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Which Chiropractic technique should a Chiropractor choose? A Reflective Commentary on patient individuality, neuromuscular skills and the art of adjustment

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Background: Chiropractic students are exposed to multiple technique systems during their education and often ask: '*Which chiropractic technique should I choose*?' and, more personally, '*Why did you decide to practice the Gonstead technique*?' This question cannot be answered by simple reference to a single factor such as philosophy, evidence, or tradition.

Objective: To present a reflective, practice-based commentary on chiropractic technique selection, informed by the author's experience of adopting Gonstead as a primary technique. The paper explores three central themes: (1) the primacy of patient individuality and health history; (2) the role of patient preferences and shared decision-making; and (3) the importance of the chiropractor's own neuromuscular skill development, professional 'fit' and philosophy with the technique.

Method: narrative and conceptual discussion based on the author's background, clinical and teaching experience, integrated with literature on Chiropractic technique, psychomotor learning, patient-centred care, and clinical outcomes. No new empirical data were collected.

Discussion: Current evidence does not support any single named Chiropractic technique as uniformly superior. Outcomes appear to be influenced by patient characteristics, therapeutic alliance, clinician competence, and contextual factors rather than the label of the system alone. Developing high-level neuromuscular adjustment skills within a chosen framework are fundamental for safe, precise and reproducible care. When a technique resonates with the Chiropractor's physical abilities, values, Chiropractic philosophy, and sense of 'innate', and is matched to each patient's history, condition and preferences, the adjustment is more likely to be delivered dynamically, precisely and with finesse.

Conclusion: Technique choice should not be dictated by dogma or fashion. Instead, it should emerge from an ongoing, reflective process that integrates: (1) individual patient characteristics and health history; (2) patient preference and shared decision-making; (3) evidence and safety; and (4) the Chiropractor's own neuromuscular competence and experiential congruence with the philosophy and the technique. How the Chiropractor feels when practicing a specific technique is a legitimate, though under-discussed, factor that deserves more explicit attention in chiropractic education and professional discourse.

Indexing terms: Chiropractic technique; Gonstead; Diversified; neuromuscular skills; psychomotor learning; spinal manipulation, clinical decision-making; patient-centred care; professional identity.



> *… The key is not that we all choose the same technique, but that we each choose, and continually refine, the approach that allows us to serve our patients safely, effectively and authentically …'*

Introduction

During Chiropractic training, students are exposed to a wide array of adjusting systems and analytic frameworks, including but not limited to Gonstead, Diversified, Toggle, Blair, Thompson, Activator, Sacro-Occipital Technique (SOT), and sometimes flexion-distraction methods such as Cox's Flexion-Distraction Table. In this environment, a recurring question inevitably arises: which Chiropractic technique should I choose? For many, this evolves into a more personal question directed to instructors and clinicians: how did you decide to practice this technique, and why?

As a teacher and practitioner, I have been asked countless times why I decided to practice primarily using the Gonstead technique. Early in my career, I tried to answer with a single, tidy explanation: perhaps a powerful patient outcome, the philosophy of the Gonstead system, an inspiring mentor, or a compelling seminar. Over time, it became clear that no single answer suffices, instead, my choice of Gonstead emerged as the outcome of multiple, interacting influences: my understanding of the philosophy, science, art of Chiropractic, clinical identity, my own neuromuscular development, individual patients and their responses, and an evolving sense of congruence between how I adjust and how I understand health.

The central proposition of this commentary is that there is no universal 'best' Chiropractic technique. Rather, the technique of choice should be rooted in four pillars: the individuality of each patient, including their health history, clinical presentation, risk profile and goals; the patient's informed preferences and expectations; the evidence regarding benefits and risks and accepted safety guidelines; and the Chiropractor's neuromuscular skill set, body mechanics, and personal experience of practising a technique, 'how it feels' to deliver care in that style.

I further argue that how a Chiropractor feels when using a given technique, physically, cognitive and philosophically, is not a trivial detail but an important component of effective and sustainable practice. When a practitioner is technically proficient and feels 'at home' in a given method, the adjustment is more likely to be delivered in a way that is dynamic, precise and with finesse. I would describe this as working harmoniously with our own innate and with the patient's innate healing capacity.

This article is structured as a reflective commentary rather than an empirical study. It integrates my personal journey into Gonstead practice with current literature on Chiropractic technique use, patient-centred care, psychomotor learning and clinical decision-making. While my path has led me to Gonstead as a primary framework, the principles discussed are deliberately broader and applicable to chiropractors who my choose other technique as their central mode of practice.

