

For Chiropractors Only

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As an undergraduate, I took a psychology course known as the "rat lab." This is where the student takes a moderately hungry rat in a cage, and then teaches it to press a bar to get a pellet of Purina rat food. The idea is to "shape" the rat's behavior and make it press the bar exactly the way the student trainer desires. The rat is only rewarded when the bar is pressed in some predetermined style. The most impressive thing about this experiment, though, comes later - letting the rat go "freestyle" with the bar-pressing. In my case, my rat soon was gorging himself by pressing the bar with his back foot. My rodent went from being a polite rat with table manners to emulating a drunk at a cheap buffet.

Over the years, I often have become lazy in my adjusting and manual techniques. I have a stool at the head of each of my treatment tables, since sitting down for a moment seems reasonable when I am palpating the cervical spine of a patient. But, some years ago, I found myself adjusting the neck while continuing to sit. Although I had to modify my technique, that seemed to work. I also simplified side-posture lumbar adjusting at times by using my forearm instead of my hand, since it was easier on my own lower back. I became fussier about when and where I adjusted the patient, since I didn't want to work any harder than I had to. In other words, I became a lazy rat.

I have since relearned the appropriateness of good adjusting techniques. After all, there is no one in our office to critique us and encourage us to perfect our skills. It is easy to get individualistic in our adjusting techniques. Ever since I was a small boy, watching my father and his DC friends adjust, I have always been curious about how and why chiropractors do what they do. Now, at this point in my career, I truly believe we often don't really know.

I can think of a particular visit to a colleague, well-known for his passion for continuing education. He is board certified in orthopedics and some other specialty. However, when I saw him adjust a patient that day, I imagined he had been trained in cattle-stunning at a meat processing plant. He had the worst technique I had ever seen. This chiropractor adjusted the thoracic spine so hard that the poor patient's heels flew up and hit the back of the DC's head. The patient's sandals flew off; the adjustment could have "knocked his socks off" as well, if he had been wearing any. The DC saw the look on my face and said, "I was taught that the bones have to move to do any good!" Well, this patient's bones would have had to move out of state to be safe from this guy.

Why are we so different in our technique styles? A friend of mine told me about his visit to his original chiropractor on the East coast. The DC would adjust some segment, and then walk over to the window and look out for a minute. My friend theorized that the doctor was allowing the adjustment to "set in" for a while, since he did this after every thrust. Apparently, his technique required a lot of "rest" time for each area of the body to respond in some way.

Resting after an adjustment seemed to be a fad at one time. There is an office design I have seen more than once; I don't know the history, but here's what it looks like: There is one adjusting table in the middle of a room, with perhaps six small "feeder" rooms surrounding this main room. Each room is equipped with a cot and a door to enter the main room. The idea was to get patients in and out of the adjusting room quickly, but give them a chance to rest on the small bed afterward.

Apparently, this design lost favor since the patients often fell asleep, thus slowing down patient flow.

My father had his own technique quirks. He was an upper cervical chiropractor in his early years and would look at the patient's cervical X-rays on the view box before adjusting. He did this every time, and explained that he visualized the nerves opening up and the vertebrae slipping into position. I once had to drive 30 miles round trip to retrieve some forgotten X-rays of my grandmother so my father could adjust her. That's how important X-rays were in his technique world.

Yet, for others, technique has been secondary to practicality. In New York, a famous DC was known to always adjust the atlas vertebra from the right side of the treatment table. The chiropractor said he was releasing blocked innate intelligence, and that it didn't matter how he did it. I had heard of this urban myth, but the real reason for this technique was not tied to his philosophy. It turned out that the doctor's treatment room was so small, the adjusting table was pushed against the wall and he could only stand on the right side of the table.

In the movie *Jeremiah Johnson*, Robert Redford plays a greenhorn mountain man in the Rocky Mountains in the early 19th century. He is wandering and comes across an old fur trapper. The first thing the old man asks him is, "Can you skin Griz?" Redford's character doesn't understand, so the old trapper says again, "Can you skin a grizzly bear? 'Cause until you do, you'll never be a real mountain man." Perhaps we can admit that the specific adjustment is about the only thing we do that others may not do as well. No matter how educated we get, none of us will be a "real chiropractor" until we can be competent with what we do with our hands.

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