

Chiropractic Treatment & Anatomy

Terms and Acronyms

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| Activator Adjusting Instrument | A spring-loaded, handheld instrument used in the Activator Method technique to provide low-force impulses at specific points to re-align misaligned vertebrae. |
| Abdomen | The front of the body between the chest and pelvis (aka: stomach). |
| Active Care | Treatment requiring the patient's active involvement, participation, and responsibility. |
| Acupuncture | Practice in which needles are inserted into specific points for relief of pain and to treat other conditions. |
| Acute | Of short duration but relatively severe. The primary reason/condition for the current treatment or encounter. |
| Adjustment | A form of manipulation: The application of force with a high velocity - low amplitude thrust used to normalize function (e.g., an adjustment performed by using the hands to gently adjust misaligned vertebrae back into their proper position). Information according to the Consumers' Research Council of America. |
| ADL (Activities of Daily Living) | Daily activities such as bathing, dressing, and eating. Often used as an assessment tool to determine function and improvement. |
| -algia | A suffix meaning pain |
| Alternative Therapy/Treatment | Health care protocols that have healing benefits but are not classified as "traditional" methods of treatment as they don't follow mainstream treatment standards (e.g., Naturopathy, Homeopathy, Acupuncture, and Chiropractic are considered Alternative). |
| Ankylosis | Stiffening or consolidation of a joint due to injury, surgery, or disease. |
| Annulus | The tough outer ring of a spinal disc. |
| Antalgic Position | An abnormal body position resulting from the body's attempt to minimize pain. |
| Anterior | A position/location toward the front of the body. |
| Applied Kinesiology (AK) | Also known as "muscle-testing". AK is a diagnostic method used by many health professionals to test muscle strength and weakness. Applied Kinesiology was initiated by George Goodheart, DC, in 1964. |
| Arthritis | A general term referring to an inflammation of the joints (e.g., osteoarthritis). Other types include rheumatoid and psoriatic arthritis. As the disease develops spinal fusion can occur resulting in loss of mobility and increased pain. |
| Arthro- | A prefix meaning joint. |
| Arthropathy | A disease or abnormality of the joint. |
| Articulation | The connection of bones/ the joint. |
| Atlas | Uppermost bone of the spine, located under the skull. |
| Atrophy | The wasting away or gradual decline of effectiveness, usually due to the degeneration of cells. |

B

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| Bell's Palsy | An affliction of the facial nerves that can cause excruciating, piercing pain with accompanying muscles spasms and facial contortions. |
| Big Idea | The concept that the body can heal itself when conditions that interfere with the proper functioning of the nervous system are removed. |
| Bilateral | Pertaining to both sides of the body or structure. |
| Biomechanics | The application of mechanical laws to living structures. |
| Blocks/Blocking | Wedge-shaped devices used by SOT practitioners to raise one or both sides of the pelvis into a healthier pattern for better support of the spine and head. |
| Bone Spur | An extra calcium deposit in response to injury, disease, or the incorrect motion of a joint's position. |
| Bursitis | Inflammation of the fluid-filled pads (bursae) that act as cushions for the bones, tendons, and muscles near the joints. Bursitis is most common in the shoulder, elbow, and hip. |

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| CA | <u>C</u>hiropractic <u>A</u>ssistant |
| Cavitation | Pop that occurs in a spinal joint when vertebral surfaces (facets) are separated to create a vacuum that emits carbon dioxide gas. |
| Cerebellum | The part of the brain (hind brain) that controls balance, posture, and coordination of muscular movements. |
| Cerebral Cortex | The part of the brain that coordinates all sensory and motor activities. Different areas of the brain are specifically associated with memory, learning, and behavior. |
| Cervical Spine | The upper spinal area, consisting of seven vertebrae (C1, C2, C3, C4, C5, C6, and C7). |
| Cervicobrachial Syndrome | Neuropathy of the brachial plexus. |
| Chief Complaint | A concise statement that describes the symptom, problem, condition, diagnosis, or other factor that caused the patient to seek help. |
| Chronic | Continuing over a long period of time or recurring frequently. |
| Chronic Back Pain | Back pain episode that lasts more than three months. |
| Clavicle | (aka: collarbone) This is the long bone that spans the shoulder blade and sternum (breastbone). There are two clavicles, one on the left and one on the right. This is the only long bone in the body that lies horizontally. |
| Clinical Decision-Making | A term used by the A merican M edical A ssociation (AMA) to describe establishing a diagnosis and/or selecting one of the four management options or levels of service to manage a condition; more commonly referred to as M edical D ecision M aking (MDM). |
| Clinical Documentation | Recording a patient's healthcare condition and services rendered in a format that allows for future reference by external sources (e.g., other providers and entities). |
| Coccyx | A series of small bones at the end of the spin in the sacrum |

C (Con't.)

