

The Chiropractic Tunnel

Warren Hammer, MS, DC, DABCO

Many practitioners in our profession profess strong beliefs in systems or methods of care. They emphasize a particular way of evaluation or treatment. Often our education creates a "tunnel vision" that precludes our ability to truly open our minds. The "tunnel" could be very large in circumference but it still is bounded by a circular wall. Many practitioners who have a particular system of evaluating the spine using radiography and other methods often pay minimal attention to other aspects of the locomotor system. At times they accuse some of their colleagues of paying too much attention to "soft tissue" and not paying attention to the "true cause." While on the other side are practitioners who minimize the use of spinal adjustment and become doctors of massage therapy.

The method of care that should be used on any patient should be based not on a system of care, but on the dysfunctions of that particular patient. If we are captured by a particular philosophy or method or theory, then the patient is equally captured. Unfortunately, practitioners who adhere to one method or system only remember their successes. Seldom do they attempt to evaluate why the failure occurred. Of course if you live in the tunnel and the tunnel is the only environment you are familiar with, rationalizations will abound.

Motion palpation is not necessarily the only way to evaluate a spine and adjusting into the fixation is not necessarily the only direction to adjust. The spinal component may have very little to do with a mechanical backache. The short tight muscle may not have anything to do with the cause of the spinal or muscle pain. The severely hyperpronated foot may have nothing to do with the plantar fasciitis. The subluxated atlas may have nothing to do with the cervical pain or peptic ulcer. It is necessary to be aware of dysfunction wherever it exists and to have as many tools as possible to evaluate and restore function.

If you dare to admit that you are examining a patient for dysfunctions within the neuromusculoskeletal system then you must examine the whole system to arrive at a differential functional diagnosis. You cannot routinely assume before you examine a patient where the probable source of the dysfunction lies. As soon as you do, you are "tunnelized."

I have written in the past about aberrant soft tissue preventing spinal function and the necessity of treating soft tissue for the elimination and prevention of spinal subluxations. But knowledge of soft tissue also refers to learning how to evaluate the total locomotor system and the use of techniques that can reduce dysfunction along with spinal adjustments or for that matter reduce dysfunction that a spinal adjustment cannot reduce.

Leaving the tunnel will not mean an end to chiropractic and the subluxation theory. We have been around for 100 years and only a small percentage of the population avails themselves of our service. Maybe we should broaden our services and look at the whole person and fix as many dysfunctions from a manual point of view as possible. The noxious foci that are amenable to manual methods and interfere with the normal functional integrity of the nervous system are literally wherever our hands

can find them. The more weapons you own to fight these "noxious foci" the greater your results. Let us open our minds and create a chiropractic of the 21st century that will attract the majority of our population. We must eventually admit that the tunnel we have created has not been able to.

Reference:

Lowe JC. The genesis of myofascial therapy and rehabilitation. Chiropractic Products. April 1995: 54-56.

Warren Hammer, DC, MS, DABCO
Norwalk, Connecticut

JUNE 1995