

DIAGNOSIS & DIAGNOSTIC EQUIP

Intellect or Feeling?

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The push and orientation of chiropractic education has been toward achieving intellectual and educational credibility and recognition. This is a positive and necessary progression. Without this, chiropractic would not survive in a world that requires proofs, standards and substantiation of its works.

However, in the process, those who rightfully push toward higher standards of chiropractic education and performance often look down on historical and present practices that involve perception, rather than intellect or deduction. Let me give you an example: The average chiropractic graduate is intellectually skilled in academic subjects. He or she is able to recite and perform orthopedic and neurological tests for spinal and extremity problems. These same doctors can examine X-rays, recite pathology conditions, and interpret lab results with expertise. This level of intellectual achievement is worthy of respect and honor.

When these same students are asked to examine a low back condition, too often they examine leg lengths, then conclude that the right side of the pelvis is a PI subluxation because of a right short leg. If these same doctors are asked to perform a practical and functional examination of the spine and pelvis, they too often revert to static probing; leg-length evaluations; X-ray markings; and instrument evaluations.

All of these practices are informative, but they are indirect and represent the intellectual side of the processes of evaluation. All information, regardless of where it comes from, is beneficial. Intellectual knowledge and input are normal, natural consequences of human nature. The intellectual process separates us from other species, and allows us to progress beyond any other created organism. However, it is not the only process available. The processes of perception also are available to humans, but unlike intellect, they do not fit into modern education. You cannot weigh or measure perception and feelings.

If you proceed beyond the intellectual examination of the low back pain patient and ask the average student or modern doctor to perform a visual, static and motion analysis, there is a huge hesitation. In general, I notice a significant regression or degeneration in practical and perceptive skills and processes compared to intellectual skills. I am not saying intellectual skills are bad, wrong or unnecessary. Often, they fill the void and complete the process or processes of examination and treatment. However, I reiterate: Humans are not mere intellectual creatures. We possess capabilities of feelings and perception that must be part of examination, evaluation, diagnosis and treatment.

If I were to ask the average student or doctor of chiropractic to perform a functional examination of the spine, pelvis or extremities, I would like to see:

- 1. gross ranges of motion, examined visually and tactilely;
- 2. intersegmental motion, also examined visually and tactilely (grossly utilizing rotation, lateral flexion, extension, etc., and endplay, within the same parameters).

I also would expect coupled vector examination of each joint.

The performance of these procedures requires intellectual organization. It also requires feeling or perception that, although not weighed or measured, are normal processes and can be integrated into the intellectual (orthopedic/neurologic/radiologic) assessments. A balance can be achieved. Conversely, perceptive evaluation without a rational orthopedic/neurologic overview is equally weakened and imbalanced. In my opinion, proper balance is equal development and utilization of intellectual and perceptive skills.

Let me ask you, the reader, to do the following with your next patient: Perform visual, static, and rotational examinations of the left and right sides of the cervical spine. Then, couple rotation and lateral flexion and isolate the most fixated or hypomobile complexes. Discern the most hypermobile joints. Distinguish between P-to-A and A-to-P motion, and isolate muscular and joint restriction contributions to C1/C2 to C7/T1 levels. You will soon discover that the above cannot be realized with orthopedic/neurologic testing, or with X-ray or instrument examination. It can and should be examined, isolated and identified with tactile feeling/perception skills. These are not intellectual skills, but they can provide more information for the intellectual analysis.

In conclusion, I advocate a balance of skills and processes. Intellect without feeling is inadequate, as is feeling without intellect. The balance of intellect and feeling provides the best and most accurate means of analysis. The process of gaining skill in either area requires energy and repetition, but it is worth it. To ignore one over the other is closed-minded and prejudiced, and leaves us short of being the best we can be.

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AUGUST 2003

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