

MSDW
MANIPULATION SKILL
DEVELOPMENT WORKSHOP
LOWER EXTREMITY
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FIXATION / DISPLACEMENT PATTERNS

- The fixation / displacement patterns of the lower extremity are usually a result of:
 - Gravity, posture, use and overuse patterns along with trauma and/or injury
- Joint play:
 - Fixation/restriction is usually a result of position/displacement and joint tracking issues leading to hypo-mobility

CONDITIONS/DISPLACEMENTS

- HIP:
 - Internal/External rotation / Distraction / Compression
- KNEE:
 - Posterior tibia / medial/lateral tibia
- ANKLE:
 - Anterior tibia / talor/subtalor joint
- FOOT/TOES:
 - Pes planus / pes cavus / navicular / cuboid / cuneiforms / met heads / toes

EXTREMITY MANIPULATION / THRUST

- EXTREMITY MANIPULATION PROCEDURE:
 - The thrust occurs in the para-physiological space
 - Active ROM -----
 - Passive ROM -----
 - Para-physiologic space -----
 - Tissue damage -----
- THRUST:
 - Take to tension.
 - Line of drive into specific predetermined direction.
 - High velocity, low amplitude.
 - Minimum force needed to bring about correction.

KEYS TO SUCCESSFUL MANIPULATION

- 1. POSIOLOGY
 - This is the proper position of the doctor and patient
- 2. CONTACT
 - This is the proper contact point for the doctor (CH/IH) and patient
- 3. LINE OF DRIVE
 - This is the direction of the force of the thrust
 - This is determined by the LISTING of the lesion (the direction of correction)

KEYS TO SUCCESSFUL MANIPULATION

- 4. TAKE OUT SLACK: This is to take the slack out in the :
 - Soft tissues / osseous tissue
 - Table cushion (if applicable)
 - Doctor's thrusting arm and leg (if applicable)
- 5. THRUST MECHANICS: This involves the velocity (speed) and the amplitude (distance/depth) and the manner of the thrust
 - It is a dynamic thrust not a push