

Motion Palpation and Chiropractic Technic
RC Schafer, DC and LJ Faye, DC
Huntington Beach, California
Motion Palpation Institute
Hard cover, 426 pages, \$89.00+

I recently had the opportunity to speak with a distinguished colleague about the recent influx of new textbooks onto the market. He reflected upon a saying he learned from a former professor: "From all old books cometh new knowledge". I was reminded of this quote as I read Dr. Schafer's opening remarks, where he informed the reader, that one of the goals of this text was to "bring the essence of the Gillet's half-century study under one cover". As a chiropractic student, I was exposed to the concepts of motion palpation under the able tutelage of Dr. Grice, who frequently referenced Dr. Gillet. But alas I must confess that the disorganized and confusing presentation in Gillet's and Lieken's writing often left me frustrated and I inevitably resorted to reshelving the book. Much is to be said about the ability of one to simplify a complicated topic and render it comprehensible to its intended audience. And so it was with much interest that I began to read this textbook.

At first glance this hard cover text was rather imposing with its gold embossing and impressive title. The first few introductory pages clearly outlined the goals, objectives and the limitations of the text. Although I wondered why the "Epilog" appeared so early, for its contents tended not to represent an ending but rather a beginning of a "mission". In general the text was well organized into nine chapters, each subdivided into numerous subheadings introducing the reader to the authors' intention. The chapters were well written and the illustrations excellent. I was especially impressed by the quality of the photographs illustrating the various adjustive and manipulative techniques. Each chapter also contained "Faye's Clinical Comments", which I found rather "empiric" contrary to the intentions outlined in the preface. Each of the chapters end with a bibliography of texts and papers, which were not clearly referenced in the text. In fact, on several occasions I was unable to find the referred to source. The text concluded with a short Index, which given the text's size may have been elaborated upon further.

In regard to the specific chapters, the first two dealt with the basic principles of "dynamic chiropractic" – discussing the relevant theoretical and basic science material required to understand the subsequent chapters. Unfortunately, I found these chapters to be the weakest part of the text. The material at times was superfluous and could have been condensed to avoid redundancy. I personally would have preferred a more critical appraisal of the Belgian Notes in light of the available scientific knowledge.

The next four chapters dealt with the palpatory and adjustive procedures of the spine and pelvis. This material was well presented. The manoeuvres were well described and illustrated, leaving the reader with a very good impression of the manner in which they are to be done. Each chapter dealt with a specific region of the spine; reviewing the anatomy, biomechanics, the diagnostic and therapeutic components. I congratulate the authors in the manner in which they were able to rationalize the use of the various adjustive procedures, reflecting upon their clinical experience. These chapters were followed by one reviewing the various spinal fixation complexes, which had seen clinically by Gillet. I must

admit they were much easier to follow in this text than in his own Belgian Notes.

The remaining two chapters dealt with the palpation and adjustive procedures of the upper and lower extremities, including the often neglected temporomandibular joint. These latter two chapters were greatly appreciated, since few chiropractic texts have been able to deal with these regions as effectively as this text does.

Overall, I congratulate the authors on their heroic effort to amalgamate the teachings of motion palpation and its adjustive procedures under one cover. A task in itself but one whose time has come. This text is intended for chiropractors and advanced students, who have basic necessary background in clinical diagnosis and management. This text is not intended to replace but rather to augment the clinical armamentarium of the practising clinician. Considering the relative paucity of chiropractic texts, I highly recommend this text as a welcomed addition to this short list.

Silvano A Mior, DC, FCCS(C)

Whiplash Injuries,
The Cervical Acceleration/Deceleration Syndrome
Stephen Foreman, Arthur Croft
Williams & Wilkins, Baltimore, 1988
Pages 419

This textbook is one of the most comprehensive, scholarly and clinically relevant works to ever come a long in any discipline. The language is concise, the format orderly and the information well documented, with a list of references and suggested further readings at the end of each chapter.

The authors review the developmental anatomy, clinical anatomy and biomechanics in terms of tissues and areas of involvement related to cervical spine injuries. They are detailed in their presentation of recommended physical examination procedures, including a discussion of the prognostic significance of various findings. There is also a comprehensive review of a clinical neurological examination, including several tests for pathological reflexes.

X-rays are considered the paramount indicator of the severity of injuries and required for any post-traumatic examination. Significant lines of measurement and template analysis are discussed in detail, the authors being true to form. We are also brought right up to date with a chapter that discusses and demonstrates, with numerous plates, x-ray, tomography, CT and thermography. While the authors acknowledge that not all these tools are usually available to chiropractors, we should be aware of their significance, especially since such films may make it back to our office, after the fact.

There is a lengthy discussion on cervical fractures including the types of force usually involved and again generously augmented with radiographic plates.

Croft tackles the long standing controversies surrounding the long-term and short-term effects of soft tissue injuries. In his discussion he quotes research by Macnab that states an estimated 45% of those injured in hyperflexion/hyperextension trauma continue to have symptomatology two years after their legal settlements. He suggests that the economic impact of these injuries is probably in excess of \$2 billion per year.

