Fédération Internationale de Médecine Manuelle FIMM
Internation Federation for Manual/Musculoskeletal Medicine FIMM
Internationale Gesellschaft für Manuelle Medizin FIMM

Glossary of Manual Medicine

Glossaire de Médecine Manuelle
Grundbegriffe der Manuellen Medizin

English

Version 7.2

FOREWORD

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The field of manual / musculoskeletal medicine contains many unique terms and phrases; it also uses certain terms and phrases in distinctive ways. Furthermore, contributions to this field come from a number of different "schools" with strong influences from different specialties. In the international arena, as represented by the International Federation of Manual / Musucloskeletal Medicine (FIMM), translation of such unique and distinct terminology is further complicated by translation into the official and/or working languages of the Federation – namely French, German, and English.

The purpose of the Glossary is to unite the many manual medicine schools and their graduates in their understanding of the scientific, educational, and clinical literature now being published. This can only foster better communication, advancement, and application of the growing evidence-base for the field.

To do justice to a multilingual glossary in a specialty field such as manual medicine, it must be recognized that literal translations do not always carry the same connotations. Therefore such translations require the involvement of manual medicine content experts. Additionally, it must be recognized that even when translated by content experts, it is possible that a specific concept or definition may or may not have the same emphasis or relevance in a particular school of teaching within the FIMM community. Wherever this is recognized, this glossary attempts to make a comment or, when needed will provide an alternative definition particular for a given country or school of thought. Such alternative definitions are hopefully both relevant and helpful in reading and/or understanding the literature in this field.

The following glossary has a rich historical basis that can only deepen with time and input from the many schools of thought that make up FIMM. In way of a disclaimer, this glossary is not yet all inclusive nor does it represent the full content of the many schools of manual medicine within the Federation. For the first time since 1991 however, it did make an attempt to include and reference definitions offered within the current manual medicine literature.

Recognition is overdue for the hard work of the "original" FIMM glossary. The actual roots of the current Glossary began with a meeting of educators representing schools of practice within the German-speaking nations of FIMM and the respected authors of a number of manual medicine texts in this language. Together they produced "Grundbegriffe der Manuellen Medizin: Terminologie Diagnostik Therapie". That document evolved into the first FIMM Glossary when numerous educators translated a significant portion of the German "Glossar" into French and English. Small changes and additions were thereafter made by members of past glossary committees and of the FIMM Educational Committee. The members of the original Glossar are recognized in the First Preface (below); the members of the past Education Committees and of the Special Glossary Task Force who worked to advance this 2007 version were recognized at the beginning of this preface.

In way of a disclaimer, the 2007 Glossary is not yet all inclusive of the schools of manual medicine, their literature, or of the explosion of manual medicine research and education that have been published in the past fifteen years, but this document serves as the first major step forward in fifteen years. In the future, FIMM plans to annually update the FIMM Glossary of Manual Medicine using these resources as its guide. Further translation into the native languages of other member nations will also be encouraged. For the present, the FIMM Special Glossary Committee, the FIMM Education Board, and the General Assembly of FIMM, are pleased to be able to offer this first major update of the FIMM Glossary in more than a decade.

Prague, September 2007

For the consensus of the FIMM Special Glossary Committee

Michael L. Kuchera

ORIGINAL FOREWORD of the GLOSSAR (1992)

The individuals instrumental in creating the Glossar document that predates the FIMM Glossary included: H. Baumgartner, H.-P. Bischoff, J. Dvorak, H. Frisch, E. Frölich, T. Graf-Baumann, A. Möhrle, M. Psczolla, J. Roex, J. Sachse, K. Schildt-Rudloff, B. Terrier, and H. Tilscher. The meetings and final glossary production were sponsored by Bertelsmann. The original Foreward is reprinted below.

Warum ein Glossar zur manuellen Medizin?

