

The Kinetic Chain Torture Test: An Idea Whose Time Has Come

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Have you ever wondered why many people avoid chiropractors doing posture screenings at fairs these days? Some would argue that perhaps the doctor does not have the right equipment, or that they did not have a fancy EMG machine with bells and whistles to attract mobs of people. The usefulness of these machines is in doubt, although people sometimes will participate if you spend enough of your hard-earned dollars on machinery to attract them.

I have a different viewpoint on these methods of educating the patient and attracting new ones. Posture screenings are burned out. The public no longer wants to be confronted like they would tolerate in the late 80's and early 90's. This is probably because we are constantly bombarded with different messages at a dizzying pace. These types of procedures used to be unique. I remember doing the local fair and having a line outside our booth with people waiting to get in. My, things have changed, haven't they? Instead of people asking if you can help them, they are now more likely to say to you first, "Are you in my plan?"

Obviously, screenings can still work. I suggest that we can better educate the public with a more meaningful type of screening procedure. This is why I introduced the kinetic chain torture test (KCTT). I recommended it for the sports-orientated chiropractor who has some knowledge of lower extremity or kinetic chain dysfunction. If you wish to try it, you can set it up for less than \$70.

The beauty of the test is it screens people who are most likely to suffer from back pain and leg pain syndromes, some of the most commonly treated chiropractic conditions. The good thing about this is that people take the test by themselves, and the stations explain what failure at the four stations means. In other words, you really do not need to confront people, other than giving them a flier which has eye-catching graphics that describe the booth. They test themselves while you stand by and ask the ones who fail miserably if they would like to have a more thorough explanation and lower extremity evaluation. Most people say "yes" because you used the back door and aroused their curiosity. This procedure worked great at a track meet called Race for the Cure in Princeton, New Jersey. I suppose it would work well at most other sporting events you may attend as well.

Rationale for the Test

The KCTT checks the kinetic chain and reveals either good or poor function. Typically, our foot posture is genetically predetermined and is one of the major causes for chronic back pain. For those who have read my columns regarding the basic pronation-accommodation pattern published in previous articles in Dynamic Chiropractic, poor foot posture alters leg mechanics, causing the muscles on that side to overwork and shorten over time, in response to the forces placed upon it by gravity. This test shows that they have poor foot posture and how it affects them, because shortened muscles do not have the same power as properly functioning muscles. A side with foot overpronation will be weaker when compared to a properly functioning side with great predictability. In other words, if you see an overpronated foot, expect the muscles on that side to be weaker and tighter in practically all people.

The KCTT has four stations, each one being more difficult. At the first station, the person stands on one leg and looks for shakiness. There is a mirror in front of their legs so they can see how well they do.

The next station is similar, but they do it with the knee bent. If they have difficulty with the first station (cannot balance without support, for instance), they are predisposed to back and leg pain periodically and are predisposed to having knee injuries as well. If they fail the second, they are prone to the same problems as the first test, only less so.

The third station includes standing with the knee bent on a rocker board with a 1 or 2" thick blade. You place a flat board on the ground to keep it level. If they cannot do this, they have a smaller likelihood of hip, knee and back problems than those that fail at stations one or two. The last station is the balance log, which is difficult for people who are even well developed or have good balance. If they can do this last station, they probably do not have kinetic chain dysfunction and they are not prone to chronic back and knee problems.

Setting Up the Test for the General Public

When this screening procedure was originally set up, we made banners up (many software programs can do this for you) and set up the stations in front of our booth in a line for all to see. People will get interested when they see others checking out the stations. Have someone hand out fliers and ask people, "Have you taken the kinetic chain torture test yet?" You will make posters for all four stations describing what each station does and what failure means. Set up a chiropractic table in back of the test for those who want more information and would like to be screened.

I use a brochure to enhance their understanding of the lower kinetic chain (available in web format at my website, <http://www.backfixer1.com>), for all who visit: go to "brochures online" and look at back pain, sciatica and your feet). This helps to educate them, and illustrations are an effective educational tool. I recommend having 2" rolls of co-flex tape to tape people who are being screened in the neutral position (it's inexpensive and easy to work with). Those with the worst problems may get significant relief from having this done, and they will appreciate your ability to diagnose their problem. Hopefully, screening this way will make you friends, and many people will probably ask for your business card. I would recommend learning myofascial release of the lower extremity to all doctors who decide to use these screening procedures, since these types of procedures allow you to resolve the lower extremity problems due to foot overpronation quickly and with high predictability.

This unique approach to screening for chronic low back pain is informative and worth trying, since it is very low-cost, fresh and very different in its approach. To me, this type of screening makes sense to people who make up the ever more sophisticated health care consumers of the late 1990s.

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