

What If -- Considerations, Both Practical and Clinical for the Cervicothoracic Area

The term cervicothoracic area is an all encompassing one, defining the superior portion of the thoracic region, the shoulder girdle, and inferior portion of the cervical spine. Obviously, this is an area of vital importance. Contained within or associated with this area are such openings and spaces as the thoracic inlet, cervicoaxillary canal, costoclavicular space, and the axilla with its contents. This is a transitional region where the secondary curve of the cervical spine becomes continuous with the primary curve of the thoracic spine, and there is a marked change in the types and degrees of vertebral motion. It marks the lower border of the brachial plexus, the location of the inferior cervical ganglion, and the termination of the lymphatic system.

Not only is it the recipient of a multiplicity of forces, but it is the area of major postural changes and compensations as may be seen when one considers the many syndromes associated with this region. During the "normal aging process" it often undergoes early and extensive biomechanical, biochemical, and osseous changes that if left untreated will result in a shift of the IAR and the subsequent irreversible changes.

One need only to recall the frequent parental admonitions: to stand tall, with your shoulders back, and to realize the fact that poor postural habits and future complications start at a very early age. As the process of physiologic aging of the spine advances, there are more frequent and extensive changes taking place. In time and without chiropractic care, actual tissue change will have taken place, the mixed bag of diagnoses such as dowager's hump, scalenus anticus syndrome, cervical rib syndrome, costoclavicular syndrome, hyperabduction syndrome, and arthritis become commonplace to these patients.

But what is a syndrome?

- A set of symptoms that occur together?
- The signs of a morbid state?

Does recognition of these signs and symptoms constitute a diagnosis?

What are the possible etiologic factors?

It is recognized by all that the majority of these syndromes do not appear until there is some postural changes -- until there has been directly or indirectly some departure from the normal state of segmental biomechanics and a loss of joint play. The above conditions cited are but somatic components, expressions of a disease process. It must be remembered by doctors of chiropractic that the same etiologic factors causing the above are also capable of producing visceral dysfunction as well.

Motion and segmental harmony are important considerations for all body tissues. Such terms as "dynamic equilibrium" and balance imply motion; motion implies change. The ability to change functional components, to move, characterizes life itself. Bodily motion or living anatomy is not limited to the musculoskeletal systems and structures, but applies to the visceral and vascular

systems and, indeed, to the individual cell and its components. Motion is essential if the proper relationship between intra- and extracellular fluids is to be maintained. Motion is essential for the biomechanical/biochemical/neurological/kinesiological interactions to occur.

Motion is then a requirement of the homeostatic mechanisms of the body.

Relating this to the cervicothoracic region, it becomes clear that the functionality of this area is important and that, regardless of age, the somatic component of cervicothoracic disease should be a part of each chiropractic differential diagnostic work-up. Segmental dysfunction change in the IAR and obvious tissue changes must be recognized as etiologic factors in the production of such states as hypostasis and disturbed pulmonary and cardiac function, as well as the disharmony of segmental dysfunction of the muscles and skeletal systems.

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Editor's Note:

Dr. Innes will be conducting his next Somatic Components of the Subluxation Complex seminar on August 1-2, 1992, in Denver, Colorado. You may register by dialing 1-800-359-2289.

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