriorly positioned (subluxated) sacrum on that side. The left side leg-lag is documented as P-L and the right side leg lag as P-R. The sacrum can then be adjusted either utilizing a side posture adjustment where the patient lays on her side and the chiropractor provides a quick and precise thrust to the sacrum returning it to its normal position. The sacrum can also be adjusted using a pelvic drop adjustment where the patient is positioned prone on a table with sections that drop down. The chiropractor provides a specific thrust into the sacrum on the side of the misalignment while the section of the table drops back down thereby realigning the sacrum. The second step in the Webster technique, after rechecking the legs, is to have the patient flip supine and to relieve tension in the round ligament on the opposite side of sacral subluxation. The round ligament is found at the intersection 45 degrees medial/inferior to the anterior superior iliac spine (ASIS) and 45 degrees lateral/inferior to the umbilicus. The ligament will feel taut and is usually tender to the patient. The chiropractor will apply gentle pressure to the ligament until it releases.^{7,8}

Case Series

All patients underwent a chiropractic examination for subluxations. The examination included palpation, posture analysis, range of motion analysis, paraspinal thermography, and Webster analysis. Subluxations were classified into listings which indicate whether a vertebra was positioned posterior (P) or posterior with spinous rotation to the left or right (PL or PR). Range of motion was measured in the cervical, thoracic, and lumbar regions in flexion/extension, left/right rotation, and left/right lateral flexion. Thermography readings were taken using the Tytron C-3000, which is an infrared thermal scanner that reads the skin temperature on both sides of the spine. Infrared thermal scanning has a high reliability and paraspinal temperature asymmetry has been noted in many health conditions.⁹

Case Report 1

Clinical Features

A 40-year-old female, 36-weeks pregnant, was referred for chiropractic care by her obstetrician, because of pregnancy related pelvic pain and bilateral hand numbness. During the consultation, she indicated that her baby was in the breech position. The patient received a chiropractic exam and was diagnosed with pelvic, thoracic, and cervical subluxations.

Subluxation Listings: C1 right, C2-PR, T5-PR, T9-PR, left Sacroiliac PI (the ilium rotated posterior and inferior relative to the sacrum), Right Sacroiliac AS (the ilium rotated anterior and superior relative to the sacrum), and Posterior Sacral rotation on the left

Thermographic Findings: The Tytron C-3000 Paraspinal Infrared Scanner was utilized. Elevated thermal readings indicated abnormal autonomic neurophysiology at: C1, C2, C4-T3, T5-T9, L2-L5, and Sacrum as seen in Figure 1.

Posture Findings: right head tilt, elevated right shoulder, right pelvic translation, and forward head carriage.

Spinal Range of Motion: Cervical and lumbar ROM was within normal limits in all planes, flexion, extension, lateral flexion, and rotation. No symptoms were present upon cervical motions. Right sacroiliac pain was noted upon right lumbar lateral flexion and right lumbar rotation.

Webster Analysis: Positive Webster on the left meaning there was a left-sided sacral subluxation (P-L).

Intervention and Outcome

Seven specific chiropractic adjustments were performed over a three-week period using the Webster Technique and Analysis. Webster Analysis was performed at each visit and when positive, indicating sacral subluxation, the patient was adjusted using the Webster Technique with either a pelvic drop or side-posture adjustment. After the second adjustment, the patient exhibited remission of her pelvic pain. After the fourth adjustment, the baby began to move considerably more. A total of seven Webster adjustments were performed over a three-week period. Days after the seventh adjustment, the baby turned into the normal vertex (head down) position. This was confirmed with palpation and ultrasound by the patient's obstetrician. During this time her bilateral hand numbness also resolved. This patient continued to be checked for subluxation on a weekly basis to ensure optimal alignment and nerve function for herself and her baby.

Case Report 2

Clinical Features

A 30-year-old pregnant female came to the office at 30-weeks gestation with breech presentation. Her obstetrician diagnosed the baby's breech position at sixteen weeks gestation. The patient was afraid of having a caesarian section. The patient's history revealed a head trauma as a one-year-old. She developed headaches at eight years of age and suffered with

them a few times a week for most of her life. Her headaches were in the frontal, temporal, and orbital regions. She avoided taking her usual Imitrex and Excedrin while pregnant. However, she was given the okay by her obstetrician to take Tylenol with Codeine sparingly while pregnant. She received a chiropractic evaluation and was diagnosed with pelvic, thoracic, and cervical subluxations.