Als das Projekt «Manuelle Medizin» der Bertelsmann-Stiftung ins Leben gerufen wurde, war die Zielsetzung als «Förderung von Forschung und Lehre in der manuellen Medizin und die Verbesserung der manuellen Diagnostik und Therapie in der Patientenversorgung» definiert worden. Der äußere und teilweise auch interne Eindruck, daß der manuellen Medizin in weiten Bereichen die wissenschaftlichen Grundlagen fehlen, dafür erhebliche Meinungsveschiedenheiten über die diagnostischen und therapeutischen Verfahren zwischen den Schulen der manuellen Medizin bestehen und schließlich die Qualität der Weiterbildung unzureichend ist, hatte sich zunehmend bestätigt.

Auf der anderen Seite nahmen die wissenschaftlichen Ansätze, die biomechanischen, neurophysiologischen und fuktionell-anatomischen Grundlagen der manuellen Medizin zu untersuchen, stetig zu. Empirische Untersuchungen über diagnostische und therapeutische Techniken und deren Auswirkungen auf die Patienten wurden immer häufiger publiziert und schließlich war ein eindeutig wachsender Bedarf an manualmedizinischen Leistungen festzustellen.

Nicht zuletzt zeigte sich auch ein vorsichtiger Wandel im Bereich der Begut¬achtung von Erkrankungen und/oder Verletzungen am Bewegungsapparat, insbesondere an der Halswirbelsäule, was die Aussagen der manualmedizinischen Gutachter gegenüber denen der klassischen orthopädischen oder neurologischen Gutachter betrifft.

Stets aber blieb deutlich, daß eine uneinheitliche Terminologie und divergierende Auffassungen über verschiedene diagnostische und therapeutische Techniken zwischen den Schulen und ihren Repräsentanten einerseits und anderseits noch stärker gegenüber den benachbarten Fachgebieten das Verstehen und die Akzeptanz der manuellen Medizin erschwerten.

Der Vorwurf der mangelnden Wissenschaftlichkeit, der fehlenden Transparenz und der Uneinheitlichkeit war die logische Konsequenz.

Zahlreiche Publikationen in zwischenzeitlich renommierten Verlagen, in Form von Lehrbüchern, Atlanten, Checklisten, Monographien und Zeitschriften in deutscher und englischer Sprache bestätigen das Gesamtbild.

So mußte zwangsläufig am Anfang der Arbeit des Projektes «Manuelle Medi¬zin» der Bertelsmann-Stiftung der Versuch stehen, Konsens über eine einheitliche Terminologie und die von allen Schulen anerkannten manualdiagnostischen und therapeutischen Verfahren zu finden.

Die Arbeitsgruppe Konsensus wurde gebildet, der je 2 Vertreter der beteiligten Schulen angehörten, um diese Aufgabe zu bewältigen. Die meisten der Beteiligten hatten selbst Lehrbücher oder Monographien zur manuellen Diagnostik und Therapie in verschiedenen Verlagen publiziert, alle waren Lehrer in ihren Schulen bzw. Fachgesellschaften.

In 5 drei- bis viertägigen Klausurtagungen wurden zum Teil in schwierigen und kontroversen Diskussionen die Grundlagen für dieses Glossar erarbeitet.

Es soll natürlich in keiner Weise die existierenden Lehrbücher ersetzen, sondern vielmehr Basis für die Einheitlichkeit der Darstellung der manuellen Medizin in der Zukunft sowie Grundlage wissenschaftlicher Fragestellungen und deren Lösung sein und nicht zuletzt die Beurteilungskriterien in der Begutachtung erleichtern.

Von den darin dargestellten Auffassungen in den einzelnen Lehrkonzepten der Schulen abweichende Bestandteile müssen nicht automatisch obsolet sein. Sie bedürfen vielmehr der genaueren Untersuchung und Bestätigung oder Verwerfung.

Demzufolge wird auch dieses Glossar im Laufe der weiteren Entwicklung der manuellen Medizin in Forschung, Lehre und Umsetzung Änderungen, Streichungen und Ergänzungen erfahren.

Freiburg, im September 1991

für die AG Konsensus

Toni Graf-Baumann

FIMM extends special thanks to the Osteopathic Research Center at the University of North Texas Health Science Center – Texas College of Osteopathic Medicine for their unrestricted educational grant to advance the common language of science and education in the field of neuromusculoskeletal medicine.