Diversity of Chiropractic techniques and evidence landscape

Chiropractic has generated a surprisingly large number of named techniques over its relatively short history. Practice surveys consistently demonstrates that most Chiropractors use several techniques in daily practice, with Diversified, Gonstead, Thompson, Activator, Toggle and flexion-

distraction prominently represented in Western countries. (1, 2, 3, 4) For example, a national survey of Australian Chiropractors reported a broad mixture of methods, with most clinicians drawing from more than one system depending on the clinical situation. (4)

Despite this diversity, many techniques share a common therapeutic core: the application of spinal manipulation or high-velocity, low-amplitude (HVLA) thrusts to specific segments or joints, often combined with low-force procedures, soft-tissue work and patient education. Systematic reviews indicate that spinal manipulation, when appropriately applied, can be effective as part of the management of low back pain, neck pain and some headaches disorders. (5, 6, 7, 8, 10) Clinical practice guidelines for spinal pain include spinal manipulation as one of several recommended no-invasive options. (6, 7, 19)

However, a crucial limitation is that research rarely compares named Chiropractic techniques head-to-head. Many clinical trials refer generically to 'Chiropractic care' or 'spinal manipulation' without specifying whether the approach was Gonstead, Diversified, or another system, nor how faithfully any particular protocol was followed. (9) Comparative effectiveness studies of different manual methods, such as manipulation versus mobilisation, or manual versus instrument-assisted thrust, generally show modest differences with inconsistent superiority of one approach over another. (11, 12)

Taken together, current evidence support several points. First, spinal manipulation is a reasonable option for certain musculoskeletal conditions when uses judiciously and a part of a broader management plan. (5, 6, 7, 8, 10) Second, no single named Chiropractic technique has shown to be universally superior across all conditions and population. Third, outcomes are influenced not only by the manual procedure itself, but also by the therapeutic alliance, patient expectations, contextual factors and clinical skill. (13, 14, 15, 18)

> Therefore, when students ask which technique is best, the literature does not justify a single, definitive answer. Rather than a technique hierarchy, we see a landscape in which many methods can be used effectively when appropriately matched to patient needs and when implemented by a competent, reflective practitioner.

Patient individuality and health history as primary determinants

In daily practice, patients rarely present as textbook examples. They bring a unique combination of biological, psychological and social factors, including age, comorbidities, previous trauma, surgery, bone density, movements fears, workplace demands and family obligations. (19, 21) From a clinical reasoning standpoint, these factor directly influence technique selection.

Key considerations include safety and risk; for example, patients with osteoporosis, anticoagulant use, inflammatory arthropathies or significant neurological deficits may not be suitable for certain HVLA thrusts; especially in vulnerable regions. (22, 23, 24) Tolerance of positions and vectors also matters. Some patients struggle with prone, supine or side-lying position due to pain, obesity, pregnancy, dizziness or vestibular symptoms. (25) This may limit the use of certain set-ups typical of techniques like Gonstead or Diversified.

The stage and irritability of the condition also guides technique choice. An acute, highly irritable presentation may call for a more gentle approach initially, with progression towards specific HVLA procedures as symptoms settle. Functional goals are another consideration; a young athlete seeking rapid return to sport may have different needs and expectations than an older person managing chronic pain alongside multiple comorbidities.

Modern guidelines emphasise individualised, patient-centred reasoning rather than rigid adherence to a single technique algorithm. (6, 7, 19) In practice, this means that the question '*Which technique should I choose*?' must always be attached to '*for this patient, with this history, at this time*?' Even as a primarily Gonstead practitioner, my decision to use a standard Gonstead set-up, a modified contact, force, speed or depth, and a different adjustment table at all is driven first by the patient's history and presentation.

In this sense, the patient is not a passive recipient of a pre-selected technique, but the central determinant of what is clinically acceptable at that visit.

Patient preference and shared decision-making

Beyond clinical findings, patients bring clear preferences, beliefs, and prior experiences to the consultation. The shift towards shared decision-making in health care emphasises that treatment decisions should integrate clinical evidence, clinician expertise and patient values. (26, 27, 28) In Chiropractic practice, this includes preferences about whether they are comfortable with audible cavitation, whether they fear particular regions being adjusted (specially the cervical spine), experiences with previous Chiropractors or manual therapists, and cultural beliefs about what constitutes 'real' Chiropractic. (29, 30)

Some patients explicitly request 'traditional' manual adjustments. Others ask to avoid any 'cracking' and prefer instrument-assisted or low-force techniques. Qualitative research suggests that feeling heard and involved in decision-making contributes positively to patient experience and can influence adherence and outcomes. (14, 15, 31)

From an ethical and practical perspective, when there is more than once clinically reasonable option, patient preference should be invited and respected. This may mean that, even if I believe a particular Gonstead adjustment would be appropriate, I may be required to explain the patient clearly the options within the technique. I may even modify the approach if the patient is clearly uncomfortable or fearful of the approach. At other times, a patient who has responded very well to a specific Gonstead listing or set-up in the past may strongly prefer to continue with that method. Either way, it should be important to highlight that a Chiropractic technique is not 'recipe-like'. To the contrary, it is something dynamic.

