



Medicine for Managers

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Cyriax

Over the years, I have written about the giants of medicine; Hippocrates, Galen and more recently William Harvey, Lister, Pasteur, Hunter, Florence Nightingale and others. Their challenges were huge because they were working in isolation. However they did have the advantage of not being exposed to review and criticism from contemporary colleagues. Not so for the twentieth and twenty-first century innovators!

James Cyriax was born in 1906, the son of two doctors, both of whom treated musculo-skeletal disorders. He studied medicine at St Thomas's Hospital in London and qualified in 1938. He was appointed to a post as House Surgeon in the Department of Orthopaedics.

Influenced by his antecedents, it did not take long for Cyriax to realise that, for the patients seeing orthopaedic surgeons, a proportion were suitable for surgery but the remainder received little care. He recognised that many patients were dismissed with an instruction to 'live with it' or to 'exercise'.

He quickly came to recognise that investigations for orthopaedic disorders were often inadequate.

He felt that examinations were unsuitable for diagnosis in the non-surgical

management of muscle and joint disorders and X-rays in particular were inadequate in musculo-skeletal disabilities.

His conclusion was that there should be a speciality of orthopaedic medicine to treat the non-surgical disorders. He developed a programme of clinical examination to investigate, examine, diagnose and treat a whole range of medical rheumatological problems.

His approach was to see problems as dynamic rather than static and to incorporate the range of movements as part of the simple fundamental assessment of the problem.

He also recognised that treating patients in silos, rather than using a multi-speciality approach as between surgeons, physicians, physiotherapists and other manipulative specialities impaired diagnosis, treatment and healing. He developed management



programmes for disorders such as sciatica, scoliosis and lumbago.

In 1943 he was awarded the Heberden Prize, named after William Heberden, the physician who first described the Heberden's nodes of osteoarthritis, for his essay on sprains of the elbow.

He wrote extensively but his best known work was his Textbook of Orthopaedic Medicine, first published in two volumes in 1954 and since revised and re-written in over ten editions.

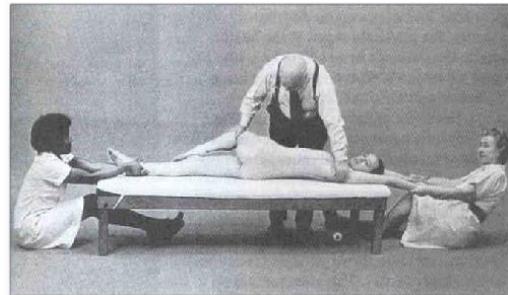
He was noted for his sharply-focused personality which resulted in a loyal and committed following of like-minded clinicians but which, at the same time, alienated many of the most respected clinicians of his time.

He obtained a Membership of the Royal College of Physicians but he was never elected a Fellow. It is said that it was because his publications were based on observation rather than with any confirmatory evidence through research, although many suspect it was blocked by his detractors.

His philosophy gained a reputation in the United Kingdom. Indeed I saw him speak in a keynote lecture at St. Thomas's Hospital in about 1980.

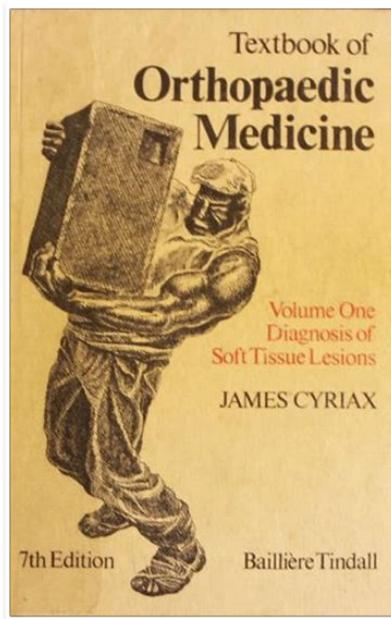
However, his philosophy gained widespread favour, particularly in America, and he became visiting Professor of Orthopaedic Medicine at Rochester in New York in 1975.

He was also recognised in Australia and New Zealand, Canada and throughout Europe.



One of his best known approaches was *Cyriax' method*, which he supported by the statement that pain caused with an active and passive range of movement in the same direction suggests a cause related to 'inert tissue', such as ligaments or tendons.

However, pain with an active range of movements in one direction but with pain on passive movement in the opposite direction suggests 'contractile tissue' dysfunction, i.e. muscle. (in many orthopaedic cases where pain is the predominant feature, the diagnosis of a soft tissue cause can be very difficult).



This is very useful in assessing joint capsules. He noted that pain in the capsule (the envelope which surrounds a synovial joint, such as the shoulder or hip) produces a specific pattern of limitation with passive movements (movements controlled by the examining physician).

If the capsule is not involved in the disorder, the pattern of limitation is quite different.

He continued to work up to his death in 1985 and he wrote prolifically until then.

Because much of his writing related to particular patients, some of whom were well-known personalities of the time, much has remained unpublished because of GDPR concerns.

In due course it will undoubtedly add to the body of work which has described his career.

Cyriax said that orthopaedic medicine is very intellectually satisfying.

The most useful tools in diagnosis are the history and the clinical examination, using eyes, ears and hands.

This is because the causes of symptoms may be without lumps or other significant changes. He emphasised that X-rays, scans and other 'high-technology' tests may not demonstrate the problems that the history and the clinical evaluation indicate.

He is still often described as 'The father of Orthopaedic Medicine'.

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