

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 hear a lot of grumbling about the change in health care, the political reforms and the physical therapists expanding their scope. The Motion Palpation doctor who practices within the dynamic model won't only survive but thrive in the midst of these changes. Patients will gravitate towards conservative care because of its affordability and will choose a physician or therapist based on results. Continue to work at your craft and expand your knowledge base because mediocre won't cut it. Nothing worth doing is ever easy but it will be very rewarding.

-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 TIP OF THE MONTH:

Occiput

- **Palpate seated.** Patients head at zyphoid height. Little finger or chiropractic index finger behind the mastoids. SLIGHT lateral flexion, rotate to midline, axial pressure through the pocket, joint play in the end range.
- **Contact:** Mastoid in the crease of you approximated thumb. LIGHTLY slide up the mastoid and lightly lock down.
- Step to the side so you are split by the patients shoulder. "Take a bow" or bend at the waist to get close. Same position as the set up; slight lateral flexion and rotation to midline. Stabilizing hand picture frames the eye.
- Thrust is short and quick. It's like a cough, spit, sneeze etc. Break it down into chunks and you'll be more successful.

PRACTICE BUILDING TIP:

Don't forget about the children. Many patients have young children or kids in high school athletics. Ask your patients about their children. Educate them about the benefits and safety of chiropractic care. Many times a parent will mention a child injured or unable to play sports. Ask about the mechanism of injury or simple screening tests you can do to help prevent injury such as step down and jump testing. Many times you will see their children as patients and coaches and teachers will become patients.

CASE MANAGEMENT & CLINICAL PEARLS:

HEADACHE:

*Always check for red flags in history.

*Location of headache is important. Tension headaches are often band like. Sub-occipital headaches tend to manifest behind the eye(s). Migraine headaches are all-over headaches typically. Migraine may have a hormonal component in women.

Palpate: Occiput, C1-C2. Flexion is often restricted and may be muscular in nature. Cervico-thoracic spine. The upper cervical spine may be compensatory due to poor extension of this area

Palpate: Sub-occipitals, masseter, levator scapula, superior lateral pterygoid.

Test: Mouth-opening, TMJ function, CO-C1 flexion, shoulder abduction and push-up testing. Scapular instability may also drive the headache.

Treatment: Adjust the restriction you feel is most primary. Don't assume the upper cervical spine will clear all headaches. If the CT junction or upper thoracic spine is locked this need to be addressed first in most cases.

Rehab/nutrition: Scapular stability (wall angels, ball walk-outs, planks with a push-up plus). Recommend magnesium for these patients.

UPCOMING MPI EVENTS:

June 27-28 Dallas, TX:

Cervical and Thoracic Spine
Corey Campbell, DC

July 18-19 Chicago, NUHS

Cervical and Thoracic Spine
Brett Winchester, DC

July 25-26 Portland, OR

Cervical and Thoracic Spine
Terry Elder, DC

August 1-2 Davenport, IA:

Nutrition/Neurology
David Seaman, DC

August 7-9 Daytona Beach Plaza and Resort

MPI Masters Series – Golf and the DC
Brett Winchester, DC, David Seaman, DC, Mark Hawkins, DC

November 12 Cincinnati, OH Drake Center:

Lower Quadrant functional Assessment and Treatment. 1-day 12 hour course.

Corey Campbell, DC and Mark King DC

To schedule a seminar please contact Mark King at:

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Please visit us at www.motionpalpation.org.

Submit newsletter questions/topics to

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