Over time, patterns in patient preferences can also shape how a Chiropractor practices. If the technique I apply most often is also the one that patients find acceptable, helpful and congruent with their beliefs, this method naturally becomes central in my daily work and identity as a Chiropractor.

Neuromuscular skills and psychomotor learning:
the embodied side of technique choice

A Chiropractic adjustment is an intricate neuromuscular act. It involves whole-body coordination, fine motor control, timing, tactile sensitivity and postural stability. (32, 33, 34) These abilities are not fully formed when students enter Chiropractic school; they are painstakingly acquired through deliberate, supervised practice.

Chiropractic curricula devote extensive hours to technique training, (36, 36) implicitly recognising that psychomotor competence is essential for safe and effective care. Motor learning theory describes a progression from a cognitive stage, where movements become more coordinated; to an autonomous stage, where the skill becomes more automatic and fluid. (32, 33, 34) Within this framework, Chiropractic technique represents a complex skill set rather than a simple procedure.

It requires mastery of specific set-ups, contacts, and lines of drives; the ability to grade force and speed according to patient characteristics; efficient ergonomics to protect theChiropractor's own joints and soft tissues; (39) and integration of visual, kinaesthetic and tactile feedback to judge segmental motion and end-feel. (37, 38)

Crucially, these skills are partly technique-specific. While core principles apply across systems, the neuromuscular pattern needed for a Gonstead cervical chair adjustment differ from those used in a Thompson pelvic drop or an Activator protocol. As students and clinicians repeat thousands of adjustments, their neuromuscular system effectively learns the language of the particular technique.

> In my development, practicing Gonstead set-ups and thrusts over years rather than weeks gradually produced what I can describe as a neuromuscular home base. My stance, hand contacts, vector of drive and timing began to feel natural and reproducible. Palpation of listings, segmental motion and post-adjustment changes felt clearer through this familiar framework. However, the learning curve or improving, acquiring better skills do not stop, and we continue learning, evolving and becoming more efficient through practice.

When a Chiropractor reaches this stage of proficiency, adjustments become more precise and consistent. Patients sense the practitioner's confidence and calmness, the Chiropractor's cognitive load during each adjustment decreases, and both practitioner and patient are less likely to experience strain or injury. (39) From this perspective, technique choice is inseparable from neuromuscular skill development. A technique that a Chiropractor practices deeply and often, and that fits their body type and movement patterns, and resonates philosophically, will almost inevitably feel more secure and effective than one they only use occasionally.

This is one major reason that, over time, I gravitated towards Gonstead as my primary method: it was the approach in which my cognitive and neuromuscular capabilities matured most fully.

Professional identity, innate and the Chiropractor's subjective experience

Technical proficiency is not the entire story. Chiropractors also develop a sense of professional identity that integrates values, philosophy, personal history and lived experience. (42, 43) Many practitioners report that certain techniques resonate more strongly with who they are as clinicians and as people.

In Chiropractic's historical language, this is sometimes framed in terms of innate intelligence. Interpretations of this concept vary widely and remain controversial, (41) but clinicians frequently recognise, in practical terms, that there is an intuitive or felt dimension to adjusting. This includes a sense of being 'in the right place' when applying a certain contact or vector, and a felt connection with the patient during and after an adjustment. There is also an internal feeling of coherence between what one believes about health and what one does with one's hands.

When a technique aligns with this internal sense, the Chiropractor may experience greater satisfaction and joy in daily practice, a feeling that adjustments are not merely mechanical but expressive acts of care. Increased creativity and adaptability within the technique framework, and reduced likelihood of burnout. The work feels meaningful rather than purely procedural. (44)

Conversely, when the primary technique one uses feels incongruent, whether due to body mechanics, philosophy, or discomfort with the level of force, the Chiropractor may experience ongoing tension or dissatisfaction, even if outcomes appear adequate. Over time, this incongruence can undermine confidence and reduce engagement with further skill development.

For me, Gonstead technique gradually became more than a set of procedures. It evolved into a clinical language that matched my own thinking about structure and function, my body mechanics, and my communication style with patients. The clearer the neuromuscular skill became, the stronger this sense of congruence. When an adjustment was delivered well within this framework, dynamic, specific, and with the minimum necessary force, it felt as though my own innate capacities and the patient's innate healing process were meeting in a shared space.

Not all chiropractors will have this experience with Gonstead. Some will find similar congruence in Diversified, Thompson, SOT, Activator, Toggle or other systems, or in a carefully constructed blend. The important point is that how a Chiropractor feels practicing a given technique is a clinically relevant factor. It influences how consistently they apply and refine that technique, how they related to patients through it, and whether they can sustain its physical and emotional demands over a career.

