

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:

What a great month for MPI! I personally am in the middle of an MPI Midwest swing and have seen great crowds, very skilled groups, and was privileged enough to teach with a great MPI instructor, Sarah Macchi. I want to congratulate our Kansas City crew on a great showing last weekend. I complete my 3 week road show this weekend in STL with the venerable Dr. Brett Winchester and look forward to seeing this road show out in a flourish of fireworks and marching bands...or at least a handshake. Keep up the good work reps we are starting to see the benefits of great leadership.

"The man who wants to lead the orchestra must turn his back on the crowd." James Crook

-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:

Side-lying TL Flexion

Palpate: Seated option: Place the patient in a NEUTRAL position and flex the patient forward at the thoraco-lumbar junction. Normal motion would create separation of the spinous processes (SP's) and you will feel a fanning motion of the SP's. **Sidelying option:** Place the patient on their side with both knees flexed slightly. You will stand on the fascial side of the patient facing caudally. You will palpate 3-4 SP's as you bring the knees into flexion. Again you feel for fanning and posterior translation of those SP's. (see picture pg 2).

Adjust: Pt position: Side-lying with the top knee above 90 degrees. **Dr. position:** 45 degrees for the drop 90 degree for the kick at the level of the contact. **Contact:** Broad open hand contact. The drop is like all other drops with a short quick pull of the elbow into your side. The kick pull is the same as the Counternutation adjustment with a broad hand contact at the level of the TL junction, as opposed to a forearm contact (see picture page 2).

PRACTICE BUILDING TIP:

Dentists can be great contacts to make. Send out an intro letter or flyer to local dentists. Call those contacts 1 week later and try and schedule a lunch or meeting. If you treat the TMJ let them know you can help with those patients they may find frustrating. Also let them know the importance of the cervical spine in those cases. Always ensure co-treatment with these patients as you may also find a need for dental referral for patient.

CASE MANAGEMENT & CLINICAL PEARLS:

Spondylolisthesis:

*HX: Non-specific low back pain worse with extension. Younger patients in extension based activities (volleyball, gymnastics, high jump etc.)

- Rule out pars fracture. CT scan is more sensitive than oblique X-rays. –Younger pt population.
- Basstrups (kissing sp's)-X-ray abnormality at L5-S1
- Facet syndrome.

This is primarily a finding as opposed to a condition.

Spondylolisthesis is primarily due to years of poor sagittal stability of the lumbar spine and/or a lack of movement through the anterior hip capsule all of which leads to constant hyperextension through the mid and lower lumbar spine. This leads to high stress moments at the pars leading to slippage.

- **Palpate:** Anterior hip capsule and thoraco-lumbar junction.
- **Test:** Supine tests including neck flexion and bilateral knee flexion will show diastasis recti. T4 extension test and eccentric extension tests will show excessive lumbar extension.
- **Treatment:** It is imperative that these patients stabilize the lumbar spine in the sagittal plane. Adjusting the thoraco-lumbar junction will most likely be warranted. Adjusting and muscle treatment at the anterior hip when warranted also a must. Younger patients may be braced for a short period of time. Progression of this condition could lead to central canal stenosis.



UPCOMING MPI EVENTS:

Oct 24-25 St. Louis:

Cervical & Thoracic Spine

Corey Campbell, DC & Brett Winchester, DC

November 7-8 CMCC Toronto, ON:

Lumbar /Pelvis Analysis and Adjustive techniques

Sarah Macchi, 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

November 14-15 Seneca Falls, NY:

Cervical and Thoracic Spine

Corey Campbell, DC

November 21-22 Chicago, IL:

Full Spine-FEMALES ONLY

Sarah Macchi, DC

January 16-17 Toronto, ON:

Cervical/Thoracic Analysis and Adjustive techniques

Terry Elder, DC

January 23-24, 2010 Portland, OR:

Lower Quadrant Functional Assessment and Treatment

Brett Winchester, DC

March 13-14 Park City, UT:

Upper Quadrant Functional Assessment and Treatment

Mark King, DC, Corey Campbell, DC Brett Winchester, DC

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March 28-29 Chicago, IL:

Current Concepts in Dynamic Spinal Palpation and Adjustive Techniques.

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

February 6-7 Daytona Beach, FL:

Full Spine-FEMALES ONLY

Sarah Macchi, DC

February, Overland Park, KS:

Extremity Analysis and Adjustive Technique.

Mark King, DC

February 6-7 Davenport, IA:

Cervical/Thoracic Analysis and Adjustive techniques

Terry Elder, DC



To schedule a seminar please contact Mark King at:

MAKMLCC@aol.com.

Please visit us at www.motionpalpation.org and

www.mpiclub.org .

Submit newsletter questions/topics to

motorcontroldc@yahoo.com.



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