Re: Odontoid agenesis with atlanto-axial luxation

To the Editor:

I have read Dr. Thurlow's paper entitled "Odontoid Agenesis with Atlanto-axial Luxation" with great interest. I would like to congratulate Dr. Thurlow on presenting a very interesting case. My only objection to the paper is that he proceeds with manipulation below the C2 level. While great care was taken and a minimum of force was used, I would like to point out that cervical manipulation at any level in a patient with upper cervical instability might be regarded as dangerous.

I think in a patient such as this, it would be more prudent to use some other form of technique (a modality or soft tissue therapy for example) which would not involve any possible danger to the cervical spine. The patient should certainly be referred for consideration of surgical stabilization, as was done

While most chiropractors are certainly capable of isolating an adjustment to the C6-7 level without endangering the upper cervical spine, this would be a difficult claim to defend in court should pathologic symptoms develop following manipulation, especially in view of the fact that a more prudent course is available.

Although many of my colleagues might find my view very conservative. I feel that upper cervical instability is an absolute contraindication to cervical manipulation at any level.

Jim Nykoliation, BSC, DC, FCCS(C)/Saskatoon

In reply: Odontoid agenesis with atlanto-axial luxation

To the editor:

Dr. Nykoliation's comments are quite accurate and valid. However, my article draws attention to three essentials.

Neither minor trauma nor minimal etiology guarantee First. the absence of rare or obscure conditions.

Second. Each patient commands our utmost diligence and

Specific and controlled spinal manipulation in this Third. instance was effective and safe.

Robert D. Thurlow, DC, DABCR, FCCR

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CANADIAN PARAPLEGIC ASSOCIATION

RE: Perspectives / Dr. J.E. Houle

To the editor:

Having just read the article "Perspectives" outlining the career of Dr. J. Edgar Houle, I felt compelled to offer my congratulations to Dr. Mannington for a superb article, to the Journal for having a regular column on our outstanding members, and a personal note of respect for Dr. Houle.

I feel that his has been the single most important influence in my career in chiropractic education and practice. His enthusiasm and educational integrity influenced students in the 1970's and their influence, in turn, has been immeasurable, in terms of current leadership in chiropractic education and research.

It is said that a good teacher's influence on the world never ends because the seeds of knowledge continue to grow in ever increasing circles. So it is with Dr. Houle who significantly influenced the growth of our profession into scientific respectability in these last 15 years. We owe him much and as a profession, we should never forget him, or those like him, who are the great minds of chiropractic today.

Michael R. Wiles, BSc, MEd, DC, FCCS(C)

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