

My Homage to the Late Dr. Henry Gillet Spinal Fixations -- General Clinical Considerations.

Ronald Fohlmann, DC

The definition of a subluxation was traditionally an incomplete dislocation, a condition in which a vertebra has lost its proper juxtaposition with the one above or the one below, or both; to an extent less than a luxation, which impinges nerves and interferes with the normal transmission of the neural impulses.

The "waterhose-mechanism" or "bone out of place" definition of a subluxation was deemed too simplified, to a great extent as a consequence of the clinical investigations done by the Belgian Research Group and especially the outstanding work of the late Henry Gillet of Brussels.

Dr. Gillet believed himself more of an inventor, in his own way, than a doctor. His mind was nearly always occupied in one way or another with chiropractic. He especially tried to understand the clinical phenomenon of a subluxation, which for him was an articulation with restricted motion. His chiropractic beliefs had a forum, as for many years he was the secretary and editor of the bulletin of the European Chiropractic Union.

The old chiropractors will remember his always inspiring and amusing comments. For example, after many and lengthy comments about the lectures at an ECU convention day in Paris: "Finally out to see Paris, but I did not look at what I was supposed to look at." That was the way he was. He was always giving freely of this vast experience of chiropractic. He could not be otherwise. He was like many of the chiropractic pioneers handcuffed with chiropractic.

I got to know Henri Gillet in 1962, visited him several times and sat in his clinic watching him at work. I once remember we were sitting in the hall of my hotel at my departure day, just talking about chiropractic (mostly about fixations!) from morning to late afternoon. He visited me once in Esbjerg, Denmark, and through all those years we corresponded quite often. Today I treasure this correspondence.

He always wanted me to teach and lecture about the fixation theory and its clinical implications. I did, but perhaps not enough. I was busy as an external lecturer at the AECC and writing my books, laymen publications (in Danish) about chiropractic, and related subjects in which I naturally often wrote about the new concept of the subluxation.

At one time I made a schematic in which I listed several clinical considerations and facts about the different types of fixations. I sent it to Dr. Gillet. He was satisfied with it and made a few amendments.

Here it is -- my homage to Dr. Henry Gillet.

Type of Pain

Art. None or chronic, feeling stiff, particularly after being immovable (lying, sitting etc.).

Musc. Usually acute, seldom chronic, except when total muscular fix, and muscular atrophy.

Lig. None or chronic, depending on the degree of ligamentous shortening.

Skin Changes

Art. Dry, thin and cold, unhealthy (atrophied), "red spots," trophic spots.

Musc. Bluish red, wet or too white (heart readings on movable side).

Lig. Normal

Musc. and Lig. Changes

Art. Degeneration, end-result fibrous ankylosis.

Musc. Hypertonus, eventually shortening of the lig. and (maybe) very slow deg. of the art. bursa.

Lig. Tendency to muscular atrophy.

Movement Palpation

Art. Complete blockage, no movement in any direction. Hard and bony feeling, no partial correction by the movement palpation itself.

Musc. Soreness and hypertonus of the small local muscles in the fixated area. At times a decrease in tonus just by doing the movement palpation towards the side of the hypertonus and an increase towards the opposite side.

Lig. Partial movement. No movement increase by forcing the movement.

X-Ray Manifestations

Art. No deviation if fix. is bilateral -- maybe if fix. is unilateral. Chondrosis (without exostosis) -- the extent relative to the duration of the fix.

Musc.

Lig. Arthritic changes (exostosis and chondrosis).

Type of Technic

Art. The usual chiropractic adjustment technics (corrective manipulation). When beginning fibrous ankylosis "articular re-education".

Musc.

Lig. And/or exercise.

Correction Without Chiropractic Adjustment Technics

Art. Very, very seldom.

Musc. Often (especially part. fix). Spontaneous correction upon any type of relaxation (mentally or by drugs).

Lig. Seldom (except specific exercises).

Correction With Chiropractic Adjustment Technics

Art. Fast and good correction (generally). Exception irreversible fix. (ankylosis).

Musc. Fast and good correction.

Lig. More slowly (except specific exercises).

Manipulative "Crack?"

Art. Yes, except when fibrous ankylosis fix.

Musc. Usually

Lig. Seldom (or smaller one)

Recidivism (Prognosis)

Art. Often, but not necessarily.

Musc. Depends on many factors. The state of the rest of the spine, patient's daily habits, ability to relax, food, feet, mental state also.

Lig. Depends especially if the patient uses the corrected spinal region physiologically correctly and does the prescribed exercises.

Ronald Fohlmann, D.C.

Saeding, Esbjerg, Denmark

APRIL 1991