

## National Boards Part 4 Technique



### Exam Format

5 stations (1 doctor and 1 patient). 2 setups per station (5 minutes)

cervical  
thoracic  
lumbar  
pelvic  
extremity

Expect examiner interaction

Graded on a Scantron for specific categories for each setup.

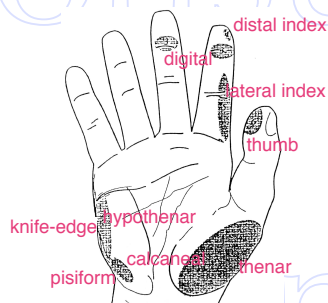
Patient is gowned.

- ✦ Malposition will be given outside and inside the room. Described in 3 ways:
  - ❖ Spinous listing
  - ❖ Body listing
  - ❖ Dynamic (Motion listing)
- ✦ The Board dictates the adjustment

### Grading

|  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| Patient placement                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Doctor position                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contact hand / Segmental contact point | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stabilizing hand                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Procedure                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Line of correction                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Torque or tissue pull (?)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organized approach?                    | <input type="radio"/> | <input type="radio"/> |                       |
| Would accomplish the correction?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient safety?                        | <input type="radio"/> | <input type="radio"/> |                       |

### Contact Hand



### Doctor Position

- ❖ "... the candidate should stand favoring the side of segmental contact."
- ❖ "... does not apply to side-lying adjustments of the lumbar spine and pelvis, and certain types of rotary cervical spine adjustments."

For Part IV:

1. Understand the grade sheet,
2. Use the presentation format,
3. KNOW THE HITLIST!!!

4. The candidate may also be required to demonstrate static and/or motion palpation techniques and to describe joint-related anatomical landmarks and/or normal joint motion.



The atlas has moved superior and to the left.  
The atlas is fixated in left lateral flexion

Adjust the patient seated with a thumb-transverse contact

a.



C3 spinous is posterior and right  
C3 body is posterior and to the left  
C3 is left rotation restriction

Adjust patient seated with a distal index finger-spinous contact.

e.



C4 Entire segment is posterior  
C4 is in flexion restriction

Adjust the patient in seated, using an distal index finger-spinous contact

b.



C3 spinous has rotated to the right and posterior  
C3 body is posterior and to the left.  
C3 is in left rotation restriction.

Adjust using sitting rotary with middle finger-articular pillar.

f.



C6 spinous is posterior and right  
C6 body is posterior and to the left  
C6 is fixated in extension and right rotation

Adjust using an index finger-lamina contact with the patient supine

c.



Atlas has subluxated superior, right .  
C1 is fixated in left lateral flexion

Adjust using an index finger-tvp (posterior arch) contact in the supine position

g.



The occiput has subluxated anterior.  
The occiput is in flexion restriction.

Adjust the patient seated with a fifth digit-glabella contact

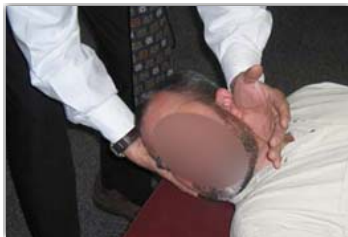
d.



The occiput has subluxated anterior and rotated posterior on the left .  
The left occiput is fixated anteriorly on the left with a fixation in P-A rotation

Adjust the patient seated with a fifth digit-glabella contact

h.



Occiput has subluxated posterior on the left  
Occiput is fixated on the left in posterior rotation

Adjust the patient supine with a hypothenar-mastoid groove contact.

a.



C7 spinous is posterior to the right  
C7 body is posterior on the left  
C7 is in left rotation restriction

Adjust prone using a thumb-spinous contact

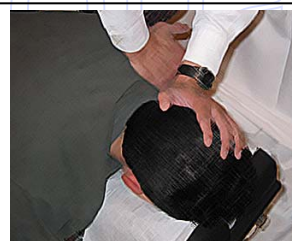
e.



C2 spinous is posterior to the right  
C2 body is posterior on the left,  
C2 is in left rotation restriction

Adjust the patient prone, using an index finger-lamina contact

b.



T3 spinous is posterior and rotated to the right.  
T3 body is posterior and to the left

Adjust the patient prone with a pisiform-transverse contact with the hand stabilizing the patient's head

f.



T1 spinous is posterior, left  
T1 TP is posterior, right  
T1 is in right rotation restriction

Adjust using prone, with single hand, pisiform-spinous contact with head stabilization.

c.



T11 spinous: posterior, rotated left  
T11 body: posterior, rotated right  
T11 is restricted in right rotation

Adjust patient prone with a pisiform-transverse contact (single hand)

g.



T4 spinous is posterior and left  
T4 body is posterior and to the right  
T4 is in right rotation restriction

Adjust patient prone with a crossed pisiform-transverse contact.

d.