Subluxation Listings: C2-PR, T5-PR, Sacrum Posterior on the left

Thermographic Findings: The Tytron C-3000 Paraspinal Infrared Scanner was utilized. Elevated thermal readings indicating abnormal autonomic neurophysiology were found at C4-C6, L4 and L5 as seen in Figure 2.

Posture Analysis: right head tilt, high left shoulder, high right hip, and forward head carriage.

Spinal Range of Motion: All cervical and thoracolumbar ranges were within normal limits and without pain or symptomatology.

Webster Analysis: A positive Webster Test was found on the left side.

Intervention and Outcome

The patient was seen initially at two visits per week. Over a period of four visits, three specific adjustments were delivered using The Webster Technique. After the first adjustment the baby became more active. On the third visit, Webster Test was negative, posture had normalized and no adjustment was given. On the fourth visit a third adjustment was delivered using Webster protocol. Following the third adjustment the patient saw her obstetrician who confirmed with ultrasound that the baby had turned head down. The patient continued to be checked for subluxations, and after six visits, her near life-long headaches also resolved.

Case Report 3

Clinical Features

A 24-year-old female came to the office at 36-weeks gestation with low back pain. Her obstetrician confirmed a breech presentation using ultrasound. The patient was diagnosed with sacral, thoracic and cervical subluxations utilizing spinal range of motion, palpation, and Webster Technique as assessments.

Subluxation Listings: C5-PR, T6-PR, Right PI ilium, Sacrum posterior on the left.

Spinal Range of Motion: All motions were within normal limits. Pain was elicited upon lumbar range of motion.

Thermographic Findings: The Tytron C-3000 Paraspinal Infrared Scanner was utilized, abnormal autonomic neurophysiology was found (Figure 3).

Webster Analysis: A positive Webster Test was found on the left.

Intervention and Outcome

The chiropractor recommended that the patient be checked for subluxation three times a week. However, due to the patient's work schedule, she was only able to be seen at a frequency of one visit per week. Over a period of seven visits, six adjustments were given utilizing the Webster Technique. On the seventh visit, Webster Test was negative, no subluxations were present, and the patient did not receive an adjustment. Following the seventh visit, the patient received an ultrasound at her obstetrician's office who confirmed the baby was in the normal head-down position. During her care, this patient was adjusted using the Webster protocol.

Case Report 4

Clinical Features

A 35-year-old female presented for chiropractic care at 31-weeks gestation with breech presentation, pregnancy related gastritis, and low back discomfort. The patient was diagnosed with breech presentation at twenty-one weeks. This diagnosis was confirmed by ultrasound at twenty-eight weeks. This was the patient's third pregnancy and her second breech. Her first child was delivered vaginally. Her second child, who was breech presentation, was delivered by cesarean section. Chiropractic evaluation revealed subluxations in her cervicals, thoracics, lumbar, sacrum, and both ilia.

Subluxation listings: C1-left, C2-PR, T9-PR, L5-PR, Left PI Ilium, Right AS Ilium, and sacrum posterior on the left.

Thermographic Findings: The Tytron C-3000 Paraspinal Infrared Scanner was utilized. Elevated thermal readings indicating abnormal autonomic neurophysiology were found at C1, T1-T3, T7-T12, L4, L5, and sacrum as seen in Figure 4.

Spinal range of motion: all motions of the cervical and thoracolumbar spine were within normal limits, however lumbar extension elicited pain.

Posture: Right head and pelvic translation, left pelvic rotation, anterior head and pelvic translation.

Webster Analysis: Positive Webster was found on the left side.

Intervention and outcome

The patient was checked twice a week for subluxation according to Webster Analysis and adjustment. After receiving ten adjustments over a five-week period the patient returned to her obstetrician who confirmed via ultrasound that the baby was on the normal head down position.

Case Report 5

Clinical Features

A 30-five year old female presented to the office for chiropractic care at thirty-two weeks gestation with breech presentation. The patient was diagnosed with breech presentation via ultrasound at twenty-six weeks. The patient's chiropractic evaluation included and revealed the following;

Subluxation Listings: Right lateral Atlas, Left posterior sacral base.

Thermographic Findings: The Tytron C-3000 Paraspinal Infrared Scanner was utilized. Elevated thermal readings indicating abnormal autonomic neurophysiology were found at C1, C2, L2-L5, and sacrum as seen in figure 5.

