

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:

Could we have had a better turnout and a better course than the one we had in St. Louis July 19-20? There is still a buzz about the course that has created great excitement among the students and doctors that were in attendance. Thanks to all the student reps, students, and doctors that made the trip to St. Louis. This is the kind of thing that will not only recharge you but make you realize the greatness and the potential our profession has to offer. There are too many highlights to mention but for me it had to be the interplay of the instructors and the insight of Dr. Len Faye.

Thank you all!!

-Corey Campbell, DC, ACRB 1

ADJUSTMENT TIP OF THE MONTH:

Freeing Counternutation of the Sacrum:

- Patient is side lying. Ear, shoulder, great trochanter, medial malleolus all in line.
- Bring bottom leg into slight hip and knee flexion, top leg into flexion above 90 degrees.
- Doctor comes in with lead leg at 90 degrees perpendicular to patient at or slightly caudal to the level of the contact (sacrum). Lots of knee bend and ankle mortis dorsiflexion to facilitate closeness and stability.
- Kick- Leg on the patients leg, NO PRELOAD, your knee in the back pocket, your ankle hangs over the bent knee of the patient. ADDUCT your leg slightly.
- Contact is a broad, RELAXED, forearm along the length or the apex of the sacrum.
- Kick is short and quick. The pull is into you. "Elbow to your side".

PRACTICE BUILDING TIP:

Create a connection with your patient during the seated scan and palpation. Ask if they can feel what you are feeling. Deliver the adjustment and re-palpate and ask the patient if they can feel the difference. Give take home advice or exercise. Get proficient at this and they will refer family and friends. *From Len Faye St. Louis seminar.*

CASE MANAGEMENT & CLINICAL PEARLS:

FACET SYNDROME:

*Always check for red flags in history.

*Extension ? pain. Prone distraction at the sacrum will remove pain. Slump test is negative. Pain may refer to back of knee but no further. Broad -band pain across the lumbo- sacral junction.

*Palpate over the painful area while prone. Ask the patient to extend and put pressure down into the painful area over the facet. Ask the patient if it increased pain. Typically will not because the extensors lock the facet. Indicates facet driven pain.

Palpate: Lumbar spine in all axis of rotation. (side-lying using the knees or seated). Check sacral counter-nutation.

Treatment: Adjust lumbar spine, sacrum if that is primary. Be sure to check T4 extension Soft tissue release (PIR) of the erector spinae, psoas, rectus femoris, latissimus as deemed by T4 extension and Modified Thomas testing. Controlled flexion exercises for lumbar spine (cat-camel), and restore sagittal plane stability of the lumbar spine.

Anti-inflammatory supplements.

UPCOMING MPI EVENTS:

SEPT 13-14 CMCC Toronto, Ontario:

Lumbopelvic Analysis and Adjustive Technique.
Sarah Macchi, DC

JAN 31-FEB 1 CMCC, Toronto, Ontario:

Cervical and Thoracic Spine Analysis and Adjustive Technique.

Brett Winchester, DC

OCT 4 or 11 Drake Center, Cincinnati, OH:

Upper Quadrant Functional Assessment & Treatment (special 1 day –12 hour course)

Mark King, DC & Brett Winchester, DC

* *Gait Class –Chicago Fall 2008*

* *Shoulder Class- St. Louis Winter 2008*

* *Golf and the DC- Daytona, FL May 2009*

If you are planning on having a course come to your college please get possible dates and the course desired to Mark King, DC soon.

Please visit us at www.motionpalpation.org.

Please submit questions for our next newsletter to motorcontroldc@yahoo.com. Please limit questions to the above topics.

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