

# 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:

Mark, Brett and I were lucky enough to attend the International Symposium on Musculoskeletal Pain and Motor Control with Stuart McGill and Pavel Kolar two weeks ago. MPI has always prided itself on staying current and cutting edge and incorporating these changes into its courses but let's not forget about clinical art. The better you are with your hands and eyes the better you'll be able to incorporate evidence based care. Too often the art of palpation and adjusting gets pushed aside once we feel competent with a certain palpation or adjustment. If you're a planner like I am make clinical art practice a priority and plan your reading and other skills into your day or week after. Our challenge to you this month is to sit down with your club reps and write out your club goals for the upcoming session. These can include anything from club numbers, raising money, learning something new or becoming better club instructors. Once this is done write out steps to reach those goals. Writing it out will show you your strengths and weaknesses but will also keep you to task. Good luck this year and I look forward to seeing you all this year.

**"People often say that motivation doesn't last. Well, neither does bathing--that's why we recommend it daily."**  
**Zig Ziglar**

-Corey Campbell, DC, ACRB 1

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**\*Dr. Mark King is looking for students interested in preceptorship. Free housing 10 minutes from the office. MPI reps get priority. Great opportunity!**

### ADJUSTMENT OF THE MONTH:

#### **Anterior hip capsule:**

\*All patients with low back and extremity pain should be screened for hip restrictions. See case management section.

\***Palpation:** Patient prone, palpating hand inside the ASIS, other hand is placed at the ischial tuberosity or the gluteal fold and pressure is applied P to A. A dynamic palpation can be done standing as well. Stand behind the patient and palpate just inside the ASIS and ask the patient to reach up as if getting something off a shelf. You should feel the anterior hip move into your finger, if not then note where this motion is occurring.

\***Patient Position:** Prone position with the knee flexed to 90 degrees or greater. Thuli board is placed under the ASIS.

\***Dr. Position/Contact:** On the affected side perpendicular to the patient. Caudal hand under the knee and thrust hand in the gluteal fold (see pictures).

\*Lift the leg with the caudal hand until tension is felt.

\*Small drop or thrust consisting of shifting the shoulders in a way that would elevate the caudal hand and depress or press the cranial hand down. Most of your weight should be on the cranial stance leg.

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### PRACTICE BUILDING TIP:

Staying with the goal setting theme of the newsletter I recommend writing out referral goals for the upcoming year and then writing out steps and a schedule that forces you to

follow through. An example is to increase your professional referrals. Write out professions you think would provide these referrals. Write out ways to approach these people (sending your notes, letters, calls, lunches etc). Then write out a schedule that puts this into action. For example every Monday you send out 5 letters to 5 massage therapists, Thursday you call these 5 referrals and try to set up a meeting. Doing this will compound itself over a month and a year and you'll see results.

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### CASE MANAGEMENT & CLINICAL PEARLS:

#### **Anterior hip dysfunction and indications for LBP:**

\*Anterior hip dysfunction or restriction will lead to low back pain and other conditions. A restricted anterior hip will limit or stop hip extension. This limitation in hip extension will result in hyperextension of the lumbar spine via forced ante-version of the pelvis and sacrum. This can create posterior element loading and facet syndromes to begin with. There may very well be flexion restrictions of L5-S1 or lateral flexion restrictions in the lumbar spine. These are secondary restrictions. Also if the anterior hip capsule is restricted any extension movements of the trunk would be limited or stopped. Overhead activity needs shared motion through the hip in order to spare the lumbar spine. Anterior hip dysfunction will only increase hyperextension of the lumbar spine and thoracic cage separation from the pelvis. This again will result in excessive compressive forces in the posterior aspects of the lumbar spine. Over time this may very well lead to disc herniation and canal stenosis.

- Palpate: See adjustment section.
- Tests: Modified Thomas test and T4 extension tests. There are other considerations if these tests fail so know what you're looking for. (MPI functional classes).
- Treatment: See the adjustment section. PIR of the psoas, Rectus femoris and/or TFL.
- Hip and lumbar spine stabilization.
- Other considerations: Advice on flexed postures through-out the day, give the patient micro-breaks. Gait considerations and advice if needed.

### UPCOMING MPI EVENTS:

#### **January 23-24, 2010 Portland, OR:**

[Lower Quadrant Functional Assessment and Treatment](#)

[Brett Winchester, DC](#)

#### **February 6-7, 2010 Bettendorf, IA**

[Cervical & Thoracic Spine Analysis & Adjustive Technique](#)

[Terry Elder, DC](#)

#### **February 6-7, 2010 Overland Park, KS:**

[Extremity Analysis & Adjustive Technique](#)

[Mark King, DC](#)

#### **February 13-14, 2010 Dallas, TX**

[Upper Quadrant Functional Assessment and Treatment](#)

[Corey Campbell, DC](#)

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## ***MOTION PALPATION INSTITUTE NEWSLETTER***

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### **UPCOMING MPI EVENTS:**

#### **February 20-21, 2010 Daytona Beach FL:**

Lumbar Spine & Pelvis Analysis & Adjustive Technique  
Sarah Macchi, DC

#### **March 13-14, 2010 Park City, UT**

Upper Quadrant Functional Assessment and Treatment  
Mark King, DC & Brett Winchester, DC

#### **March 27-28, 2010 Chicago, IL::**

Dynamic Assessment and Adjustive Treatment of the Spine  
(Full Spine)

Sarah Macchi, DC, Len Faye, DC, Terry Elder, DC, Corey  
Campbell DC, Mark King, DC, Brett Winchester, DC

#### **April 10-11, 2010 St. Louis, MO**

Extremity Analysis & Adjustive Technique  
Mark King, DC & Brett Winchester, DC

#### **April, 2010 Daytona Beach, FL:**

Lower Quadrant Functional Assessment and Treatment  
Corey Campbell DC,

To schedule a seminar please contact Mark King at:

[MAKMLCC@aol.com](mailto:MAKMLCC@aol.com)

Please visit us at [www.motionpalpation.org](http://www.motionpalpation.org) and [www.mpiclub.org](http://www.mpiclub.org).  
Submit newsletter questions/topics to [motorcontroldc@yahoo.com](mailto:motorcontroldc@yahoo.com).

### **Highlights & Insights from the International Symposium on Musculoskeletal Pain and Motor Control**

#### **McGILL**

- Wobble boards don't increase spine stability just increase balance but very little transference to spinal stability
- Abdominal hollow actually decreases spinal stability. The TvA doesn't play any more role in spinal stability than another muscle. McGill actually got in a planked position and began to hollow. He ultimately created an extension injury at the TL junction.
- The QL plays a large role in 1 leg stance.
- Static extension is usually enough to create disc vacuum. Repeated extension may be too much.
- Look for glaring movement patterns that exacerbate your patient's pain and take those away from them.

#### **PAVEL**

- Head, eyes, and tongue play an important functional role in posture.
- Correct breathing: Sagittal plane movement of the sternum, lateral excursion, separation of the intercostal spaces, SC joint hinges slightly not the AC joint. NOT belly breathing.
- Respiration and posture are inter-related & should be assessed that way.
- Motor patterns maturing after birth are basic patterns used in adulthood.
- Stabilization is compromised by 1) Developmental disorders 2) Poor habitual patterns (women sucking in stomach, posture) 3) Poor training principles 4) injury.



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