

# ***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:**

The president of MPI, Dr. Mark King has been quoted many times saying "I've never had an original thought." Does that mean Mark just steals other people's ideas and pans them off as his own? Yes. Seriously, that's not the case. Dr. King and many of the MPI doctors are able to take ever changing information and process it in a way that makes them more efficient or better in some area. Just because it may not be your idea doesn't mean you can't reinvent yourself. Ask any MPI instructor if they treat exactly the same way they did when they started and you'll get a resounding no. Does that mean we've all strayed away from the motion model? Not in the least. The basis behind all of our practices is the motion model. Many gurus in different techniques are usually missing a big part of the puzzle by not being able to palpate and adjust major primary restrictions. Always look for ways to enhance and add to what you bring to the clinical table but always work at the art of motion palpation. It will make these other techniques much more effective. Don't be afraid to reinvent yourself and never become so confident that your way is the only way. We all have room for change and improvement. Once you think you know it all is when you stop being a leader.

**"If opportunity doesn't knock, build a door."** –Milton Berle  
-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!**

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### **ADJUSTMENT & PALPATION OF THE MONTH:**

#### **Cervical Flexion:**

**\*Palpation:** Seated or supine. Palpate the front of the cervical spine along the body or anterior portion of the spinolaminar junction. Flex the head and neck with some ipsilateral rotation. Joint play will be from A to P and slightly lateral to medial.

**Adjustment 1 supine:** Index finger on the anterior lateral aspect of the vertebral body. Rotate away. Impulse is down toward the clavicle/table. NEEDS to be an impulse not a thrust.

Adjustment 2 seated or supine: Allow Lateral Flexion and ipsilateral rotation around your set contact that is coming more A to P. Have patient keep chin tucked. Thrust is straight across & slightly posterior. See pictures.

**"Things come to those who wait but only the things left by those who hustle."** Abe Lincoln

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### **PRACTICE BUILDING TIP:**

Contact a shoe store in your area that deals in higher end shoes and has running group connections. Offer to design a script pad that your patients would bring in after you do an exam including gait. Build this relationship and help with events they sponsor.

**"If there is no wind, then row."** –Latin Proverb

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### **CASE MANAGEMENT & CLINICAL PEARLS:**

#### **Cervical Radiculopathy:**

- **Palpate:** See Adjustment section. Look for a doorbell sign while palpating the lower cervical spine (palpation increases parasthesia in the extremity). Focus is in the lower cervical spine and upper thoracic spine. If the primary is upper thoracic extension this needs restored first.
- **Tests:** 1). Compression and distraction. Maximum foraminal compression as well as neuro exam. Stereognostic testing (drawing numbers or letters on the hand) is a good way to audit improvement. 2). Cervical distraction and extension (McKenzie method). A positive result is a decrease in parasthesia moving up the arm distal to proximal (centralization). 3). Neural tension testing of the median, ulnar, and radial nerves (MPI functional classes). Positive test is an increase in parasthesia or loss of ROM. 4). Cervical retraction or flexion test for DNF insufficiency. Shoulder abduction and push-up test for scapular dyskinesis.
- **Treatment:** Adjust as indicated in this section. Neural mobilization/flossing techniques if neural tension tests are positive. If they are not then it is a container issue and flossing is contraindicated. McKenzie mobilization if centralization occurs. Rehab the DNF's and scapular stability if indicated. **(MPI Functional Classes cover this thoroughly)**
- **Other considerations:** Audit these patients closely with neurologic testing. If improvement isn't noted throughout the treatment plan then MRI and possibly translaminal steroid injection referral may be warranted.

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### **UPCOMING MPI EVENTS:**

#### **August 7-8 St. Louis, MO:**

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

#### **August 28-29 Davenport, IA:**

Full Spine Functional Assessment and Treatment.  
Corey Campbell, DC

#### **October 2-3 Overland Park, KS:**

Upper Quadrant Functional Assessment and Treatment  
Corey Campbell, 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

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#### **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.

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).

Submit newsletter questions/topics to

[motorcontroldc@yahoo.com](mailto:motorcontroldc@yahoo.com).



### **Seated flexion and ipsilateral rotation adjustment:**

Supine option is the same set up with the doctor in the same side as the contact.



**Supine adjustment for flexion:** The contralateral rotation is such that it is before the lower cervical spine begins to rotate (remember the lower c-spine blocks rotation). The impulse is toward the table.

