

## A Paradigm Shift

WHAT IF ... the power of the paradigm shift was understood by all DCs and students of chiropractic? How liberating it would be for all if the profession would accept the concept of learning new methods of diagnosis, differential diagnosis, treatment protocols, and methods of adjusting subluxations, instead of trying to hang on to outdated philosophies and treatment dogma.

The term "paradigm shift" was introduced by Thomas Kuhn in his landmark book *The Structures of Scientific Revolutions*. Kuhn shows how almost every significant breakthrough in all fields of endeavor is first a break with tradition, with the old ways of thinking, with old paradigms.

For Ptolemy, the great Egyptian astronomer, the earth was the center of the universe. But Copernicus created a paradigm shift, and a great deal of resistance as well, by placing the sun at the center. Suddenly, everything took on a different interpretation. The Newtonian model of physics was a clockwork paradigm, but it was partial and incomplete. The world was revolutionized by the Einstein paradigm, the relativity paradigm which had a much higher predictive and explanatory value.

Paradigms can be instant or developmental. Paradigms move us from an historical viewpoint reality to a now perspective. This shift in one's thinking creates powerful change. Our paradigms, complete or maturing, are the source of our attitudes and behaviors, and ultimately the way that the world views and labels the profession.

Paradigms are powerful because they mold the lens through which we see chiropractic reality and through which we are subsequently viewed and judged.

In 1993, MPI will continue its educational journey by once again creating a paradigm shift. This time it will be the introduction of five new MPI continuing education seminars.

Spine 1 will still include the subluxation complex (updated), and the lumbar spine and pelvis. However, new diagnostic tests, differential diagnosis, and many new adjusting procedures have been added. The main thrust will be to teach the doctor and/or student how to differentially diagnose lumbar spine dysfunction from lumbosacral junction (nutation and counternutation), from sacroiliac joint, from the muscles whose pain patterns mimic sacroiliac joint pain, from acetabular fixations, and much, much more. This course is an absolute must for all doctors and students who wish to be on the leading edge of the new paradigm.

The Spine 2 course will include the thoracic spine, cervical spine, the occiput, and rib cage. Many new joint play tests to differentiate occipital-cervical-thoracic fixations will be taught. New literature and studies will be discussed. Once again the ability to differentially diagnose joint dysfunction as an integral part of the subluxation complex will be the paradigm.

E1 -- The Lower Extremity:

This is a new and exciting MPI E1 course for 1993. Following a brief review of the subluxation complex, as it relates to the lower extremity, the doctor and/or student will learn:

1. A fully integrated approach to the subluxations of the lower extremity and their resultant effect upon the joints and soft tissues, both proximal and distal to the location of the subluxation (i.e., headache as a function of the transverse tarsal joint and twisted osteoligamentous plate dysfunction).
2. Individual joint play methods of each bone, their articulations and coupled partners (i.e., the middle anterior subtalar joint facets and the navicular that share a common capsule and motion).
3. A comprehensive analysis of gait with special attention to the muscles that propel the body but can cause, with faulty locomotor patterns, the self-bracing mechanism of the pelvis to subluxate.
4. Joint manipulation/adjustments will be discussed as to their effect on the surrounding tissues and joints.
5. Actual joint manipulation/adjustments to the many possible fixations of the entire lower extremity.
6. Documented tunnel syndromes that can be caused by or a result of the lower extremity subluxations will be analyzed and illustrated (i.e., lumbosacral tunnel syndrome; obturator tunnel syndrome; iliacus muscle syndrome; periformis muscle syndrome; and numerous others).
7. The significance of tunnel syndromes to chiropractic, considering that they all originate from dysfunction of the neurovascular elements, will be reviewed in some detail.
8. Differential diagnosis will form a major portion of the 12 hours during this E1 program.
9. The information and adjustive procedures taught will allow the DCs to incorporate them into their practice the next day.

## E2 -- The Upper Extremity

Following a brief review of the subluxation complex as it relates to the upper extremity, the concept of joint play, the concave-convex rule, and the causes of joint pain, the doctor and/or student will learn:

- Motion palpation examination, joint play techniques for each bone, and a fully integrated treatment approach and rationale.
- The ability to understand the peripheral tunnel syndromes that can cause subluxations in the cervical and thoracic spines and how to diagnose them.

- Differential diagnosis: Pain of a radicular nature could be a sign not only of a tunnel syndrome but also a herniated disc or tumor, i.e., periformis muscle syndrome vs. herniated nucleus pulposus vs. ependymoma.
- Documented tunnel syndromes that can be caused by or a result of upper extremity subluxations will be discussed in detail.
- Joint manipulation/adjustments for all of the subluxations will be demonstrated and taught to all participants.

Life is, by nature, highly interdependent. To try to achieve maximum effectiveness through independence is like trying to play tennis with a golf club -- the tool is not suited to the reality.

The MPI faculty, as interdependent teachers, have the opportunity to share deeply and meaningfully with others, and have access to the vast resources and potential of everyone they meet.

Interdependence is a choice only independent doctors and students can make. Dependent doctors and students cannot choose to become interdependent; they do not have the character to do it; they do not own enough of themselves.

The paradigm shift is on! See you in 1993.

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