Technique flexibility within a primary framework

Emphasising congruence between Chiropractor and technique does not imply rigid adherence to a single method in every case. Instead, many practitioners find it useful to develop one primary technique framework in which they strive for deep mastery, while also cultivating secondary approaches for specific situations.

In my case, Gonstead analysis and adjusting form the core of my practice. Nevertheless, clinical reality often calls for flexibility. Likely, the Gonstead system offers different possibilities as well. On the other hand, some patients cannot tolerate certain positions or thrusts of Gonstead set-ups, requiring modification or even an alternative method. Highly irritable, acute cases may initially be managed with low-force or non-thrust techniques before progressing to specific HVLA adjustments. Extremity complaints may require an entirely different set-up, or non-spinal issues may benefit from approaches beyond the core Gonstead repertoire.

> This combination of depth in a primary technique and breadth in supplementary skills allows a Chiropractor to honour both the needs of the patient and their own neuromuscular strengths. It also provides a stable reference point for continuous learning: new methods can be evaluated and integrated relative to an established framework rather than adopted wholesale.

For students, an important reframing is to move from '*Which technique should I choose forever*'? to '*Which technique will I commit to mastering as my primary clinical language over the next several years*'? and '*Which additional methods do I need, at least at a basic level, to care safely and effectively for the variety of patients I expect to see*'?

Implications for Chiropractic education and professional discourse

If technique selection is understood as a dynamic interplay between patient factors, evidence, neuromuscular skill and practitioner experience, several implications arise for education and the profession.

Chiropractic programmes often present multiple technique options but may not formally support students to reflect on which techniques they feel drawn to, and why. Structured reflection via written reflections, mentorship sessions and case discussions could help students identity where their hands and body mechanics seem most at ease. Notice patterns in patient responses to different methods, articulate their evolving professional values, and how these relate to technique. It could also help to recognise that it is acceptable, and even desirable, for different chiropractors to choose different primary techniques.

Given the physical demands of adjusting, curricula should highlight motor learning principles, feedback strategies and practitioner self-care. (35, 36, 39) Incorporating video analysis, objectives for measurement where available and specific training in ergonomics can reduce the risk of chronic musculoskeletal issues among practitioners and improve the quality of care. Helping students discover which technique they can perform effectively and sustainably with their body type is a legitimate part of this process, not a secondary concern.

Within professional discourse, evidence and personal experience are sometimes pitted against each other. A more constructive stance is to recognise that evidence informs safety, indications, likely benefits and overall clinical reasoning, while practitioner experience, including how technique feel to use and refine over time, guides how the evidence is applied in real contexts.

Academic and continuing education forums that allow open discussion of both data and lived clinical experience may reduce unhelpful dogmatism about technique choice.

Given the current evidence base, it is unlikely that a single technique will emerge as universally superior. The profession may be better served by respectful pluralism, in which different Chiropractors are recognised as having legitimate reasons for choosing different primary techniques. Cross-referral and collaboration occur where a colleague has particular expertise, and debates focus on safety, transparency, honesty in marketing, and patient-centred outcomes rather than on defending brand-name identities.

Conclusion

The choice of Chiropractic technique is not a simple matter of selecting a brand from a shelf. It is an evolving, multifactorial process that intertwines the individuality of patients, the available evidence, the development of neuromuscular skills, and the chiropractor's own sense of professional identity and philosophy congruence.

> From my perspective, shaped by years of practice and teaching, several conclusions can be drawn. There is no single superior technique for all patients; technique choice must be grounded in each patient's history, presentation, risk profile and goals of care. Patient preferences are an important component of high-quality care; when more than one clinically acceptable option exists, shared decision-making should guide selection. Neuromuscular skill development is central; effective and safe adjusting requires sustained practice within a framework, and mastery tends to emerge when a chiropractor commits deeply to a primary technique.

How the Chiropractor feels using a technique matters. Techniques that align with the practitioner's body mechanics, philosophy, values and intuitive sense of practice are more likely to be refined and sustained over time. Flexibility within a primary framework is ideal; a primary technique can provide depth and coherence, while secondary methods increase adaptability to patient diversity. Education and professional culture should legitimise reflective technique choice; students and clinician should be encouraged to think consciously about why they practice as they do, and to adjust their approach as they and their patient population evolve.

For me, that reflective path led to the Gonstead system of Chiropractic as primary clinical language. For others, it will lead elsewhere. The key is not that we all choose the same technique, but that we each choose, and continually refine, the approach that allows us to serve our patients safely, effectively and authentically.

We deliver adjustments that are dynamic, precise and executed with true finesse.

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