

Don't Confuse Asymptomatic With Nonsubluxated

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How often have we chiropractors heard from one of our patients that the area being adjusted "doesn't hurt?" On the other hand, how often has a patient told us that an area doesn't hurt, or feels good - so much so that we decided not to examine it?

Pain-Free, But Not Problem-Free

There is a huge difference between nonsubluxated and asymptomatic joints. I think most people would agree, and it is my definite opinion, that many subluxations occur in the absence of any detectable pain. These subluxations can cause many things, including neurological deficits, biomechanical lesions and compensations, and a multitude of symptomatology not necessarily involving pain.

A good example is the typical adult with pronated feet. It is interesting to note that most excessive foot pronation does not cause noticeable foot symptomatology. The most common adult pattern is one that involves bilateral but asymmetrical excessive foot pronation, internal tibial and femoral rotation, with some degree of pelvic tilting and anterior translation.

Neurologically, this condition can cause proprioceptive changes and muscular imbalances. This is why the chiropractor may notice a patient's shoe with excessive posterior/lateral heel wear, and a foot that is basically longer, wider and flatter. The patient may also exhibit Achilles tendon bowing; foot flare/toe out; patellar rotation; and/or visible decrease of the medial longitudinal arch.

Demonstrate the Involvement

A good way to demonstrate to the patient that his or her feet may be involved in knee, hip, or low back symptomatology is by using what I refer to as a "show and feel" demonstration: Ask the patient to stand with the feet shoulder-width apart, and ask that he or she place the four finger pads of each hand along the bony prominences of the greater trochanter. Next, have the patient roll the feet inward (excessive pronation) and then outward (excessive supination). Do this several times. The patient will notice that the hip joints move more than he or she would think.

The second part of this demonstration is to have the patient touch only one trochanter with his or her finger pads. This time, have the patient roll the foot inward and outward only slightly. The patient is usually surprised by how much the hip socket moves. This shows that even slight motion of the foot can cause the knee and hip to move and potentially cause symptoms. This demonstration is an easy initial way to suggest to the patient that stabilization of the feet will help overall structural well-being.

Support With Orthotics

Stabilization of excessive pronation can best be achieved by utilizing custom-made, flexible orthotics that support all three arches of the foot within their normal ranges and allow for flexible

locomotion. In-shoe orthotics have been called, "the only method of controlling over-pronation at the subtalar joint."¹ More recently, research published in the *Journal of Manipulative and Physiological Therapeutics (JMPT)* verifies that custom-made, flexible orthotics improve the structural alignment of the feet, thereby creating a more symmetrical foundation throughout the kinetic chain.²⁻⁶

It's Wise to Stabilize

My very strong recommendation is for the chiropractor not to confuse an asymptomatic joint with a nonsubluxated joint. They are very different. Subluxated but asymptomatic joints must be examined, adjusted, stabilized and rehabilitated appropriately. Stabilization of any weight-bearing joint is best achieved with custom-made, flexible orthotics.

References

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