

Another Paradigm Shift

Warren Hammer, MS, DC, DABCO

In my 30 plus years of practice, the most stimulating times I have ever had have been acquiring new information that significantly changes or adds to my present body of knowledge. How enjoyable to introduce a new method or procedure into your practice that agrees with the literature and, most importantly, helps sick people get well faster. During the years I have felt this stimulation and my enthusiasm for practice and healing has always increased 10 fold. Doctors such as Nimmo, Goodheart, DeJarnette, Gonstead, Faye, and Cyriax have all contributed to the "ringing of the bells."

Almost a year ago I watched while Dr. Steve Perle of Bridgeport Chiropractic College asked a doctor to raise his head from a supine position to his chest. As the doctor raised his head, instead of a smooth curve, during the first five degrees of flexion, he jutted his chin forward before flexing his neck. Steve remarked that this doctor probably had weak scalene and tight sternocleidomastoid muscles. In other words, due to an imbalance of weak and tight muscles, this patient had a deficiency in his quality of movement. In order to improve this motion, an analysis of the muscular system was essential. Dr. Perle stated that a Dr. Janda, a medical doctor and professor of neurology from Prague, Czechoslovakia, had written over a hundred papers and several textbooks on the subject of muscles, their relationship to chronic pain, and the central nervous system.

The "bells" started to ring again. As far as the muscular system was concerned, most of my treatment was concerned with trigger point therapy, spasm, and prescribing exercises. After listening to Dr. Janda lecture for nine days and attending his work shops, plus a trip planned to attend a course he will be giving in Prague this June, I have realized why many patients still suffer with chronic pain.

Why not learn to analyze the muscular system with the same diligence as we analyze the human spine. Currently in my practice, as soon as the patient is over the acute symptomatology, I schedule a muscle evaluation, looking for the particular muscles that tend to get chronically tight (which the patient is usually unaware of). Associated with these tight muscles are antagonistic weak muscles which will remain weak until the tight muscles are treated. Exercising these tight muscles actually makes them tighter and eventually weaker. How can we give exercises without first testing for the tight muscles? These tight muscles alter the quality of motion so we must first evaluate the quality of motion that occurs with head flexion, hip extension, hip abduction, sit-ups, push-ups, and shoulder abduction. Obviously, the muscular and articular system are related and neither system can be completely improved by treating only one system.

Announcing a New Soft Tissue Course

The following represents a tentative outline for a new 12-hour course.

"Myopathology of the Subluxation Complex and Chronic Spinal Pain Purpose": To evaluate the myopathology of the subluxation complex, to treat it, and to prevent chronic spinal pain.

I. The Sensory-Motor Theory of Motor Learning

A. Relationship of the periphery (muscles, joint, fascia, ligaments, skin) to the central nervous system.

B. Assessment of total function since the motor system functions as one entity

C. Why the adjustment cannot be a total answer

II. The Muscular Component (a Missing Link)

A. The relationship of the muscular system to the articular and central nervous system

B. Muscle strengthening versus the quality of motion

C. Muscle hypertonicity

1. Structural

2. Functional

a. Limbic dysfunction

b. Spinal cord segmental dysfunction

c. Incoordinated contraction (myofascial trigger)

d. Painful irritation

e. Muscle tightness

D. Muscle imbalance

1. Definition and causes

2. Consistency of tight versus weak muscles

a. Muscles with a tendency to develop tightness

b. Muscles with a tendency to inhibit

3. Consequences of muscle imbalance

a. EMG studies

b. Movement patterns

c. Effect on joints

4. Pelvic crossed syndrome

5. Upper crossed syndrome

6. Layer syndrome

III Evaluation of Muscle Imbalance

A. Muscular postural evaluation

1. Visualization of tight and weak muscles
2. Palpation

B. Six movement patterns evaluating muscle sequence and activity. Discussion of normal and abnormal sequences.

1. Hip extension
2. Hip abduction
3. Sit-ups
4. Push-ups
5. Supine head flexion
6. Shoulder abduction

C. Screening procedures for tight muscles

D. Treatment of tight muscles using post-facilitation stretch

IV. Sensory Motor Stimulation Treatment

- A. The "short foot"
- B. Muscle contraction speed test
- C. Use of balance and wobble boards

*Warren Hammer, MS, DC, DABCO
Norwalk, Connecticut*

Editor's Note:

Dr. Hammer will conduct his next soft tissue seminar on June 26-27, 1993 in Chicago, Illinois. You may call 1-800-359-2289 to register.

Dr. Hammer's book, *Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities*, is now available. Please see the Preferred Reading and Viewing List on page xx, Part #T-126 to order your copy.

