National Boards Part 4
Technique

Exam Format
5 stations (1 doctor and 1 patient). 2 setups per station (5 minutes)
- cervical
- thoracic
- lumbar
- pelvic
- extremity

Expect examiner interaction
Graded on a Scantron for specific categories for each setup.
Patient is gowned.

Malposition will be given outside and inside the room. Described in 3 ways:
- Spinal listing
- Body listing
- Dynamic (Motion listing)

The Board dictates the adjustment

Grading

Patient placement
Doctor position
Contact hand / Segmental contact point
Stabilizing hand
Procedure
Line of correction
Torque or tissue pull (?)

Organized approach?
Would accomplish the correction?
Patient safety?

Contact Hand

Doctor Position
- “… the candidate should stand favoring the side of segmental contact.”
- “… does not apply to side-lying adjustments of the lumbar spine and pelvis, and certain types of rotary cervical spine adjustments.”

For Part IV:
1. Understand the grade sheet,
2. Use the presentation format,
3. KNOW THE HITLIST!!
4. The candidate may also be required to demonstrate static and/or motion palpation techniques and to describe joint-related anatomical landmarks and/or normal joint motion.
The atlas has moved superior and to the left. The atlas is fixated in left lateral flexion

Adjust the patient seated with a thumb-transverse contact

C3 spinous is posterior and right
C3 body is posterior and to the left
C3 is left rotation restriction

Adjust patient seated with a distal index finger-spinous contact.

C4 Entire segment is posterior
C4 is in flexion restriction

Adjust the patient in seated, using a distal index finger-spinous contact

C3 spinous has rotated to the right and posterior
C3 body is posterior and to the left.
C3 is left rotation restriction.

Adjust using sitting rotary with middle finger-articular pillar.

C6 spinous is posterior and right
C6 body is posterior and to the left
C6 is fixated in extension and right rotation

Adjust using an index finger-lamina contact with the patient supine

Atlas has subluxated superior, right.
C1 is fixated in left lateral flexion

Adjust using an index finger-tvp (posterior arch) contact in the supine position

The occiput has subluxated anterior. The occiput is in flexion restriction.

Adjust the patient seated with a fifth digit-glabella contact

The occiput has subluxated anterior and rotated posterior on the left.
The left occiput is fixated anteriorly on the left with a fixation in P-A rotation

Adjust the patient seated with a fifth digit-glabella contact
Occiput has subluxated posterior on the left
Occiput is fixated on the left in posterior rotation
Adjust the patient supine with a hypothenalmastoid groove contact.

C7 spinous is posterior to the right
C7 body is posterior on the left
C7 is in left rotation restriction
Adjust prone using a thumb-spinous contact

C2 spinous is posterior to the right
C2 body is posterior on the left,
C2 is in left rotation restriction
Adjust the patient prone, using an index finger-lamina contact

T1 spinous is posterior, left
T1 TP is posterior, right
T1 is in right rotation restriction
Adjust using prone, with single hand, pisiform-spinous contact with head stabilization.

T4 spinous is posterior and left
T4 body is posterior and to the right
T4 is in right rotation restriction
Adjust patient prone with a crossed pisiform-transverse contact.

T2 spinous is posterior, and left
T2 body moved posterior, to the right
T2 is in right rotation restriction
Adjust the patient in the prone position using a pisiform-transverse contact.
T11 spinous is posterior, to the right
T11 body is posterior, to the left
T11 is in left rotation restriction

Adjust patient prone using a pisiform-transverse contact with a pisiform-transverse stabilization

T10 spinous is posterior to the right.
T10 body has gone left.
T10 is in left rotation restriction.

Adjust the patient prone using a double thenar-transverse process contact

T5 has moved posterior
T5 is fixated in extension restriction.

Adjust using a double thenar-transverse contact

T2 spinous is posterior and to the right
T2 body is posterior and to the left
T2 is in left rotation restriction

Adjust the patient prone with a thumb-spinous contact

T7 spinous has moved posterior, right
T7 TP has moved posterior, left
T7 is in left rotation restriction.

Adjust prone with a reinforced pisiform-spinous contact

T12 spinous is posterior, right and inferior
T12 body is posterior, left and superior
T12 is in left rotation and left lateral flexion restriction

Adjust prone with a pisiform-spinous contact

T5 spinous has moved significantly anterior and inferior
T5 is fixated in extreme extension.

Adjust patient supine using a thenar-transverse process contact on T6.

T8 spinous is posterior and right
T8 body has moved posterior and to the left
T8 is in left rotation restriction

Adjust using a double knife edge-transverse contact
T3 spinous has moved posterior, right and inferior
T3 TP has moved posterior, left and superior
T3 is in left rotation and left lateral flexion restriction

Adjust the patient prone using a double knife edge-transverse contact

T6 has moved anterior.  
T6 is fixated in extension.

