

## SET TALK

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### CASE STUDIES REVEAL STRATEGIES FOR TREATING SCOLIOSIS

(*Part 1 of 2*)

This will be a two part series on scoliosis – this first installment presents four case studies representing different scoliotic conditions, and the second installment will describe effective treatment strategies for each one.

We need to view scoliosis in terms of the degree of curvature. Everybody has some scoliosis which is the manifestation of the core distortion of the spine. The anterior/posterior rotation of the iliums resulting in a tipped sacrum at the base of the spine leaves the spine no choice but to be in exaggerated curvatures throughout the full spine – lumbar, thoracic and cervical. Most problems people have with the spine are due to the scoliotic curvature becoming significant enough to produce painful conditions and symptoms. The scoliosis of the spine is actually the beginning of degenerative disc disease.

Spinal musculoskeletal conditions are becoming more prevalent in our culture due to a variety of factors. One of the most important factors is the sedentary nature of today's society and the lack of good strength building exercises in people of all ages. This not only takes place with sedentary adults, but it is becoming more prevalent in children at earlier ages due to the increased usage of computers, TV's, and electronic games. When children do not exercise to develop strength in the spinal muscles, they will tend to slip further into a scoliotic curvature. Add to that spending too much time on couches and inappropriate furniture, including non-supportive computer desks and chairs, and we will see increased scoliosis in 12 year old children. As they enter the rapid growth teenage years, the strengthening and coordination of the spinal muscles won't be able to keep up with the growth, and the scoliosis will again become more exaggerated.

Just from the above mentioned phenomena taking place in our culture, we as massage therapists are going to see a considerable number of clients with neck and back pain due to scoliosis. The good news is that it can be reduced to the point of not collapsing into pain or dysfunction. Also good news is that the key to reducing scoliosis and its dysfunction in our clients is soft tissue restructuring of our clients' bodies, which is a major part of what effective therapeutic massage is about.

In the beginning of this article I stressed that the degree of scoliosis in a client is important. Since everyone has some degree of scoliosis, we need to look at what the treatment criteria is for prevention or rehabilitation. I am going to use four case studies that are significantly different, and will explain how to choose a soft tissue protocol to treat the scoliosis that will be successful in supporting the clients well-being.

Shirley, a 35-year-old mother of three children, was referred to me for low back pain that developed after the delivery of her third child. She reported that she had been doing a lot of lifting of all three of her children ages 5 years, 3 years, and 6 months, and that her back was getting worse. In addition, she had complications during the last month of her pregnancy, so the doctor had insisted that she stay in bed and off her feet as much as possible. She brought her chiropractic x-rays that showed a narrowing of the disc space in the lumbar region with some arthritic spurring already developing, a scoliotic curvature of her entire spine and significant rotation of her iliums, one anterior, one posterior resulting in a tipped sacrum. It was obvious that Shirley could not stop lifting her children, but that she needed relief from her back pain as soon as possible.

Jason, a 49-year-old accountant, had been rear-ended two years ago while sitting at a stop light. He had been receiving chiropractic care ever since the accident until his insurance was depleted. His diagnosis was a flexion/extension injury of the cervical spine with a slight herniation between C3-C4 and a bulging disc between C7-T1. In addition, his x-rays showed a significant degree of scoliosis of his entire spine with the rotation of the iliums and tippage of the sacrum. The chiropractic notes indicated treatment of the flexion/extension injuries of the neck only, and no mention or diagnosis of the scoliosis in the thoracic and lumbar spine. When following the scoliotic curvature from the lumbar through the cervical vertebrae, the discs that were injured were at the greatest degree of the scoliotic curvature. Jason came to me because a friend of his had insisted that I could help him, and since his PIP had run out insurance no longer covered chiropractic care. The sad part is that, even though he had two years of treatment, he only had minimal improvement and was now also experiencing severe headaches. He needed some effective therapy.

