

The Inclination Adjustment

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The inclination adjustment is done on an adjusting bench that has a caudal section and can be raised with a lever up to 50 degrees. The caudal half of the bench raises up in a hinged fashion, with the hinges near the halfway point. It is a table similar to the Pettibon style, only the inclination occurs at the caudal end, not the cephalic end.

This table style enables the doctor to achieve several advantages:

1. This position is very effective in its ability to adjust middle to lower thoracics, upper and midlumbar. At times, depending upon the patient build, one can adjust down to L-4.

The lower thoracics and upper lumbar often are related to pain in these areas and breathing problems. Additionally, these areas often refer or contribute to lower lumbar and sacroiliac and hip/groin disorders.

2. This position allows thoracics and upper lumbar to be placed into flexion or extension during the adjustment. These regions are often inflamed and resist extension, such as would occur in the prone position. With the patient slightly flexed forward, you can avoid facet jamming during the adjustment.
3. This position allows an alternative to prone or supine-style adjusting. In the prone position, adjusting the upper lumbar or lower thoracics can cause facet jamming and pain. The proximity, close to the diaphragm, also initiates a protective guarding by the patient when in the prone position. This guarding is diminished in the erect incline position.

This position does not work easily for all patients. Short and stocky, or short-armed individuals may be difficult to set up. Also, extremely long-armed and flexible patients may be difficult to handle. Most people, however, work out very successfully with this style of correction.

4. This position allows also a patient who cannot be adjusted prone, and who has a low back problem, to be adjusted without compromising the low back, with the exception of a severe lumbar facet or disc problem.

This type of adjustment is a very useful procedure. It can be facilitated with a standard adjusting bench that can be changed to an inclination bench by raising the caudal piece. I use this bench very frequently, but I have occasion also to use prone, supine, and wall-position adjusting. As any experienced doctor will admit, different patients require different styles of adjusting; and this style of table is unquestionably helpful for lower thoracic and upper lumbar problems.

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