Dynamic Chiropractic

SOFT TISSUE / TRIGGER POINTS

# Hypo/Hypermobility

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It is well established that the presence of hypomobility is often compensated by hypermobility. This is demonstrated throughout the musculoskeletal system and especially in the human spine. In the subluxation/myopathology course the student learns that the hypo/hypermobility that occurs in the spine may be due to problems originating outside of the spine. Treating a hypomobile spinal area that is supposed to be causing a hypermobile spinal area may end in frustration if the hypomobile area is a compensation for a problem outside of the spine. Sometimes treating the hypomobile area may aggravate the patient's condition because the **hypo** not hyper area is in reality a necessary fixation to allow movement below. Movement of a distal structure always requires a normal fixation or stabilization of the proximal area above. For example to move the knee requires a stable hip and to move the hip requires a stable pelvis and to move a pelvis requires a stable lower lumbar spine.

During an evaluation of a patient it might be found that the iliopsoas muscle is chronically shortened. Hip extension would be limited because of the tightened short iliopsoas. To achieve a normal range of hip extension, there would necessarily be increased pelvic tilt and motion and lumbar lordosis. The increased pelvic motion would take L4 and L5 with it creating a probable unstable hypermobile lower two lumbar segments. The T12/L1 area would according to Janda become the next normal fixed area necessary for the increased function of the lower lumbars and pelvis. Adjustment of T12/L1 before stretching the shortened psoas could result in loss of normal stabilization for the lower lumbars and pelvis and possible increased lower spinal hypermobility.

When evaluating the locomotor system it is becoming more and more clear to me that we must look at all of the dysfunction wherever it is located to especially solve the chronic spinal pain. Chiropractors who only treat the spinal subluxation without paying attention to the whole structure may find themselves adjusting the same segments over and over again because the underlying cause of the subluxation is extravertebral.

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Editor's note: Dr. Hammer's next Subluxation Myopatholgy (SM) seminars are in Chicago, Illinois, June 4-5, and Los Angeles, California, June 11-12. Call the Chiropractic Order Desk at 1-800-359-2289 to register. Dr. Hammer's book, Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities, is available on the Preferred Reading and Viewing List, pages 34-36 #T-126.

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