Research continues to demonstrate that the symptoms of soft tissue injuries are amazingly constant and often associated with long-term disability. He completely dispels the notion of "litigation neurosis" and suggests it is time to lay that one to rest. In this chapter he includes a review of current thinking on therapeutic approaches to soft tissue injuries. He quotes recent research demonstrating the efficacy of early manipulation in the hands of qualified manipulators.

The final chapter by Foreman is a culmination of all previously considered topics into a formula which can be used to help standardize prognosticating. This is probably the most valuable contribution made to date in the area of evaluating trauma. At last we have a logical rationale beyond the old stand-by "favourable or unfavourable or guarded".

Foreman offers a system whereby all patients fall into three basic categories and then personal modifiers such as canal size, cervical curve, pre-existing degeneration etc. are allotted a certain value. Patients receive a score based on these considerations and fall into one of five prognosis groups ranging from excellent with complete recovery expected to unstable, with a clinical picture associated with radiculopathies and myelopathies. Using this prognosis scale not only allows for a standardization of the evaluation but promotes a consistent and thorough work up of trauma victims in order to calculate the prognosis later. As a profession, we will no longer need to rely on subjective opinion and previous clinical experience alone. We must implement the research which has been done to date and made available to us in this text. This book should be required reading for both clinician and student so as to add even greater precision and credibility to our prognosis.

Madeline F Cmec BA, DC

Second Opinion:

What's Wrong With Canada's Health Care System And How To Fix it

Michael Rachlis, M.D., Carol Kushner

Wm. Collins & Sons Co. Canada Ltd., Toronto, 1989

Pages 371, \$26.95

Second Opinion . . . is one of the most researched, and reasonably presented discussions of the current state of our health care (or is it illness treatment?) system to date. In the forward, former Federal Minister of Health, Monique Bégin, describes it as a book she wishes she had written. Dr. Michael Rachlis earned his degree in community medicine at McMaster University and is a founding member of the Medical Reform Group. Ms. Carol Kushner is a consultant to government and outside groups on social policy and a noted advocate on environmental issues. Together, they are uniquely qualified to focus on the evolution of our current system, the problems inherent in it and to suggest some viable solutions.

They assure us that a system of open-ended spending is not what is required to make us healthy. In fact, that is the most inefficient approach and potentially hazardous. Cures are scarce and costly. It is much more cost effective to prevent illness. They point out that even though every study for the past three decades has emphasized prevention, health care dollars continue to be spent on treatment, mostly unproven and ineffective and cures involving extravagant high tech and limited results. It was

interesting to read the chapter entitled "Medicine, The Un-Science", which followed the separate evolution of medicine and science and pointed out the differences that remain today. It is quoted that 80% of therapies used in medicine today have not stood the trial of scientific evaluation.

One of the underlying sources of the vast inefficiency of our system is considered by not only these authors but also the World Health Organization to be a surplus of medical doctors. This is certainly an issue that has been discussed in the ranks of our profession in recent years as it impacts on our specialty as well as the use of health care services in general. The system is described as a "supplier-induced demand", unique in industry. Physicians, not patients, determine how Canada's \$46 billion health care budget is spent; the number and types of operations, the number of hospital days used, the type and amount of drugs prescribed. Here are just a few of the vast array of frightening statistics presented:

- 1 Canada has the highest rate of cholecystectomies in the world, 10 times higher than Denmark and five times higher than England, with the same incidence of gall bladder disease.
- 2 A mother with normal, uncomplicated delivery stays in hospital 4-6 days in Canada while the member of an HMO in the United States requires observation for 24 to 48 hours.
- 3 Twenty percent of all hospital admissions involving the elderly are drug related.
- 4 Canada institutionalizes its elderly at a rate of 80% higher than the United States and 90% higher than Great Britain.

Herein lie some of the reasons why hospital beds and operating rooms are in short supply. The authors relate these excesses and inefficient use of our resources to the 41% increase in M.D.'s as compared to the 13% population growth in Canada over the past 12 years combined with the fee-for-service system which just fans the flames of a forest fire burning out of control.

The solutions suggested strike a familiar cord in the hearts of all chiropractors, with the emphasis of spending to be on prevention and more conservative, low tech health care as our first line of defense. They recommend more frequent use of cost effective practitioners. Too many specialists need to see well patients to stay afloat and that costs the system. They contend that putting the well being of the patient above the economic consideration of hospital and medical doctor will improve the quality of care, the efficiency of delivery of care and will reduce the cost of that care.

These are all issues that we as chiropractors can relate to and in fact that address many of our own frustrations with the system. What is blatantly absent in this book is what an impact our profession has on the delivery and cost effectiveness of health care in Canada. It is

These are all issues that we as chiropractors can relate to and in fact that address many of our own frustrations with the system. What is blatantly absent in this book is what an impact our profession has on the delivery and cost effectiveness of health care in Canada. It is astounding that such a well compiled document should have such a glaring oversight and perhaps it stands as a testament to the amount of educating that remains to be done even among the receptive individuals of other professions. Herein lies our continuing challenge, to be recognized as part of the solution, not part of the problem.

Madeline F Cmec, BA, DC