

# 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:

Welcome to the first edition of the official MPI newsletter! It is the goal of the **Modern Day Chiropractor** to inform, educate, inspire, and re-energize you as we all move forward in this profession. It is our (MPI's) belief that as we have evolved and grown that we have much more to offer than ever before. We also see the need for aiding in the development of skilled doctors of chiropractic. As other techniques become popular and easier, the amount of quality adjusters (and the level of palpation skills) seems to dwindle. This newsletter will not be one to bash other techniques or to claim that we are the only ones who can create skilled and knowledgeable doctors. We are here to simply give you the most up-to-date information and clinical pearls we are able to in the hope that we further the profession and secure its spot in the healthcare world.  
-Corey Campbell, DC, ACRB 1

### ADJUSTMENT TIP OF THE MONTH:



Seated Cervicothoracic extension/ lateral flexion adjustment.

- Neutral patient position to slight chin retraction for coupled motion.
- Full lateral flexion.
- Contact is a reinforced index finger. Full supination of the hand and the wrist in a close packed position. Contact is firm as tissue slack is taken out in a cranial to caudal and lateral to medial direction into the spinolaminar junction.
- Stabilization takes place with opposite hand lightly along the neck and lower part of the skull. **“Picture frame the eye.”**
- Tips: Have patient drop the contact side arm and have them look away.
- Thrust is too the opposite armpit.
- RELAX! Stable base. KIAA!!

### PRACTICE BUILDING TIP:

Call all new patients after the first visit and send a clean (dictated, typed, formatted) copy of your notes to your patient's family MD or referring physician.

### CASE MANAGEMENT & CLINICAL PEARLS:

#### ACUTE LOW BACK PAIN:

\*Red flags in history.  
\*Assess for flexion or extension bias.  
\*Flexion ? pain and or radicular pain workup for *HNP, Muscular (upon return from flexion), Ligamentous, Compression Fracture.*  
\*Extension ? pain workup for *facet driven pain, stenosis (claudication?), Basstrups, spondylosis, spondylolisthesis, central disc.*  
\*Testing to include: NMR tests, Slump testing, standing triplanar testing, sit to stand, McKenzie extension tests, distraction of sacrum, hip extension, T4 extension tests, 1 leg standing, gait. ([MPI functional courses for explanation/demonstration](#)).  
Palpate: Sacrum, TL junction, T4 extension.  
Treatment: Mobilizations, manipulation of primary restriction if you feel they can tolerate it.  
Soft tissue release (PIR).  
Teach or correct faulty/protective breathing patterns (The diaphragm is main antagonist to the overactive thoracolumbar erector spinae).  
Anti-inflammatory supplements.  
Ice 10 minutes at a time every 1-2 hours for 2-3 days

#### UPCOMING MPI EVENTS:

July 19-20 St. Louis  
[Full Spine Analysis & Adjustive Technique](#)  
Campbell, Elder, Faye, King, Macchi, Winchester

July 26-27 Portland, OR

[Functional Assessment and Treatment - Low Back & Lower Extremities](#)  
Corey Campbell, DC

July 26-27 Dallas, TX  
[Functional Assessment and Treatment - Low Back & Lower Extremities](#)  
Brett Winchester, DC

August 2-3 Davenport, IA  
[Cervicothoracic Analysis and Adjustive Technique](#)  
Mark King, DC

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