

CLINICAL NOTES

SIX MANIPULATIONS SUITABLE FOR USE IN GENERAL PRACTICE

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THE SIX MANIPULATIONS DESCRIBED HERE have been used by me for many years in general practice, without mishap, for diseases which are usually known by such terms as "fibrositis", "muscular rheumatism", "neuritis", "intercostal neuralgia", sacro-iliac strain and the like. No anaesthetic is used and no force beyond what the patient might experience in the course of his ordinary activities. A great safeguard for the operator is provided by the fact that the conscious patient can inform him of any untoward symptoms arising in the course of a manipulation. It has been my practice to abandon a manipulation, however well indicated it appears to be, if a patient complains of any increase in pain at any stage. No originality is claimed for any of these manipulations, apart from the second one for the sacro-iliac joint, and with this exception I have learnt them from other practitioners. I am particularly indebted to Dr Basil Tracey of Norwich, who has freely advised me from his great experience of the subject.

Manipulation of the cervical spine

The operator stands behind the patient, who is seated, and asks him to turn his head first in one direction and then in the other to ascertain what movement the patient is capable of by his own unaided efforts.

To manipulate the neck to the right, the operator, still standing behind the seated patient, places his own right hand against the left side of the patient's jaw, so that the point of the jaw lies in the palm of the hand and the fingers point towards the lower half of the left ear. The operator's left hand is used to exert traction on the patient's neck and, to this end, the tip of the left thumb is placed below the patient's right mastoid and the tips of the middle and index fingers below the patient's left mastoid. The patient's head is now lifted by the combined upwards pressure of both hands and the patient is instructed to turn his head to the right. As he does so

the right hand is used gently to assist this turning movement. This procedure is usually repeated two or three times and it is helpful to instruct the patient not only to turn the head, but to tilt the chin simultaneously to the right as he would if he were glancing upwards and backwards over his right shoulder.

The operator now interchanges the position of the two hands—cupping the chin with the left hand and lifting the head with right—and manipulates the neck to the left.

Manipulation of the upper costovertebral joints

The patient sits crosswise on a chair so that the back of the chair is to one side of him, and is instructed to place his hands on the back of his neck. The operator stands behind the patient and passes his own arms below the patient's upper arms and then bends his own elbows in order to catch hold of the patient's wrists from below. The operator now places the toe of one foot on the edge of the chair behind the patient and his knee against the back of the upper costovertebral joints on one side. The manipulation is completed by lifting the patient by the arms and simultaneously pressing the knee forwards. A slight alteration in the position of the knee permits manipulation of the costovertebral joints of the other side to be undertaken.

Manipulation of the costovertebral joints from T4 downwards

The patient lies on his face on the couch, with his head turned to one side. The operator places the palm of his left hand on the back of the patient's chest, so that the second metacarpal head lies approximately over the costovertebral joint to be manipulated. The patient is then instructed to breathe deeply in and deeply out. When the chest is at the point of maximum expiration, the operator's *right* hand is pressed sharply down over the left second metacarpal head. The procedure is repeated for all accessible costovertebral joints on both sides.

Manipulation of the thoracic spine and costovertebral joints from T4 downwards

The operator stands behind the patient who is standing and places a cushion between his chest and the back of the patient's chest. The patient is then asked to abduct his arms to 90 degrees. The operator then passes his arms beneath the patient's arms and then, by flexing his own elbows he is able to place the palms of his hands on the back of the patient's neck. The patient is now asked to lower his arms to his side. In so doing he traps the operator's arms beneath his own. If the operator now leans backwards, the patient is lifted bodily from the ground and the cushion presses on the back of the patient's chest.

Manipulation of the sacro-iliac joint (1)

The patient lies on his back on the ground and is asked to remove his shoes. To manipulate the right sacro-iliac joint the operator kneels to the left of the patient's left thigh, facing him. He places his right hand on the patient's left anterior superior iliac spine. The patient is instructed to flex his right hip and knee to bring the right thigh into contact with his abdominal wall. The operator lays the palm of his left hand on the patient's right knee and then asks the patient to abduct his right hip. The operator gently aids this movement by pressure with his left palm so that the patient's knee is pushed towards the floor to his right, and at the same time, the operator anchors the pelvis by pressing downwards with the right hand on the patient's left anterior superior iliac spine. While pressure with the left palm is maintained, the patient is asked to straighten his right leg and place the right foot alongside the other. In this way the patient's right knee is made to describe a semicircle close to the ground with its centre at the right hip joint. The manipulation for the left sacro-iliac joint is the mirror image of that for the right.

Manipulation of the sacro-iliac joint (2)

The patient is instructed to lie on his back on the ground. To manipulate the left sacro-iliac joint, the operator stands to the left of the patient and asks him to flex his left hip and knee both to a right-angle. The operator now passes his left forearm below the patient's knee from within outwards, and passes his right hand round the front of the patient's left thigh so as to grasp the inner surface just above the knee. The operator's left hand now grasps his own right forearm. The operator is now in a position to lift the patient and as he does so he instructs the patient to roll away from him so as to lie on his right side. The patient's left hip is now flexed and abducted to a right angle and traction is being exerted. Continuation of the traction swings the patient's right hip clear of the ground. As the patient rolls on to his right side the operator turns in an anticlockwise direction so that the outer aspect of his right knee comes into contact with the outer aspect of the patient's left thigh. The operator now uses his own right knee to tap the outer aspect of the patient's left thigh, and the manipulation is complete. The manipulation of the right sacro-iliac joint is the mirror image of that for the left.