

[IMAGE]

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The Two Major Concepts Of The Soft Tissue Course

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Due to the many requests received by MPI about the nature of the soft tissue course, I would like to review the underlying basis of our soft tissue course.

Knowledge is a never-ending journey, and based on class discussions, questions, clinical problems, and new knowledge appearing in current journals and texts, the soft tissue course continually offers new approaches and information relating to soft tissue extremity involvement.

The course attempts to teach two major concepts: First, to teach the practitioner to examine the extremities in a logical manner to determine what particular structures are involved. For instance, pain on the anterior portion of the shoulder could be due to a bicipital tendinitis, anterior subluxation, subscapular tendinitis, subacromial bursitis, A-C joint sprain, subcoracoid bursitis, supraspinatus tendinitis, adhesive capsulitis, coracoacromial ligament hypertrophy, fracture, dislocation, etc. Simply relying on tenderness on palpation or an x-ray finding is definitely not enough. Each of the above conditions require a particular type of treatment on a particular location. If your present examination does not distinguish the particular source of the pain, then your treatment must be of a general nature. For example, applying physical therapy, using joint mobilization, and adjusting the spine on every shoulder problem is reminiscent of a "treat and pray" method which sometimes works and sometimes doesn't work -- a poor excuse with the present knowledge explosion.

Functional tests to examine musculoskeletal tissue must stress particular tissues to recreate the patient's complaint. The tests must be used in such a way that passive tissue like ligaments and capsules are examined passively, and contractile muscle tissues are examined isometrically. The correlation of the responses of these tests will give the practitioner a working analysis of diagnosis of the problem.

Relying on passive testing without contractile testing or vice versa cannot give us a definitive answer as to the cause of pain. For example, we learned in school that Finkelstein's test was pathognomonic for De Quervain's disease. Finkelstein's test is a passive test that stretches the thumb abductor and extensor

muscles along with other nearby structures such as the trapeziometacarpal joint (frequent site of osteoarthritis) and the radiocollateral ligament, among other structures. This passive test by itself cannot be pathognomonic because it stresses more than one particular area. We cannot definitely incriminate the sheath of the abductor pollicis longus and extensor pollicis brevis unless these muscles were also stressed by isometric muscle testing and caused pain. Too often, doctors in all the healing arts rely mostly on the location of a tender area for their diagnosis. Maybe this is the reason that at least 50 percent of all diagnoses are incorrect. The failure to use a logical procedure to find out what is really wrong with the patient is also responsible for excessive reliance on CAT scans and MRI. The failure to use a logical procedure is also responsible for excessive treatment and maltreatment.

The second concept that is emphasized in the soft tissue course is the use of friction massage. The course recognizes the equal value of all other methods of manual therapy such as the myofascial approach (trigger point), joint mobilization, PNF, stretching, and rehabilitation. As is often stated in the course, any therapy the practitioner feels is warranted in the treatment of a particular condition is acceptable, as long as the functional test that led the practitioner to the source of the pain no longer elicits pain before the patient is dismissed. Friction massage is a particularly specific method of treating especially chronic type extremity problems and has been compared to the spinal adjustment as the "soft tissue adjustment." Adhesions and scar tissue are broken down and increased expansion, motion and, therefore, function, is restored. Friction massage requires a thorough knowledge of anatomy and is a highly specific technique. Practitioners who claim they do not get results are usually among those who attempted to learn the method out of a book. A hands-on explanation is mandatory. Imagine learning surgery out of a manual.

The proper examination reveals the specific part of the tissue that no longer functions normally (diagnosis) and the proper treatment restores the function.

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