Adjust the patient supine using a thenar-knuckle contact on the transverse processes of T7.

L4 is posterior and to the left from a spinous perspective
L4 transverse process is posterior and to the right
L4 is in right rotation restriction

Adjust patient prone using a bilateral thenar-mamillary contact

L5 spinous is posterior, to the right
L5 body is posterior, has rotated to the left and inferior
L5 is left rotation restriction.

Adjust using a side posture pull with a fingertip-spinous contact.

L3 spinous is posterior, left and superior
L3 body is posterior, right and inferior
L3 is in right rotation and right lateral flexion restriction

Adjust using a side posture push with a pisiform-spinous contact

L2 spinous has gone posterior, right
L2 body has gone posterior, left
L2 is in left rotation restriction

Adjust with a pisiform-spinous contact with the patient in side posture utilizing a push move

L1 is posterior
L1 is in extension restriction
Adjust using a pisiform-spinous contact with the patient in side posture
L5 spinous is posterior, left
L5 body moved posterior, right
L5 is in right rotation restriction.
Adjust using a pisiform-mamillary contact in a side
posture position (push move)

A symptomatic Grade 1 Spondylololisthesis of L5 on
S1.
Adjust the patient prone using a calcaneal contact
on the base of the sacrum.

Right ilium is posterior and inferior
Adjust in side posture using a pisiform-P.S.I.S.
contact (push move)

The sacrum is posterior and inferior on the right
Adjust the patient with a side posture push using a
pisiform-sacral base contact

Left ilium is anterior and superior
Adjust patient in side posture using a pisiform -
ischial contact.

Posterior sacral base on the left
Adjust the patient side posture with an pisiform -
ischial tuberosity contact.

The sacral base is anterior on the right
Adjust the patient side posture with a pisiform -sacral apex involved side down.

The right ilium has moved anterior and superior
relative to the PSIS
Adjust the patient side posture pull move utilizing
da distal index contact on the PSIS.
The right ilium has moved posterior and inferior relative to the PSIS
Adjust the patient side posture pull move utilizing a distal index contact on the PSIS.

Left ilium: The PSIS has moved posterior - inferior, and internally rotated
Adjust the patient prone, using a pisiform - PSIS contact for a PI-IN ilium (doctor on the contralateral side)

The right acromio-clavicular joint has moved superior
The right A-C joint is fixated superiorly
Adjust the patient seated using a double hypothenar contact

The right proximal ulna has moved posterior and medial
Adjust patient's elbow using a thumb index-ulna contact

Left humerus: The humeral head has moved anteriorly
Adjust the patient seated, using a palmar-olecranon contact

The right proximal ulna has moved posterior and medial
Adjust patient's elbow using a thumb index-ulna contact

Right shoulder: the humerus has moved anterior and inferior
Adjust the patient seated with a palmar-olecranon contact

The right sternoclavicular joint has gone superior and medial
Adjust the patient supine with a hypothenar contact

The left PSIS has gone anterior and superior
Adjust side posture with a pull move, involved side down.

The right sternoclavicular joint has gone superior and medial
Adjust the patient supine with a hypothenar contact

Left humerus: The humeral head has moved anteriorly
Adjust the patient seated, using a palmar-olecranon contact

The left ilium: The PSIS has moved posterior - inferior, and internally rotated
Adjust the patient prone, using a pisiform - PSIS contact for a PI-IN ilium (doctor on the contralateral side)
The right radius head has gone superior. The right proximal radius is fixated superiorly. Adjust the patient standing using long axis traction with a thumb, index finger contact at the distal wrist.

The right lunate bone has subluxated anteriorly. Adjust the lunate using a reinforced thumb contact.

Left radius has gone posterior and lateral. Adjust the patient’s radial head with a thumb, index contact seated.

The left knee is subluxated with the tibia moving posterior. Adjust with the patient prone with a thumb web-popliteal contact.

The left femur head has moved superior. Adjust using long axis traction with a bi-manual grasp.

The left proximal fibula has moved anterior. Adjust patient using a pisiform contact on the fibular head.

The left proximal fibula has moved anterior. Adjust the patient supine using a index finger.

The right navicular bone has subluxated superiorly. Adjust using a thumb pisiform contact.

The right lunate bone has subluxated anteriorly. Adjust the lunate using a reinforced thumb contact.
Superior Patella
Adjust the patient supine using a thumb web-patellar contact

Right cuboid that is fixated in the superior position
Adjust using a thumb pisiform contact

Left foot: the talus has moved superior
Adjust the patient's foot using a reinforced middle finger contact utilizing traction