

What If We Scrap Our Very Mode of Reasoning in Favor of a New Logic?

A CALL FOR UNIFICATION AND COOPERATION!

The foundation of our everyday chiropractic world is no more substantial than a promise. You might ask why we cannot teach chiropractic by just giving the basic adjustments and historical philosophy in a few months, then show how they work in all possible circumstances. Some institutions attempt to do this. They state the axioms, then make all sorts of improbable deductions.

We cannot understand nor master chiropractic in four years for three rudimentary reasons.

1. We do not yet know all the basic biomechanical laws of human joint motion. There is an expanding frontier of ignorance.
2. The ultimate expression of the laws of human biomechanics involves some unfamiliar concepts and ideas which require advanced or postgraduate study for their understanding. Each piece or part of the whole of chiropractic is always merely an approximation to complete reality or the complete truth, so far as we know. In fact, everything we know is only some kind of reasonable approximation, because we know that we do not know all of the laws of (for example) biomechanics, nutrition or neurology, etc. Therefore, things must be learned only to be unlearned again or, more likely, to be added to or corrected.
3. Philosophically, and of most interest, we are completely wrong with some of our current beliefs and laws. Our entire picture of the world of chiropractic needs to be altered, even though the masses change slowly, and only by a minuscule amounts on a time continuum. This is a very peculiar thing about the chiropractic philosophy, or ideas behind the philosophical constructs of chiropractic theories. The word theory should not be used with respect to chiropractic, as a theory is always subject to change and challenge, a situation that does not exist within the world of chiropractic. Even a very small altered effect or deviation from the current thought requires profound changes in the chiropractic mind, a situation that has shown itself to be almost beyond conception.

No development of modern biomechanical science has had a more profound impact on chiropractic thinking than the advent of the concept of three dimensional thinking. Wrenched out of a century-old thought pattern, chiropractors of a generation ago have found themselves compelled to embrace a new rational scientific model of the chiropractic joint dysfunction complex or wallow in antiquity. The distress which this reorientation caused continues to the present day within numerous chiropractic colleges, associations and individual practitioners. Basically put, chiropractors have suffered a severe loss: their hold on reality.

I will take the liberty to state that because chiropractors can only explain those aspects of the chiropractic world which they bring to it, the very nature of the rich reality of chiropractic may therefore remain forever inaccessible. For example, how many chiropractors can, in detail, actually explain what happens when an adjustment is given, muscles are stretched, postural changes made, gait patterns altered, or name the metabolic pathways stimulated by nutritional supplementation? Chiropractic is multidimensional and not a function of any one theory.

Consider the following observations from the world of mathematics and physics. Although space, time and motion are relative concepts in Einstein's theory, certain other physical quantities are absolute: that is to say, the same for everyone. Einstein's major insight, the key to the relativity theory, is that all valid physical laws must be built from these absolute quantities alone. Only in this way can definitive laws be made the same for all observers. One of these absolute physical quantities that applies to chiropractic is that as we examine and palpate our patients, we must have a comprehensive understanding of what is beneath our palpating fingers. We must know anatomy better than any other physician to appreciate the abnormal three-dimensional time-interdependent joint-dysfunction complex.

Relativity's intimate linkage of space and time in the invariant space-time interval gives rise to the conception that in reality, the world (and therefore all of its components) is four-dimensional, consisting of three spatial dimensions (orthogonal coordinate system) and one "time" dimension. It is the time dimension aspect of the above reality, either unrecognized or purposely ignored by the chiropractic profession that is at the very heart of the confrontational issues (systems, techniques, philosophies, etc.). Chiropractic's continual insistence and attitude of, "My stuff is right and your stuff is wrong," has fostered many divisions in this profession, with the net result of the perpetuation of historical infighting and significant division/diversion of highly creative energies.

There are those who would be curious about the reasons for my unexpected return to the battlefield of discarded ideas. I am thinking not so much about my constant difficulties in developing an interpretation of wave mechanics as it applies to the fluidity of spinal segmental coupled-motion, or even my secret desire after Cartesian clarity in the midst of the fog which seemed to have shrouded the complexities of open and closed kinetic chain motions. But the fact is that when I examined the statistical picture, I could not help but be struck by the force of objections to joint- dysfunction complex analysis and by the certain obscure misinterpretations within the arguments for its defense: too abstract; too schematic; too conceptual; too didactic; too difficult to use, etc.

I realized that I had been seduced by the current fashion, and began to understand why I had been so uneasy whenever I tried to give a lucid account of the probability of accurate interpretation of the segmental joint-dysfunction complex by the profession as a whole. The tranquilizing old chiropractic philosophy (or religion as some suggest) was so delicately and purposely contrived that for the time being it provides a gentle pillow for the true believers from which they cannot very easily be aroused. So let them lie there.

I entitled this column "a call for unification and cooperation," but this request immediately brings an important question to mind. If observation creates reality, what does it create this reality out of? Are phenomenon or theories created out of sheer nothingness, or out of some more substantial "stuff", and what is this "stuff"?

