# Rapid Structural Screen Workshop

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I. Overview

A. Protocol

1. Perform the Rapid Structural Screen (RSS) to identify the Significant Somatic Dysfunctions (SSDs)
2. Perform a Second Look to diagnose the SSDs
3. Treat the SSDs
4. Repeat the Rapid Structural Screen to determine if the SSDs have resolved or if new ones appear

B. 10 Steps of the RSS

1. Observe gait
2. Perform a Standing Flexion Test
3. Perform a Seated Flexion Test
4. Perform a Spinal Sweep
5. Assess for Vertebral Tender Points
6. Assess the Paraspinal Musculature
7. Perform a Rib Sweep
8. Assess Respiratory Rib Motion
9. Assess for Rib Tender Points
10. Observe for Supine Body Asymmetry

II. Steps of the Rapid Structural Screen

A. Observe Gait

1. Watch the patient walk from the front, back, and sides
2. Observe for asymmetries in:
   a. Arm swing
   b. Leg swing
   c. Foot in-flare or out-flare
   d. Shoulder heights
   e. Hand carriage
   f. Heel/toe strike
### B. Perform a Standing Flexion Test

1. Locate the PSIS Landmarks
2. Physician places thumbs on the PSIS and index fingers atop the iliac crests
3. Patient stands with feet 6-8 inches apart pointing straight forward and knees locked
4. Have patient bend forward slowly at the waist
5. Monitor motion of the thumbs
6. Positive Side:
   a. PSIS that moves farthest

### C. Perform a Seated Flexion Test

1. Have patient sit squarely on the table with feet touching the floor if possible
2. Locate the PSIS landmarks
3. Physician places thumbs on the PSIS and index fingers atop the iliac crests
4. Have the patient bend forward slowly at the waist
5. Monitor motion of the thumbs
6. Positive side:
   a. PSIS that moves farthest
D. Perform a Spinal Sweep

1. Have the patient cross his/her arms across his/her chest
2. The physician asks the patient to slump forward and lower the head
3. Physician places hand horizontally on the spine with fingertips contacting the spinous processes
4. Sweep from top to bottom
5. Make note of any flat spots and areas that appear excessively angled forward
   a. Excessively Angled Forward Areas = Flexed SDs
   b. Flat Spots = Extended SDs

E. Assess for Vertebral Tender Points

1. For Excessively Angled Forward Areas (Flexed SDs)
   a. Probe down the midline of the sternum from the jugular notch to the xiphoid process
   b. Concentrate on the area adjacent to the area of the sharpest angling forward
2. For Flat Spots (Extended SDs)
   a. Probe along the tips of the spinous processes just left and right of center
   b. Assess along the full length of the flattened areas noted on the spinal sweep
   c. Concentrate on the “divot”
F. Assess the Paraspinal Musculature
1. Assess for tissue texture abnormalities with your thumbs in a “bow-string” fashion
2. Take note of any:
   a. Bogginess
   b. Ropiness
   c. Excessive moisture
   d. Dryness
   e. Tension
3. Assess for temperature changes with the back of the hand

G. Perform a Rib Sweep
1. Have the patient cross his/her arms across her chest and fully slump forward with the head lowered
2. Place your fingertips on the rib angles at the level of the superior medial border of the scapulae
3. Sweep the rib angles from top to bottom
4. Observe for any ribs that feel more posterior compared to the others
### H. Assess Respiratory Rib Motion

1. Have the patient raise his/her arms (full abduction)
2. Physician spreads the fingers wide and places his index fingers high into the axillary areas
3. Firmly grasp the rib cage with fingertips along the mid-axillary line
4. Have the patient fully exhale and then slowly inhale deeply and then slowly fully exhale
5. Observe for rib groups that move poorly into inhalation or exhalation
   a. Move poorly into inhalation = Locked Down Ribs
   b. Move poorly into exhalation = Locked Up Ribs

### I. Assess for Rib Tender Points

1. For Locked-Up Ribs
   a. Assess for rib angle tender points
   b. Concentrate on the lowest rib of the group and work up
2. For Locked-Down Ribs
   a. Assess for mid-axillary line tender points
   b. Concentrate on the highest rib of the group and work down
J. Observe for Supine Body Asymmetry

1. Stand at the head of the table and look down at the patient
2. Assess for asymmetry of:
   a. Midline head position
   b. Shoulder forward position
   c. Upper thoracic position
   d. Lower thoracic position
   e. Pelvis ASIS height (rotation)
   f. Thigh height
   g. Knee flexion
   h. Midline foot position (lower extremity internal or external rotation)
3. 12 important CCP findings
   a. Head side-bent right
   b. C2 R,S
   c. T1 R,S
   d. Right infraclavicular area concave and easily compressible
   e. T2-6 NS,R
   f. TL shift left (lower ribs more prominent on the left)
   g. LP roll right (pelvis looks rotated right)
   h. Iliac crest high on left
   i. Innominate rotation: Posterior Left, Anterior Right
   j. Left on Left Forward Sacral Torsion
   k. Left arm short
   l. Right leg short (right knee flexed) and externally rotated

III. Second Look

A. Significant Somatic Dysfunctions

1. A Significant Somatic Dysfunction may:
   a. Make the patient more prone to disease
   b. Increase your suspicion that the patient has a disease
   c. Cause pain
2. Indicators of a Significant Somatic Dysfunction
   a. Type I SDs that generate uncompensated fascial patterns
      i.e. any Type I SD other than T2-6 NS,R, which is CCP
   b. Type II SDs
   c. Backward sacral torsions, unilateral flexions, unilateral extensions
   d. Innominate up-slips, down-slips
e. Posterior ribs associated with one or more TPs
f. Deviations from CCP

### B. Perform a Second Look

1. If you found Lower Extremity asymmetries, diagnose the lower extremities
   a. Evaluate for tender points
      i. Most common: Hamstrings, Gastrocnemius, Soleus, Adductors
   b. Evaluate lower extremity joint motion (i.e. restricted internal rotation)
   c. Assess for leg length abnormalities
2. If the Standing Flexion Test was positive, diagnose the innominates
   a. Anterior/posterior rotations and their associated tender points
   b. Up-slips
   c. In-flare/out-flare
   d. Pubic dysfunctions
   e. Combination of SDs involving one innominate
3. If the seated flexion test was positive, diagnose the sacrum
   a. Sacral tender points
   b. Look for Backward Torsions, Unilateral Flexions, Unilateral Extensions
4. If you found multiple elements of ATTR in the spine, diagnose those specific spinal regions
   a. Look for Type II and uncompensated Type I SDs
5. If you found multiple elements of ATTR in the rib cage, diagnose the specific ribs involved
   a. Identify any posterior ribs and associated tender points
   b. Identify any respiratory rib dysfunctions, the key rib, and any associated tender points
6. If you identified deviations from CCP on the supine examination, diagnose those areas
   a. LP Roll
   b. TL Shift
   c. Thoracic Inlet

### C. Documentation

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<th>SSDs Found</th>
<th>Reasoning</th>
<th>Treated With (SCS, ME, HVLA, etc.)</th>
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|            | Asymmetry ___  
             | Tenderness ___  
             | Tissue Texture Changes ___  
             | Restricted ROM ___  |