Contributions of Paul Kimberly: Providing A Bridge Across Generations

Michael L, Kuchera, DO, FAAO, FNAOME
Professor, Department OMM
Marian University College of Osteopathic Medicine

Paul Kimberly, DO, FAAO, FCA

“The Golden Thumb”

“Tall Paul”
Also 1st President of The Cranial Academy; 1946
Paul Kimberly, DO, FAAO, FCA
Des Moines 1940

Bona Fides
• Clinician – Teacher – Scientist - International Ambassador
  • Many years faculty at Des Moines (Chair, Anatomy & Neurology)
  • Good friend of & taught with Fred Mitchell, Sr (Muscle Energy) & AAO
  • Private Practice in St. Petersburg
  • 1974-80: KCOM Steuenberg Professor (Endowed Chair)
  • FAAO: Formulating a prescription for osteopathic manipulative treatment.
  • Kimberly Manual (But also texts & chapters on cranial & MET)
  • With Greenman & Ward, “crashed” a FIMM meeting → 1978 International Workshop for Teachers of Manual Medicine

Involvement AAO & FIMM: Told impressionable young students to actively participate in their local, state, national & international specialty societies.

Legacy of Taxonomy & Clarity
• Taxonomy he laid out is used today
  • Methods, Activating forces, etc
• Method for teaching techniques
  • Step-by-step technique “recipes” with biomechanical functional links
  • Use of fellows to modulate clarity with rewrites

Tested using an OMM Teaching Fellow, Robert Clark, DO for performance feedback
• Examples in this presentation
• Credit in Glossary for “Combined Method” concept

… if a fellow couldn’t follow the description, what chance would a student have?
“All these apparently divergent approaches to somatic dysfunction have their place. The key is an accurate diagnosis, good physician judgment as to dose and frequency, and a sufficiently broad armamentarium to be able to select the method and the activating force (procedure) specifically designed to fit the situation.”

Kimberly (1980): Formulating a prescription for osteopathic manipulative treatment (JAOA)
Paul Kimberly, DO, FAAO, FCA
Bridging the Generations

Workshop Content: Sampling

1. Muscle Energy
   • Lab: Ruddy Rapid Resistive Duction
   • Lab: Inspired by Mitchell Sr & his Motion Cycle of Walking

2. “Neurolymphatic Points” – A Hint
   • Pearl Derived: From Chapman to Kirksville

3. Combinations
   • Kimberly Unique Approaches … Unlocking “pieces”
   • Lab: Indirect method with PIR muscle energy activation

Muscle Energy Contributions

• The Stories
  • Ruddy → Mitchell
  • AAO Teaching

OMT: Ruddy Rapid Resistive Duction Method
Thomas Jefferson Ruddy, MD, DO

Ruddy was an MD-DO physician & surgeon specializing in otorhinolaryngology & ophthalmology. He created eye exercises, popularized Muncie & manual eustachian techniques as well as ocular manual techniques to improve lymphatic drainage in EENT.

Ruddy believed this osteopathic manipulative (OMT) technique helped with circulation and muscle tone.

Credits inspiration by both Mitchell, Sr (MET) & Jones (Counterstrain)

TJ Ruddy
His legacy also lives on

LAB: Ruddy Rapid Resistive Ducton

Ruddy Costal Articulatory Technique (2) Rib Cage Function; (3) Pump; (4) Local Movement

Ruddy Resistive Ducton Use: Rib Dysfunction (SD: Exhalation / Inhalation / Structural); Pump

- Rib 1-2 Scalenes ("lift head")
- Rib 3-5 Pectoralis Minor ("wing")
- Rib 6-8 Serratus Anterior ("elbow toward ceiling")
- Rib 9-11 Latissimus Dorsi ("elbow to hip")
- Rib 12 Quadratus Lumborum (prone position, hip anterosuperior)

Concentric Muscle Energy Pump & Articulatory Ruddy Version
Chapman Reflex Contributions

- The Stories
  - Mitchell-Chapman Relationship
  - The “Lost Course”
  - Kirksville Re-Launch & the Kuchera’s

Kimberly interaction at KCOM with Korr & Denslow (& teaching it, “bridged” Chapman system back into mainstream teaching)

Chapman Chart
(No Lab ... Just a “Neurolymphatic Point” Hint)

Just under rib where neurovasculo-lymphatic bundle pierces fascia
**Muscle Energy Contributions**

- **The Stories**
  - Mitchell’s Motion Cycle of Walking (1955-6)
  - “Tall Paul” … but *always* someone bigger!
  - Combining & innovating

**Innominate Rotations OMT**

There is Always Someone Bigger!

- **For Anterior Innominate**
  - Standing—direct method—articulatory, patient cooperation

- **For Posterior Innominate**
Innominate Rotations OMT
There is Always Someone Bigger!

Standing—direct method—articulatory, patient cooperation

On Anterior Innominate side start with foot in front

Contact ASIS & Ischial Tuberosity

Rotate Posteriorly

Squat down; hold strong

1. Patient sits with his/her legs hanging off the table and the physician kneels or sits between the patient’s legs facing the dysfunction
2. Physician lays the palm of his/her hand on the medial side of the patient’s proximal tibia with the fingers around its posterior aspect and the thumb bridging the medial joint space to monitor motion and create posterolateral glide
3. Physician grasps the patient’s foot and ankle with the other hand to apply traction and internal rotation of the leg
4. Internal rotation and posterolateral glide are carried to the point of balanced ligamentous tension
5. Patient is instructed, “Turn your foot outward” while the physician offers isometric counterforce
6. Physician has the patient maintain the force long enough to sense that the patient’s contractile force is localized at the knee joint (typically 3-5 seconds)
7. Patient is instructed to gently cease the directive force and the physician simultaneously ceases his/her counterforce
8. Physician waits for the tissues to relax completely (about 2 seconds) and then moves the leg to the point of ligamentous balance
9. Steps 5-8 are repeated until the best motion is obtained (average is 3 times)
10. Recheck

Tibia internal rotation with posterolateral glide
Seated—indirect method
(Combined)—ME (isometric) (4626.11B)
LAB: Combining Indirect Method with PIR Muscle Energy

Example: Internal rotation of the tibofemoral joint with posterolateral glide of the tibial plateau

• Set up to indirect balance point (as would for BLT) - Internally rotate & add posterolateral glide
• Instruct patient to externally rotate against isometric resistance (Normal MET protocol)
• Find new indirect balance point

His Legacy Lives On … Passing it On

1. Clinician
2. Teacher
   – COMs
   – AAO
   – Books (Versions including electronic [Halma])
   – Bringing the best out of other teachers; SYNERGY
   – Creating / Inspiring students to become teachers
3. International Ambassador
4. Mentor …

Share & Advance the Legacy of Your Mentors

Thank you Academy!
Marian University College of Osteopathic Medicine