Dynamic Chiropractic

DIAGNOSIS & DIAGNOSTIC EQUIP

What If ...

Diagnosis is really a matter of applying your knowledge of anatomy. Here are three cases in point:

1. A male triathlete presented to a chiropractic college intern/extern, with a short history of bilateral groin pain. The student doctor did all he was supposed to do and was confused by the patient's signs and symptoms. A number of faculty clinical experts were called in to aid in making a diagnosis. Four, yes four, weeks later the diagnosis of lower rectus abdominis muscle sprain was made. The patient was instructed to rest and refrain from activity for approximately four to nine months.

The student doctor did not buy the diagnosis, and sent the patient for a second opinion. A point of significant interest is that none of the experts asked the patient to perform abdominal exercises. The "second opinion" doctor had the patient do sit-ups, sit-ups with rotation, Roman chair sit-ups, hanging leg raises, and a host of other abdominal tests. Needless to say they were all negative -- so much for the experts diagnosis.

After a proper differential diagnostic examination, the "second opinion" doctor's actual diagnosis was pelvic dysfunction, and the pelvis was adjusted for a fixation in the action of nutation. Two days later, the patient ran 10 miles and has increased his distance each week, while enjoying the benefits of chiropractic care.

The points are these: Congratulations to the student doctor who would not believe the experts. Not only did the student benefit, but the patient is now a believer in scientific chiropractic rationale diagnosis and care. When will doctors of chiropractic stop treating the area of pain and start looking for the cause of the pain?

2. A 35-year-old male construction worker with an eight-year history of low-back pain and stiffness, with less than 10 degrees of forward flexion, was treated in excess of 60 times by two different doctors of chiropractic. Both of these doctors had mastered the "Flying Seven,"* and the patient did not improve. The patient was examined by an orthopedic surgeon and referred to another chiropractor for treatment.

A third chiropractor went through his examination procedure to determine the actual cause. His exam included the standard tests, as well as the differential diagnostic tests that are taught in the new MPI S1 course: tests to differentially diagnose anatomical short leg from functional short leg; muscle dysfunction of the muscles that are supplied by the same nerve roots that also supply the sacroiliac joints; the function of the acetabulum itself; the upper and lower sacroiliac joints from lumbosacral nutation/counter nutation fixation (the lumbosacral junction); the lumbar spine from thoracolumbar junction fixations, and visceral considerations.

Based on these tests and a positive lumbosacral junction flip test, the doctor adjusted the sacrum for a counter nutation fixation and within two days the patient could touch his toes and was pain free. The point is this: Instead of thinking that doctors of chiropractic are into nonspecific random readings, the

patient now understands how rationale 1990 chiropractic works. When will the "Flying Seven" die?

3. A 55-year-old female, with right antromedial knee joint pain, was examined by a student intern/extern at a chiropractic college clinic. The diagnosis was made and a treatment regime of upper cervical adjusting was started. The entire program was to take four to six months as the "bone was really out of place" and causing interference with the nerve function. The patient had a few treatments, but with no improvement. In fact, the pain got worse and was spreading to the posteromedial aspect of the knee. This was quickly explained as a biological compensation of the body's own healing capabilities.

The patient went to another DC for examination. The knee, in fact, was asymptomatic. However, the right hip joint (utilizing the hip joint test of David Cassidy, D.C., The Adult Spine, Vol 11, 1992) was positively painful. Anterior and posterior Judet's views were obtained, and a large spur was evident. A treatment protocol of ice, ultrasound, and acetabular adjustments obliterated the knee pain in 10 days, and the patient was discharged with respect to this complaint.

The point is: Mesozoic logic, along with dinosaur brains and lizard logic died 65-million years ago, but they are still with us -- not just in museums and on T-shirts, but obviously in some of our institutions as well. To quote Dr. Fred Barge -- enuf said.

The students and doctors in question have asked to remain anonymous, and I have guaranteed this request.

Keith Innes, D.C.
Scarborough, Ontario
Canada

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1) some type of nonspecific general P- A thoracic adjustments with no thought as to location or direction of the spinal subluxation; 2) & 3) right and left combination or straight arm adjustments to the upper thoracic spine; 4) & 5) next, either a right and left SI adjustment or lumbar adjustment, or combination thereof; 6) & 7); supine rotary cervicals done, but no attempt to screen for vertebral basilar insufficiency.

Editor's Note:

Dr. Innes will be conducting his next Cervicals and Thoracics seminar on March 13-14, 1993 in Denver, Colorado, and Upper Extremities seminar on March 27-28, 1993 in St. Louis, Missouri. You may register by dialing 1-800-359-2289.