

One Step Further: The Vertebral Subluxation Syndrome

By Meridel I. Gatterman, MA, DC, MEd

The term subluxation has been used to describe the lesion treated by chiropractors since its inception. D.D. Palmer¹ described it in 1910 as "a partial or incomplete separation, one in which the articulating surfaces remain in partial contact." Because of confusion by other professions, some within the chiropractic profession would have us abandon the term.

Others have promoted a teaching paradigm: the vertebral subluxation complex (VSC), which has grouped various components in a model focused around the dynamic component of the subluxation. Based on the works of Homewood,² Janse,³ and Faye,⁴ this model began being taught at CMCC in the mid-1970s and was later popularizing through the Motion Palpation Institute.⁵ Other authors have revised Faye's early model. The vertebral subluxation complex forms a paradigm for teaching the basic principles of chiropractic theory. By taking the VSC model one step further, the vertebral subluxation syndrome can be used to describe the primary clinical entity treated by chiropractors.

Syndrome has been traditionally used to describe the aggregate of signs and symptoms associated with any morbid process and constituting together the picture of disease.¹⁰ The focus for chiropractors today should not remain the terminology used to describe the vertebral subluxation syndrome, but rather the specific mechanisms whereby this complex aggregate of signs and symptoms is produced by altered spinal joint motion.

Recently, the primary fibromyalgia syndrome has replaced the controversial term fibrositis used to describe a condition that has been written off as psychological at best, with the physiological manifestations either denied or ignored.¹¹ When the multiple complaints and varied systemic complaints of this condition were recognized as a syndrome, objective investigation was fostered to the benefit of the many patients suffering from the condition.

Viewing the classic chiropractic subluxation in a similar manner would allow us to develop and objectively test the diagnostic features of the vertebral subluxation syndrome.

Table 1: Reported Diagnostic Features of the Vertebral Subluxation Syndrome

Feature	Palmer ¹	Homewood ²	Janse ³	Sandoz ¹²	Faye ¹⁴	Haldeman ¹⁵
Altered alignment	X	X	X	X	X	
Aberrant motion	X	X	X	X	X	X
Palpable changes	X	X	X	X	X	X
Localized/referred pain	X	X	X	X	X	X
Altered physiological function	X	X	X	X	X	X
Reversible with adjustment/manipulation	X	X	X	X	X	X
Focal tenderness	X	X	X	X	X	X

Identification of conditions resulting from vertebral subluxation then becomes the criteria for diagnostic indexing. Examples might include vertebral subluxation syndrome: headache; or vertebral subluxation: low back pain. The ultimate goal is directing the patient to appropriate therapy following identification of the vertebral subluxation syndrome.

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Key Words: mucopolysaccharidosis, vertebral syndrome, spinal pathology. The spinal dysmorphism syndrome complex includes three typical syndromes: stenosis of the craniocervical junction, most typical of MPS type I, II, and VI; craniocervical instability (which is often combined with stenosis) in MPS type IV; and kyphosis/kyphoscoliosis in MPS type I, IV, and VI. A key component of early screening for vertebral syndrome is assessment of the patient's neurological and motor status. Discussion of the step-by-step protocol of surgery with assessment of the patient's functional state (ECG, blood pressure, saturation, RF, blood loss volume) and spinal cord (dynamics of spontaneous somatosensory and motor evoked potentials based on IONM data). Components of vertebral subluxation complex. Traditionally there have been 5 components that form the chiropractic subluxation. The vertebral subluxation has been described as a syndrome with signs and symptoms which include: altered alignment; aberrant motion; palpable soft tissue changes; localized/referred pain; muscle contraction or imbalance; altered physiological function; reversible with adjustment/manipulation; focal tenderness. M.I. Gatterman, M.A., D.C. [<http://www.chiroweb.com/archives/10/07/18.html> "One Step Further: The Vertebral Subluxation Syndrome".] Dynamic Chiropractic, March 27, 1992, Volume 10, Issue 07]. Scientific investigation. Further study of the neurophysiologic mechanisms of spinal manipulation in humans and The Wobbler syndrome caused by Cervical Vertebral Malformation will slowly evolve and then stabilise (13). It will neither worsen nor improve, in contrast to cases caused by an Equine Protozoal Myelitis or Equine Herpesvirus Myelopathy. The Wobbler syndrome is thus now considered as a form of clinical ataxia, characterized by incoordination, spasticity, hypermetria and ataxia (2). The name Wobbler comes from the first obvious symptom that is the "wobbling" of the horse. 1) A mild subluxation of the vertebrae equivalent to the degree of dorsal angulation or misalignment between two vertebrae. 2) Vertebral body physal enlargement and dorsal direction of the caudal physis. 3) Osteoarthritis and bony proliferation of the articular processes. This project will help Ukraine to confidently step into international arena in rehabilitation of children with cerebral palsy, in implementing innovation technologies, and the philosophy of harmonious coexistence with nature. Everything designed in the project is environment-friendly; it breathes with natural serenity, so it will not only treat but also heal. We are very glad to welcome so many internationally-recognized scientists and clinicians in the area of CP. We are thankful that you have been able to take time from your busy professional lives to travel to the Azov Sea and take part in this workshop which we hope will take bold steps to move this area forward. There are speakers and participants coming from most continents reflecting the worldwide problem of CP. Only RUB 220.84/month. Vertebral Subluxation Complex/Syndrome (Chiro Theories Final Exam). STUDY. Flashcards. What is the definition of subluxation syndrome, what were the health effects, what were the key physical findings, and were there religious overtones of the definition? According to DD Palmer! Partial or incomplete separation of joint surfaces; whole by health effects "root cause of all disease"; palpable joint misalignment; yes, especially early on. According to BJ Palmer what is the definition of subluxation syndrome, what are key physical findings, what are the health effects, and are there religious undertones?