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| Congenital | Existing at or dating to before birth. |
| Consultation | A specific time set for the physician to meet with the patient and/or family member or a designated interested person to discuss the history of the complaint, the complaint, and/or the proposed treatment recommendations. |
| Contracture | Stiffness or constriction in muscles, joints, tendons, ligaments, or skin that restricts normal movement. |
| Cox Flexion-Distractive Technique | Applying manually controlled distractions or stretching to specific spinal segments with the assistance of a movable table. |
| Cranio-Sacral Therapy | A form of bodywork or alternative therapy that employs gentle touch to manipulate the fibrous joints of the cranium. |
| Cryo- | A prefix meaning <i>low temperature</i> as in cryotherapy. |

D

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| Degeneration | A wear and tear phenomenon that occurs when the joints of the body wear out (aka: osteoarthritis and degenerative joint disease). |
| Diagnosis | Identifying an illness or other problem by examining the symptoms. Healthcare uses a specific code set (ICD-10) for recording/documenting a diagnosis. |
| Directional Non-Force Technique (DNFT) | Method of diagnosing and correcting subluxations by applying thumb pressure to the spine and checking leg length, which may change when corrections are made. |
| Disc | A cartilage (cushion/pad) that separates spinal vertebrae, absorbs shocks to the spine, and helps protect the nervous system. |
| Disc Degeneration | Drying and thinning of the disc as a result of accelerated wear and tear. |
| Diversified Chiropractic Technique | A variety of adjustive techniques used to detect subluxations and to create motion in a vertebral joint. Some of these mobilizing techniques are effective in the treatment of back pain. |
| Doctor of Chiropractic (DC) | A licensed doctor performing chiropractic treatments. Chiropractic is a form of alternative medicine concerned with the diagnosis and treatment of mechanical disorders of the musculoskeletal system, especially the spine, understanding that such disorders affect general health via the nervous system. |
| Dorsal | Pertaining to the twelve thoracic vertebrae of the mid-back. |
| Dorsalgia | Pain in the back. |
| Dorsopathy | A condition impairing the backbone. Could be deforming or non-deforming. |
| DX | Diagnosis. |
| Dynamic thrust | Chiropractic adjustments delivered suddenly and forcefully to move vertebrae. These often result in a popping sound. |

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| Electrical Muscle Stimulation (EMS) | Physiological, therapeutic introduction of electrical stimulation at a predetermined frequency, intensity, and rate in order to achieve a physiological response. |
| End Plate | The cartilage between the bone of the vertebrae and the disc; serves as an attachment point for the fibers of the disc. |
| Enthesopathy | A disorder of a tendon or ligament where it attaches to the bone. |
| Examination | The time the physician takes to look at the patient's current status. There can be several levels of examination from cursory to complex. |
| Extremity | Body areas not relating to the spine (e.g., head and face, chest, abdomen region, arms, legs, etc. |

F

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| Facet | The surface of the weight-bearing section of the vertebrae (part of the posterior joints of the vertebrae). |
| Fascia | A thin sheath of fibrous, connective tissue beneath the skin —primarily collagen—that attaches, stabilizes, separates, and/or encloses a muscle or other organ. The fascia protects organs. |
| Fixation | Being held in a fixed position. An area of the spine with restricted movement. |
| Flexion-Distractive Technique | Useful method of stretching the spine. With the patient in a facedown position on an easily accessible table, manual flexion and traction are applied to specific spinal segments. |
| Full-Spine Technique | Method of adjusting or manipulating the vertebrae from the neck down (the full spine). |