Carol, aged 13, was brought to me by her mother after she had been picked out of a school scoliosis screening and was referred to a neurosurgeon for possible surgical intervention. The parents were scared when they saw that Harrington rods were part of the surgical intervention suggested for their daughter's scoliosis. The x-rays and MRI's that confirmed the scoliosis

showed a more than 40 degree scoliotic curvature. The neurosurgeon had told them that since she was in a growth spurt this would probably progress to somewhere around 50-60 degrees by the end of her normal growth and would leave her incapable of bearing children. Carol was reasonably athletic and really wanted to join the high school girls' volleyball team as she was already 5'10" and played very well. She only occasionally complained of back pain or any discomfort. However, she shared her parent's concern about the prognosis of dire pain, disc degeneration and inability to carry a child due to the scoliosis.

Anita, a 63- year-old massage therapist who had been practicing for 20 years, came for sessions because of a sizeable dowagers hump and inability to stand up straight. After a bone density test she was told by her doctor that she had osteoporosis and was collapsing into a scoliotic curvature of her spine. Other than reinforcing her bone mass with medication and exercises, there was little else she could do. In addition, they informed her that the scoliotic collapse was irreversible, and that chiropractic manipulations might cause fractures of her weakening spine. They also told her that she would have to quit doing massage because the scoliotic collapse and fractures of the spine would worsen almost immediately. Having been a massage therapist for 20 years, Anita had heard of the soft tissue structural work that I do and wanted to know if the scoliotic curvature of her spine could be rehabilitated so she could continue doing the massage she loved.

These four cases show how differently scoliosis can occur in people's lives, and each case needs specific appropriate soft tissue rebalancing techniques to achieve positive results.

Shirley, the 35 year mother of three, had first noticed difficulty with her back after carrying and delivering her third child. During pregnancy the increased weight was carried in the pelvic bowl formed by the iliums, and pulled her lumbar and lower thoracic spine down and forward. In addition, there was increased breast weight which pulled her shoulders down and forward. The month's bed rest before delivery resulted in a loss of tonus in the muscles that would counter balance the collapsing curvature of the scoliosis. This caused her scoliosis to collapse to the degree that she was in pain.

Jason, the 49-year-old accountant, had two factors that led to the collapse of his scoliosis and his disc problems. The first was the lack of exercise and muscle tonus to be able to maintain healthy erect posture during daily life activities. The second was the flexion/extension injury of his cervical spine from the auto accident which caused his weakened scoliotic curvature to fall into greater

collapse. The pressure on the discs due to the scoliotic curvature prevented them from mending and exacerbated the discomfort he was experiencing.

Carol, the 13-year-old volleyball player, had not recognized that she even had scoliosis due to the fact that her conditioning was extremely good and her flexibility was excellent at that age. It wasn't until the school screening and consequent follow up with the neurosurgeon that she learned she had a more than 40 degree scoliotic curvature. In addition, she was at a very vulnerable stage where she was growing so rapidly that her scoliosis would probably fall into a greater degree of collapse.

Anita, the 63-year-old massage therapist, had worked for years bending over a table which led to the head forward, rounded shoulders parts of her scoliosis. As her spine had changed in that area it caused additional collapse through the thoracic and lumbar spine, and years of bad body mechanics had increased her scoliotic curvature. Now, with the onset of osteoporosis, the bone mass was weakening which increased the collapse of her scoliotic curvature, and increased the pressure on the edges of her vertebrae causing compression fractures.

The key to treating all four of these clients was to recognize where the scoliosis had come from and how to reverse it. The initial scoliosis was the result of the structural collapse of the core distortion pattern which involved the entire body. The number one problem was the rotation of the iliums resulting in a tippage of the sacrum. So, to effectively treat each client it was necessary to balance the pelvis bringing the iliums out of rotation and leveling the sacrum. This was accomplished by releasing the holding patterns from the legs, hips, abdomen and low back for the anterior/posterior rotation. In addition, the head forward and rounded shoulders aspect of the scoliosis at the top of the spine also had to be released. Each of the above clients had special considerations due to their age, strength, physical health, life conditions, and profession. The good news is that Shirley is in no pain and able to lift her children and do her motherly duties; Jason is now out of pain with no sign of herniation or bulging discs and is more active; Carol only has approximately a 20 degree scoliosis, never needed the surgery, and has graduated from high school with a volleyball scholarship to a major college; Anita is now 65-years-old, stands straighter, and is loving every minute of her full massage practice. The next installment will describe the specific treatment used to rehabilitate each of these scoliotic conditions.