

A Myth ... ?

A challenge for the future: an accepted, ubiquitous method for the detection of spinal dysfunction based on a model supported by a database of universal scientific thought and rationale with a commitment to a vicissitudinary attitude.

A Reality ... ?

Motion palpation is not a technique, rather it is a very sophisticated system of coupled-motion joint play maneuvers to indicate to the examiner the location, extent, planes, and axes of fixation, and to inform the doctor of how to adjust the motion unit in question. Coupled-motion palpation joint play analysis combines movement in multiple planes and multiple axes at the same time. This presents you with a significant, but not indomitable venture: that is, you will have to know what is beneath your fingers and indisputably so.

No longer will it be acceptable to maintain the "status quo" level of years departed by jesting and toying with people's health in unproven, unchiropractic and unscientific mannerisms of historical perspectives. If you do not know where, for example, (1) the IAR of the sacroiliac joint in males versus females is, then what is your logic for adjusting this patient? The answer, "Chiropractic has always done it this way," just doesn't cut it any more; (2) flexion is a normal motion of the cervical spine that occurs about a transverse axis and through a sagittal plane and whose excursion is predetermined by the shape and level of the segmental arches, the inclination of the individual facets, and the condition of the disc with respect to its imbibing capacity on a time continuum. These are normal physiologic factors of the kinesiological component of the subluxation complex, and ignorance or denial of their existence results in prolonged treatment time and substandard care.

What You Want to See, Is What You See!

The BoBo followers know five adjustments and are good at two. They can demonstrate marvels by testing your deltoid muscle and are the finest at getting their patients into multiple sets of no name brand orthotics. These doctors see what no others see on x-ray. They defy the world literature, they talk to the feet, and they pump up CSF pressure. (I wonder where the CSF pressure gauge is?) Chiropractic does not need BoBos, "20/20" does.

A doctor of chiropractic skilled in motion palpation joint play analysis can identify dysfunction in many asymptomatic patients, (a logical reason for real patient maintenance). This dysfunction with motion restriction (hypomobility) may be a function and indicator of the location of the fixation or it may be compensatory in nature with the primary fixation being elsewhere in the body. Treatment given to the compensatory area will assist in the patient's ability to cope with the pain, however, the signs and symptoms will persist, a cardinal sign of treatment given to the wrong area. On the other hand if the area of dysfunction is the initiator of the pain, the compensatory fixation, and the secondary somatic complaint then appropriate treatment given to this area will result in a resolution of the initial complaint.

In summation, the area of restriction/fixation within the somatic components of the subluxation

complex are not necessarily where the pain generator is, but are related to the relative hypermobility of the soft tissues and holding elements of a fixated segment. The relative acuteness or state of chronicity of the somatic dysfunction/joint fixation also affect the pain presentation. Nociceptive irritants, in the acute injury, coupled with the resultant chemical irritants occurring concomitantly with decreased mechanoreceptor activity, as in joint hypomobility, will cause an increase in function of the sympathetic nervous system, (vasoconstriction and reflex muscle spasm), the combination of which will initiate a vicious cycle. Because of the extensive mechanoreceptor and nociceptor innervation of the arthroal joints alteration in joint function, (hypermobility/hypomobility), can reflexly influence both anterior and posterior divisions of a spinal nerve. This cycle left unchecked will result in a chronic state of multiple segmental joint dysfunction with pain in many locations making diagnosis difficult to the unskilled examiner.

See What You Want, but Try and See It in the Light of Today

In our library, there are in excess of 75 textbooks from all over the world dealing with the science and art of manipulation, (any text that contains one or more chapters on manipulation/adjustment has been included), at least two-thirds of these have been written in the last 15 years and are published by the medical community. A number of them have been re-written and updated to include the latest research with respect to spinal biomechanics and multiple plane adjustments. The remaining one-third, save and except a couple of chiropractic technique books, are extremely old indeed. This is not to state that the techniques contained within are bad: no, not at all. The techniques for the most part are tried and proven. What is poor are the rationales of how to apply these proven techniques.

Truth Is the Only Survivor

Chiropractic is entering a new dimension of which precious few are aware and even fewer are prepared. This new era embodies at this time:

- the neurology of the subluxation complex, which includes the central integrative state of the neuron and joint dysafferentiation, two terms that should not be new to any of us;
- the inflammatory state of the subluxation complex and all of the proinflammatory substances that are released secondary to tissue damage; their impact on the dorsal horn via increased secondary to tissue damage. Their impact on the dorsal horn via increased nociceptive activity is vital to the comprehension of the self-perpetuating cycle of chronicity as it relates to the fixation and joint dysafferentiation.
- The kinesiological component of the subluxation complex as it relates to the coupled-motion joint play analysis and subsequent coupled motion manipulation/adjustment is currently being taught to other disciplines that also do "manual medicine." This should bother you significantly, as others are beginning to learn and appreciate the power of the adjustment given by the hand and following a scientific rationale. At the same time, chiropractic is moving away from the hands on adjusting and into the world of gadgetry and mysticism with an historical perspective as a model for the treatment regime.
- The myopathological component is a major player in the creation of the subluxation complex and cannot be ignored. There are those who would have us believe that the subluxation is always the cause and that the adjustment, to "put the bone right" to use one doctor's words, is all that has to be done. Surely the chiropractic profession has evolved to a level above this

unintelligible abstraction. The alteration in muscle firing patterns of the lower extremities can and will cause pelvic and spinal dysfunction and lead to the formation of the subluxation complex. All the adjustments in the world will not correct faulty firing patterns if the muscular component is the primary cause of dysfunction.

The pivotal, conceptualized tenet of chiropractic treating the cause of the patient's ailment is what possibly made chiropractic successful for many decades. This ongoing search for the cause does not percolate within chiropractic today. If a patient comes in with a headache they get a cervical adjustment; if they have low back pain they get a lumbar or pelvic adjustment; and so on ... What happened to the specificity of our desire to be the very best at what we do? Treat the cause, not the symptom! This disparity has led to the addition of a new component to the subluxation complex. This component will be known as the primary integrative state of the subluxation complex. F. Carrick, DC, coined the term, "central integrative state of a neuron" and to a large extent we borrow from his innovative attitude by using the aforementioned phrase. Integrative means to bring (parts) into a whole. This is chiropractic! Treating the cause and not the symptoms!

MPI, through its continuing education seminars, will endeavor to bring to the doctors and students of chiropractic the latest in research, diagnostics and technique in an ongoing effort to treat the cause of the subluxation complex wherever and whatever it may be.

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Editor's Note: Dr. Innes will be conducting his next Extremities 1 (E1) seminar September 17-18 in Toronto, Canada and his next Full Spine (FS) seminar with Dr. Mark King September 24-25 in Davenport, Iowa. You may call 1-800-359-2289 to register.

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