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The Side of Adjustment Matters!

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In this article, it is my hope that I will stimulate professional discussion about a topic I find to be crucially important to achieve clinical success. With dismay I have read various article and papers recently from different authors, including Dr. Robert Cooperstein, suggesting that, as we approach patient care, it is not critically important that we be accurate in our chiropractic analysis. In their view, as long as one *"moves the vertebrae,"* the body will somehow make the right correction for the patient. Sure, they admit it would be great to adjust the *"correct side"* of the vertebrae or even the correct level if one can possibly find it, but seem to be satisfied simply adjusting the area and putting motion into the spine! It is my contention, based upon my 19 years of experience, much reading, researching, and numerous clinical seminars that this thinking is seriously flawed! See the prize-winning paper by Song et al entitled, *"Spinal Manipulation Reduces Pain And Hyperalgesia After Lumbar Intervertebral Foramen Inflammation In The Rat."* JMPT 2006 Jan;29(1):5-13

Our bodies are fearfully and wonderfully made, and we need to approach our chiropractic treatment of the patient with the utmost care, knowledge, and specificity. I have found that as my analysis sharpens, based on my deepening knowledge of the body and how it functions, my results get better and better. I would like to share with you what I have recently put together as a powerful tool to analyze and treat neuromusculoskeletal dysfunction.

Firstly, I begin by using visual inspection of the patient in the prone position. Look for any obvious areas of ***decreased*** muscle tone, yes, that's right, decreased muscle tone adjacent to the spine on the lumbosacral, thoracic, and cervical regions. View the patient from both the foot of the table and also from the head. Next, palpate using your fingers or even thumbs on either side of the entire spine and take note of the areas of decreased muscle tone that you identified by your visual inspection. This will be visually and palpably a depression or hollowing in the area. When I palpate these areas, I press my thumbs down with equal pressure from P to A, and the difference can be rather striking in many cases. In other areas, it may be subtler. These areas correspond to segmental levels of ***multfidi*** muscle atrophy! And these are the exact areas that require specific chiropractic adjustments, not the other compensatory side where the muscles appear rounder and fuller. Those muscles are simply adapting and reacting to the weaker, inhibited side, which requires the adjustment to restore joint mobility and improve muscle function. There is no need to adjust the other side. This analysis of function just so happens to correlate with the Activator PD or short leg, due to the fact that when I make the necessary corrections the PD/short leg lengthens/balances with the other leg indicating muscle relaxation and normalization of tone.

Next, after I have made all the necessary corrections, I have the patient

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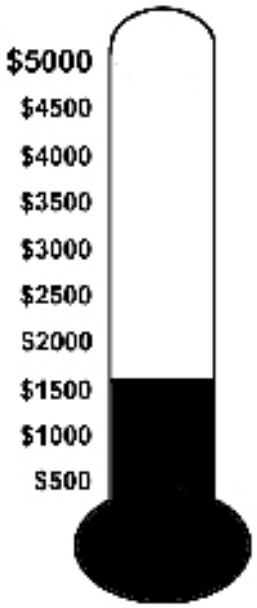
stand, and I do a quick weight-bearing scan of the areas I have just treated to get an appreciation of the standing posture, often slightly flexed to visually draw out the muscle dysfunction. I then make any final adjustments and call it a day! That's it! Of course, the areas displaying the multfidi atrophy need spinal stabilization exercises to strengthen and support the adjustment.

In this day and age of modernization and technology-based analysis, it is nice to know that the above indicated principles and practice are very effective and reproducible and can be relied upon in your daily practice. One simply needs due diligence and practice in order to become quite proficient. The human body reacts and responds in very intelligent and predictable ways to injury or chronic insult, and sometimes the best approach is to step back, look intently at the patient, and the ways to help them are simpler than you think!

Dr. James Metzger is a 1987 graduate of NYCC and has been a member of the CCA since 1986. He currently leads the CCA regional chapter in Connecticut. He is in private practice and resides in North Haven, CT, with wife Kendra and their children.

2008 JamaicaTeam Shoe Project



In the January Bulletin, CCA Chaplain and Jamaica team leader, Dr. Brian Scharf, challenged the Association to raise enough money to purchase and deliver 200 pairs of shoes to the Farm School in Jamaica for this fall's team. If you want to help, donations of any size can be sent to the CCA Home Office.

Short-Term Missions PRAYER CALENDAR

HONDURAS — *May 2008 - 1-year term*
Dr. Ryan Schroeder & family

HONDURAS — *World Gospel Outreach teams are scheduled just about every week thru 2008*
(Doctors needed!)

CROW NATION —
June 21st - 29th, 2008
Drs. Marc & Susheela Sommer
(team members can still be added)

UKRAINE — Late June, '08
Dr. Jim Spertzel

UKRAINE — September, 08
Dr. Doug & Donna Williams
(Doctors needed!)

JAMAICA — Fall Teams
— Nov. 15th - 22th, 2008
— Nov. 29th - Dec. 6th, 2008

Visit the CCA website for additional information:
www.christianchiropractors.org
(STM Opportunites)