

Motion Palpation as an Educational Tool for Patients

How often have you heard this statement from your patients: "Doctor, what exactly is it that is wrong with me?" or, "What is the adjustment doing for me?" Your answer to these questions reveals your level of understanding of spinal biomechanics, the real source of the pain, and what area of the spine you are going to treat. Remember the famous Gonstead saying: "Find it, accept it where you find it, fix it, and leave it alone." Pain alone is not an indicator of where to adjust the patient.

So what is wrong with the patient?

Bone out of place (BOOP)? Few patients will believe this antiquated mistruth.

Slipped disc? Not very good either, as discs do not slip. According to current studies, discs are a very rare cause of back pain. Dr. V. Mooney suggests it represents approximately one percent of the cause; Dr. N. Bogduk says it is less than five percent; and Drs. Kirkaldy-Willis and Cassidy suggest that less than 10 percent is a realistic value.

Pinched nerve? Well, the problem here is that pressure on a nerve does not cause pain. If you need a reference, see "Innervation, Pain Patterns, and Mechanisms of Pain Production," by Twomey and Taylor in *Physical Therapy of the Low Back*, and *Low Back Pain* by Bornstein and Wiesel. Compression of normal nerve roots does NOT cause pain, however pain can occur if the nerve root has had previous damage. There is absolutely no doubt, given certain circumstances, mechanical compression of the content of the IVF or dorsal root ganglion, or compression of previously damaged nerve roots can cause pain, however a significant misinterpretation of the concept of sciatica is the doctor's willingness to relate all forms of sciatica or lower limb pain as the direct result of nerve root compression. It now appears that the most significant feature may NOT be compression, but the development of inflammation, (intranural or perineural in nature), resulting in eventual nerve root ischemia and scarring. This situation IS pressure sensitive, but we have no way of knowing if there was previous nerve damage.

"So, what is wrong with me doctor?" The answer is simple and truthful. The patient is suffering from the "disease" known as the subluxation complex which, as you know, is a complex clinical entity comprised of the following:

1. kinesiopathology
2. neuropathophysiology
3. myopathology
4. connective tissue pathology
5. vascular considerations
6. inflammatory response
7. histopathology

8. biochemical abnormalities

Each of these component parts has an effect on the delicate balance and interplay between the nociceptive and mechanoreceptor afferent input into the dorsal horn and the various synaptic connections that are made.

What Does the Adjustment Do for Me?

Obviously it does not replace that which is not misplaced or push the so-called slipped disc into place, nor does it take the hard bone off the soft nerve. So what does it really do? Simply put, the object of the adjustment is to restore biomechanical and neurological function to a malfunctioning motion unit. (Notice the term "malfunctioning motion unit" has been used and not the term "subluxation." This is because a subluxation is a complex clinical entity and therefore cannot be used in this context.) This in turn will allow a harmony between mechanoreceptor and nociceptor afferent input to occur. (For further information see "Neurology of the Cervical Spine Joints," by Barry Wyke, in *Physiotherapy*, March 1979, vol.65, no.3.)

Explaining the component parts of the subluxation complex to your patients accomplishes two goals: It educates patients on what is wrong with them today, and also explains the wide scope of other conditions for which patients can consult the DC; it also educates the doctor, or as one of our patients told us, "The way I pick a doctor is to first look at his library. If the last book he bought or uses was written 20 or 30 years ago, then I leave, as obviously the doctor is not up to date."

MPI courses will be offered throughout the United States and Canada during 1994. Why not attend one and learn about the subluxation complex and how to use motion palpation as an aid to your diagnosis.

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Editor's Note: Dr. Innes will be conducting a Lower Extremities (E1) seminar January 29-30 in Kansas City, Missouri; a Spine 1 (S1) seminar February 5-6 in Chicago, Illinois; and another Spine 1 (S1) seminar February 12-13 in Toronto, Ontario, Canada. You may call 1-800-359-2289 to register.

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