1 **active motion** [articulaire active | aktive Bewegung] (18)
A change of position produced voluntarily by the patient.

2 **active range-of-motion** [amplitude articulaire active | aktiver Bewegungsumfang] (20)

3 **anatomic motion barrier** (92)
Maximal passive range of motion in a joint or spinal segment about one of the three major axes (three coordinate systems, x,y, z). Movement beyond the anatomic barrier will always result in pathologic-structural changes. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

4 **articular angular motion** (84)
The rolling-gliding physiologic motion of a joint or spinal segment whose direction is determined by the joint anatomy along with the arrangement of the ligaments and muscles. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

5 **articular translatory motion** (85)
The small degree of passive motion that a joint or spinal segment can undergo without an angular component being present. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

6 **articulation** (52)

7 **blockage** [blocage | Blockierung] (39)
Usually used to describe a reversible hypomobile articular dysfunction including decreased or loss of joint play. The blockage can exist in up to three planes of motion. It isexplained today as the segmental spondylogenic or neuromuscular nocireaction to an excessed afference to the wide-dynamic-range-neuron (so-called spinothalamic neuron of convergence).

8 **capsular pattern of joint restriction** (95)
Irritation of the joint capsule or the synovium producing characteristic, proportional limitation of movement. Different joints have different patterns of capsular limitation.

9 **Chiropractic (DC)** [chiropratique (DC), la | Chiropraktik (DC)] (9)
A health care profession with emphasis on manual techniques performed by persons with different levels of training.

10 **combined motions** [mouvements combinés | Kombinationsbewegungen] (27)
Three dimentional motion of a vertebral unit, a vertebral group, or peripheral joint.

11 **concave rule** (89)
Applies to joints in which the distal joint partner has a concave articular surface. If angular mobility is restricted due to changes in the joint itself, mobilization without impulse is used following the direction of joint restriction. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/188, George Thieme Verlag, pp.2-6.*

12 **concentric muscle contraction** [contraction musculaire concentrique | konzentrische Muskelaktivierung] (74)
Contraction of muscle resulting in approximation of attachments.

13 **contraction** [contraction | Kontraktion] (65)
Neurophysiological shortening and/or development of tension in muscle.

14 **contracture** [contracture | Kontraktur] (66)
A condition of fixed high resistance to passive stretch of a muscle, resulting from fibrosis of the tissues supporting the muscles or the joints, or from disorders of the muscle fibers.

15 **convergent motions (of apophysial joints)** [mouvements de convergence (au niveau des articulations intervertébrales postérieures) | Konvergenzbewegung der Wirbelgelenke] (23)
Increasing overlap of two gliding joint facets.

16 **convex rule** (88)
Applies to joints in which the distal joint has a convex joint surface. If angular movement is restricted due to changes in the joint itself, mobilization without impulse is used with the mobilization direction being opposite to that of the restricted mobility. *Manual Medicine - Therapy, Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

17 **counter-nutation** [contre-nutation | Gegennutation] (31)
Dorsal and cranial motion of the sacral base.

18 **coupled motion** [mouvement couplé | gekoppelte Bewegung] (26)
Axial rotation and lateral bending of a vertebral unit are coupled eventually in relation to flexion/extension. The patterns of coupled motions are specific to the sections of the spine.

19 **current resting position** (16)
The resting position of a joint with a co-existing pathologic problem.

20 **diagnosis in Manual Medicine** [diagnostic en médecine manuelle, la | Diagnostik in Manueller Medizin] (3)
Diagnostic skills in manual medicine build upon conventional medical techniques with manual assessment of individual tissues and functional assessment of the whole system, based upon scientific biomechanical and neurophysiologic principles. *From the FIMM Policy Document.*

21 **direction of vertebral motion** [direction du mouvement intervertébrales | Bewegungsrichtung an der Wirbelsäule] (29)
Describing the motion of a vertebra in relation to another. The motion of the cephalad vertebra is described in relation to the caudad one. The motion of a vertebra is defined in relation to the cranial plane (side-bending, flexion/extension) or the ventral plane (axial rotation).