T2 spinous is posterior, and left  
T2 body moved posterior, to the right  
T2 is in right rotation restriction

Adjust the patient in the prone position using a pisiform-transverse contact

h.



T11 spinous is posterior, to the right  
 T11 body is posterior, to the left  
 T11 is in left rotation restriction

Adjust patient prone using a pisiform-transverse contact with a pisiform-transverse stabilization

a.



T10 spinous is posterior to the right.  
 T10 body has gone left.  
 T10 is in left rotation restriction.

Adjust the patient prone using a double thenar-transverse process contact

e.



T5 has moved posterior  
 T5 is fixated in extension restriction.

Adjust using a double thenar-transverse contact

b.



T2 spinous is posterior and to the right  
 T2 body is posterior and to the left  
 T2 is in left rotation restriction

Adjust the patient prone with a thumb-spinous contact

f.



T7 spinous has moved posterior, right  
 T7 TP has moved posterior, left  
 T7 is in left rotation restriction.

Adjust prone with a reinforced pisiform-spinous contact

c.



T12 spinous is posterior, right and inferior  
 T12 body is posterior, left and superior  
 T12 is in left rotation and left lateral flexion restriction

Adjust prone with a pisiform-spinous contact

g.



T5 spinous has moved significantly anterior and inferior  
 T5 is fixated in extreme extension.

Adjust patient supine using a thenar-transverse process contact on T6.

d.



T8 spinous is posterior and right  
 T8 body has moved posterior and to the left  
 T8 is in left rotation restriction

Adjust using a double knife edge-transverse contact

h.



T3 spinous has moved posterior, right and inferior  
T3 TP has moved posterior, left and superior  
T3 is in left rotation and left lateral flexion restriction

Adjust the patient prone using a double knife edge-transverse contact

a.



T6 has moved anterior.  
T6 is fixated in extension.

Adjust the patient supine using a thenar-knuckle contact on the transverse processes of T7.

e.



T6 has moved anterior.  
T6 is fixated in extension.

Adjust the patient supine using a reinforced contact on the transverse processes of T7.

b.



L4 is posterior and to the left from a spinous perspective  
L4 transverse process is posterior and to the right  
L4 is in right rotation restriction

Adjust patient prone using a bilateral thenar-mamillary contact

f.



L5 spinous is posterior, to the right  
L5 body is posterior, has rotated to the left and inferior  
L5 is left rotation restriction.

Adjust using a side posture pull with a fingertip-spinous contact.

c.



L3 spinous is posterior, left and superior  
L3 body is posterior, right and inferior  
L3 is in right rotation and right lateral flexion restriction

Adjust using a side posture push with a pisiform-spinous contact

g.



L2 spinous has gone posterior, right  
L2 body has gone posterior, left  
L2 is in left rotation restriction

Adjust with a pisiform-spinous contact with the patient in side posture utilizing a push move

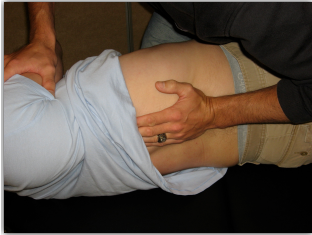
d.



L1 is posterior  
L1 is in extension restriction

Adjust using a pisiform-spinous contact with the patient in side posture


h.



L5 spinous is posterior, left  
L5 body moved posterior, right  
L5 is in right rotation restriction.

Adjust using a pisiform-mamillary contact in a side posture position (push move)


a.



A symptomatic Grade 1 Spondylolisthesis of L5 on S1.

Adjust the patient prone using a calcaneal contact on the base of the sacrum.


e.



Right ilium is posterior and inferior

Adjust in side posture using a pisiform-P.S.I.S. contact (push move)


b.



The sacrum is posterior and inferior on the right

Adjust the patient with a side posture push using a pisiform-sacral base contact


f.



Left ilium is anterior and superior

Adjust patient in side posture using a pisiform - ischial contact.


c.



Posterior sacral base on the left

Adjust the patient side posture with an pisiform - ischial tuberosity contact.


g.



The sacral base is anterior on the right

Adjust the patient side posture with a pisiform - sacral apex involved side down.

d.



The right ilium has moved anterior and superior relative to the PSIS

Adjust the patient side posture pull move utilizing a distal index contact on the PSIS.

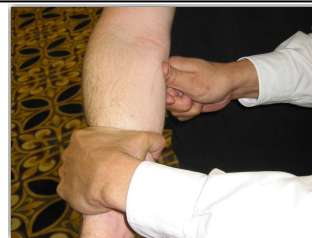
h.



The right ilium has moved posterior and inferior relative to the PSIS

Adjust the patient side posture pull move utilizing a distal index contact on the PSIS.

a.



