Dynamic Chiropractic

CHIROPRACTIC TECHNIQUES

Five Key Treatment Modalities

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Patients are more challenging today than they were 50 years ago for doctors of chiropractic. Why? Well, people are often more stressed, take more medications, have generally poor diets, are less physically active, have less down time for relaxation, and are exposed to more air and noise pollution than they were 50 years ago. So, DCs often end up treating patients who are more complicated, for all these reasons and more. You will be a more effective clinician if you address these components directly with your treatment, or indirectly by referring to someone who can assist you with the patient's care.

Let's discuss five key treatment modalities. These are used after a good patient history and exam have ruled out the "bad stuff" that needs help from other types of practitioners (e.g., spinal infections, metastatic cancer, avascular necrosis).[1]

The most obvious treatment is the chiropractic adjustment. This accomplishes three goals: restoring joint movement, helping to balance/relax muscles, and (via mechanoreceptor stimulation) reducing pain. Whatever your method of analysis - motion palpation, leg checks, X-ray analysis or posture checks - in the end, your adjustment accomplishes those three key goals.[2]

The second modality is to stretch shortened muscles. Janda introduced the concept of upper and lower crossed syndromes. This is more applicable today than ever due to our sedentary, flexion-dominant society. I use postisometric relaxation stretches, but there are other ways to accomplish this.[3] According to Janda, these shortened muscles cause neurologic reciprocal inhibition (e.g., tight iliopsoas leads to inhibition and functional weakness of the glutes). A dysfunctional S/I joint also can cause inhibition of the glutes; however, we can use our adjustments to correct the sacroiliac joint problem. By restoring more normal length to the iliopsoas, rehabilitation of the glutes starts neurologically and immediately, hence the perfect time to perform your low-tech rehab.

This leads us into the third component: rehabilitation of deconditioned and inhibited tissues. I have a rather unimpressive rehabilitation area in my office, which includes the basics of Swiss balls, balance surfaces and light weights. I particularly like the protocols put forth in Donald Murphy's text[4] and Craig Leibenson's text.[5] The emphasis in these texts is on functional rehab, not running a fitness center. Low-tech rehabilitation and exercise are not the same thing. Low-tech rehabilitation helps with motor control and neurologic retraining.

The fourth component is manually addressing trigger points and soft-tissue adhesions. Travel wrote the original definitive text on trigger points in 1983.[6] She gives trigger point patterns along with multiple treatment approaches. There are many soft-tissue techniques to address muscle adhesions, tendon and ligament injury repair, and more. Graston Technique and active release are two of the more popular techniques.

The final component for the modern chiropractor is addressing the nutritional status of your

patient. This is vital because patients in a pro-inflammatory state do not heal as well, which leads to a myriad of disease entities. Most patients routinely eat a diet rich in pro-inflammatory omega-6 fatty acids and minimize the anti-inflammatory benefits of eating fresh fruits, vegetables, nuts, and wild fish and game. Having patients simplify their diet and add anti-inflammatory supplements (e.g., the "core five" taught by Dr. David Seaman) will help reverse the pro-inflammatory state of your patients. The core five includes a multivitamin, magnesium, coenzyme Q_{10}, essential fatty acids, and a natural anti-inflammatory that includes ginger, turmeric and boswellia.

I do not have a big nutrition practice, but my recommendations will help a lot of my inflamed, nutrient-deficient patients. Keep learning, keep helping your patients, and build the practice of your dreams.

References

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