

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:

Another month has passed already? I would like some input for the next few issues of this newsletter so we can get a feel for what you, the student rep, wants to know. Please send questions and topics that you would like addressed for next edition. Thanks as always and keep up the great work!

-Corey Campbell, DC, ACRB 1

ADJUSTMENT TIP OF THE MONTH:

Thoraco-lumbar extension/ Supine:

- Palpate seated, side-lying with knees bent or in the sphinx.
- **Supine:** Cross patient's arms and ask them to hold onto their shoulders.
- Take a fencer stance. Doctor gets hip to hip and ear to ear. May not be able to get hip to hip depending on height differences. But the idea is to get close and stay low. "Like dancing with the person at the dance you don't want to be seen with."
- Traction down on the up arm of the patient and roll into you, drop your center of gravity slightly.
- Contact soft fist or open hand. Traction to the kyphosis. Bring the patient over your hand until you feel the spine extend over your hand.
- Body drop is short and quick. Don't lunge over your patient and don't hurry. It's not one movement. Break it down into chunks and you'll be more successful.

PRACTICE BUILDING TIP/ MEDICAL REFFERALS:

Call a local family practice in your area and ask for the clinic manager. Tell them who you are or that you represent your facility. Ask to bring lunch in one day when the doctor(s) is in. This gives you quality time and you are given a chance to **develop a relationship**. Get to know them and wait for your chance to let them know what you are about and what makes you different.

CASE MANAGEMENT & CLINICAL PEARLS:

Thoraco-lumbar SYNDROME:

- *Always check for red flags in history.
- *Patient complaint will be of unilateral or bilateral low back pain at the level or area of the sacro-iliac joint.

Palpate the SIJ bilaterally seated, prone, side-lying.

Palpate: Thoraco-lumbar spine the same as above and the sphinx.

Test: Prone internal hip rotation. If 40 degrees or greater then most likely not a restricted SIJ.

Treatment: Adjust the thoraco-lumbar spine in the axis of fixation. Usually extension with some component of lateral flexion, but don't overlook the flat TL spine that needs flexion.

Rehab: Cat/camel with bias toward the directional insufficiency. Bird-dog is excellent for stabilization and SIJ movement. Exercise ball extensions or curls.

UPCOMING MPI EVENTS:

OCT 4, Drake Center, Cincinnati, OH:

Upper Quadrant Functional Assessment & Treatment (special 1 day –12 hour course)
Mark King, DC & Brett Winchester, DC

OCT 25-26 Portland, OR:

Full Spine Functional Assessment and Treatment.

Corey Campbell, DC

Oct 18-19 Dallas, TX:

Cervical and Thoracic Spine & Pelvis Analysis and Adjustive Technique.

Terry Elder, DC

Nov 1-2 St. Louis, Mo:

Lumbar Spine & Pelvis Analysis and Adjustive Technique.

Terry Elder, DC and Brett Winchester, DC

Dec 6-7, Davenport, IA:

Extremity Analysis and Adjustive Technique.

Mark King, DC

JAN 31-FEB 1 CMCC, Toronto, Ontario:

Cervical and Thoracic Spine Analysis and Adjustive Technique.

Brett Winchester, DC

* *All female class-Davenport January/Macchi*

* *Gait Class –Chicago Fall 2008*

* *Shoulder Class- St. Louis Winter 2008*

* *Golf and the DC- Daytona, FL May 2009*

If you are planning on having a course come to your college please get possible dates and the course desired to Mark King, DC soon at MAKMLCC@aol.com.

Please visit us at www.motionpalpation.org.

Please submit questions for our next newsletter to motorcontroldc@yahoo.com

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