SET TALK

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STRUCTURAL UNWINDING

Jackie was a 40 year old weekend athlete who normally trained three times a week and played volleyball on the weekends. She was referred to me because her severe back pain was making it impossible to train or play volleyball without paying dearly for it. Her back pain began in her early 30's after an exceedingly long and stressful tournament, and over the years it had gotten steadily worse. Her goal was to get rid of her back pain so she could resume training and playing volleyball.

Like most athletes she was in a big hurry for this to happen in just a few sessions. So, we started treating her low back. Evaluation revealed a counter rotation of the two iliums, a tipped sacrum, and an exaggerated curvature in the lumbar region (a classic structural collapse of the core distortion pattern). Her x-rays confirmed this as well as showing a degeneration of the lumbar discs and lipping of the vertebrae. Her orthopedic surgeon warned her that if she didn't stop playing volleyball and training so hard she would be facing disc surgery. However, Jackie was stubborn and was determined to play volleyball, a game she dearly loved.

Charles, a landscaper in charge of a yard maintenance company, had injured his neck in a fall off the back of his truck where he landed on his head. He suffered from severe headaches and neck and shoulder pain making it very difficult for him to do the physical part of his landscaping business. Being in business for himself he had learned to survive on pain killers and anti-inflammatory medication until his neck would seize up rendering him incapable of working for several days. He had been seeing a chiropractor and physical therapist with minimal short term results, and was really desperate and depressed when I saw him the first time. He had only come to me after a girlfriend had insisted on it because he didn't feel that a massage therapist could help him. The chiropractic x-rays showed a reverse curvature and narrowing disc space at C1, C2 and C7. Charles had no patience with this condition, nor was he in a position to reduce his work schedule.

Upon evaluation it was obvious that Charles had an exaggerated curvature throughout his whole spine with the cervical spine being the most affected area due to the injury. Charles also was in a structural collapse of the core distortion shown by the counter rotated iliums and tipped sacrum.

Both of these clients, typical of 99% of the clients I see with musculoskeletal pain, were in a structural collapse of the core distortion. To successfully treat these clients it was necessary to address this structural collapse by creating a weight bearing support for the spine in order for them to continue doing their life activities without collapsing further into the distortion pattern that was causing their pain and disc degeneration.

For Jackie, the obvious initial treatment was to bring her pelvis out of the counter rotation and into alignment so the sacrum could become level providing support for the lumbar vertebrae. With the sacrum in its tipped state the curvature of the lumbar spine would continue to increase putting more uneven pressure on her discs. Cranial/Structural techniques were applied first which initiated the normalizing of the sacrum/ilium relationship into weight bearing support. Once this was accomplished, the myofascial holding patterns within the muscles and other soft tissue that affected the pelvis and low back had to be released using deep tissue techniques. This involved stretching and normalizing the shortened individual fibers, scar tissue and adhesions throughout the myofascial planes that had built up over years of training and volleyball. Each of the first three sessions worked progressively deeper since what had been released in the previous session was no longer inhibiting working to the next layers. Plus, working this way the deep tissue work could be modified to remain within her sensation threshold. By the third session there was a significant shift in her pelvis and her lumbar spinal curvature was decreasing. Jackie reported a significant reduction of pain and discomfort, as well as the ability to bend and move without the restrictions that had been there for years. There was still some discomfort in her low back but she was much encouraged and knew we were on the right track.

When Jackie arrived for her fourth session she was agitated and upset. She was experiencing significant neck pain and had not done anything that she could remember that would have caused it. I explained to her that the curvature in her lumbar spine was responsible for an exaggerated S curve all the way up through her cervical spine. The pain in her neck was actually a sign that her lumbar spine had improved to the point that the untreated exaggerated curvature in the cervical spine was now the prominent issue. It was time to release the neck and shoulders so that both ends of the spine would be working together in balance. Two sessions of releasing the soft tissue restrictions in the neck and shoulders reduced the curvature in the cervical spine taking the pressure off the nerves, and Jackie's neck pain disappeared. The next five sessions alternated between the neck and shoulders and the low back depending on

which area held the most distortion which was the actual limiting factor to Jackie's rehabilitation. By the tenth session Jackie was maintaining structural balance throughout her spine, both lumbar and cervical, and experiencing no pain. She was able to resume training, and, with an occasional tune up session, was able to start playing her beloved volleyball pain free.

