

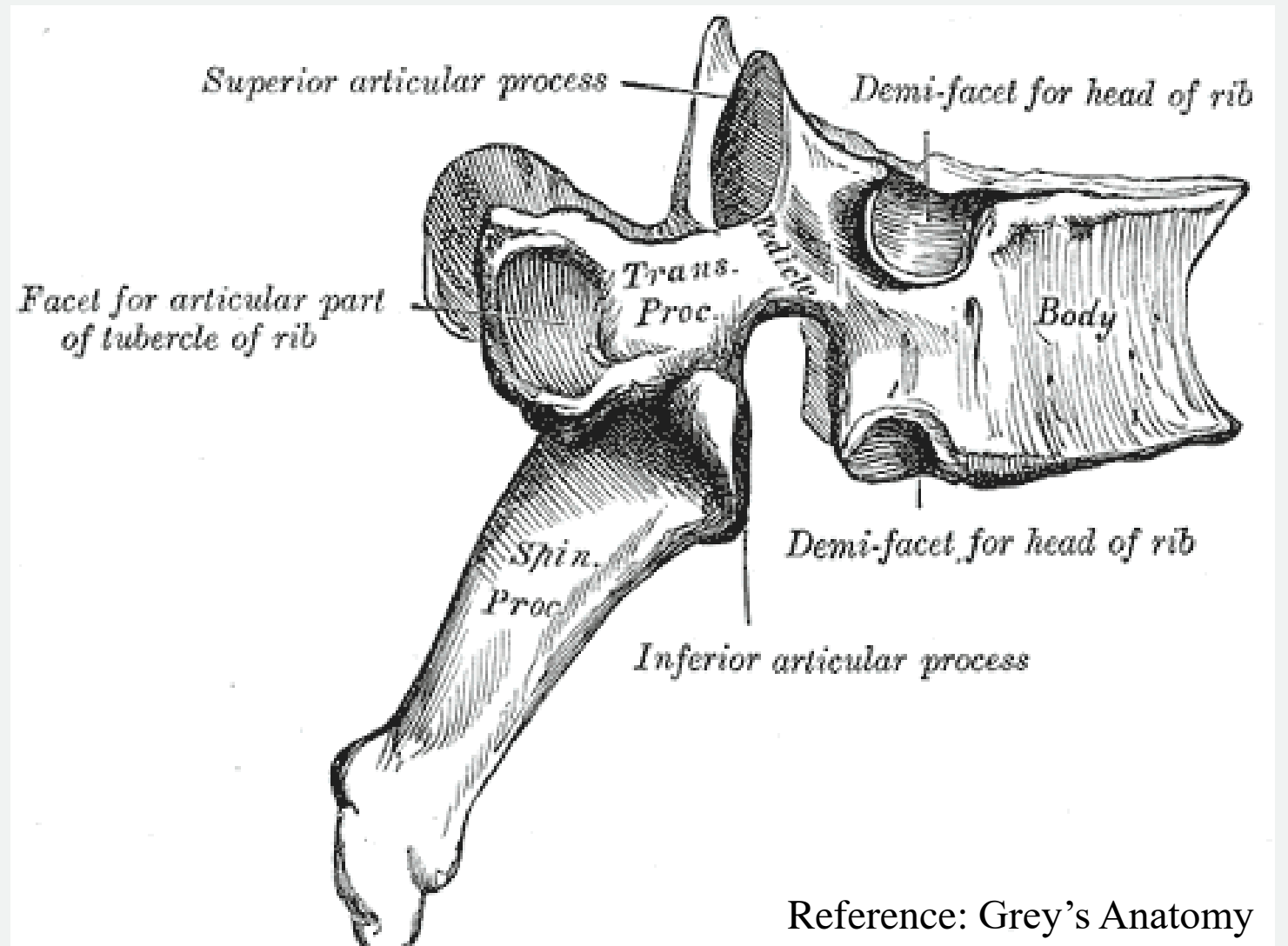


Identification of malposition/misalignment in the thoracic spine

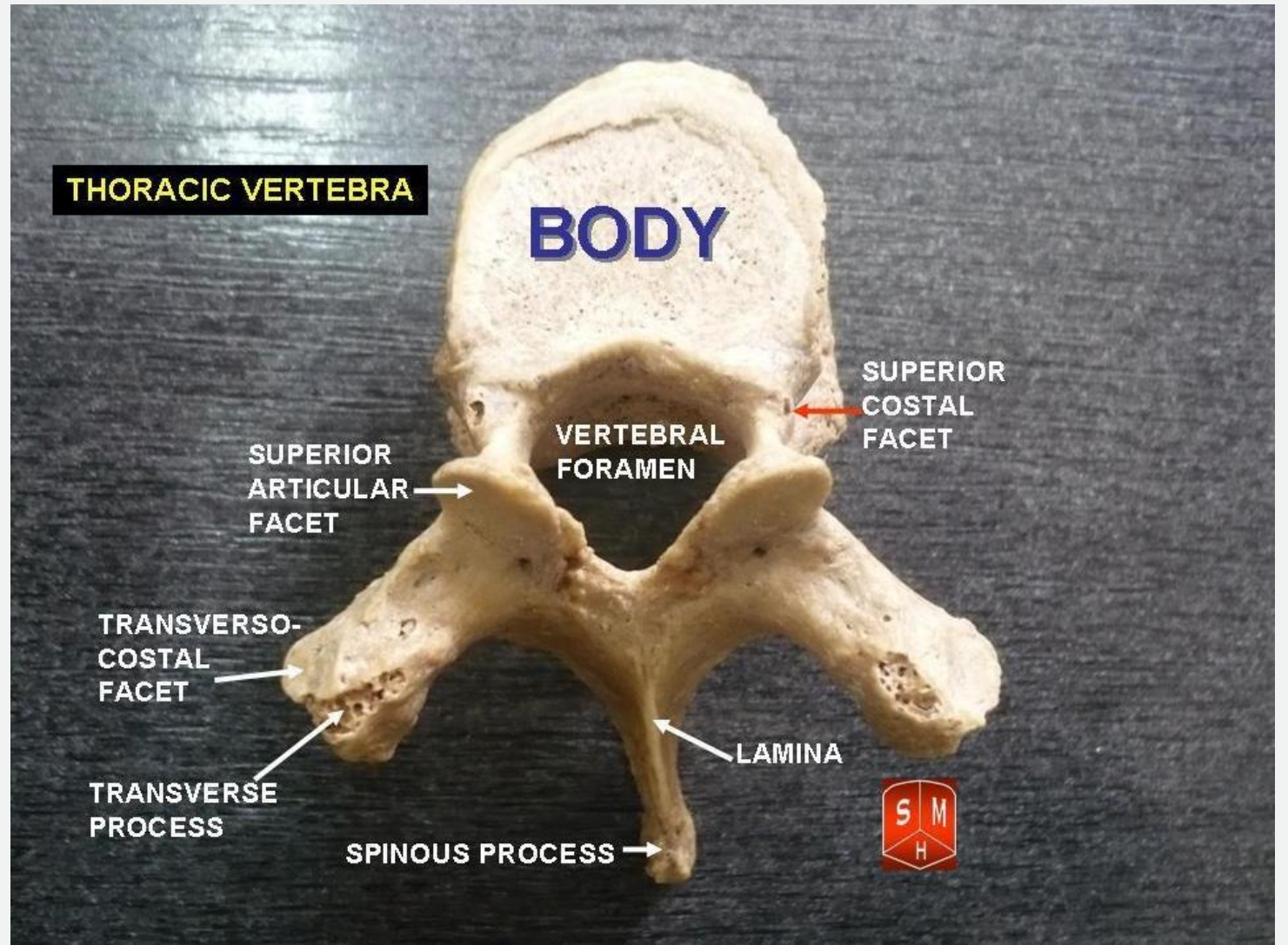
I.E. THE SO-CALLED
VERTEBRAL
SUBLUXATION
COMPLEX

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The "typical" thoracic vertebra



The "typical" thoracic vertebra



Reference: Wikipedia user Anatomist90

What can be palpated?

01

Easiest by far:
thoracic SPs

02

Moderate
difficulty:
thoracic TPs

03

Very difficult,
allegedly
impossible:
thoracic APs

Let's practice!

How do we identify the vertebral subluxation complex?

PARTS!

Pain

Asymmetry

- Rotated? Laterally flexed? Flexed? Extended?

ROM

- What motion(s) is/are restricted?
- For example, if R rotated, then we would assume L rotation restriction.
- However, we do not always find the expected restriction.

Tone/texture/temperature

Special tests

- e.g. X-ray
- However, if subluxation is seen on X-ray, it is a medical subluxation and therefore cannot be corrected with chiropractic manipulation.

Diagnostic criteria for the vertebral subluxation complex



Asymmetry



ROM



The rest are optional.

Pain does NOT
necessitate
chiropractic
manipulation of the
spine.

How do we name/describe a vertebral subluxation complex?

Many, many methods,
but here's one.

Name asymmetry first.

- RR = right rotated
- RLF = right laterally flexed

Name restriction
second.

- LRR = left rotation restriction
- LLFR = left lateral flexion restriction

There can be coupled
misalignments.

- Because motion in the spine is coupled
- RR LLF, LRR RLFR = right rotated and left laterally flexed, left rotation restriction and right lateral flexion restriction

Let's practice!

How do we
correct the
vertebral
subluxation
complex?

DP: doctor's
position

PP: patient's
position

CH: contact hand

IH: indifferent
hand

- But is it truly
indifferent?

P: procedure and
prestress

LD: line of drive

The absolute
simplest way to
think about line
of drive

Apply
THERAPEUTIC
force in the
OPPOSITE
direction of the
malposition
that you have
identified.

Let's practice!

OR WE CAN SAVE THIS FOR
ANOTHER TIME.