22 **divergent dotions (of apophysial joints)** [mouvements de divergence (au niveau des articulations intervertébrales postérieures) | Divergenzbewegung der Wirbelgelenke] (25)
Decreasing overlap of two gliding joint facets.

23 **eccentric muscle contraction** [contraction excentrique | Exzentrische Muskelaktivierung] (73)
Lengthening of a muscle against a variable (increasing) force.

24 **end-feel** [sensations lors de l'arrêt articulaire | Endgefühl] (33)
The perceived palpatory sensation of the quality of motion as an anatomic or physiologic restrive barrier is approached. The end-feel depends on the type and status of the tissue(s) tested.

25 **FIMM** [FIMM | FIMM] (97)
See: International Federation for Manual Medicine.

26 **free motion direction** [direction libre | freie Richtung] (82)
See: pain-free direction.

27 ***Hartspann*** [*Hartspann* | Hartspann] (59)
See: hypertonus of muscle.

28 **high velocity low-amplitude technique (HVLA)** [Impulstechnik (*HVLA*)] (50)
High velocity, low amplitude manipulative treatment. See: manipulation.

29 **HVLA** [*HVLA* | *HVLA*] (98)
See: high velocity low-amplitude technique.

30 **hypermobility** [hypermobilité | Hypermobilität] (12)
Increase in mobility resulting from congenital, constitutional, structural or functional changes of the joints or soft tissue. It may occur locally, regionally, or generalised.

31 **hypertonus of muscle** [hypertonicité musculaire au repos | muskulärer Hypertonus] (56)
A condition of excessive tone of the skeletal muscles.

32 **hypomobility** [hypomobilité | Hypomobilität] (11)
Reduced mobility resulting from structural and/or functional changes of the joints or soft tissues.

33 ***instabilité intervertebrale*** [instabilité intervertebrale | *instabilité intervertebrale*] (24)
See: segmental instability.

34 **International Federation of Manual/Musculoskeletal Medicine** [Fédération Internationale de Médecine Manuelle | Internationale Gesellschaft für Manuelle Medizin] (1)
FIMM is the Federation of national societies, worldwide, of physicians who practice Manual/Musculoskeletal Medicine. *Reference FIMM Statutes and FIMM Policy Document.*

35 **irritation point** [point d'irritation | Irritationspunkt] (63)
Nocireactive hypertonus of a segmentally innervated structure that reacts upon provocation by either intensification (movement in the painful direction) or by weakening (movement in the painfree direction). See: segmental syndrome.

36 **isokinetic muscle contraction** [contraction musculairte isocinétique | isokinetische Muskelaktivierung] (71)
Muscular contraction without change of angular speed.

37 **isolytic muscle contraction** [contraction musculaire isolytique | isolytische Muskelaktivierung] (72)
Contraction of a muscle against resistance while forcing the muscle to lengthen.

38 **isometric muscle contraction** [contraction musculaire isométrique | isometrische Muskelaktivierung] (69)
muscular contraction without change of length.

39 **isotonic muscle contraction** [contraction musculaire isotonique | isotonische Muskelaktivierung] (70)
Muscular contraction without change of load (may be concentric or eccentric).

40 **joint at the barrier** (87)
The position of the joint or spinal segment in which the joint play is the smallest; joint stability is often greatest at this position. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

41 **joint play** [jeu articulaire | Gelenkspiel] (17)
Movement within a synovial joint. That is independent of, and cannot be introduced by, voluntary muscle contraction. *Ref Mennell*

42 **locked position** [mise en position (pour un traiitement manuel) | verriegelte Stellung] (46)
Position of a joint which most greatly blocks its mobility in the direction of mobilization due to maximum overlap of the joint facets and/or tension in the soft tissues.

43 **locking** [verrouillage | Verriegelung] (47)
Procedure leading to the locked position in order to avoid undesired motions in adjacent vertebral segments or in peripheral joints.

