

Evaluating Our Gurus

Warren Hammer, MS, DC, DABCO

Often in the healing professions dominant personalities, who have developed definite ideas about how one should proceed in examination and treatment etc., have created large followings. The followers accepted the word of these creators as the gospel and would never deviate from the dictates of the originator.

These unique personalities disseminated their theories in a time when there was no peer review documentation available. Their valuable contributions were most welcomed and gave many of us who really had nothing to hang our hats on a way to proceed. I personally was inspired in practice and helped immensely by such people as Dejarnette; Nimmo; Gonstead; Logan; Grostic; Goodheart; Reinert; Palmer; Janse; Illi; Carver; Forester; Gillet and Cyriax just to name a few.

However as Rothstein¹ points out, "We spend more effort in the propagation of ideas than in the refinement and testing of ideas. The power of personality and the skillfulness of the presenter seem more important than the supporting evidence." He goes on to state: "If disciples spent less energy proselytizing and more energy critically examining, testing, and documenting the concepts they promote, our journals would be filled with meaningful clinical research."

In our profession there appears to be a beginning in assessing some of our techniques.^{2,3,4} Hayes et al.,⁵ recently evaluated Cyriax's concept of the capsular pattern with respect to the knee. Cyriax taught that in arthritis there is involvement of the entire capsule surrounding the joint causing a loss of passive motion in a predictable range.⁶ He taught that in the capsular pattern of the knee there is a loss of both range of motion of passive flexion loss greater than passive extension loss by about 11 percent. Hayes⁵ proves that with regard to osteoarthritis of the knee, the extension loss represented a larger proportion of the flexion loss than Cyriax believed. My own clinical examinations have borne out Hayes et al.,⁵ findings that often extension was the most limited movement with a harder end-feel than normal. Prior to reading this study I shrugged it off and while I still used this method as part of my overall analysis for arthritis I never thought of questioning Cyriax's contention. We must always question our current state of knowledge and continually ask why. There were several concepts of Cyriax that I have never accepted but his soft tissue evaluation seemed so perfect.

As time passes the informed practitioner will gain more and more information about the art and science of healing. I applaud the work of Hayes and others in helping to "mine the gold" from the great works of our pioneer heroes. We need more of these researchers to guide us into the next century.

References

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Warren Hammer, MS, DC, DABCO
Norwalk, Connecticut

Editor's Note: Dr. Hammer will be conducting his next Subluxation Myopathology (SM) seminars October 29-30 in Philadelphia, Pennsylvania and November 5-6 in Raleigh, North Carolina. You may call 1-800-359-2289 to register.

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