

Torticollis: Painless Correction Using the Gonstead Technique

By Steven T. Tanaka, D.C.

(From the December 2003 The "G"Note)

The doctor must know how to make the adjustment without exacerbating the patient's pain. This requires skill as the patient is in considerable pain. Neck movements during the subluxation analysis must be kept minimal. The range of motion will determine how the adjustment should be given.

With the patient seated, gently check the range of motion – do not force the neck or repeat excessively. In this example, the patient has increased pain when rotating the head to the right and upon right lateral bending. Left cervical rotation and lateral bending does not exacerbate the pain. When x-rays are taken, a listing of C6 PRS-sp is found.

The adjustment is made with the patient's cervical spine flexed laterally to the left, i.e., the less painful side. A spinous contact is made with the left hand, and the vertebra is pulled back into position. This is more tolerable for the patient. An effective adjustment must be made on the first try. A slow or half-hearted thrust is often painful. The patient rarely gives one a second try. When the patient is able to tolerate it, employ a normal set-up – adjusting a PR-sp from the right side. Dr. Gonstead said that the proper set-up is necessary to fully correct the disc fixation.

On rare occasions, the cervical spine cannot be adjusted on the initial visit. In this event, check for a subluxation in the thoracic spine – typically, T4 to T6. If a subluxation is detected, an adjustment to that area will reduce the muscle spasm. The Hy-Lo table is usually the most comfortable for the patient. The patient should be able to tolerate a cervical adjustment the following day.

If the patient has pain holding his head up or his head feels heavy, a soft cervical collar may be indicated.

The Gonstead cervical chair adjustment is an effective adjustment for cervical torticollis. Very few adjustments are usually required.