The right proximal ulna has moved posterior and medial

Adjust patient's elbow using a thumb index- ulna contact

e.



Left ilium: The PSIS has moved posterior - inferior, and internally rotated

Adjust the patient prone, using a pisiform - PSIS contact for a PI-IN ilium (doctor on the contralateral side)

b.



The left PSIS has gone anterior and superior

Adjust side posture with a pull move, involved side down.

f.



The right acromio-clavicular joint has moved superior  
The right A-C joint is fixated superiorly

Adjust the patient seated using a double hypothenar contact

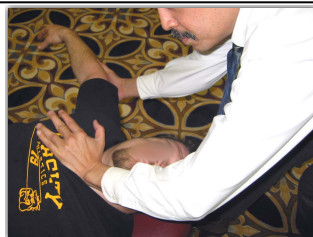
c.



Left humerus: The humeral head has moved anteriorly

Adjust the patient seated, using a palmar-olecranon contact

g.



The right sternoclavicular joint has gone superior and medial

Adjust the patient supine with a hypothenar contact

d.



Right shoulder: the humerus has moved anterior and inferior

Adjust the patient seated with a palmar-olecranon contact

h.



The right radius head has gone superior.  
The right proximal radius is fixated superiorly

Adjust the patient standing using long axis traction with a thumb, index finger contact at the distal wrist.

a.



The left femur head has moved superior

Adjust using long axis traction with a bi-manual grasp

e.



The right lunate bone has subluxated anteriorly

Adjust the lunate using a reinforced thumb contact

b.



The left proximal fibula has moved anterior

Adjust patient using a pisiform contact on the fibular head

f.



Left radius has gone posterior and lateral

Adjust the patient's radial head with a thumb, index contact seated

c.



The right navicular bone has subluxated superiorly

Adjust using a thumb pisiform contact

g.



The left knee is subluxated with the tibia moving posterior

Adjust with the patient prone with a thumb web-pliteal contact

d.



Proximal fibula is posterior and externally rotated.

Adjust the patient supine using a index finger.

h.

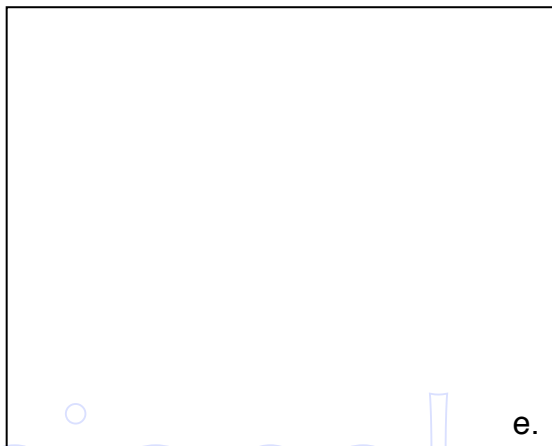




Superior Patella

Adjust the patient supine using a thumb web - patellar contact

a.



e.



Right cuboid that is fixated in the superior position

Adjust using a thumb pisiform contact

b.



f.



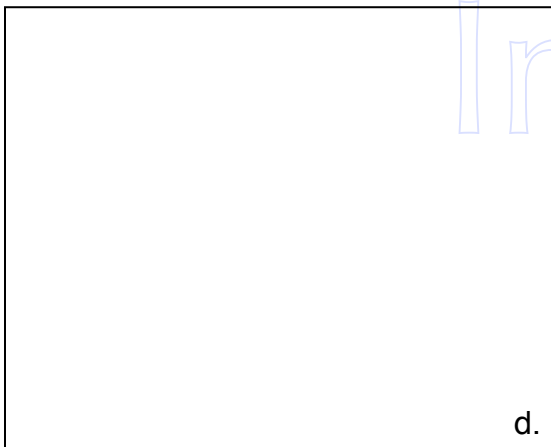
Left foot: the talus has moved superior

Adjust the patient's foot using a reinforced middle finger contact utilizing traction

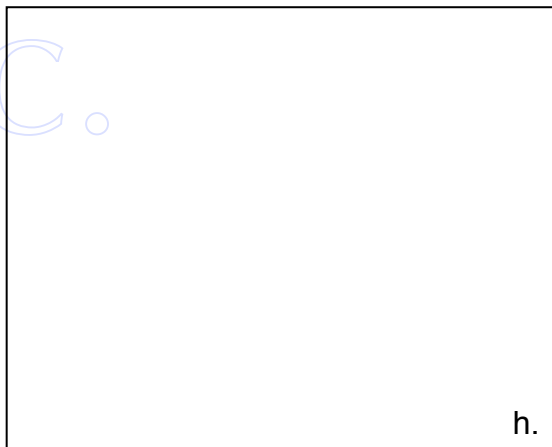
c.



g.



d.



h.