G – H – I

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| Gonstead Technique | A chiropractic technique originated by Clarence Gonstead, DC.; a system of correcting pelvic and sacral "subluxations" to correct secondary subluxations elsewhere in the spine by using specific patient positioning for each adjustment. |
| Herniation | Condition of the intervertebral disc, whereby some of the material which makes up the disc shifts to a position which irritates the nearby nerve for that spinal area. |
| Home Therapy | Activities the patient can do, under the instructions of the chiropractic physician, to assist in their recovery; this includes ice/heat, exercises, diet, and moderate activities of daily living. |
| Homeostasis | This is the tendency to maintain, or the maintenance of, normal, internal stability in an organism by coordinated responses of the organ systems that automatically compensate for changes in the organism. |
| Hypesthesia | An increased sensitivity to nerve stimulation. |
| Intervertebral Disc | The tough cartilage that serves as a cushion between two vertebrae. Each disk has a gelatinous-like center (nucleus pulposus) that may protrude to form a disk herniation. |
| -itis | Suffix denoting inflammation. |

J - K

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| Joint | The area between two bones where movement occurs. If movement is abnormal, pain and degeneration may occur. |
| Joint Dysfunction | A condition, whereby the joints of a particular area are not moving properly. Any sort of physical trauma may bring this about, along with proposed chemical or mental causes. |
| Joint Fixation | Diminished movement within a joint space. |
| Kinesiology | The scientific study of body movement. Kinesiology addresses physiological, biomechanical, and psychological mechanisms of movement. Applications of kinesiology to human health include biomechanics and orthopedics, strength and conditioning, sports psychology, and methods of rehabilitation, such as physical and occupational therapy, sport and exercise. |
| Kyphosis | Excessive outward curvature of the spine (causing hunching of the back). |

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| Lateral | A side view of the body or outer side. |
| Ligament | A band of fibrous tissue that connects bones or cartilages; it supports and strengthens the joints. |
| Locked Spinal Joint | Sudden binding that occurs when two joint surfaces are shifted out of their normal alignment by an awkward movement that triggers muscle spasm (aka: "acute locked back"). |
| Logan Method | A non-thrusting method in which thumb pressure is used to correct sacral subluxations and leg deficiencies that can affect the entire spine. |
| Long-Lever Manipulation | Method of spinal manipulation in which a general technique is used to stretch or loosen several vertebrae at a time. |
| Lordosis | The normal inward curve of the cervical and lumbar spine. |
| Low-Force Technique | Using an adjusting machine and/or reflex technique as an alternative to forceful manipulation (dynamic thrust). It may not be an appropriate substitute for properly performed spinal manipulation. |
| Lumbar | When discussing the spinal column, this refers to the region of the low back. |
| Lumbago | Low back pain. |
| Lumbo-Pelvic Techniques | Used to adjust <i>manipulative lesions</i> in the joints of the lumbar spine and pelvis. Lumbo-pelvic <i>distortions</i> are attributed to postural alterations, leg-length inequality, tilting of the lumbar vertebrae, loss of mobility, and other <i>lesions</i> that require manipulation of the pelvis and lower back. Leg-length testing may detect lumbo-pelvic distortions. |
| Lumbosacral Strain | Strain or injury of joints or ligaments at the base of the spine where the last lumbar vertebra (L5) is connected to the sacrum. Strain or disc degeneration in this area is probably the most common cause of low-back pain. |
| Lysis | The breakdown of a membrane by cell—often by viral, enzymic, or osmotic mechanisms |

