

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:

This edition of MPI newsletter is dedicated to treating the post-surgical patient and attracting this patient type. This was per the request of a former star MPI student rep. Dr. Chris Feil and he has helped contribute some of the content for this edition. Being in a multidisciplinary center that specializes in complicated spine conditions and is largely surgically driven I have had much opportunity to work with this type of patient. I have been able to work alongside and interact with orthopedic spine surgeons, physiatrists, physical therapists and orthotists. I have to say that the dynamic MPI model still offers a greater array of conservative options for these patients and patients respond very well to the multi-faceted skill set that MPI teaches. Never think that a patient is too complicated to benefit from your care. You'll be amazed at the results.

"There is no difference between living and learning...it is impossible and misleading and harmful to think of them as being separate." - John Holt, author
-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!**

ADJUSTING & PALPATING THE POST-SURGICAL PATIENT:

First things first. Fusions and discectomies in the lumbar and cervical spine can be done from an anterior or posterior approach. This is important information to have because many times these patients will have an ACTIVE scar. This is a pain producing scar that needs to be dealt with. Active scars put tension on the surrounding tissue and often the underlying viscera. Palpate the scar lightly. If active you'll have a jump reflex or visceral referral. Treatment of this should include light fascial release (tool assisted and laser may be helpful here). The areas above the fusion typically move excessively and are often pain provoking. Look to those areas downstream of the fusion for restriction. The cervico-thoracic junction, sacrum and hips, foot and ankle are areas of major or primary restriction.

Adjustment options/ lumbar spine: Block the area over the scar by placing your arm through the patient's top arm in the side posture position. Lightly use your forearm to block the ribcage and your hand falls over the scar. Use your leg to move the patient's top leg to a position of tension while monitoring scar tension under your hand. Adjust from here with a drop or kick. See picture.

Adjustment options/ cervical spine: Cervical spine fusions are typically from C5 to C7. On occasion you'll have mid-cervical fusions. Start with distractive mobilizations. It has been my experience that the upper cervical spine needs addressed and it is easiest to do supine being mindful of excessive rotation. These patients's seem to respond to distraction with a small drop on the Thuli board. Then seated and supine adjustments can be done easier. See pictures.

PRACTICE BUILDING TIP:

Orthopedic doctors can be difficult to approach. Some approaches that have worked for me and Dr. Feil are listed here.

- Ask to shadow a surgery. Don't try to impress the surgeon. Ask questions and learn. Talk about what you can offer later.
 - Consider offering a weight loss program. This is a big issue in the orthopedic spine surgery world and something that is a big need.
 - Ask the doctor what key things they are looking for in an exam. For example Dr. Feil has a referring doctor that wants a postural analysis done.
 - Many bigger groups hold group conferences monthly or more. Ask to sit in on these. Once they become comfortable with you ask to present a case.
 - Video of key failed functional tests was a large part of my referral boom. Keep it simple but explain to them why this patient continues to have pain based on these findings.
 - Simply stop in and meet the doctor. A quick 3 minutes introduction and handshake will go a long way. Make referral pads that you can leave at the office.
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CASE MANAGEMENT & CLINICAL PEARLS:

Post-surgical patient care:

- **Palpate:** The area's most likely to tend toward restriction are downstream of the fusion. This is most likely a major player in the reason the patient had the problem to begin with. Many cervical surgeries could be prevented if the Cervicothoracic junction and upper thoracic spine had been addressed sooner.
 - **Tests:** Your exam doesn't need to change other than looking for an active scar component. Look for compensatory patterns post surgery. Many times this is a protective pattern that developed prior to surgery and is perpetuating the problem now. Shoulder abduction (faulty scapular elevation), hip extension (note hypermobility above the fusion), neck flexion (cervical fusion will scar and tear up the deep neck flexors), squat test (posterior hip translation is crucial), push-up test (scapular instability leads to compensations that compress the cervical spine and lead to herniation), prone cervical extension (look for failed upper thoracic motion and anteversion of the pelvis) and neural tension and entrapment tests are key tests to perform along with your normal exam.
- (MPI Functional Classes cover this thoroughly)**
- **Treatment:** Adjust as indicated. DON'T be afraid to adjust these patients. These fusions are solid at 2-3 months. CT scan will confirm solid fusion. Pseudoarthrosis (areas that don't fuse) is criteria for referral. Adjust the thoraco-lumbar junction (often for lateral flexion and flexion restrictions), cervicothoracic junction, sacrum, hips and foot/ankle. Many times these patients may have centralized pain. Lighter techniques and introduction to normal joint motion is

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important in these cases. Start in ranges they can perform and work toward cavitation of the restriction. Muscle energy techniques are useful here as they are light and accomplish muscle lengthening. Mobilization exercises should be utilized before stabilization exercise. The patient needs to be re-introduced to motion and develop kinesthetic awareness as many have lost this. Cat-camel, Brueggers relief positions, breathing retraining, and hip hinging is a must for these patients. Your goal is to unload areas of high tension.

➤ Other considerations: Many times these patients that have failed surgery are angry and extremely stressed and worried. Reassure these patients that they are at the right place and that they can get their lives back. Sometimes it takes a team of docs and different therapeutics (biofeedback, weight loss, smoking cessation etc) and time but if everyone is on the same page you can help these patients immensely.

Side posture set-up: Your forearm braces the thoracic cage and the hand notes the motion and tension of the underlying scar. This is an SIJ or sacrum adjustment.



Retraining hip hinging: To spare the lumbar spine from flexion loading.



Cervical distraction with Thuli drop:



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UPCOMING MPI EVENTS:

October 2-3 Overland Park, KS:

Upper Quadrant Functional Assessment and Treatment

Corey Campbell, DC

October 9-10, Seneca Falls, NY

Lower Quadrant Functional Assessment & Treatment

Tom Lotus, DC

October 16-17 St. Louis, Mo:

The Disc

Brett Winchester, DC, Mark King, DC, Tom Lotus, DC, Steve

Heffner, DC

October 23-24 Daytona Beach, FL:

Extremity Analysis & Adjustive Technique

Mark King, DC

November 20-21 Lombard, IL (NUHS):

Lower Quadrant Functional Assessment & Treatment

Brett Winchester, DC

January 22-23 Davenport, IA

Lumbar Spine & Pelvis Analysis & Adjustive Technique

Len Faye, DC

February 5 Park City, Utah:

Lower Quadrant Functional Assessment & Treatment

Mark King, DC, Brett Winchester, DC

February 10 (1-Day 12 hour) Cincinnati, OH:

Clinical Assessment and Treatment of the Disc

Mark King, DC, Tom Lotus, DC

March 5 Whitefish, Montana:

Upper Quadrant Functional Assessment and Treatment

Mark King, DC, Sarah Macchi, DC

March 26-27 Lombard, IL:

Gait-Masters Series

Mark King, DC, Tom Lotus, DC, Brett Winchester, DC, Corey

Campbell, DC, Shawn Eno, C. Ped.

***Special thanks to Dr. Chris Feil for suggesting this newsletter and for his input and contributions. ***

To schedule a seminar please contact Mark King
at: MAKMLCC@aol.com

Please visit us at www.motionpalpation.org. Submit
newsletter questions/topics to
motorcontroldc@yahoo.com.