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General Principles of Spinal Treatment

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GENERAL PRINCIPLES OF SPINAL TREATMENT

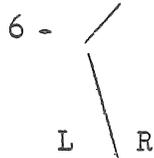
The purpose is to forceably, but gently, lengthen the short ligaments, muscles, tendons, and fascial bands which are always present paravertabrally or in the thoracic, pelvic or abdominal cavities on the concave side of any curve or list in the "strain" area. It is primarily the condition of these shortened ischemic fibrotic tissues, so frequently ignored by the physician, which by their very shortness and loss of normal resiliency result in the rapid return of restricted motion to the curve or list and its lesioned segments. By degenerative aging effects, by postural attitudes in standing, sitting, and sleeping, and by occupational habits and constant gravitational influences they must return, after manipulative correction, along the lines of least resistance to their accustomed previous status. All tissues shorten with aging; and injured, strained, contracted and ischemic fibrotic tissues shorten even more rapidly. These involved tissues therefore, being shorter than their contralateral fellows must persistently result in restriction of normal vertebral and rib motion, and cyclic, if not unremitting lesion effects.

If then, a physician fails to prescribe some daily measure directed toward "neutralizing" or preventing the harmful effects of these forces, he must certainly increase his chances of joining the overpopulated category of the D.O. who has been disappointed with his manipulative results in treating disease processes.

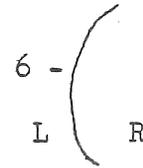
EXAMPLES OF COMMON PASSIVE AND ACTIVE SOFT TISSUE CORRECTONAL TREATMENT FOR
CARDIAC PATIENTS WITH 2 - 6 THORACIC COSTOVERTEBRAL RESTRICTIONS

Time limits given for exercises are generally considered maximum and optimum.

For patterns, thus:



or:



(1) Patient lies on right side, on bed, up on right elbow with head resting in right hand, thus:

daily. Pillow under force if desired.

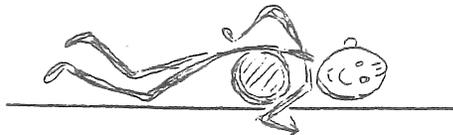


This is done 5 minutes maximum, twice daily. Pillow under right elbow increases leverage and

(2) Patient stands, bends head, neck and thorax over and down on left, and reaches gently down toward floor, then straightens to an upright position. Repeat 10 times twice daily, thus:



(3) Pillow roll (padded book, etc.) placed under left upper thorax centered at left 6th rib level. Patient lying on left side for 15 minutes daily on the floor, thus:



(4) Patient lies prone on bed, up on elbows, chin in hands for 5 minutes twice daily, thus:



This reduces contractures and shortening of anterior spinal ligaments and cervical fascia.

(5) Cervical upper thoracic traction via neck halter while sitting, 5 minutes twice daily.

(6) Patient is encouraged to sleep more on right side with pillow under head, thus:



(7) Patient is directed to carry heavy or tiring loads more in left hand or arm.

Patients are generally instructed to be more posture conscious by erect standing and sitting. This becomes far easier for patient without a fatigue that such effort previously evoked. Deep inspiration is noted to become easier and more satisfying. Lower spinal and pelvic imbalances, curves and lists (usually present) are treated according to similar principles of spinal rehabilitation, and heel lift therapy is used when indicated. Patients are repeatedly cautioned to meter the dosage of home treatment to comfortable tolerance both as to duration and intensity; else uncomfortable stiffness and soreness will discourage future cooperation. Vigor and duration of treatments is commenced at a minimum and increased within tolerance to comfort. Patients are cautioned that the treatment will not result in a "straightened spine" but is designed to:

- (1) Stop progress of list or curve, which will:
- (2) Help remove and prevent recurrent harmful lesion formation by "neutralizing" harmful daily effects of gravity, occupation, posture, etc.
- (3) Possibly reduce to some small degree the spinal asymmetry. (This is observed more frequently in the youthful patient, and xrays at 6 month intervals may be revealing.)

Excluding ankylosis or other contraindications to such a program, spinal mobility is observed by both patient and physician to improve rapidly.