Spinal range of motion: All cervical and thoracolumbar ranges were normal.

Posture: Right head translation.

Webster Analysis: A positive Webster was found on the left.

Intervention and Outcomes

Each visit the patient was checked for subluxation using Webster Analysis. The patient had a positive Webster on the first three visits and was adjusted using only Webster adjustment protocol. Following the third visit, at 35-weeks, ultrasound confirmed the baby had turned into the normal vertex position. Webster Analysis was negative on the fourth visit and remained so on all subsequent visits. The patient underwent full spine diversified adjustments including Thompson drop throughout the remainder of her care.

Discussion

A limited literature review revealed many case studies with similar results to this one, as shown in Table 1. All of the case studies in the table included women with fetuses in the breech presentation. They were adjusted using several different techniques but all using the Webster protocol. All breech presentations turned to the normal vertex presentation after the chiropractic adjustments.¹⁰⁻²³

Proposed Mechanism

The human pelvis is made up of two innominate bones that connect anteriorly at the pubic symphysis and posteriorly articulate with the sacrum at the sacroiliac joints. The bony pelvis is connected to the uterus via several ligaments (the most important of which are the uterosacral and round ligaments). This system is designed to allow for a vaginal birth when the pelvis is properly aligned and no other complications exist.¹³ During pregnancy, a hormone called relaxin is produced to support the stretching of the tendons and ligaments in the pregnant female. This causes the structure of the pelvis to be compromised and more prone to subluxation.^{14,24} Increased relaxin tends to result in the sacrum misaligning in relation to the ilium on one side or the other leading to a shift in the entire pelvis. When the pelvis shifts, it pulls on the ligaments attached to the uterus, creating tension.²⁴ It can be concluded that a decrease in space and increase in tension in the uterus leads to a breech presentation.

Financial Healthcare Impact

In the literature reviewed, it is commonly understood that four percent of the four million births each year in the US are due to breech pregnancies.^{3,6} Uncomplicated cesarean sections cost \$15,800 per procedure.²⁵ Therefore, it can be extrapolated

that the estimated cost of cesarean sections due to breech pregnancies is approximately \$2.3 billion annually. The results of this case series and others referenced in this article indicate that Chiropractic care may serve as an effective, less costly alternative with less risk of injury to the mother and child.

Conclusion

According to the International Chiropractic Pediatric Association the Webster technique is a specific chiropractic analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of subluxation and/or SI joint dysfunction. In so doing neurobiomechanical function in the sacral/pelvic region is improved. The ICPA recognizes that in a theoretical and clinical framework of the Webster Technique in the care of pregnant women, sacral subluxation may contribute to difficult labor for the mother (i.e., dystocia). Dystocia is caused by inadequate uterine function, pelvic contraction, and baby malpresentation. The correction of sacral subluxation may have a positive effect on all of these causes of dystocia. In this clinical and theoretical framework, it is proposed that sacral misalignment may contribute to these three primary causes of dystocia via uterine nerve interference, pelvic misalignment and the tightening and torsion of specific pelvic muscles and ligaments. The resulting tense muscles and ligaments and their aberrant effect on the uterus may prevent the baby from comfortably assuming the best possible position for birth.²⁶

More research on health outcomes associated with Webster technique is recommended.

