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Inherent Sagittal Compensatory Mechanism (SCM) triggers cascade process generating commonly found musculoskeletal, neurologic, and visceral disorders

Pathophysiological risk factors for MSK conditions have been recognized as the external load exposure vs. the individual capacity to resist biomechanical and physiological strain. However, a particular biomechanical factor is responsible for most MSK conditions derived from the spine. Based on clinical observations, I found that whenever cervical and lumbar lordosis is altered due to poor posture and/or trauma, a SCM is released inducing an ipsilateral torque which affects upper segments of both curvatures, producing the Craniocervical and Thoracolumbar Syndromes, which in turn creates a chain reaction of +30 MSK, neurological, and visceral disorders with ipsilateral clinical presentation, ranging from migraine to toe pain. This SCM is present in asymptomatic as well. The objective of this investigation is to acknowledge SCM as the cause of several MSK and associated disorders. Methods: For assessment, be aware that Upper Cervical region conforms a trisegmental subluxation, where Atlas has an anterior-superior rotation, C2 anterior rotation, and C0 posterior rotation, all ipsilateral. Listings can be identified with seated or supine patient, using Static Palpation to elicit pain, and feeling for spasm, on anterior aspect of C1 transverse process, lateral aspect of C2 spinal process, and atlanto-occipital joint. For the Thoracolumbar region, L1 is the primary segment affected, which can be confirmed with patient seated or prone, where lateral aspect of L1 spinous process exhibits tenderness and muscle tightness upon palpation, same side as upper cervical. Results: Since SCM is inherent to everyone, it would be clinically prudent to consider this concept in diagnostic decision making as a plausible cause of numerous MSK, neurological and visceral conditions and therefore be a reliable tool for the management and prevention of such conditions. Discussion: Being aware of this easily recognizable phenomenon allows us to have more accurate assessments, good clinical decisions, and predictable treatment outcomes.

Biography

Gabriel Quintero educated from Palmer College of Chiropractic-West, San Jose, California, USA (1991-1995) and New York Chiropractic College-FICS, Santiago de Chile, (2009-2010) International Chiropractic Sports Science Diploma. He is having professional experience in Private practice (1996-to date) Bucaramanga, Bogota, Cucuta, Colombian Olympic Committee, chiropractor, Pan American Games, Guadalajara, Mexico (October 2011), FICS Team Member during World Games Cali, Colombia (Jul-Aug 2013), Odecabe Chiropractic Team Member, Central American and the Caribbean Games, Veracruz, Mexico (Nov 2014). Also having teaching experience as a teacher of Alternative and Complementary Medicines, Physical Therapy Faculty, Universidad Manuela Beltran, Bucaramanga (1999-2001). His professional associations are Colombian Chiropractic Association (ACQ), Latin American Chiropractic Federation (FLAQ) and World Federation of Chiropractic (WFC).

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