For Charles the initial treatment concentrated on addressing the pain in his neck and shoulder. As in Jackie's case, the application of the Cranial/Structural techniques initiated the normalization of the sacrum/ilium relationship creating a weight bearing support for the entire spine up through the cervical area where Charles was experiencing his pain. So, even though I was not working directly with the pelvis and lumbar spine, support for the neck and shoulder area that was being treated was already created with the Cranial/Structural releases.

In the first three sessions deep tissue massage techniques worked progressively deeper releasing the holding patterns, scar tissue and adhesions resulting in a significant reduction in the curvature of this neck. Charles reported a significant lessening of pain and discomfort, increased range of motion and disappearance of headaches, allowing him to reduce the amount of pain killers and anti-inflammatory medication. By the fourth session Charles's neck and shoulders were actually feeling pretty good.

However, when he stood up for structural evaluation the area of his body that showed the most distortion now was his low back. When I asked him if he was experiencing any significant discomfort he admitted that sometimes he did but it didn't last long. I explained to him that, with this much distortion in the pelvis and lumbar area, this was now limiting the full rehabilitation of his neck and headache pain, and that we would have to treat the lower body to support the positive changes in the neck and shoulders. Charles was very willing to have me treat the pelvis and low back especially since he was already feeling so much better from the previous work.

Structural evaluation after just two sessions of treating the pelvis and low back showed that the neck and shoulder area was actually more distorted than the pelvis so it was time to shift back to treating the neck and shoulder area. For the remainder of Charles's rehabilitation the decision on where to work was always based on the area that was in the greatest structural distortion which coincided with the area of most discomfort at the time. Charles had approximately 15 sessions before he no longer needed therapy. Part of the reason he needed this many was that he had continued to work and do heavy lifting throughout his time of treatment which did not allow the tissues to slowly heal and strengthen while maintaining the new structural balance. However, even with his working strenuously almost immediately after each of his sessions he was still able to fully rehabilitate and return to life without pain.

The common thread in these two cases runs through every case where structural rehabilitation is part of the treatment - even though the area of discomfort is just one specific area of the body, the imbalances in the whole body contribute to the problem. Thus, to fully rehabilitate the area of discomfort the rest of the body has to be released and balanced to support the area of the original symptoms. For Jackie the lumbar spine was the area of most collapse and pain. However, it is very easy to see that if the base of the spine is crooked the entire spine will be crooked. So, as the base of the spine normalizes, the other parts of the spine up through the neck and shoulder area also need treatment to move them into the same degree of balance. With Jackie, as with most clients, if the distortions along the whole spine are not addressed once the pelvis starts to balance, the degree of rehabilitation in the pelvic / lumbar region will be limited. It's important to note that, even though it was not discussed in these two case histories, part of balancing the pelvis includes working the musculature of the legs all the way down to the feet as well as working all the way up through the head neck and shoulders.

With Charles, even though the area of most pain necessitated treating the top of the spine first, the application of the Cranial/Structural techniques provided the initiation of some quick balancing of the sacrum/iliums in the first session. However, without soft tissue work to further release the myofascial holding pattern, adhesions and scar tissue in the legs pelvis and low back that provided even more balance within the pelvis, his treatment for the neck pain and headaches would have been significantly limited by the remaining distortion of his pelvis. Everything needs to be brought into support to maintain the positive changes in the head, neck and shoulders.

In summary, to be successful whenever you are treating clients with musculoskeletal pain and dysfunction, you need to treat the entire structure of the body, not only the area of pain and dysfunction, for long lasting maximum rehabilitation.

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