

THE MODERN DAY CHIROPRACTOR

MOTION PALPATION INSTITUTE NEWSLETTER

"The hands are and always will be the most diagnostic and therapeutic tool ever invented." Karel Lewitt, MD

Letter from the editor:

Spring has finally come and with that usually comes renewed enthusiasm. I was at my state convention this weekend and as always these things give me reason to be thankful I'm an MPI doc. There were many docs there looking for that next great product, protocol, practice management group (CECC wasn't there ☺) or multi-level marketing product to renew their enthusiasm or get them out of chiropractic all together. Many docs have lost their vision of what helping people is about. MPI docs don't seem to run into that. We have exciting, fulfilling practices that are ever evolving and changing in positive ways and more importantly we know what it means to serve our patients. We are thorough, efficient, knowledgeable and confident that we can help our patients to the best of our ability and derive great results and produce a professional income. We are also looked up to within our profession as I had many questions about patient cases and technique advances. Beware of people and groups that promise great wealth with minimal work (and usually a moderate to significant monetary fee). There is no replacement for hard work. I look forward to seeing you all in Chicago this weekend!!

"There are no shortcuts to any place worth going."

- Unknown

- Corey Campbell, DC, ACRB 1

***Dr. Mark King is looking for students interested in preceptorship. Free housing 10 minutes from the office. MPI reps get priority. Great opportunity!**

ADJUSTMENT & PALPATION OF THE MONTH:

Supine upper thoracic extension:

***Palpation:** Seated: Use the seated scan and palpate to induce some anterior sagittal glide of this area. Option 2: Patient will remain seated. Have them interlace their hands and put them behind their head along the cervical spine. Dr. will cradle the elbows and stand to the side of the patient. The Dr. will put his leg behind the patient and rest the palpating arm on your knee. Lean the patient forward (to take the lumbar spine out of the palpation) and lightly shift your weight forward as you palpate. You will feel approximation of the spinous processes and then anterior glide in a normally moving upper thoracic spine (see pictures below for this palpation).

***Patient Position:** Supine position with the arms crossed tight across the body.

***Dr. Position/Contact:** Hip to hip (or further up for smaller docs or bigger patients).

*Roll the patient to you. The caudal arm will reach over the patient. The contact is an open hand or soft fist that will traction toward the kyphosis (down in this case) at the level of restriction.

*Roll the patient onto the contact. STAY CLOSE, EAR TO EAR. Compress the top arm toward the contact. A small body drop is usually enough to free this restriction.

PRACTICE BUILDING TIP:

Go with your patients to evaluate their work environments. Many times simple ergonomic changes can be made to help that patient and give you exposure in their workplace. Often times this will lead to more opportunity with that employer. You may be able to offer your services or as an ergonomic consultant.

CASE MANAGEMENT & CLINICAL PEARLS:

T4 dysfunction/syndrome:

*A lack of motion in the upper thoracic spine can have far reaching consequences. A lack of extension, namely, can have profound effects on both the upper and lower kinetic chain. LBP can be due to T4 extension restrictions. If the upper thoracic spine can not extend we will compensate by hyper-extending the lumbar spine with most overhead activities. The cervical spine will adopt a forward head posture and cervical spine stabilization will be lost due to a change in the force vectors of the deep neck flexors. Along with this the shoulder is also at risk if the upper thoracic spine can not extend and allow for proper scapular retraction. If the scapula remains protracted with shoulder flexion and abduction then the glenoid labrum is at risk due to the shear forces that will be created with these motions. Improper loading of the scapula with throwing activities will also set the rotator cuff at risk for damage and impingement, especially in the eccentric throwing phase.

- Palpate: See adjustment section.
- Tests: T4 extension test and wall slides to assess the role of the Latissimus dorsi. (MPI functional classes).
- Treatment: See the adjustment section. PIR Pectoralis minor and/or the L. Dorsi.
- Exercises that promote upper thoracic extension. Cervical spine stabilization should NOT be started until this motion is restored. Scapular stabilization exercise needs to be started as soon as this motion is restored as well (MPI functional classes).
- Other considerations: Advice on flexed postures through-out the day, give the patient micro-breaks. Nutritional advice to speed healing processes and promote tissue recovery.

UPCOMING MPI EVENTS:

March 27-28, 2010 Chicago, IL::

Dynamic Assessment and Adjustive Treatment of the Spine (Full Spine)—**SOLD OUT!!!**

Sarah Macchi, DC, Len Faye, DC, Terry Elder, DC, Corey Campbell DC, Mark King, DC, Brett Winchester, DC, Tom Lotus, DC

April 10-11, 2010 St. Louis, MO

Extremity Analysis & Adjustive Technique
Mark King, DC & Brett Winchester, DC

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UPCOMING MPI EVENTS:

April 17-18, 2010 Daytona Beach, FL:

Lower Quadrant Functional Assessment and Treatment

Corey Campbell, DC

May 8-9, 2010 Davenport IA:

Extremity Analysis & Adjustive Technique

Mark King, DC

June 5-6, 2010 Portland, OR:

Extremity Analysis & Adjustive Technique

Tom Lotus, DC

June 12-13, 2010 Overland Park, KS:

Cervical & Thoracic Spine Analysis & Adjustive Technique

Terry Elder, DC

June 26-27, 2010 Seneca Falls, NY:

Upper Quadrant Functional Assessment and Treatment

Mark King, DC

July 17-18, 2010 Overland Park, KS:

Full Spine ALL FEMALE CLASS

Sarah Macchi, DC

July 24-25, Chicago, IL:

Upper Quadrant Functional Assessment and Treatment

Corey Campbell, DC

To schedule a seminar please contact Mark

King at: MAKMLCC@aol.com

Please visit us at www.motionpalpation.org and

www.mpiclub.org .

Submit newsletter questions/topics to

motorcontroldc@yahoo.com .



Palpation for upper thoracic extension. Note: There is no lifting of the patient. Only slight translation of patient as your palpating hand feels for approximation of the spinous processes and anterior translation. This would be considered motion analysis as opposed to joint play palpation.



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