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| Magnetic Resonance Imaging (MRI) | A diagnostic tool that uses massive doses of magnetism to induce an energy reading in the patient's body that the MRI computer interprets as images based on water content and the hydrogen ion; the procedure is non-invasive and non-radioactive. |
| Manipulation | A non-specific manual procedure that involves a general thrust to move a joint. |
| Manipulation Under Anesthesia (MUA) | Procedure in which a chiropractor performs manipulation while the patient is under anesthesia. This technique is typically performed in a hospital-type setting. |
| Mercy Guidelines | Common name for the report issued following the Chiropractic Consensus Conference held at the Mercy Conference Center in Burlingame, California, in January 1992. The report established parameters and guidelines for the profession. Many insurance companies use it as a guide to determine the appropriateness of chiropractic treatment. |
| Migraine | <p>Severe headache.</p> <ul style="list-style-type: none"> • Intractable: Seemingly untreatable, does not respond to treatment • Not Intractable: Responds well to some treatment • Status Migrainosus: Debilitating migraine headache lasting for more than 72 hours • With Aura: Neurological symptoms that usually appear prior to the onset of a migraine. <i>May include blind spots in vision, tunnel vision, temporary blindness, flashing lights before the eyes, ringing in the ears, dizziness, vertigo, weakness, difficulty with speech, and more</i> • Without Aura: Without neurological symptoms prior to the onset of a migraine • Refractory: Does not respond to pharmacological agents. This usually refers to <i>standard</i> preventative medications • Without Refractory: Responds to pharmacological agents (standard preventative medications) |
| Misalignment | A radiographic finding—usually measured in millimeters—that represents one or more segment of the spine out of alignment with adjacent segments of the spine. |
| Mobilization | Manipulation, movement, or stretching to increase range of motion in muscles and joints; it does not involve a high velocity thrust. |
| Motion Palpation | Locating fixations and loss of mobility of specific spinal segments through touch while the patient moves. |
| Muscle Spasm (Fibrositis) | We have more than 600 voluntary muscles in our bodies; they work together to control our simplest movements. Muscles work in conjunction with joints (e.g., cartilage, bones, etc.) to provide motion. When spinal vertebrae are misaligned and irritated, they disrupt the nerve/muscle relationship and cause muscle spasms. These symptoms can be treated through spinal adjustments; left untreated they can cause permanent, chronic pain. Muscle pain may be a symptom of more serious problems and should be addressed immediately. |
| Muscle Testing | See <i>Applied Kinesiology</i> . |
| Musculoskeletal | Refers to structures involving tendons, muscles, ligaments, and joints. |
| Myalgia | Pain in a muscle or group of muscles. |
| Myelopathy | A nervous system disorder that affects the spinal cord. |
| myo- | Refers to muscles. |
| Myositis | Inflammation and degeneration of muscle tissue. |

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| Nerve Root | A nerve bundle that emerges from the spinal cord and merges with a second bundle to form a segmental spinal nerve. |
| Nerves | Specialized cells that use chemical reactions to send external impulses to the brain and spinal cord. |
| Nervo-Scope | A handheld, dual-probe, thermocouple tool purported to locate <i>subluxations</i> by measuring skin temperature on each side of the spine. |
| Nervous System | The system of nerves that includes the brain, cranial nerves, spinal cord, spinal nerves, peripheral nerves, and the autonomic (sympathetic and parasympathetic) nerves. |
| Neural Organization Technique (NOT) | Method that professes to <i>organize</i> the nervous system and activate helpful reflexes by using applied kinesiology muscle-testing to identify and correct food allergies and dysfunctions believed to affect the flow of cerebrospinal fluid around the brain. |
| Neuralgia | Pain along the course of a nerve. |
| Neurocalometer | Heat-detecting instrument originally developed in 1924 to locate <i>subluxated</i> vertebrae. |
| Neuro-Muscular | Relating to nerves and muscles |
| Neuropathy | Pain, weakness, numbness, or difficulty controlling specific muscles due to nerve damage. |
| Nimmo Method | Technique that uses digital pressure on trigger points to relax muscles thought to be pulling vertebrae out of alignment. |
| Non-Force Techniques | Various reflex techniques and muscle-treatment methods that do not involve forceful manipulation. |
| Nucleus | Spongy, gel-like center of a spinal disc. |

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| Occiput | The back of the head or skull. |
| -opathy | Suffix that denotes a disease or disorder |
| -osis | Suffix that relates to functional disease or condition/abnormal increase. |
| Osteoarthritis | A slow degeneration of the joints that connect bones and allow movement. Aging, injury, poor posture, and excess weight can cause joints to erode and become stiff and painful. |

P - Q

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| Pain | A physical indication that something may be wrong—an alarm for the body. Traditional treatments usually try to rid the body of symptoms, but don't look for the cause (not unlike having the <i>check engine light</i> come on in your car and covering it with a piece of tape so you can't see the warning...the problem does not disappear simply because you refuse to heed the warning. It can actually get much worse and do permanent damage if left unattended. The body is no different except that it is not replaceable. |
| Palpation | Examining the spine with the fingers; the art of feeling with the hand. |
| Parasympathetic | Literally means around (para) the sympathetic; refers to the parasympathetic nervous system, a division of the autonomic nervous system; responsible for the regulation of body systems. |

P - Q (Con't.)