44 **locomotor System** [système locomoteur, le | Bewegungssystem] (6)
The locomotor (or musculoskeletal) system in the context of Manual Medicine includes the muscles, aponeuroses, bones and joints of the axial and appendicular skeleton, ligaments, and those parts of the nervous system or the visceral system associated with their function. *FIMM Core Curriculum Document.*

45 **manipulation** [manipulation | Manipulation] (49)
Technique of treating joints with a high velocity, low amplitude (HVLA) thrust in order to improve function and/or decrease pain.
(In the USA and some countries, the term "manipulation" is used generally to describe all therapeutic applications of manual force.)

46 **Manual Medicine** [médecine manuelle, la | Manuelle Medizin] (2)
Manual Medicine is the medical discipline of enhanced knowledge and skills in the diagnosis, therapy and prevention of functional reversible disorders of the locomotor system. *This definition was accepted by all the members of FIMM in the year 2005. According to the country and the different linguistic customs the terms "Musculoskeletal Medicine", "Myoskeletal Medicine", "Neuromusculoskeletal Medicine", "Orthopaedic Medicine" and others are used interchangeably with "Manual Medicine".*

47 **Manual Medicine as treatment modality** [médecine manuelle comme méthode de traitement, la | Manuelle Medizin als Behandlungsmethode] (4)
Therapeutic skills add manual/manipulative techniques and advanced interventional techniques to conventional treatments for the reduction of pain or other therapeutic outcome. *From the FIMM Policy Document.*

48 **Manual Medicine techniques** [techniques thérapeutiques en médecine manuelle, les | Behandlungstechniken der Manuellen Medizin] (7)
Methods, procedures, or maneuvers taught in a recognized school of manual medicine or employed by a manual medicine physician for therapeutic purposes.

49 **manual traction levels** [traction manuelle | manuelle Traktion] (54)
A linear force acting to draw structures apart. Different traction forces applied to a joint create different manual effects:
Grade 1 (mild force): Manual traction to neutralization intra-articular pressure used as a diagnostic of pre-treatment maneuver (loosen).
Grade 2 (moderate force): Passive manual traction in order to tighten the soft tissues associated with the joint used as a pre-treatment (tighten).
Grade 3 (stronger force): Manual traction stretching up to the anatomical motion barrier used as a manual treatment (stretch).

50 **mobilization** [mobilisation | Mobilisation] (48)
Passive, slow, and usually repeated motion of axial traction and/or rotation and/or translatory gliding with increasing amplitude in order to improve restricted articular mobility.

51 **muscle energy technique (Mitchell)** [*muscle energy technic (Mitchell) | muscle energy technique (Mitchell)*] (77)
Several different osteopathic techniques. One uses post-isometric relaxation to improve joint mobility.

52 **muscular contraction** [contraction musculaire | Muskelaktivierung] (68)
See: concentric, eccentric, isolytic, isokinetic, isometric, isotonic muscle contraction.

53 **muscular imbalance** [dysbalance musculaire | Muskuläre Dysbalance] (67)
Discoordination of muscles with different actions regarding muscle tonus, stimulation and strength.

54 ***Muskelverspannung*** [*Muskelverspannung* | Muskelverspannung] (58)
See: hypertonus of muscle.

55 **myofascial trigger point** [point gachette myofascial | Myofaszialer Trigger-Punkt] (60)
A circumscribed area in a muscle which is identifiable within a taut band; palpation of which produces the patient's pain profile.

56 **neuromuscular techniques (NMT)** [techniques neuromusculaires (TNM) | neuromuskuläre Techniken (NMT)] (75)
A system of manual treatment ...
A group of manual techniques that incorporate …
Mobilization by using the contraction force of the agonists (NMT 1).
Mobilization after postisometric relaxation of the antagonists (NMT 2).
Mobilization using reciprocal inhibition of the antagonists (NMT 3).

57 **neutral position (for measurement)** [position neutre (pour la mesure) | Nullstellung (zur Befunderhebung)] (14)
Starting-point of a measurement of the range of motion of a joint (according to the neutral-zero-method).

58 **NMT** [TNM | NMT] (76)
See: neuromuscular techniques (NMT).

59 **nociception** [réaction nociceptive | Nozireaktion] (44)

60 **nodding motion** [mouvement d'acquiescement | Nickbewegung] (32)
Flexion between occiput and atlas.

