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BECAUSE EVERY CHIROPRACTOR NEEDS A HAND.

The Gonstead System: A Specific Biomechanical Approach for the Expectant Mother, Infant and Child

by Claudia Anrig, DC

A majority of chiropractors had an opportunity to be exposed to the Gonstead technique while attending chiropractic college. This technique, although often difficult to master as a student, may provide an avenue for those doctors considering adding short-lever adjustments in their practice.

One might not realize that Clarence S. Gonstead, DC, taught infant and child adjustments as a part of his technique seminars. Later, a pediatric chapter on spinal examination and specific adjustments was included in Herbst's 1968 description of the Gonstead technique.¹ In 1998, the textbook *Pediatric Chiropractic* contained several chapters dedicated to this system of analysis and specific adjusting protocol for the expectant mother, infant and child.²

What makes the Gonstead technique unique is its system that allows for a very thorough evaluation process: inspection (postural and gait), instrumentation (handheld), radiographs (when warranted), and static and motion palpation. Gonstead chiropractic evaluation allows for the doctor to determine a listing system for a systematic reference to the positional dyskinesia of the subluxated segment to be adjusted.³ This short-lever adjustment specifically directs a three-dimensional force away from the direction of misalignment while protecting the normal, functional spinal units.

The Gonstead technique does not advocate long-lever adjustments on the developing pediatric spine. The elastic properties of the spine and spinal cord dictate the minimizing of vectors that would introduce unnecessary forces and bending movements: longitudinal traction, extension, rotation, flexion and lateral flexion. This technique allows for the practitioner to evaluate from the condyle to the pelvic spine. One of the major contributions of Dr. Gonstead's work was the development of a specific analysis for the AS (anterior-superior) condyle subluxation. Although not a common subluxation, the presence of this misalignment may present numerous neurological manifestations to the pediatric patient. Low APGAR score, depressed infant reflexes, failure to thrive, autism, ADD/ADHD and other disorders have been reported to be affiliated with this condyle presentation. This technique has further developed chiropractic analyses for the cervical, thoracic, lumbar and pelvic spine that accommodates the pediatric population.

One advantage to the Gonstead technique is that it allows for the doctor to adapt his or her hands to the segmental size of the pediatric patient. Often the second or fifth digit is used to contact the spinous process, lamina, transverse or mamillary process for the analysis and setup of the subluxated segment. By adapting the doctor's hand to the patient size, this allows for a more specific correction and above all, avoids introducing unnecessary forces to the developing pediatric spine.

Another unique aspect of the Gonstead technique is its ability to look at the sacrum as segmental in the infant and young child. For example, a posterior S2 would require a specific contact to the sacral tubercle rather than a

general sacral contact for correction.

Patient placement is another Gonstead opportunity for the doctor to reduce unnecessary stress to spinal joints and the neurological components. The Gonstead technique attempts to find a “neutral” position for the pediatric patient. For example, the newborn or infant may be placed across the lap of the parent. The toddler, young child or adolescent may be placed prone (for the majority of listings), seated for cervical adjustments and side posture for lumbar or pelvic adjustments.

Doctor positioning also is considered in the setup of the adjustment. Staying close to the patient, the doctor attempts not to place rotation or extension into the pediatric spine. The Gonstead technique advocates ambidextrous set-ups: the doctor positioning herself on the left or right side being able to deliver a specific adjustment from either hand.

This short-lever technique does not deliver a “forceful” thrust. During the setup stage, the doctor first considers the flexibility of the pediatric spine. Tissue pull and preload tension are essential prior to the adjustment. The purpose of preloading is to prevent the need for extra force to reach the end range of motion of the segment to be adjusted.

The Gonstead technique is ideal for the expectant mother.⁴ The pregnant patient may be placed prone using a hi-lo table or a side posture table for the lumbar or pelvic spine. Each adjusting table may be adapted for the comfort and safety of the patient. One particular adjustment table developed by Dr. Gonstead, the knee-chest table, is ideal for adjusting the spine of the pregnant patient, as it provides comfort to the breast region and there are no constraints to the abdominal regional. The knee-chest table also is helpful in adapting for the postnatal patient.

Additionally, the Gonstead technique gives the doctor the ability to adapt to different age groups and their needs. This technique allows for variety in hand contact, table selection, and setup choices, and the added benefits of safety and comfort for both the patient and doctor.

For more information, contact the not-for-profit Gonstead Clinical Studies Society at www.gonstead.com.

References

1. Herbst RW. *Gonstead Chiropractic Science and Art*. Mt. Horeb, WI: Sci-Chi Publications 1968:261-268.
2. Anrig CA, Plaughter G. *Pediatric Chiropractic*. Baltimore, MD: Lippincott Williams & Wilkins 1998.
3. Kent C, Plaughter G, et al. “Diagnostic Imaging.” In: Anrig CA, Plaughter G. *Pediatric Chiropractic*. Baltimore, MD: Lippincott Williams & Wilkins, 1998:202-321.
4. Forrester JA, Anrig CA. “The Prenatal and Perinatal Period.” In: *Pediatric Chiropractic*. Baltimore, MD: Lippincott Williams & Wilkins, 1998:75161.

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