In my small aspect of chiropractic (waves, scans and four dimensional concepts, etc.) "stuff" is the space-time interaction of a segmental coupled-joint dysfunction, i.e., where the joint is dysfunctional, on which coupled-motion planes and during which time frame. The key word here obviously is time.

I think that few would disagree with the Cartesian coordinate system of defining an object in space. Time, however, is a very new and difficult component; it shows that some of chiropractic's most cherished notions about joint subluxations (i.e., the finding and diagnosing of subluxations on static x-rays; utilizing only static palpation; ignoring the many anatomical variants of different nationalities; and not reading the current literature as it pertains to joint movement) are simply wrong and must be replaced with entirely new and lateral ways of thinking. This new way of

thinking must obviously contain the time variable as a major part of its construct.

Allow me to give you an example. For years, MPI had taught the seated scan as a quick way of finding areas of potential fixation. Recently, this was reduced to a very minor aspect of motion palpation analysis and was almost scrapped as more variables became known (i.e., the work of Vleeming, Gracovetsky, Dorman and others with respect to the "back force transmission system," and the work of Willard on the ligaments and thoracolumbar fascia).

Earlier I commented upon my return to discarded ideas. The seated scan is one of them, albeit with significant modifications based upon considerable new information. The understanding of the scan (or spinal wave, as it was often known) has given considerable rebirth to this almost forgotten procedure.

Three wave attributes that are especially important to the understanding of how this procedure (wave or scan) may in fact be of value to the chiropractic physician are:

1. A wave can spread out over an enormous area, while a joint fixation is confined to a rather tiny and very specific location.
2. A wave is easily split in an infinite variety of ways. Some portions go in one direction and some another, while a fixation is confined to a well-known coupled-motion plane or, with respect to flexion and extension, a single plane.
3. Two waves can interpenetrate, as in scanning one area, then move to the next and emerge summate and unchanged like ghost. Fixations, however, would collide and impact upon each other to cause the classical effects of nociceptive dorsal horn input. Fixations and waves seem irreconcilably different, but the nature of waves is such that they are able to combine these contradictory attributes in a harmonious way.

Since a wave vibrates in both time and space, to follow it while scanning a joint, we must keep track of two kinds of motion. Spatial motion shall be defined as relating to location, occupying, or having the character of space. Temporal motion will be defined as relating to time as distinguished from space. Collectively, they give us a space-time relationship with respect to the coupled-motion joint dysfunction complex. In grossly simple terms, this means that an understanding of coupled-motion joint biomechanics along with an equal comfort level of comprehension of wave motions and time interactions should allow us to be very accurate in locating and defining joint dysfunction.

The understanding of gross anatomy is vital, but an understanding of functional anatomy is even more critical to our purpose. Consider the following from F.H. Willard, PhD, who spoke at the Second Interdisciplinary World Congress on Low Back Pain in part one of "The Integrated Function of the Lumbar Spine and Sacroiliac Joint."

Dr. Willard states: "The medial border of the ligamentum flavum turns posterior and decreases in elastic fiber content to become the interspinous ligament." On the interspinous ligament, Dr. Willard says: "The posterior border of the ligament thickens to form the supraspinous ligament which is, in turn, anchored to the thoracolumbar fascia ... However, the most likely function of these ligaments, given their anteroposterior fiber orientation, is to act as an anchor, transmitting the anteroposterior pull of the thoracolumbar fascia into which it is attached via the supraspinous ligament (Hukins et al., 1990) into an increased tension in the ligamentum flavum ... Pathologic events occurring to the interspinous ligament should diminish the ability of the thoracolumbar fascia to influence the alignment of the lumbar vertebrae and thereby, increase their risk of destructive injury."

What Dr. Willard has pointed out is that the function/dysfunction of the lumbar spine is in large part a function of the integrity of the ligaments in question, the thoracolumbar fascia, and all of the structures having impact upon it. The structures having direct and indirect influence upon the thoracolumbar fascia and the above ligaments are well researched and published in the proceedings of the 1992 and 1995 Interdisciplinary World Congress on Low Back Pain and are rather extensive, to say the least.

I have attempted to bring forth the MPI point of view in an attempt to invite others to understand that we all have a place in the profession and that verbal diarrhea, bashings and derogatory statements as published recently in the JMPT are of no constructive use to the future of chiropractic. When we consider the massive amount of research that is available to the chiropractic profession and realize that it applies to all of the various techniques and rationales, then is it not about time we buried the hatchet and put our talents, united, into quality and constructive ways for the good of chiropractic?

I would invite all of those interested in the pursuit of this dream to contact Dr. David Seaman, Dr. Mark King, or myself at MPI. Let's see what cooperation and unification can really do.

Keith Innes, DC
Scarborough, Ontario, Canada
dockeith-aol.com

Editor's note: You may e-mail Dr. Mark King at makmlcc-aol.com. Dr. Seaman is at research-nutranalysis.com.

JUNE 1998