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Appendix



Figure 1: Thermal scan for case study 1



Figure 2: Thermal scan for case study 2

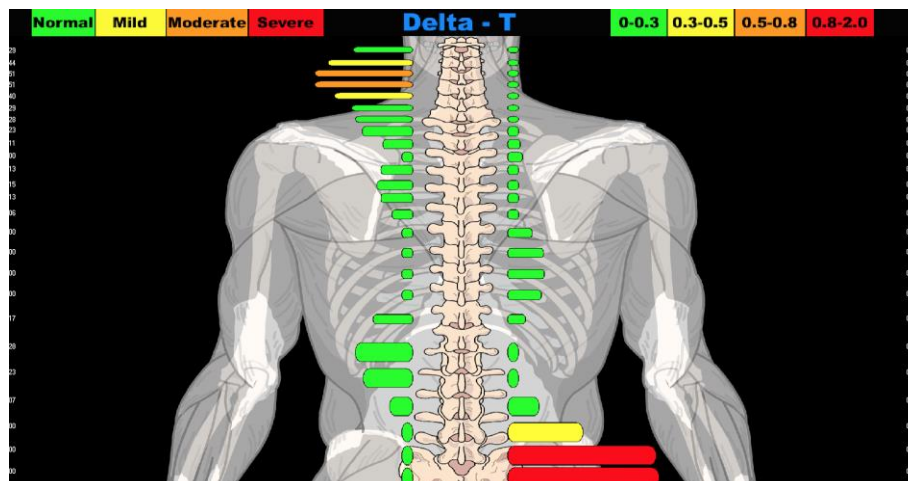


Figure 3: Thermal scan for case study 3

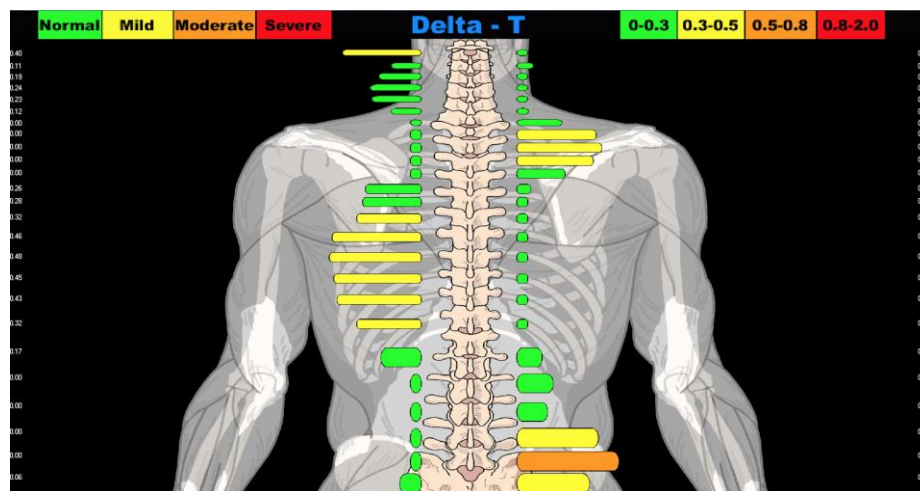


Figure 4: Thermal scan for case study 4

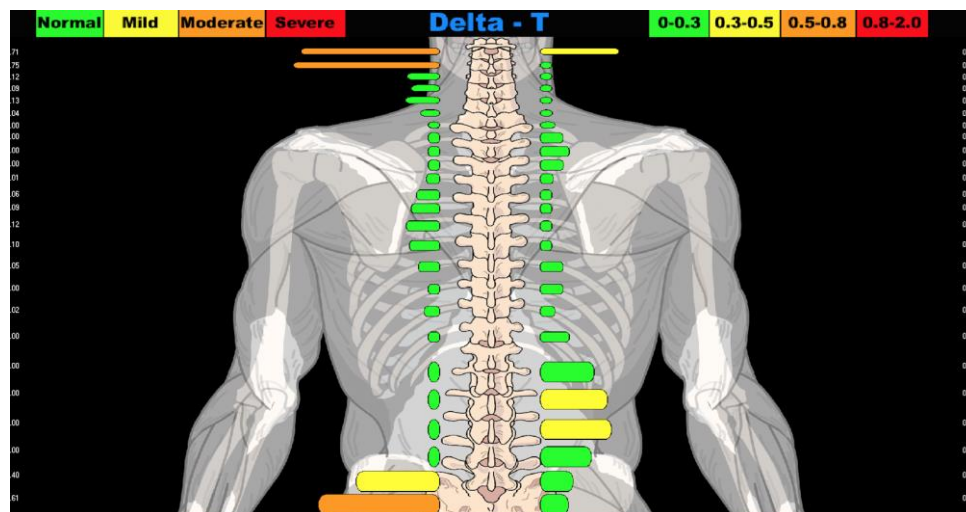


Figure 5: Thermal scan for case study 5

| Title | Key words | Outcome |
|--|--|--|
| Resolution of Breech Presentation Confirmed by Ultrasound Following Webster Technique | Subluxation, Webster Technique, Activator Adjusting Instrument, Pregnancy, Breech Presentation, Intrauterine Constraint, Chiropractic, External Cephalic Version | 3 Activator adjustments with Webster Technique protocol decreased sacral subluxation and the baby breech baby turned vertex. |
| Resolution of a Twin Breech Presentation with the Application of Webster and Diversified Chiropractic Technique | Twins, Breech, Webster Technique, Vertebral Subluxation, Bio Geometric Integration, Gonstead, Chiropractic | After 5 Gonstead adjustments with Webster analysis the breech twin moved to a cephalic lie. |
| The Webster Technique in a 28-Year-Old Woman with Breech Presentation & Subluxation | Breech, Pregnancy, Chiropractic, Subluxation, Intrauterine Constraint, Webster Technique, External Cephalic Version | One chiropractic adjustment using Webster Technique removed subluxations in the mothers pelvis and showed a turn to cephalic presentation from previous breech position. |
| Resolution of Breech Presentation after Application of Webster Technique in a 35-Year-Old Female: A Case Study | Chiropractic, Webster Technique, pregnancy, breech presentation, intrauterine constraint, sacral subluxation | Breech presentation resolved after 4 adjustments via drop table using Webster technique protocol. |
| Resolution of Breech Presentation Confirmed by Ultrasound Following the Introduction of Webster Technique: A Case Study & Selective Review of the Literature | Chiropractic, Webster Technique, intrauterine constraint, pregnancy, subluxation, advanced maternal age, malposition | Frank breech position was resolved to vertex position after 5 Webster Technique adjustments. |
| Resolution of Breech Presentation Using an Activator Adjusting Instrument to Administer Webster Technique in Three Women Undergoing Chiropractic Care | Activator Adjusting Instrument, In Utero Constraint, Webster Technique, Pregnancy, Breech Baby, Vertebral subluxation, Chiropractic | Breech position resolved after 4 activator adjustments using the Webster technique. |
| Resolution of Breech Presentation Following Application of Webster Technique: A Case Report | Chiropractic, pregnancy, Webster Technique, intrauterine constraint, breech, external cephalic version, cesarean section, vertebral subluxation | Webster Technique was administered to a breech presentation. The baby rotated transfers lie after the first visit and vertex after the second adjustment. |
