

Disorders Only Deep Friction Can Cure

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The chiropractic purists who only treat vertebral subluxations should not pretend that they offer an adequate solution to extremity problems. I thoroughly believe that the subluxation complex is related directly or indirectly to almost every pathology known to humankind, but as members of the healing arts we must decide in each case what percentage of the cause of a patient's complaints are related to the spinal versus the distal component.

Theoretically, adjusting, for example, a C5 or C6 subluxation may affect scar tissue formation in the infraspinatus tendon, although it has never been clinically proven as to how many treatments may be necessary to accomplish such a feat. It has been proven that a patient suffering with this condition for several years may be relieved of pain and restored to function within several weeks using deep friction massage.

I recently heard about a state that did not accept the MPI soft-tissue course for postgraduate credit because it was not spinal related. In other words, we can only treat the "origin" but never the insertion. When "philosophy" interferes with healing I must draw the line. Since these DCs do not touch extremities, I hope they have the good sense to refer these patients to other practitioners. The general public increasingly expects chiropractors to be adequately trained in the treatment of shoulders, elbows, knees, etc. Unfortunately, these purists never learned how to functionally examine the extremities and are limited in their awareness as to the "cause of the pain." Overused tissue goes through a process of inflammation, and eventual scar tissue and other type lesions occur at a local area distal from the spine. That, of course, is the reason why techniques such as trigger point, joint play, therapeutic muscle stretching, etc., are essential for the complete treatment of most extremity lesions.

James Cyriax, the English orthopedist, was probably anti-chiropractic because he saw patients who had been overtreated for extremity lesions by chiropractors. He was the chief consultant at the St. Thomas Hospital in London and had at his disposal the gamut of treatment for extremity lesions. He stated in his Textbook of Orthopedic Medicine, Volume 2, that there were conditions where steroids were not effective.¹ He listed disorders in areas "that remain intractable except by deep transverse massage." Some of the areas he listed: supraspinatus, musculotendinous junction; biceps, long head; biceps, lower musculotendinous junction; brachialis, belly; supinator, belly; ligaments about carpal lunate bone, interosseous belly at hand, intercostal muscle, oblique muscles of abdomen; psoas, lower musculotendinous junction, quadriceps expansion at patella, coronary ligament at knee, musculotendinous junction of the anterior and posterior tibial, peroneal, posterior tibiotalar ligament and interosseous belly at the foot.

I have often referred to friction massage as a "soft tissue adjustment." We are restoring extensibility, motion, and therefore function to the lesioned area.

References

1. Cyriax J: Textbook of Orthopedic Medicine, Vol. 2, Treatment by Manipulation, Massage, and Injection. London, Bailliere Tindall, page 22, 1984.

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Editor's Note:

Dr. Hammer will conduct his next soft tissue seminar on May 30-31, 1992 in San Diego, California. You may call 1-800-327-2289 to register.

Dr. Hammer's new book, Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities, is now available. Please see the Preferred Reading and Viewing List on page xx, Part #T126 to order your copy.

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