Dynamic Chiropractic

CHIROPRACTIC TECHNIQUES

Learn How to Keep Your Practice from Hurting You

Danielle Finden, DC

Editor's Note: This is the first in a series of articles based on the new technique book, A Guide to Alternative Chiropractic Technique: How to Keep Your Healing Practice From Hurting You.

Injury rates among doctors of chiropractic are at an alarming 40%[1] within the first five years of practice, causing lost revenue from missed days of work and, in many cases, causing chiropractors to modify their techniques to accommodate their injuries or forcing some into early retirement. The incidence of injury is even higher amongst students currently enrolled in chiropractic programs in the United States, with more than 50% of students reporting self-induced injury during methods classes[2] from repetitive stress and lack of proper instruction in preventing such injuries. We, as healthcare providers, are doing a serious disservice to our bodies and our patients when we compromise our own health in order to help others achieve wellness.

The problem begins in the classroom with a lack of instructors in methods courses who pay attention to the specific needs of different body types and ignoring the biomechanical needs of females and smaller framed students. And the problem only continues into practice where many practitioners set out on their own with no real support in catering to their body's specific biomechanics to deliver effective manual manipulations, while still appreciating the desire to survive a long career in this physically demanding profession by remaining free from self-induced injury.

I wrote, *A Guide to Alternative Chiropractic Technique: How to Keep Your Healing Practice From Hurting You*, to provide modifications to popular methods of adjustments and offer brand new techniques that better suit the biomechanical needs of chiropractors while simultaneously offering methods of effective chiropractic manipulative technique that help to avoid injury in their delivery. Written from the perspective of a petite female with an active and diversified practice, this book is particularly helpful in identifying techniques that may be contributing to injuries that so many chiropractors face, including lower back pain, shoulder strains, elbow and wrist sprains. The book also offers new suggestions for eliminating the need to use brute force to deliver effective adjustments, but rather focuses on creating the true biomechanical advantage for the chiropractor in order to achieve desired results without compromising their own bodies, which is especially important to petite providers, particularly women.

The techniques outlined have been developed and perfected over several years in my own private practice on actual patients. The focus is on the differences in technique needed to optimize the biomechanical advantage of the practitioner, delivering repeatable, dependable, manual manipulation that is both effective and maintains the physical integrity of the doctor.You can immediately apply these techniques in your own practice.

One of the most difficult regions of the spine to address, for me personally, was the cervicothoracic junction. I had difficulty finding the physical strength to deliver the necessary force in a traditional

crossed hands thrust, which required more from my pectoral muscles than my small body had to offer. I want to offer several modifications and new techniques for this region specifically, and the following is one of my favorites and my go-to method of addressing this troublesome region, especially when encountering cases of acute acquired torticollis, because it eliminates rotational torque and lateral flexion, which increases comfort for the patient, who has significant range of motion restriction.

I began developing this adjustment technique while in school as a student. After struggling with adjustments in the cervicothoracic junction, even after extra instruction from fabulous teachers and mentors, I realized that what I lacked most was the upper body strength and physical weight to generate the force needed in order to successfully perform any of the techniques that were being taught to me. What I was good at however, after enduring endless hours of lectures as a chiropractic student, was sitting. So as a sort of last ditch effort and as a joke with one of my instructors, I thought, "What if I just sit on my patient since I clearly lack the biomechanical advantage here?" Amazingly, that worked! I thought it was a lucky fluke, but when many of my fellow classmates was struggling with the same thing, I offered my help and found this technique to be very reproducible and effective.

This has been my go-to technique for addressing joint restrictions in the cervicothoracic junction because it requires relatively little physical strength from the practitioner so it is extremely easy on my body, protecting my shoulders and pectorals from self-induced injury. This is completely passive for the patient, making it more comfortable for them than some of the other traditional methods that require lots of torque in the cervical spine.

This adjustment is best utilized for upper thoracic rotational and lateral flexion malpositions. It uses the doctor's body weight with a fully extended contact arm to minimize stress on the shoulder for both the patient and the doctor. It is especially helpful to have the patient drop their arm to the floor on the affected side with palm facing up. The doctor then can place their foot on the arm-rest for added leverage during the thrust in which you feign sitting on your contact hand.

With patient prone, the doctor places a pisiform contact on the transverse process of the rotated upper thoracic segment. Keeping the contact arm locked in extension, step forward so that your contact hand is just behind you. The thrust occurs as your load is transferred through your locked elbow as you bend your knees in a sitting motion.

Take a Seat Technique

Doctor Position: Standing on the ipsilateral side as the listing, facing towards the patient's head, place your foot that is nearest the patient on the armrest and step forward so that with your arm fully extended, your contact hand is just behind your ipsilateral ischium.

Patient Position: Prone with ipsilateral arm extended towards the floor and palm facing up.

Contact Hand: Pisiform on the transverse process of the affected segment.

Non-Contact Hand: On the patient's head for stabilizing, with little to no pressure. (The patient's head is not laterally flexed during this adjustment and no pressure or thrust is applied with the non-contact hand).

Line of Drive: Posterior to anterior.

Thrust: Keeping the arm of your contact hand extended, quickly bend your knees as if to sit on your contact hand.

In the continuation of this series, you will be introduced to techniques specifically addressing the unique biomechanical needs of the female practitioner in lumbar side posture adjusting, as well as alternative modifications to popular techniques in the notoriously difficult to adjust thoracolumbar junction that enlightens us beyond the traditional suspended inspiration methods that can make your patients feel like you're knocking the wind out of them. New approaches in how to manually adjust the overweight patient population, with special attention to avoiding injury to the lower back and shoulder regions. And even a bonus technique that is not only effective on patients, but also one that you can employ on yourself to alleviate strain on your thumb and wrist.

References:

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2. Kuehnel E, Beatty A, Gleberzon B. An intercollegiate comparison of prevalence of injuries among students during technique class from five chiropractic colleges throughout the world: a preliminary retrospective study. *J Can Chiropr Assoc*. 2008 Aug;52(3):169-174.