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| Paresthesia | Abnormal sensations or loss of normal sensation. |
| <u>P</u>elvic <u>D</u>eficiency (PD) | A condition that proponents of Activator Methods define as an <i>apparent</i> difference in leg-length not attributed to an anatomical difference. Also called <i>functional short leg</i> . |
| Pettibon Technique | Upper cervical adjustive technique that uses an instrument to adjust the atlas. Orthogonal lines are used to measure the full spine. Specific, seated x-ray procedures identify an exact diagnosis and treatment approach. |
| Physical Therapy | Treatment that uses physical modalities (equipment) to alleviate pain and suffering. |
| Pierce-Stillwagon Method | Similar to the Sacro-Occipital Technique, it involves applying contacts & other maneuvers to cervical and pelvic areas to produce effects in remote muscles, organs, and joints. |
| Pinched Nerves | Laymen's term for pain thought to be coming from the back or spine; it is physically difficult to <i>pinch</i> a nerve. |
| Posterior | Further back in position; the back of something. |
| Preventative Care | Care rendered to existing patient; designed to prevent a condition from worsening and/or returning; care usually due to a persistent weakness or permanent impairment. |
| <u>P</u>rimary <u>C</u>ontact Health Care <u>P</u>rovider (PCP) | Any health care provider capable of giving first level contact and intake in the health delivery system; any health care provider licensed to have patient contact in the absence of physician's referral. |
| Prone | Lying horizontal facing downward. |
| Proprioceptors | Sensory nerve terminals that deliver information concerning movements and position of the body; they occur chiefly in the muscles, tendons, and the labyrinth. |

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| Radiculopathy | A set of conditions in which one or more nerves are affected and do not work properly causing radiating pain of a nerve due to inflammation or other irritation of the nerve root. |
| Radiograph | Proper term for an x-ray film after it has been exposed to radiation (x-ray). |
| Range of Motion | The range, measured in degrees of a circle, through which a joint may be moved. |
| Realign | (Chiropractic Definition) to return subluxated vertebrae to a more near normal position. |
| Receptor | A nerve cell that receives specific sensory information in the nervous system. |
| <u>R</u>eport-of-<u>F</u>indings (ROF) | The doctor's presentation to the patient to report/communicate the exam findings and discuss recommendations for care. |
| Ribs | Long curved bones which form the rib cage. Ribs surround the chest, enabling the lungs to expand and thus facilitate breathing by expanding the chest cavity. Ribs protect the lungs, heart, and other internal organs of the thorax. Humans have 24 ribs (12 pairs). |

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| <u>Sacro-Occipital Technique (SOT)</u> | A chiropractic technique developed by Major Bertrand DeJarnette, DO, DC. It includes a system of adjusting patterns in the body, particularly the relationship between the sacrum and occiput. SOT uses specific indicators to identify when and where adjustments are needed. |
| Sacrum | The triangular shaped bone located just below the lowest lumbar vertebrae (L5), usually formed by five fused vertebrae (sacral vertebrae) that are wedged dorsally between the left and right iliums. |
| Sciatica | An inflammation of the sciatic nerve—the longest nerve in your body. There are two (2) sciatic nerves, one in each leg. They run from the lower spine, through your buttocks, then into the leg and foot. When inflamed, it causes numbness, tingling, pain, or weakness in the lower back and leg. |
| Scoliosis | An abnormal, curvature of the spine. Scoliosis has many causes; some are caused by injury while others are inherited. One common cause for scoliosis is abnormal development of the vertebra. The most common form of scoliosis is an abnormal pattern of muscle and ligament growth that occurs as a teenager grows in height. DCs are trained to recognize scoliosis or the potential for developing scoliosis. With early detection, chiropractic treatment can correct many cases of scoliosis. If you or your child have been diagnosed or think you may have scoliosis, consult a DC for evaluation. |
| Scope of Practice | The legal activities that a member of a specific profession can or cannot do within their state. |
| Sensory | The <i>feeling</i> part of a nerve; as opposed to the motor part. |
| Short-Lever Manipulation | A method of spinal manipulation; contact is made on a vertebral in order to move a single vertebra. |
| SMT | <u>S</u>pinal <u>M</u>anipulative <u>T</u>herapy |
| SOAP Notes | Daily treatment notes in which the doctor records the required Subjective, Objective, and Assessment Plan-related treatment details. SOAP notes may be taken on paper but are more commonly recorded using EHR software. |
| Somato-Visceral | Nerve pathways originating in the spinal cord; they communicate with internal organs. |
| Spinal Adjustment | A chiropractic term to describe method(s) DCs use to correct spinal problems, either by hand or with an instrument. |
| Spinal Analysis | Evaluating the spinal column and its immediate articulations for vertebral subluxations and contraindications to any or all chiropractic procedures. |
| Spinal Nerves | 24 pairs of nerves exiting the spinal cord at segmental levels of the spinal column. |
| Spine | The spine (backbone) is composed of 33 interlocking bones called vertebrae separated by soft, compressible discs and supported by many different ligaments and muscles. The spine is divided into five segments: 1) cervical (neck), 2) thoracic (upper and mid back), 3) lumbar (lower back), 4) sacrum (pelvis), and 5) coccyx (tailbone). |
| Spinous Process | A posterior, protruding part of the spinal bone that can be seen or felt when examining the spine. |

