

Focusing on Subluxations.



Western Australia's parliament defined "*chiropractic*" as *a system of examining and adjusting the human spinal column and associated structures, for the purpose of diagnosing and correcting, without the use of drugs or operative surgery, interference to nerve transmission and normal joint function* or any other similar system prescribed by the rules.

Briefly, the signature role of a chiropractor is to locate and adjust subluxations.

Patients want to correct, or failing that, to reduce, functional impairments that give rise to symptoms. Adjusting some subluxations may result in symptoms going, never to recur. However, many people have a lifelong predisposition to spinal instability leading to;

1. Recurrent subluxations,
2. A recurrent subluxation related symptom, or

By the time we first meet some patients already have highly unstable spines with an extraordinary ease of going "out of adjustment". Being in adjustment or out of adjustment may lead to two very different qualities of life.

Getting adjusted and staying in adjustment may minimise the potential impacts of a subluxation related syndrome while permitting a better quality of life.

3. A recurrent subluxation related syndrome.

"Syndrome" refers to a group of commonly associated symptoms. In this instance, the association is by way of subluxations.

Structure, a wedged vertebra or one short leg, may impair lifelong function. Today Homo Erectus has become Homo 'Sittins'. It becomes obvious in practice that many patients expose their structural framework to unnatural biomechanical loading leading to chronic recurrent subluxations. My bet is that subluxations are a constant, rather than an exception, in the human condition.

Many/most patients have their own subluxation related syndrome, the impact of which may vary from being mild to creating a major lifestyle inconvenience.

Being able to identify subluxation-related symptoms creates the option of;

1. Have chiropractic care; in effect switch off those symptoms.
2. Medically mask those symptoms and ignore the subluxation/s.

How long a patient's spine can, 'hold an adjustment' varies from patient to patient.

Asymptomatic Subluxations.

In day-to-day practice, the patient and I often identify subluxations that have not reached the stage of generating identifiable subluxation related symptoms. Oddly, even though they say

that they feel good and function well, after I adjust the subluxation, the patient may claim to feel a sense of increased well being.

Whooshers'

When I was a new patient to chiropractic, like most patients, I expected chiropractic care to be similar to the condition/symptom based medical model. No matter what the chiropractor said, my two goals remained to get out of symptoms and get out of his office. As soon as I felt better, 'whoosh' I was gone. After a time my symptoms returned. Eventually the penny fell and I came to understand that subluxation based chiropractic care is about subluxations rather than symptoms or conditions.

Condition/symptom based care remains society's dominant paradigm; most of my patients have been

'whooshers'. The baby boomer's health/wellness market shift is changing that. Nowadays, many people use regular subluxation based chiropractic care to retain a relatively good quality of life.

From my clinical observations, well-adjusted patients are easier to adjust and have less discomfort after an adjustment. By contrast, seldom-adjusted patients "tighten up" and may need a firmer adjustment. They might then react to me stirring up their 'rust' by having temporary, increased minor aches.

Collaborative Chiropractic

This consists of patients learning to do what keeps them "in adjustment" and avoiding doing what causes them to go "out of adjustment". I prefer a clientele of pre-appointed, regular well-adjusted patients who make chiropractic an integral part of their overall health care plan.

From my own experience as a patient and observing thousands of patients I am sure that a body functions better when free of nerve interference.

I get adjusted more often than my patients. I have learnt by my own experience the value of keeping on keeping on.

A first part of collaborative chiropractic is for the patient to keep on keeping on. Getting adjusted to stay good rather than tolerating low level subluxation related symptoms until symptoms get so bad that the patient either drugs them away or returns for care.

Telling Others

