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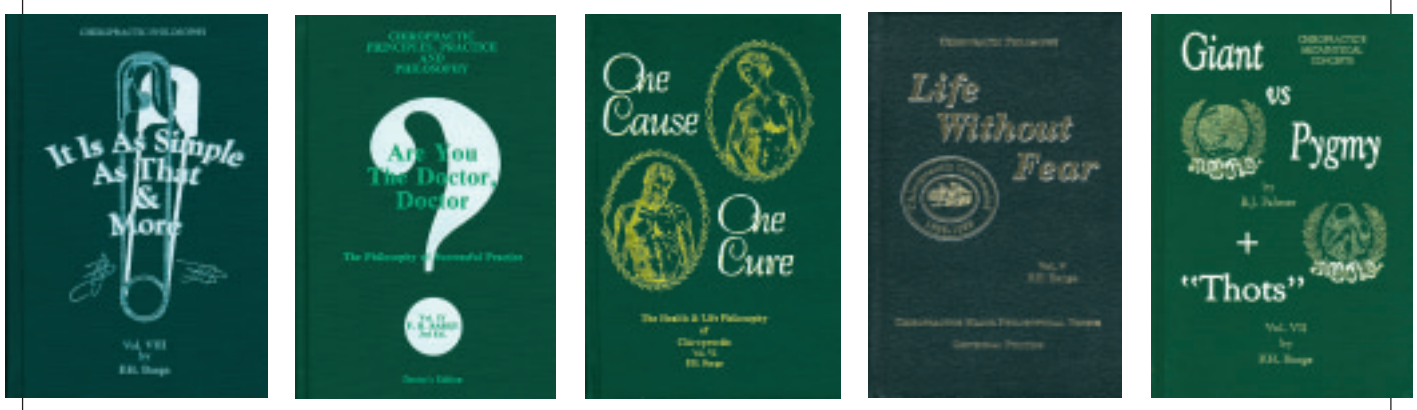


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## RESEARCH – MURPHY

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tral nervous system" and this altered afferent input may lead to "maladaptive neural plastic changes in the central nervous system," and "spinal manipulation can effect this." **[Very Important]**

10. The clinical evidence for joint dysfunction that requires manipulation includes:
    A. Tenderness on joint palpation.
    B. Restricted intersegmental range of motion.
    C. Palpable asymmetry of intervertebral muscle tension.
    D. Abnormal or blocked joint play and end-feel.
    E. Sensorimotor changes in the upper extremity.

    **[I recall the teachings of Richard Stonebrink, DC, in the orthopedic diplomate program 25 years ago, the importance of "always documenting (in our daily records) the evidence that the patient had a manipulatable spinal lesion (subluxation)." His evidence was identical to these. Dr. Stonebrink would stress that such documentation would "always make the case unique to chiropractic" and consequently make the chiropractor the only expert in the case.]**
11. The most reliable spinal-dysfunction-indicators are tenderness with palpation of the dysfunctional joint, and alterations of segmental range of motion.
12. High velocity, low amplitude thrust spinal manipulation with the head held in lateral flexion, with slight rotation and slight extension "is a standard manipulative technique used by manipulative physicians, physiotherapists and chiropractors."
13. High velocity manipulation alters reflex EMG activity and alters afferent input to the central nervous system. **[Important]**
14. High-velocity manipulation causes significant cortical SEP amplitude attenuation in at least the frontal and parietalcortexes.
15. Passive head movements do not cause changes in cortical firing.
16. "A single session of spinal manipulation of dysfunctional joints resulted in attenuated cortical (parietal and frontal) evoked responses." These changes "most likely reflect central changes." **[Very Important]**
17. The cortical function of different individuals responded differently to spinal adjusting. **[This indicates that other variables other than the adjustment itself can influence the cortical responses in a given individual]**
18. The significantly decreased somatosensory cortical SEP occurred in **all** post-manipulation measure-

*CONTINUED ON PAGE 21*