



TECHNIQUE

Pain in the tech



Enhancing the cervical curve in the age of texting

BY PAUL HUNTER

These days, many chiropractors are adjusting patients suffering from the effects of overusing their various electronic devices. Everywhere we go, people are engaged with their phones. Some seem completely unable to put the device away. Researchers are beginning to understand that texting or spending multiple hours on a device releases dopamine in the brain and can be as much of a problem for some individuals as cocaine or nicotine addiction. Young people are most susceptible to become chronic users; upwards of six hours per day of use is not unusual. Chronic use can change the emotional/

psychological state of users, rendering them impatient and irritable. Boredom becomes the default opportunity to pick up a device rather than finding something productive to do. Kids are losing the ability of imaginative and free play. Smart phones are great tools and can be very useful and fun, but are wickedly addictive by design.

As chiropractors, we need to offer good advice to our patients on a wide range of issues including their family's tech habits. Limiting screen time for children is an obvious choice. The latest finding is that cases of myopia in children are rapidly increasing due to eyes focused close up and not enough outdoor time focusing far away. Teenagers have enough going on without

being sleep deprived, so do them a favour and require phones turned off at bedtime.

ENHANCING THE CERVICAL CURVE

Certainly, overuse of these devices has serious repercussions for causing neck problems (as well as wrist and thumb repetitive strain injuries). Here I'll present a simple technique to improve cervical spine function to comfort your patient beyond the usual measures you take to adjust them. This technique is called "Enhancing the Cervical Curve" (ECC).

Between T1 and T4 the thoracic kyphosis transitions into the cervical lordosis. While we consider the primary action of T1 to T4 to be flexion/extension of the neck and head, these levels also contribute to rotation of the cervical spine. To illustrate, reach back and touch the spinous interspace of your T1/T2 and rotate your neck from one side to the other. You will notice there is movement at this interspace as it participates in rotation. Hypo mobility at one of these upper thoracic segments (T1-T4) may compromise the base of the cervical curve and hinder rotation. Having the head tilted down for extended periods to operate an e-device will potentially result in subluxation of the upper thoracic spine. The following technique is an interesting way to correct this.

PROTOCOL

1. After correction of the cervical spine, upper thoracic spine and/or ribs, the doctor observes a patient (seated) doing an active rotation of the neck. The ECC candidate is restricted in right and left rotation that is symmetrical (the restriction may be anywhere between five to 25 degrees less than the full 90 degrees rotation bilaterally). The key here is the active rotation limitation is **symmetrical**.
2. Using motion palpation, the doctor detects decreased extension of one of the upper thoracic vertebrae. (The patient is seated and the doctor lightly touches each of the C7-T1 to T4-T5 interspinous spaces.

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