61 **normal mobility** [mobilité normale | Normmobilität] (10)
Normal physiological mobility according to size, sex and age of a person.

62 **nutation** [nutation | Nutation] (30)
Ventral and caudad motion of the sacral base.

63 **Osteopathic Medicine** [médecine ostéopathique, la | Osteopathische Medizin] (8)
Osteopathic medicine is practiced by international M.D. s trained at the post-graduate level in osteopathic principles and by D.O.s in the USA. *1. ECOP Glossary of Osteopathic Terminology (2006) (www.aacom. org/om/Glossary.doc). 2. the International White Paper of the Bureau of International Osteopathic Medical Education and Affairs (2007). 3. the AOA Position Papers (2005) (www.osteopathic. org/pdf/aoa_positionindex.pdf).*

64 **pain provocation test** [douleur provoquée | Schmerzprovokation] (42)
A test which stresses the body part(s) being tested with functional or physical force in order to elicit diagnostic pain. See: provocative testing.

65 **pain-free direction (free motion direction)** [direction non-douloureuse (direction libre) | schmerzfreie Richtung (freie Richtung)] (79)
Direction of motion in which hypertonic muscle contraction at irritation points diminish.

66 **painful direction (restricted direction)** [direction douloureuse (direction restrainte) | schmerzhafte Richtung (gesperrte Richtung)] (80)
This term is used to describe the direction of motion in which nocireactive muscle contraction at irritation points is augmented.

67 **painful minor intervertebral dysfunction (DIMD)** [Dérangement Intervertébral Mineur Douloureux (DIMD) | *Dérangement Intervertébral Mineur* (DIMD)] (40)
Segmental dysfunction provoking pain not existing in normal segments by specific segmental testing of the joint-play.

68 **passive motion** [articulaire passive | passive Bewegung] (19)
A change of position induced by the physician while the patient is relaxed.

69 **passive range-of-motion** [amplitude articulaire passive | passiver Bewegungsumfang] (21)

70 **pathologic motion barrier** (93)
Diminished active and passive motion in segmental or peripheral-articulat structures secondary to pathologic processes. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

71 **peripheral articular dysfunction** [dysfonction articulaire périphérique | periphere artikuläre Dysfunktion] (34)
Articular dysfunction is an alteration of the normal or physiological articular function in the sense of hypo- or hypermobility. Such dysfunction may be reversible or not.

72 **physiologic motion barrier** (91)
Maximal active range of motion about one of the three major axes (three coordinate systems, x, y, z). *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

73 **point of Sell** [point d'irritation selon Sell | Sell'scher Irritationspunkt] (62)
See: irritation point.

74 **post-isometric muscle energy technique** [*post-isometric muscle energy technique | post-isometric muscle energy technique*] (94)
See: neuromuscular techniques, NMT, muscle energy technique (Mitchell).

75 **present neutral position** [aktuelle Ruhelage] (86)
That position of the joint or spinal segment in which joint play and joint volume are greatest; normally, joint pain intensity is smallest at the present neutral position. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

76 **prevention in Manual Medicine** [prévention en médecine manuelle, la | Prävention in Manueller Medizin] (5)
Patient involvement in the therapeutic activity, resulting from the detailed diagnosis, helps in the prevention of recurrence of somatic dysfunction. *FIMM the Policy Document.*

77 **provocative testing** (90)
Induced specific and well-localized mechanical stress to specific parts of the locomotor system designed to cause nociceptivereactions capable of changing patient pain perception, muscle tone, and/or autonomic function. *Manual Medicine - Therapy: Schneider W, Dvorak J, Dvorak V, Tritschler T. (Gilliar/Greenman), 1986/1988, George Thieme Verlag, pp.2-6.*

78 **pseudoradicular syndrome** [syndrome pseudo-radiculaire | pseudo-radikuläres syndrom] (37)
Nocireactive segmental supraradicular pain syndrome which causes a multisegmental response which is not directly due to the irritation of the nerve. Paresthesias are usually present but sensory and motor paralyses are not.

