

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:

I've been fortunate to meet a lot of great docs and students over the last few months in my MPI instruction travels and I can tell you the shift is happening. The students and doctors that demand more from school and practice are fueling an exciting time in the profession. I have also heard about the frustrations of school and practice. If you don't like where you are currently or where you're going set new goals and change your path. You own your decisions and choices.

"Our lives are a sum total of the choices we have made."
– Wayne Dwyer

-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 OF THE MONTH:

Supine C/T junction for extension restriction:

*Best for those patients with a little kyphosis in the C/T area (Dowager's hump).

*Patient position: Supine with arms crossed. The underneath arm of the pt. should be on the side the Dr. is standing on.

*Dr. is close (hip is against the pt's side or hip to hip).

*Contact is an open hand or soft slightly open fist.

*Roll pt. into you, TRACTION THE CONTACT FROM THE UPPER C-SPINE to the C/T junction. This will help add to extension of the C/T spine.

*Drop back slightly and then start to roll over toward your contact. "Like you're sneaking up on the CT junction."

*Get ear to ear and your top compressing hand is on the down arm or lightly across the top arm (according to comfort). Your sternum, top hand and contact will line up.

*Small body drop to free extension of the CT area.

PRACTICE BUILDING TIP:

Email newsletters are great ways to keep your contacts and current patients informed about services you offer and keep you in their "top of mind" awareness. Most newsletters are easy to create and email options will allow you to create lists of contacts and patient emails.

CASE MANAGEMENT & CLINICAL PEARLS:

Whiplash (hyper-extension/hyper-flexion):

*HX: Rear-end collision. This can be of high or low impact. More severe symptoms are associated with: Unprepared occupant, rotational component (looking into a side or rear-view mirror), and inclined head position at impact. (Ostremski et al). Symptoms will vary but the 4 most common complaints are: Neck pain, headache, shoulder pain, and low back pain. Rotational injury will usually result in unilateral pain. Soft tissues that will be most affected will include SCM, anterior and middle scalene and the deep neck flexors.

Other structures to consider are the ALL, anterior spinal ligaments, and disc. Complaints of parasthesia in acute symptom complex may be due to traction injury of the brachial plexus, muscle guarding or swelling of the scalenes and SCM causing TOS and/or nerve root compression from disc herniation. Imaging should be used to determine fracture or Ligamentous instability. Flexion/extension views are needed and most common X-ray studies recommend a 7 view Davis. MRI studies should not be done immediately unless myelopathy is suspected and/or significant unilateral muscle weakness that can not be attributed to pain.

- **Palpate:** Cervical and upper thoracic spine. Common to find C5-6 flexion, ipsilateral lateral flexion and ipsilateral rotation restriction. Motion palpate the 1st rib and upper cervical spine.
- **Palpate:** Anterior musculature of the neck and sub-occipitals.
- **Tests:** NMR tests. Rhomberg's test, P to A facet shearing test, reuel's test (repositioning test), shoulder abduction, cervical flexion test (can measure if you like with Jull's cervical retraction test).
- **Treatment:** Acute management required. Some have found cold laser or electrical stimulation or ultrasound useful. Try to limit passive modalities so patient doesn't become dependant on these. Muscle energy techniques are best utilized here (PIR). Mobilization of the cervicothoracic spine in side-lying position can help in the acute phase. Progress to prone, supine or seated maneuvers as primary restrictions clear. Diaphragmatic breathing is very important to unload the anterior musculature of the cervical spine.
- **Other considerations:** This is a good time to recommend usage of NSAIDS **for a short period**. If this is not helpful then a referral to a primary care physician may be require for more aggressive anti-inflammatory medication or muscle relaxant. Education about usage is very important. If this is a mechanical problem the chemical treatment needs to be limited. Progress your patient to natural anti-inflammatory and anti-oxidant supplementation.

UPCOMING MPI EVENTS:

January 16-17, 2010 CMCC:

Cervical & Thoracic Spine Analysis & Adjustive Technique
Terry Elder, DC

January 23-24, 2010 Portland, OR:

Lower Quadrant Functional Assessment and Treatment
Brett Winchester, DC

February 6-7, 2010 Bettendorf, IA

Cervical & Thoracic Spine Analysis & Adjustive Technique
Terry Elder, DC

February 6-7, 2010 Overland Park, KS:

Extremity Analysis & Adjustive Technique
Mark King, DC

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UPCOMING MPI EVENTS:

February 13-14, 2010 Dallas, TX

Upper Quadrant Functional Assessment and Treatment

Corey Campbell, DC

February 20-21, 2010 Daytona Beach FL:

Lumbar Spine & Pelvis Analysis & Adjustive Technique

Sarah Macchi, DC

March 13-14, 2010 Park City, UT

Upper Quadrant Functional Assessment and Treatment

Mark King, DC & Brett Winchester, DC

March 27-28, 2010 Chicago, IL::

Dynamic Assessment and Adjustive Treatment of the Spine

(Full Spine)

Sarah Macchi, DC, Len Faye, DC, Terry Elder, DC, Corey

Campbell DC, Mark King, DC, Brett Winchester, DC

April 10-11, 2010 St. Louis, MO

Extremity Analysis & Adjustive Technique

Mark King, DC & Brett Winchester, DC

April, 2010 Daytona Beach, FL:

Lower 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.

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