A CLINICAL WHITE PAPER FOR THE SALEM MEDICAL COMMUNITY

Beyond the “Crack”

Redefining Spinal Care Through Mechanobiology and Precision Technique Selection

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Executive Summary

The historical divide between medical practitioners and chiropractic physicians frequently stems from a single, pervasive assumption: that chiropractic care is synonymous and exclusive with High-Velocity, Low-Amplitude (HVLA) manual manipulation. While manual adjustments remain an effective tool for specific mechanical pathologies, modern, integrated chiropractic practices operate on a highly stratified triage model.

At InterState Medical Group, we operate an integrated clinic model designed to break this stereotype. By matching precision mechanics to a patient's specific bone density, structural integrity, and vascular health, we offer safe, collaborative, and evidence-based neuromusculoskeletal solutions for shared patients.

The Misconception of Uniform Treatment

When a primary care physician counsels a patient with severe osteoporosis, multi-level disc desiccation, or joint instability to avoid chiropractic care, that advice is often clinically sound if the clinician is visualizing end-range, high-force spinal manipulation. What most medical physicians do not understand is that we take these considerations very seriously as well, and have many other treatment methods available in our toolbox.

However, assuming all chiropractic interventions require an HVLA thrust overlooks the evolving reality of physical medicine. Modern chiropractic training emphasizes custom technique selection. In our integrated practice at InterState Medical Group, a patient's medical history doesn't disqualify them from conservative joint care; it simply dictates the mechanical forces we apply.

The Low-Force Biomechanical Spectrum

For patients where traditional manual manipulation is contraindicated or culturally unappealing, our facility utilizes non-thrust, low-velocity, and instrument-assisted modalities to achieve identical neurophysiological goals:

LOW FORCE / PASSIVE				HIGH VELOCITY / DYNAMIC
SOT Blocking	**Flexion-Distraction**	**Instrument Adjusting**	**Manual Mobilization**	**HVLA**

Mechanical Decompression (Cox Flexion-Distraction)

Utilizing specialized, segmented drop-tables, we apply gentle, rhythmic traction to the lumbar spine. This low-velocity mobilization drops intradiscal pressure, increases the intervertebral foraminal area, and stretches the ligamentum flavum without dynamic twisting or cracking. It is ideal for acute disc herniations, spinal stenosis, and degenerative joint disease.

Instrument-Assisted Precision (Activator / Impulse Technology)

For patients with osteopenia or structural fragility, we utilize handheld adjusting instruments. These devices deliver a targeted, high-speed thrust over a fraction of a millisecond. Because the speed of the impulse is faster than the body's natural muscle-guarding reflex, it requires significantly less physical force to stimulate joint mechanoreceptors and restore localized segmental mobility.

Sacro-Occipital Technique (SOT) Blocking

This passive, gravity-assisted technique uses customized pelvic wedges to gently realign pelvic torsion. By positioning the patient prone or supine on these blocks, their own body weight slowly corrects mechanical distortion, eliminating the need for rotational thrusting.

Active Neuromuscular Rehabilitation

Joint mobilization is only part of the equation. We integrate Instrument-Assisted Soft Tissue Mobilization (IASTM), myofascial release, and progressive core stabilization exercises to ensure that structural adaptations are supported by active muscular control.

How InterState Medical Group's Integrated Model Benefits Your Referrals

Our clinic operates with a fundamentally different philosophy than traditional, isolated chiropractic offices. We approach spinal care through a multidisciplinary lens, focusing heavily on co-management and clear diagnostic boundaries:

- **Strict Contraindication Triage:** We perform rigorous orthopedic and neurological screenings. If a patient presents with progressive neurological deficits, unstable spondylolisthesis, or signs of inflammatory arthropathy, they are immediately triaged and referred back to primary or specialty medical care.
- **Objective Progression Metrics:** We track patient outcomes using standardized functional assessment questionnaires (e.g., the Oswestry Disability Index). Patients are not placed on indefinite care plans; if objective functional milestones are not met within a reasonable clinical window, we proactively coordinate advanced imaging or orthopedic referrals.
- **Jargon-Free, Clinical Communication:** We communicate in the universal language of physical medicine—discussing mechanoreceptor stimulation, joint arthrokinetics, and functional capacity rather than subluxation theories.

Establishing an Interprofessional Pathway

We view InterState Medical Group as an extension of your conservative treatment toolkit. If you have a patient suffering from mechanical back pain, cervicogenic headaches, or radiculopathy who is an inappropriate candidate for aggressive physical interventions, we invite you to explore our low-force protocols.

We welcome the opportunity to discuss our clinical algorithms or tour our facility with your team. Let's work together to provide safe, comprehensive, and non-opioid musculoskeletal solutions for the Salem community.

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