

The “When, Where and Why” of Adjusting

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In almost 15 years of practice I have noticed many patterns in patient presentation, pain, and what kind of care is best suited to each case. Many things can be taught to the doctor in school; some cannot be taught. Experience teaches ways to handle cases which contradict a direct solution. Sometimes a patient requires adjustments that may seem, at first, counterintuitive.

A very good example of this is the patient who comes in with low back pain, but tests negative on orthopedic and neurological tests, has equal leg lengths, no noticeable misalignments of bones and has no real pain when the low back and pelvic areas are firmly pressured.

Another example would be the patient who complains of headaches, but the posture is good, the range of neck motion is full and there is no tenderness with pressure. The patient's pain is real but, in cases like these, the doctor must keep searching. When he does, he usually will find a problem that justifies a specific chiropractic adjustment based on certain clear criteria: misalignment, restriction, edema, weakness, numbness, tingling and more.

In the case of low back pain I have found such criteria to make a gentle amount of pressure issued by a fingertip to the top bone near the ear, or a quick adjustment in the upper back that will clear all the criteria and relieve all the low back pain. In the second case of some headaches, the criteria to adjust may be found in the sacrum, and that is all the patient will need on that day.

It is also important to understand that the human spine (and human body in general) is an interconnected chain, wherein small positional changes in one area will cause changes in another (possibly remote) area of the spine. These changes are automatically done by reflex, so we are not aware of them. Think of balancing a broomstick in your palm and you'll get a very simplified idea of what an enormous balancing act the spine and body are doing for you all throughout the day. Research has shown that a large part of the brain's activity is dedicated to merely keeping us standing upright!

Another thing the doctor must know is when NOT to adjust the patient. He must know when the patient is getting better --- even if the patient is in pain. To make this decision, the doctor must keep in mind the criteria for making an adjustment, because an ill-timed adjustment can actually slow the overall patient progress such as when, after a few visits, the patient is rapidly getting over a crisis of pain. The temptation arises to “help even more”, ignore the lack of criteria, and adjust the patient anyway. It takes discipline and experience to resist such practices. This is what makes us chiropractors and not “back-crackers”. Every patient, every day, is different, and they deserve the best we can offer all the time.

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