

Motion Palpation Assessment and Examination of the 21st Century

PART ONE IN A SERIES

Albert Einstein once stated, "Any fool can know. The point is to understand."

If we consider the above quote in the light of how we have, in the past, examined the spine and the extremities based on the then-current database of knowledge, then our interpretation of findings was based upon incomplete or erroneous information -- the first part of the quote.

If, however, we enlarge our scientific data based upon current and unbiased research, and alter our interpretation of some of the current tests, then we begin to understand the biomechanical workings of joint motions and the joint dysfunction complex (the second part of the quote).

It is important to understand that accessory motion or joint play techniques are currently being taught in most chiropractic colleges, physical therapy schools and manual medicine schools throughout the world in some form or another. It is an assessment procedure and not a technique. Motion palpation/accessory motion is not at its final endpoint, as some would have you believe, but it is an ongoing, ever-changing and updating procedure (i.e., if we compare the motion palpation that Dr. Faye taught in the eighties -- note that it was state-of-the-art then -- with the motion palpation of today, there is just a very slight similarity in the procedures and a quantum change in the understanding/interpretation of what we feel.

Dr. Karl Lewit, in one of his papers, stated that the problem with this type of procedure is that most people will not take the time to master it. As the great golfer Gary Player put it, "The more I practice, the luckier I get."

Motion palpation/accessory motion is difficult to master as it requires a very comprehensive understanding of the functional anatomy of the human body (far greater than most possess at this time). Recently, I was told that nothing new has been discovered about the anatomy of the human body in decades and that it was unnecessary to do anything but take x-rays and find the "bone out of place." Well, after dropping four textbooks and hundreds of recent journal articles from reputable peer-reviewed journals on this poor doctor's table, he conceded that he may have been a little premature. But when the doctor is in his office and when the bone is out of place, he just puts it back ... and therein lies the problem.

Motion palpation accessory motion, like work, has very little pizzazz. A few stoic souls find work interesting, but for most it is dull and cannot be made otherwise. So it is with motion palpation/accessory motion. Even though there are some instructors, doctors and students who do find it interesting and are willing to do whatever it takes to master the procedures, it can be expected that motion/palpation will have its band of masterful enthusiasts. I make no effort here to con, as some other technique peddlers do, the student or doctor into believing that motion palpation/accessory motion is the end-all or be-all. It isn't. Its importance lies in the future -- and even then only for those who become masters of the technique of joint coupled analysis -- as essential preparation for the serious study of the joint dysfunction complex and subsequent formation of a diagnosis and treatment regime. Since the aim of this series is to be especially

helpful to those groups of doctors or students wishing to become masterful in this endeavor, I have made a particular effort to trim the fat and deal with the salient points of why we must update "the point is to understand."

Most chiropractic colleges are now in full or partial retreat from the ill-fated experiment known as "the listing." The purpose was to standardize the various techniques in the wake of the onslaught of new techniques and systems of the early years of chiropractic growth. However, its method was to emphasize form or position over substance and function, to the detriment of both. The damage was particularly heavy in the field of biomechanics and kinesiology, as more and more students came along who had heard of triplanar motion or the orthogonal system but did not know the functional anatomy of the human body. The result was about three decades of steady decline in the teaching (and learning) of three-dimensional thought processes with respect to the joints and fascial planes of the body, but things are now changing and function is on its way back. (The student or doctor is invited to read critically and learn the two texts by Porterfield and DeRosa, *Mechanical Low Back Pain: Perspectives in Functional Low Back Pain* and a similar text for the cervical spine. These are published by the W.B. Saunders company.)

Chiropractic motion palpation/accessory motion examination is a beautiful subject whose qualities of elegance, order and certainty have exerted a powerful attraction on the inquisitive, searching, rational chiropractic mind for almost three decades. The discoveries of Illi, Gillet, Faye, Grice, Gitleman, Drum, Farfan, Gracovetsky, Bogduk, Dorman, Vleeming, Snijders, Porterfield, De Rosa, and others too numerous to mention, are among the most wonderful and meaningful achievements in this new rebirth of the motion motor unit and all of its component parts. The basic facts of triplanar/orthogonal motion are absolutely essential for understanding many of the pure and applied scientific truths of human joint coupled motions.

In spite of this rebirth, many chiropractic college students emerge from their technique and biomechanics classes with mixed feelings of confusion and relief. Why?

One reason is that they have been ground down by complicated trivialities, illusions, showmanship, historical dogma, and explanations like, "Well, that is the way it has always been done" or "That is the way Dr. So-and-so always taught it." Rarely are they offered compensating insight into the geometric ideas that really matter and are an integral part of human motion, resultant diagnosis and treatment. They have been bombarded with innumerable nitpicking decisions and elaborate, boring "step-reason, step-reason" proofs of bygone concepts that in most cases were obvious to begin with. All of this tends to kill the student's interest in chiropractic technique and biomechanics (take a look at the weight of chiropractic technique and biomechanics courses versus, for example, biochemistry or public health in our colleges today; you may be a little shocked) of the current era long before they can reach the meat of the subject.

The root of the problem is slavish adherence to the historical doctrine of chiropractic deductive reasoning. This is the notion that knowledge is somehow not legitimized or genuine until it has been organized into an elaborate formal system of static listings of malpositions that are carefully deduced from a small number of axioms or "self-evident truths," usually stated at the beginning of the course. Chiropractic deductive reasoning is an interesting idea that educated people ought to know something about, just as they should know about representative government, the internal combustion engine and other human inventions. It was very popular among chiropractic philosophers of days gone by and was applied by them to the uniplanar static listing system, chiropractic ethics and other unlikely subjects. It is interesting to note that the scientific community shook off the grip of deductive reasoning about 200 years ago, but chiropractic analysis, joint examination and technique have continued to be strangled by this outdated philosophical doctrine down to the present day.

I offer this bit of advice to the student and doctor. My explanations in the following series of articles will be deliberately very concise, with much of the burden of total comprehension carried by illustrations and figures. Passive reading therefore will not do. If you wish to understand, it is necessary to read actively and carefully, thinking all the time, constantly questioning and asking why, and constantly struggling to find an answer. Please note that from time to time you may not like the answer you seek, as it will challenge you to read and study in greater detail.

I welcome you to the motion palpation/joint play analysis of the next century. Please enjoy the trip.

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