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Animal Chiropractic: the "Honest" Subluxation

By Daniel Kamen, DC

During my 15 years in chiropractic, I've had extensive experience with people as well as animals. Though anecdotal in nature, the testimonials I hear from other chiropractors regarding their success with animal adjusting are nothing short of amazing. I often hear that a horse or dog dramatically improved after just one adjustment. This is not surprising to me. When I teach others about animal chiropractic techniques, I show them ways to find subluxations, zero in on the subluxation, and treat it.

Animals, unlike some people, do not feign pain. Those chiropractors who treat animals know how effective a well delivered adjustment can be. Not only that, but animal chiropractors are not burdened by HMOs or other third-party payers setting treatment guidelines. Therefore, they can practice honest chiropractic and again can use the term subluxation.

Palpating and Adjusting Canine Thoracics

11th thoracic

As you go further down the dog's spine, the thoracic processes start to point up.

A dog has 13 thoracic vertebrae. All of the spinous processes are palpable, but none of the transverse processes are, except in very emaciated animals. In the lower thoracics, the mammillary processes are palpable (just lateral to the spinous processes) and are used as adjusting contact points.

The upper thoracics are felt and adjusted by first lifting up the dog's chest. By lifting up on the dog's chest you will lower the scapulas, thus exposing the long upper thoracic spinouses. The upper to mid spinouses imbricate (overlap) over the vertebra below. Thus, the third thoracic spinous, for example, is felt over the fourth thoracic vertebrae and sometimes even lower. The thoracic spinouses start to point up as you go further down the spine.

When you reach the 11th thoracic, you'll notice that it palpates as a depression. It feels as if it's not there. People often mistake this for an injury or a fracture. The 11th thoracic is called the anticlinal vertebra. As you palpate past the 13th thoracic, you'll notice a dramatic increase in body movement since you are feeling the lumbar which are not bound by ribs.

Determining the Listing

Feeling the spinous laterality is key to determining the thoracic listing. Follow these steps:

1. Using both hands, feel for tight muscles just lateral to the spinouses by pressing and sweeping down the thoracic spine. Tight muscles felt lateral to the upper to mid spinouses indicates side of spinous laterality since the lateral spinous is "pushing" or displacing more soft tissue to that one side.
2. With your thumb and index finger, wiggle each spinous like a tooth. A spinous that is subluxated lateral to the right (pointing to the right) will not wiggle easily to the left, but easier to the right.
3. Tight muscles lateral to the lower thoracics indicates a high mammillary process which implies vertebral body rotation. When you feel this, push the mammillary down, and by doing so, notice if this will wiggle the spinous. If it does, then the mammillary will be your adjusting contact point which is favorable to a spinous contact.
4. While you're palpating, notice if the dog flinches in pain, or if the fur shakes. These are signs of subluxations and spasms.
5. Feel for temperature changes on the hard, spastic spots. Heat detection instruments are useless over fur. Don't use them. Also, since a dog is about two degrees warmer than we are, be careful not to mistake a "hot spot" for an area that is naturally warmer.

The Adjustment (Spinous Laterality)

During the canine thoracic adjusting procedures, one hand provides the thrust and the other acts as the table (stabilization). Your thrusting hand/arm always thrusts in the direction of wherever your other hand is stabilizing, usually underneath the dog (chest or abdomen). The direction of the thrust is lateral to medial, posterior to anterior (dorsal to ventral are terms used most often by veterinarians), and (I emphasize and) in the direction opposite spinous imbrication. For the upper and mid-thoracics, this would be inferior to superior (caudal to cranial). In other words, your adjusting hand/arm becomes an extension of the spinous process and part of your line of drive is up towards the body belonging to that vertebra.

Follow these steps for a T3 adjustment (spinous right):

1. Position yourself next to the right side of the dog and support the dog underneath his chest with your left hand.
2. Contact the right lateral T3 spinous with the firm, supported tip of your right thumb (supported with your index finger "pinched" underneath).
3. Your right wrist, arm and elbow are straight and rigid, acting as a unit.
4. Visualize and set up your line of drive as described above.
5. Deliver a sudden impulse. Remember, it's not force, but speed that produces a successful adjustment.

Remember, you almost never hear a pop or slide during this adjustment, but you may feel the bone move or slide.

Follow these steps for a T12 adjustment (high mammillary on the right):

Arm

The line of drive for a T12 adjustment is posterior to anterior, so your elbow is directly above the dog.

1. Position yourself next to the dog. You can be on either side, but it's easier if you're on the left side of the dog for a right mammillary contact.
2. Support the dog underneath (abdomen) with your left hand.
3. Contact right mammillary with the supported tip of your right thumb. Your wrist, arm and elbow are rigid and act as a unit (see above technique).
4. The line of drive is posterior (dorsal) to anterior (ventral), so your elbow is directly above the dog.
5. Thrust with a sudden impulse in the line of correction.

If you prefer, you may use a metal mallet (Activator) in place of the above procedures. Just make sure your contact and lines of correction are the same. I find the Activator is very handy for adjusting dogs, and very safe so long as you use the cervical tip.

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