

## Too Much Force!

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While teaching Motion Palpation and various adjusting procedures around the country one fact always becomes evident. Chiropractors use too much force to deliver an adjustment. I should preface that statement and say that I too love to hear the noise that indicates that at least a particular joint has cavitated and therefore moved the requisite 4mm needed to establish joint play in the parapsychological space. This article, however, is not about the importance of joint cavitation but the actual technique used in delivering an adjustment.

Preloading the joint before actually delivering the actual thrust is commonly taught in all schools and most technique courses. I believe the term used is "three point tension." Locking the joint in this manner invariably makes the adjustment more difficult to deliver and requires a much greater amount of force. The amount of reactive muscle spasm as well as patient anxiety produced with this method always necessitates a heavy handed adjustment.

The adjusting techniques taught by the Motion Palpation Institute are designed to be gentle but effective adjustments. Keep in mind that these adjustments provide tremendous cavitation (joint noise) but without preloading. Presently, 99 percent of all cervical technique we teach at MPI seminars is done seated. Seated cervical adjusting without rotation and extension is taught with several goals in mind. Patient protection is one, by reducing the possibility of stroke brought on by supine extension rotation adjustment (very small risk even when supine). Sitting cervical adjusting is primarily taught because it is easy to learn and requires much less force.

When performing a lateral flexion adjustment (in seated position) of C5/C6 the biggest roadblock the students always seem to face is the inability to feel the joint lock previous to the adjustment. If you have always adjusted using "three-point tension" it will feel a little bit like adjusting into air. I might add that we are not suggesting you would leave the cervical spine in pure neutral during this adjustment, only that you do not preload the spine in lateral flexion, rotation and then extension before you thrust. It is a little bit like introducing the movement required to the particular joint in question and then giving it a bit of kick as it flies by.

The difference between adjusting the cervical spine with and without preloading is substantial. The only requirements to adjusting with less force are timing and knowledge of the anatomy that lies under your fingers. The anatomy is required for plane lines and directions of force. Timing is a bit more complex because it requires practice and tissue sense. "Tissue sense" is simply the ability to determine when the adjustment should be delivered based on the tension felt in the tissues by the adjusting hand. Tissue sense is heightened by use of motion palpation analysis procedures and can be learned quickly.

When you begin to experiment with this type of adjusting you will find many advantages. Your patients will love the experience. They will hear the same joint noise, get the same great results without the pain created by "three-point" tension and the extra force necessitated by such a method. Another benefit is to you, the doctor. While adjusting the cervical spine requires a fairly small amount of

energy during a typically busy day, the low back is a different story. Most methods of adjusting the sacroiliac joint require preloading, leaning on the leg, full spinal twist with contralateral shoulder and hip touching the table, etc. None of this preloading is necessary. When the sacroiliac joint is left in neutral it can be adjusted with a finger contact. The lumbar spine also can be adjusted with finger contacts. The smaller contacts concentrate the force required into a smaller area thereby reducing again the amount of force needed to deliver the adjustment.

Learning to adjust without preloading is not easy. You have to be able to place tissue sense and timing before brute strength. Strength in adjusting is actually probably overrated. Perfecting your timing and adjusting according to correct anatomical joint plane lines is much more valuable to a great adjustment. Brute strength is usually only required for the most difficult to adjust patients (and those patients when you've preloaded the joint). Give this method a try, it will enhance your patient's appreciation of the adjustment and be a lot less work for you.

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SEPTEMBER 1994