S (Con't.)

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| Spondylolisthesis | A condition in which one vertebra slides forward over the vertebra below it. May cause pain, numbness, or weakness. |
| Spondylolysis | Defect of a vertebra by an infective process (viral, enzymic or osmotic) |
| Spondylopathy | A disorder or disease of the vertebrae. |
| Spondylosis | Age-related wear and tear on spinal discs accompanied by pain. |
| Sports Injury | May be due to improper stretching or injuries suffered during an activity. In either case it is important to diagnose and treat such injuries quickly to prevent further aggravation or damage to specific areas. DCs have extensive training in sports medicine and can diagnose and effectively treat sports-related injuries. Spinal adjustments and physical therapy/rehab are very successful in correcting injuries and quickly getting patients back to normal activities. |
| Spurs | A projection, as from a bone. |
| Stenosis | The narrowing of the open spaces in the spine. |
| Sternum | A long flat bone shaped like a necktie, located in the center of the chest. It connects to the ribs via cartilage, and forms the front of the rib cage. It helps protect the heart, lungs, and major blood vessels from injury. |
| Subluxation | When a vertebra of the spine becomes misaligned with the vertebrae above and below it, it compromises the nerves. This interferes with nerve transmissions from the brain to tissues, organs, and muscles. Unfortunately, with most subluxations there is no pain and people are not aware of them. Subluxations physically cause the spine to wear unevenly, and lead to early degeneration and break down of the spine. |
| Subluxation Complex | <p>Describes what happens when spinal bones lose their normal position and motion from stress, trauma, or chemical imbalances. The vertebral subluxation complex is the underlying cause of many healthcare problems. The Subluxation complex is described in five parts:</p> <ol style="list-style-type: none"> 1. Spinal Kineisopathology - When spinal vertebrae lose their normal motion and position and restrict the ability to turn and bend. This sets the following 4 components in motion. 2. Nueropathophysiology - Improper spinal function can choke, stretch, or irritate delicate nerve tissue and result in nerve system dysfunction that causes symptoms in other parts of the body. 3. Myopathology - Muscles supporting the spine can weaken, atrophy, or become tight and go into spasm. The resulting scar tissue changes muscle tone and requires repeated spinal adjustments. 4. Histopathology - A rise in temperature from an increase in blood and lymph supplies that result in swelling and inflammation; discs can bulge, herniate, tear, or degenerate, and other soft tissues may suffer permanent damage. 5. Pathophysiology - Bone spurs and other abnormal bony growths try to fuse malfunctioning spinal joints. This spinal decay, scar tissue, and long-term nerve dysfunction can cause other systems in the body to malfunction. |

S (Con't.)

