

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:

It's good to be back in the swing of things. I have been travelling extensively and have had some unexpected things come up and have been unable to finish the newsletter. BUT...I'm back! Over the past few months I have been afforded the opportunity to teach the dynamic model overseas. I am happy to report that MPI is alive and well the world over. The skill set presented originally by Dr. Faye is being taught in schools all over the world and I must say the chiropractors I taught to were very good with their palpation skills and their adjusting skills. This leads me to question why can't this model be the base in all schools? Why is it the students here in the good 'ol U.S. don't come out with these skills and an MPI base? Why is it the schools seem content with a mix and match technique and conceptual approach? If you don't have a steady resolve then you fall into the trap of being a jack of all trades and a master of none and that is a very lost feeling. Stay the dynamic course, get REALLY good with your hands and add the rest later please. Although MPI offers much in terms of treatment options and concepts it's base is in palpation and dynamic adjusting. Stay the course.

"Whatever course you decide upon, there is always someone to tell you that you are wrong. There are always difficulties arising which tempt you to believe that your critics are right. To map out a course of action and follow it to an end requires courage." -R.W Emerson
-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 Sterno-clavicular joint

Palpation: The sterno-clavicular joint (SCJ) can be palpated seated with the Dr. behind the patient or supine with the Dr. standing on the ipsi-lateral side. **Seated:** In the seated scan position place the opposite hand around the pt. and over the SCJ. Using your other arm you can either drape the patients arm over yours or grasp the wrist or elbow. Move the arm in all ranges of abduction, adduction, horizontal add/abd, flexion, extension, internal and external rotation. **See picture.**

Adjustment: Seated: With the pt. arm draped over yours, rotate the same direction as the affected SCJ (i.e left clavicle the pts torso will rotate left. Contact the SCJ between the hypothenar and thenar pads of the opposite hand. Impulse in rotation. **Option 2:** Patient places hand on the back of the neck. Dr. contact is under the wrist and roll the thumb under the SCJ. Support the pt arm and impulse. **Option 3: Supine.** Pt supine; place the Thuli under the involved scapula. Dr. stands on the ipsilateral side and supports the scapula while contacting the SCJ with the hypothenar/thenar junction. A small body drop or thrust is sufficient to free the SCJ. **See pictures.**

PRACTICE BUILDING TIP:

Develop a fitness class based around spine and joint stabilization principles. Present the class to a local gym and teach the class yourself one to two times a week. These community core classes are great ways to not only attract new patients but you are also contributing to your community in a positive way.

CASE MANAGEMENT & CLINICAL PEARLS:

Shoulder impingement:

- **History:** Overhead sports such as tennis, swimming, and volleyball are problematic. A chronic flexed posture that shortens the pectoralis and creates posterior shoulder capsule tightening will predispose patients to impingement.
- **Tests:** Orthopedic tests for impingement include: Neers, Hawkins, Kiblers, and scapular retraction tests are all good for impingement. The first 2 of these tests are attempting to close down acromial space and recreate pain with flexion (Hawkins) or internal rotation (Neers). The last 2 tests put the scapula in a stable position as the patient flexes the arm and symptoms will decrease or be eliminated altogether if the impingement is being caused by scapular instability.
- Functional testing:** Push up test, T4 extension test, Shoulder abduction testing will give you information about functional joint motion, scapular stability and dysfunctional glenohumeral/scapular rhythm. **(MPI Functional Classes cover this thoroughly)**
- Imaging/structural considerations:** Acromial type plays a role with impingement as well. Type 1, 2, and 3 acromion types range from flat or physiologic (type 1) to hooked or an abnormal variant (type 3). Type 3, hooked acromions are associated with more rotator cuff tears (80% according to Morrison and Bigliani 1986).
- **Treatment:** Palpate the upper thoracic spine, CT junction, glenohumeral joint, AC joint and of course, the Sterno-clavicular joint. The SCJ plays an important role in shoulder abduction. Proper arm abduction requires posterior rotation of the SCJ. Always check this function. Adjust accordingly. Lengthen the pectoralis, posterior shoulder capsule, latissimus and levator scapula if indicated by testing. Scapular stabilization exercise is often required as well.
- **Other considerations:** Activity modification and/or ceasing the activity may be required. Always test for rotator cuff tearing. Refer for MRI with contrast if indicated. Taping of the scapula in a stable position (slight retraction) is often helpful. Supplement with natural anti-inflammatories, vitamin D3, and a tissue healing supplement (bromelain or Zymain).

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UPCOMING MPI EVENTS:

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

Clinical Assessment and Treatment of the Disc
Mark King, DC, Tom Lotus, DC

February 12-13 St. Louis, MO:

Cervical & Thoracic Spine Palpation and Adjustive
Technique

Corey Campbell, Dc and Brett Winchester, 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.

April 2-3 Toronto, Canada:

Extremity Palpation and Adjustive Technique
Brett Winchester, DC

April 2-3 Dallas, TX:

Cervical & Thoracic Spine Palpation and Adjustive
Technique

Mark King, DC

April 30-May 1 Daytona, Florida:

Cervical & Thoracic Spine Palpation and Adjustive
Technique

Sarah Macchi, DC

To schedule a seminar please contact Mark
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Please visit us at www.motionpalpation.org.

Submit newsletter questions/topics to
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