

What Pain Are We Treating?

The first and most critical job when dealing with a patient with back pain is to come up with a diagnosis that is specific to the patient. In other words, all patients are not given the flying seven or some other prepacked gadgetry. Without an accurate diagnosis, it is virtually impossible to plan a specific treatment and/or rehabilitation regime that will allow patients to return to their regular work and lifestyle. Localization of the "pain generator" is critical in spinal pain diagnostics. Degenerative conditions of the spine are not seen as isolated findings. Rather, they are a part of a process that affects the entire human body. Indeed, the structures that appear to be the most involved on x-ray or CT scan are rarely the "pain generator." Plain roentgenography is a quick way to screen for unsuspected pathology or as an aid to differential diagnosis. However, they have little or no use in planning a treatment program because they seldom, if ever, correlate to the patient's signs and symptoms.

A careful correlation of the history, mechanism of injury, physical examination, and diagnostic studies is imperative to establish the location of the "pain generator." A complete understanding of the subluxation complex, pain referral patterns, and the tissues that are capable of generating pain is also necessary for the formation of an accurate diagnosis. MPI programs teach all of this and more.

In 1993, MPI will provide DCs and students who strive for excellence, a completely new, updated subluxation complex rationale, and S1 continuing education program designed to update you with the literature of today and to ask you to question some of the outdated treatment modes and theories relative to the lumbar spine and pelvis. Along with a host of differential diagnostic tests will be the specific adjustments for the specific fixation. the counter-nutation adjustment is but one example.

The S2 continuing education program will have its emphasis on the various joint-play techniques to isolate the specific fixations of the cervical and thoracic spines. Differential diagnosis and new adjustive procedures will make up the balance of the course. If time permits, as many as 18 different occiput-atlas adjustments will be demonstrated.

E1 and E2 peripheral joint continuing education programs have been completely rewritten to include many new adjustments and differential diagnostic techniques which have never before been a part of any MPI program.

These programs have an emphasis on current concepts and a scientific rationale that every doctor and student will understand. References and texts for further study and clarification will be given at each seminar.

So what pain are we treating? We know, do you?

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Editor's Note:

Dr. Innes will be conducting his next Lumbar and Pelvis seminar on February 20-21, 1993, in Chicago, Illinois; and his Lower Extremity seminar on February 27-28, 1993, in Seattle, Washington. You may register by dialing 1(800) 359-2289.

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