79 **reflex phenomena of reversible dysfunctions** [manifestations réflexes des dysfonctions réversibles | reflektorische Phänomene bei reversiblen Dysfunktionen] (43)
Findings of varying intensity in joints, myofascial structures, autonomic functions, and in skin sensibility.

80 **resting position** [position de repos | Ruhestellung] (15)
Position within the range of motion of a joint with maximum relaxation of the soft tissues associated with the joint and minimum receptor activity. May be physiological or pathological.

81 **restricted direction** [direction restrainte | gesperrte Richtung] (81)
See: painful direction.

82 **reversible dysfunction** [dysfonction réversible | reversible Dysfunktion] (36)
A peripheral articular or segmental dysfunction is responsive to manual medicine techniques in the sense of improved or restored function. Manual medicine deals primarily with the diagnosis and treatment of reversible dysfunction.

83 **rule of the pain-free direction** [règle de la non douleur et du mouvement contraire | Regel der schmerzfreien Richtung] (83)
Consists in manipulating towards the pain-free and not towards the painful direction.

84 **segmental celluloperiosteal myalgic syndrome** [syndrome cellulo-périosto-myalgique segmentaire | *syndrome cellulo-périosto-myalgique segmentaire*] (41)
Painful minor intervertebral Dysfunction causes reflex reactions within the same metamer leading to spinal somatic dysfunction ("Syndrome cellulo-périosto-myalgique segmentaire").

85 **segmental Dysfunction** [dysfonction articulaire vertébrale | segmentale Dysfunktion] (35)
Segmental dysfunction is an alteration of the normal or physiological vertebral segmental function in the sense of hypo- or hypermobility. Such dysfunction may be reversible or not.

86 **segmental instability** [instabilité segmentaire | segmentale Instabilität] (13)
Pathological changes of the biomechanical axes of mouvement in one vertebral unit.

87 **segmental syndrome** [syndrome segmentaire | Segmentales Syndrom] (61)
Findings associated with mapping by various authors and schools with related to segmental dysfunction. *Sell Irritation Points (see …*
Dvorak Irritation Zones (see …
Maigne (Syndrome cellulo-periosto-teno mialgique) etc.

88 **sign of the buttock (Cyriax)** (96)
A pathologic finding in which passive hip flexion is more limited and more painful than a straight-leg raise.

89 **soft tissue treating techniques** [techniques de traitement des tissus conjonctifs | Weichteiltechniken] (78)
- Inhibition technique using digital compression for one minute of a tender point.
- Deep transverse friction: strong friction of a structure thought to be malfunctioning (e.g. muscle, tendon).
- Stretching in a direction perpendicular to the muscle fibers without tightening the skin.

90 **somatic dysfunction** [dysfonction somatique | somatische Dysfunktion] (38)
Impaired or altered function of related components of the somatic system (skeletal, arthrodial, myofascial) and related neural, vascular and lymphatic elements. Somatic dysfunction is a reversible dysfunction.

91 **springing** (53)

92 **starting position (for manual treatment)** [mise en position (pour un traiitement manuel) | Behandlungsstellung] (45)
Position of patient and physician to start a manual treatment.

93 **thrust** [impulsion | Impuls] (51)
See: manipulation.

94 **traction** [traction | Traktion] (55)
A linear force acting to draw structures apart.

95 **translatory gliding** [translation par glissement | translatorisches Gleiten] (22)
Parallel motion of a joint surface in relation to its partner.

96 ***vermehrte Ruhespannung*** [*vermehrte Ruhespannung* | vermehrte Ruhespannung] (57)
See: hypertonus of muscle.

97 **vertebral unit** [Wirbelsegment] (28)
Two adjacent vertebrae with their associated intervertebral disc, arthrodial, myofascial, vascular, and neural elements. The vertebral unit provides a frame of reference for segmental motion.

98 **zone of irritation** [zone d’irritation | Irritationszone] (64)
A painful reflex phenomenon with tissue texture change elicited by palpation indicating a reversible segmental dysfunction. Painful swellings tender upon pressure, and detectable with palpation, located in the musculofascial tissue in topographically well-defined sites. See: segmental syndrome.