Manual Differential Diagnosis Cervical spine, shoulder belt, shoulder joint  
  
  
  
  
Introduction  
  
According to the statutory health insurances such as AOK (General Ortskrankenkasse) or Barmer Ersatzkasse, too many patients are operated in Germany, although this is not necessary at all because either the complaints of the patient are not large enough or are often misdiagnoses.  
An exact differential diagnosis is thus of extreme importance for physiotherapists. There are many things that can not be represented by MRT, CT, etc., e.g. One can not make mobility visible, fresh microfractures in the area of ​​the wrist and the tarsal bones are often overlooked despite CT / MRT recordings.  
The manual therapy is concerned here with an exact differential diagnosis, on the one hand, in order to avoid unnecessary surgery, on the other hand, in order to give the patient the fastest possible pain relief.  
  
  
Method  
  
For example, the differential diagnosis of the cervical spine, shoulder belt and shoulder joint may be used for this congress.  
For example, if a patient, e.g. (Compression), the scalenii musculature is more susceptible to stress and can lead to Thoracic Outlet Syndrome. Also the first rib changes your position against the clavicle and there is the elongation position of M.pectoralis minor. This muscle can also be responsible for a Thoracic Outlet Syndrome with all its symptoms (sensory disturbances, circulatory disorders, etc.)  
But not only the soft tissue structures change their position, the clavicle also has a dorsal rotation in the sternoclavicular joint as well as a ventral rotation in the acromioclavicular joint in the case of the maximum flexion in the glenohumeral joint.  
This knowledge is a prerequisite for a possible differentiation between the different joints and soft tissue structures.  
What role do the nerve structures play? It is also important to have adequate anatomical and biomechanical knowledge.  
The individual components (joints, muscles, ligaments, nerves) in these procedures of manual differential diagnosis are more and also less stressed, so that muscles are stretched, joint capsules are put on more tension as well as stress on the nervous system.  
  
Results  
  
For about 2 years we have been conducting the so-called "First Contact" in our rehabilitation clinic for orthopedic patients in Munich / Germany. None of the patients who had undergone this program had to be operated, although this was considered necessary in previous conservative diagnostics such as X-rays, Ct, etc.  
The results are excellent and help the ailing health system from further stress because a considerable amount can be saved.

Discussion  
  
The differential diagnosis described above is part of the training for orthopedic manual therapists and the need for highly qualified physiotherapists, who have continued to train themselves in the field of manual therapy for several hundred hours.  
Perfect anatomical and biomechanical knowledge is just as important as avoiding self-exaggeration.  
There are considerable sources of error, if not absolutely exact work is carried out and the above requirement is not fulfilled.

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