| Resolution of Breech Presentation and Successful Vaginal Birth Following Administration of Webster Technique: A Case Study | Chiropractic care, vertebral subluxation, breech presentation, Webster Technique | Patient was adjusted using Webster Technique and after 9 visits her baby rotated from breech to vertex lie. |

| Table 1, continued | | |
|---|--|---|
| Successful clinical outcomes confirmed via ultrasound in a patient with placenta previa and breech fetal presentation with chiropractic care | Placenta previa, chiropractic, subluxation, pregnancy | Patient presented with both placenta previa and breech fetal positioning. She was adjusted using diversified technique with Webster protocol and fetus assumed the vertex position with placental migration to over 3cm from the cervical os. |
| Resolution of pain and breech presentation following subluxation based chiropractic care: A case report and update of the literature | Webster Technique, vertebral subluxation, breech, pregnancy, chiropractic, low back pain | After 2 Webster technique adjustments the patient's fetus rotated into the vertex position and over 9 visits her musculoskeletal pain resolved as well. |
| Resolution of breech presentations following adjustment of subluxations utilizing the Webster technique: A case series | Chiropractic, pregnancy, breech, Webster Technique, subluxation | Five females with pregnancy related musculoskeletal complaints and breech presentations underwent chiropractic care using Webster technique. All women had a rotation to vertex position. |
| Chiropractic care of a pregnant patient presenting with intrauterine constraint using the Webster In-Utero Constraint technique: A retrospective case study | Chiropractic, pregnancy, Webster Technique, malposition, malrepresentation, intrauterine constraint, subluxation | Patient with breech presentation at 36 weeks of pregnancy was adjusted using Webster Technique and her fetus rotated to the vertex position after 5 adjustments. |
| The Webster Technique: results from a practice-based research network study | Webster Technique, chiropractic, pregnancy, fetal malposition, fetal malpresentation, subluxation, practice-based research network | An exploratory study of pregnant women under chiropractic care showed that with Webster Technique adjustments 70% of patients had their fetuses turn to the vertex position. |
| Resolution of breech presentations following adjustment of subluxations utilizing the Webster technique: A case series | Chiropractic, pregnancy, breech, Webster Technique, subluxation | Five females with pregnancy related musculoskeletal complaints and breech presentations underwent chiropractic care using Webster technique. All women had a rotation to vertex position. |

Table 1: Limited literature review results for Webster Technique with breech presentation case study.