Alternative Effective Management of the Musculoskeletal Pain

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There is a considerable amount of evidence regarding the effectiveness of high-velocity low amplitude (HVLA) manipulation on virtually all joints of the human body, both in the spine and extremities.1-7 This type of manipulation therapy is also known as chiropractic, and is popular in the world, especially in the USA and Canada.8 However, in spite of this popularity and existence of many positive publications on this issue, our professional contacts and conversations with physicians, our attendance of various medical congresses, national and international, have shown us that the medical doctors have a quite poor notion about potentials of the HVLA manipulation and its position in the general health care system.

In this presentation, we would like to place attention on the effectiveness of HVLA manipulation in the treatment of the musculoskeletal pain throughout the body, but we will not focus on the spine, for which efficacy has already been established. The use of HVLA manipulation as an alternative approach for the management of musculoskeletal pain in the extremities is especially little known among medical doctors.

It is a common clinical situation for a physician to examine a patient with musculoskeletal pain and to not detect objective pathological findings in the area of complaint. It is difficult to understand why, but usually, a doctor automatically considers this pain as a manifestation of a “hidden” inflammation, even if the results of lab tests do not confirm that. It is well-known that the musculoskeletal pain could be potentially associated with various factors: pathology of visceral organs, tumors, infection, traumas etc.9,10 In other words, this pain could have a different nature, and not necessarily associated with inflammation. Strange as it may seem, but among other etiological factors, the musculoskeletal pain very often is caused by just a slight misalignment of articular surfaces with respect to each other, which is known in medicine as subluxation. This misalignment is really slight and can be confirmed by special X-ray analysis techniques, or by a performance of the specific clinical examination. Based on common sense, the mechanical misalignments of articular surfaces should be corrected by their mechanical alignment (like while treating the major traumatic joint subluxations but more gently). And unlike to the latter, without the use of drugs, injections or surgical operations.

Based on the clinical experience and literature data, these slight subluxations (we would call them “microsubluxations” for distinguishing from the major traumatic subluxations) account for a number of serious clinical problems:

1. Pain or other impairment of the subluxated joint’s function, such as restriction of its range of motion.6,7,11,12
2. Reduction of muscle strength, often significantly so, around the subluxated joint. The alignment of its articular surfaces performed with the use of HVLA manipulative techniques leads not only to pain relief but to virtually immediate restoration of the strength in these muscles.12
3. Loss of the articular surface congruency, and therefore an increase of mechanical stresses on these surfaces, that is one of the known major factors promoting the progression of osteoarthritis.13
4. Impairment of the entire skeleton biomechanics resulting in uneven redistribution of the loading the musculoskeletal system, and eventually promoting the development of new microsubluxations, as well as development and progression of the degenerative joint diseases.14
Our clinical experience and data of the literature revealed that microsubluxations are responsible for the development of a number of serious clinical painful syndromes and diseases. Several examples are:

a) Shoulder pain which is considered by physicians in the majority of cases to rotator cuff dysfunction, and for which surgery is usually recommended.

b) Pain in forearm and wrist, as well as neurological disorders that produce numbness and tingling (for instance, in the carpal tunnel syndrome), although in reality the similar manifestations could result from micro subluxation in elbow joint or cervical vertebrae, being not a problem of the carpal tunnel itself at all.

c) Low leg pain and foot drop.

d) Calcaneal pain which is usually considered as a manifestation of achillobursitis or calcaneal spurs.

e) Temporomandibular joint pain. Temporomandibular micro subluxation frequently leads not only to temporomandibular joint (TMJ) pain but also to changes of the bite, which, in turn, could be followed by sometimes traumatic surgical interventions.

f) Severe chest pain caused by misalignment of the ribs. This kind of microsubluxations frequently imitates angina pectoris attacks, or manifestations of degenerative disc disease, or is considered as intercostal neuralgia of unknown etiology. The typical medical diagnosis is “Undifferentiated Chest Pain”.

g) Hip and knee pain.

h) Some frequent types of headaches (e.g. occipital headaches, or even migraine), which poorly respond to the analgesics.

i) Lower abdominal pain, which is not associated with any visceral pathology.

A very important feature of micro subluxation is the relative ease of its diagnosis. It does not require the performance of expensive tests or expensive device exams and does not take much time. There is a high correlation between symptoms caused by microsubluxations and their locations that also facilitate the process of diagnosis.

A short summary of benefits associated with correction of microsubluxations:

1. Microsubluxations are perhaps one of the common causes of the musculoskeletal pain, muscle weakness, impairment of joint function, etc.

2. Microsubluxations usually are diagnosed relatively simpler and quicker, usually without the use of expensive equipment.

3. The correction of microsubluxations gives a possibility to reach the clinical improvement within a short period of time without drugs or surgery that excludes the development of their potential side-effects.

4. The regular correction of microsubluxations could lead to a restoration of the articular surface congruency, and thus supposedly to the prevention of the progression of the degenerative joint diseases.

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CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

REFERENCES


