Motion Palpation

By Terry Elder, DC

Various forms of palpation have been used by chiropractors since 1895. In the past, all the health professions relied on palpation as an important diagnostic tool. As the allopathic profession continues to become more technical, relying more on various tests and imaging techniques, our profession has maintained its skill in palpation.

Palpatory skills are often difficult to master because they require much practice and, of course, a very precise knowledge of anatomy. This article will deal specifically with the art of motion palpation, but it must be understood at the outset that good motion palpation skills are always proceeded by good static palpation skills. In other words, you cannot test the motion or function of a joint if you cannot find the bones that form that particular articulation.

Using motion palpation in practice usually involves a step-by-step process. The usual history and consultation is performed, trying to elicit responses that will lead the practitioner to a diagnosis and an area(s) of the spine or appendicular skeleton that is the pain generator. Further examination is performed and then the patient is palpated, using motion analysis to determine sites that are in need of correction because of joint hypomobility. X-rays are then taken if needed to determine abnormal pathologies and the patient is treated. Treatment, depending on a doctor’s particular philosophy, could include modalities to reduce inflammation or muscle spasm and manipulation/adjustment to the hypomobile areas. It is usually advisable to recheck the areas manipulated to ascertain if the particular manipulation improved or restored the previously restricted motion to the joint in question.

The previous scenario of patient treatment is only one example of how motion palpation can be used in the office. Many variables will affect how a particular doctor will utilize motion palpation in the office. Motion palpation’s strong point is as a diagnostic tool. In chiropractic we have a primary treatment tool: the adjustment. The adjustment is not our sole weapon in the treatment of the subluxation complex, but it is by far the most effective and most versatile and far reaching in its effects on the human nervous system. It must be understood that the adjustment is only a tool, it is not what makes us doctors or even chiropractors. It is our treatment of the subluxation complex, with its neuromuscular, kinesio., histo., biochemical, and biomechanical components that separate us from those that diagnose and medicate. As doctors of
chiropractic we must also understand when not to adjust. The when, where, and how” of the adjustment is an important process: Our primary treatment tool is best determined by the use of motion palpation analysis.

Several salient points should be emphasized in the practical use of motion palpation and the various techniques taught at MPI courses. Adjust only the most fixed motion segment. Ignore pain as a criteria for the adjustment. Rely on your palpation skills, the pain is usually the inflammatory component and can take some time to resolve. Treat acute patients as you yourself would like to be treated: every day. There is no law that says chiropractic patients can be treated only every other day. Use ice as often as possible to reduce inflammation. Don’t forget what you are taught in school. Motion palpation does not replace orthopedic tests, x-ray for pathology, blood tests, and most importantly, a complete patient history. Palpate gently to more efficiently discern joint motion. This is very important in the motion palpation scan and during motion analysis of individual joints in their specific directions of motion. A too forceful scan will not allow the examiner to discern the more subtle joint fixations in very mobile patients. Too forceful a palpation can cause reactive muscle spasm and guarding even in a normal joint.

By all means move the joint, but don’t break the patient trying to get the joint to click. There is substantial research to prove the value of the joint click, but joints with restricted motion are in various stages of degeneration and occasionally mobilization is adequate in the early phase of treatment. Learn how to motion palpate the extremities, especially those that have a profound influence on gait such as the subtalar and talocalcaneonavicular joint. After you have acquired these skills, make sure to include in your history and consultation questions concerning the extremities that can be a causative factor in the subluxation complex. Read, read, read. Books are still inexpensive in comparison to the cost of seminars, hotels, and travel expenses. Texts and journals cannot replace "hands-on" instruction, but they enhance every level of your practice.

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Editor’s Note:

Dr. Elder will be teaching his next Full Spine (FS) seminar with Dr. Keith Innes July 9-10 in Kansas City, Missouri, and his next Extremities 2 (E2) seminar July 23-24 in Seattle, Washington. You may call 1-800-359-2289 to register.
Dr. Terry Elder graduated from Cleveland Chiropractic College in 1987, and maintained a private practice in Kansas prior to coming to National University where he has been an instructor in chiropractic medicine for more than 17 years. Dr. Elder serves on the postgraduate faculty of NUHS and Canadian Memorial Chiropractic College, and has been an instructor with the Motion Palpation Institute for over 25 years.

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