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| Surface Electromyography (SEMG) | A non-invasive procedure involving the detection, recording, and interpretation of electrical activity in groups of muscles at rest (static) and during activity (dynamic). This procedure is performed using single or multiple electrodes placed on the surface of the skin over the muscles to be tested. A variety of portable devices are designed for this type of procedure. |
| Sympathetic | The division of the central nervous system responsible for regulating the various activities of the human body. |
| Symptom | A warning signal sent from the tissues, organs, and muscles to the brain telling it that damage has occurred and may still be occurring. Common symptoms are pain, tingling, and numbness, although many subluxations occur without any noticeable symptoms. |

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| Technique | One of several treatment methods. |
| Temporomandibular Joint (TMJ) | Acts like a sliding hinge connecting the jawbone to the skull. There is one joint (TMJ) on each side of the jaw. TMJ disorders can cause pain in the jaw and the muscles surrounding it and often contribute to other musculoskeletal symptoms (e.g., headaches, migraines, etc.). |
| Tendinitis | Inflammation or irritation of a tendon. |
| Tendon | A fibrous cord that attaches muscle to bone. |
| Therapy | The use of modalities/machines to augment adjustments. These may include ultrasound, electrical muscle stimulation, traction, massage, heat/cold, infrared, laser, etc. |
| Thermography | A diagnostic procedure that generates heat images from body surfaces. |
| Thompson Terminal Point Technique | Aka: Thompson Drop-Table Technique. Used as a precision adjusting table with a weighing mechanism that provides sufficient tension to slightly lift part of the table before thrust or pressure is applied to the patient and the table is dropped. |
| Thoracic vertebrae | The twelve vertebrae in the thoracic or upper-back portion of the spine. |
| Thorax | The part of the body between the neck and abdomen. This includes the cavity enclosed by the ribs, breastbone, and dorsal vertebrae that contains the chief organs of circulation and respiration; the chest. |
| TMJ Dysfunction TMJ Dysfunction | A problem with the alignment of the jaw. When the junction of the jaw is out of alignment it creates problems such as headaches, jaw pain, sinus problems, stiffness in the jaw and muscle tension in the face, head, neck, and shoulders. |
| Toftness Method | The handheld <i>Toftness Radiation Detector</i> is used to locate subluxated vertebrae and pinched nerves that can then be corrected with spinal adjustments. |
| Torticollis/ Tortipelvis | Involuntary spasms of the musculature of the spine, the neck, or the low back. |

T (Con't.)

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| Traction | (Mechanical) traction is described as the force used to create a degree of tension for soft tissues and/or to allow separation between joint surfaces. The degree of traction is controlled by the amount of force applied, (pounds) allowed, duration (time), and angle of pull (degrees) by mechanical means. Terms often used in describing pelvic/cervical traction are intermittent or static (describing the length of time traction is applied), or auto-traction (use of the body's own weight to create the force). |
| Transverse Process | Lateral protrusions (wings) of bone from the vertebrae to which powerful muscles attach. |

U – V – W – X – Y – Z

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| Ultrasound | High frequency sound waves, sometimes accompanied by electrical muscle stimulation, administered to areas of pain, spasm, or other injury. |
| VAX-D Vertebral Axial Decompression | A traction device that stretches and releases the spine while the patient lies facedown. |
| Vertebra | (Vertebrae is plural) Bony segment of the spine that encircles and helps protect the spinal cord and nerves. There are seven (7) cervical vertebrae, twelve (12) thoracic vertebrae, and five (5) lumbar vertebrae in addition to those that make up the sacrum and the coccyx. |
| Vertebral arteries | Arteries, one on each side of the spine, that thread through holes in the six upper cervical vertebrae. |
| Vertebral subluxation complex | Subluxation. |
| Visceral | Referring to the viscera; the internal organs of the body. |
| Viscero-Somato | Nerve pathways—originating in the organs—that communicate with the spinal cord. |
| Wellness | The relationships between health, regular physical activity, and physical fitness as they apply to Chiropractic philosophy. |
| Whiplash | Sudden, involuntary, forced movement of the head in any direction, and the resulting rebound of the head or neck in the opposite direction. Ligaments are stretched beyond the limits for which they were intended. This usually results in muscle spasms, alteration of the normal curve of the neck and spine, and a limitation of movement. |
| Working Muscles | There are over 240 individual muscles under five layers of muscle that are attached to the vertebrae of the spine. Chiropractors use touch to determine whether any of the muscles are pulling unequally on the vertebrae. Working muscles are similar to rubber bands—when the muscles are trying to pull the vertebrae into proper position, they elongate and become very taut and fiber-like. Chiropractors use these muscles as a road map to find subluxations and then use this information to perform adjustments to get the vertebrae moving in the same direction as the muscles are pulling. |
| X-rays | Ionizing radiation used by chiropractors primarily to view the spinal column to locate and identify subluxations. |