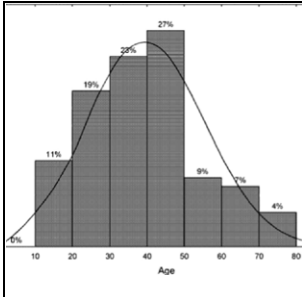


JMPT HIGHLIGHTS

Patient satisfaction.



Haneline (p. 288) determines how much improvement and satisfaction a group of patients with acute neck pain receive from chiropractic care.

What can just one adjustment do?

Smith et al (p. 257) investigate patients receiving chiropractic adjustments to identify if they experienced improved speed and accuracy of movement times on a task, compared with those in a control group.

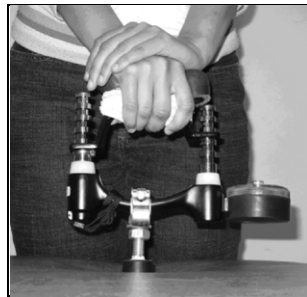
Improving learning.

Jamison (p. 315). Diverse classroom teaching/learning opportunities combined with self-learning guides provide a viable alternative to more traditional teaching formats for introducing chiropractic students to differential diagnosis.

Pain and heart rate response to chiropractic care.

Zhang et al (p. 267) investigate the effect of chiropractic care on sympathetic and parasympathetic nervous system activities using heart rate variability analysis.

Tool for improving technique.



Waddington et al (p. 297) study if a prototype tool provides feedback to the practitioner about manually applied forces, including force constancy with different postures and sensitivity to stiffness when using one's hands or the tool.

Stroke before manipulation.

Kier and McCarthy (p. 330) present a case of a patient with chronic headaches. Although at the time of consultation the patient was not in severe pain, he later had a cerebrovascular accident.

Impact of care on cervical radiculopathy.

Murphy et al (p. 279) describe the clinical outcomes of patients with cervical radiculopathy who are managed conservatively using a diagnosis-based decision rule.

Relationships between torticollis and hip dysplasia.

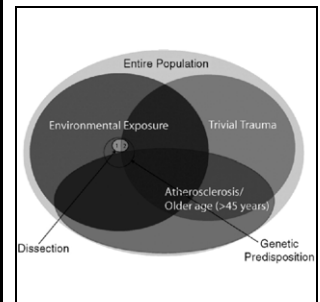
Ferrario et al (p. 275) assess if there is a relationship between hip dysplasia and sternocleidomastoid muscle function during a fatiguing task.

Consistency of manual force.



Snodgrass et al (p. 316) review the literature for the consistency of force applied by manual therapists during posterior to anterior mobilization techniques and factors that influence application and measurement of mobilization forces.

A better understanding of vascular accidents.



Rubinstein et al (p. 336) present a model to explain the pathogenesis of cervical artery dissection. They propose that trivial trauma, in the absence of other triggers and an underlying arteriopathy, is not likely to cause dissection.

Differences in manual muscle testing.



Conable et al (p. 305) compare force curves and surface electromyography from examiners and subjects during manual muscle testing with three examiner-identified variants.