

SET TALK

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Treating Back Pain by Integrating Cranial/Structural Techniques and Soft Tissue Protocols.

Many clients with diagnoses of severe conditions causing their back pain will feel that surgery or advanced medical procedures are their only option. However, many invasive surgeries have less than a 50% chance of success and can often leave the client worse off than before the surgery. The following is a list of conditions that have been successfully treated when integrating advanced Cranial/Structural techniques with advanced myofascial specialized protocols - scoliosis, DJD, stenosis, bulging/herniated/ruptured discs, sciatica, neuralgia, osteoporosis, chronic subluxations of the lumbar spine, nerve entrapment, spondylolisthesis, and many post-surgical complications. When clients present with severe low back pain from one of these conditions these are opportunities to apply advanced techniques that the medical profession does not know about or understand that can far surpass the treatments like surgery.

The core distortion that exists in everyone's body is the major player in low back conditions. Everyone is born with this core distortion, and low back pain resulting from the conditions above can develop through different life experiences. The major issue in the pelvis from the core distortion is an anterior / posterior rotation of the iliums and a tipped sacrum that does not provide weight bearing support for a balanced spine. This leads to weakness in the back and exaggerated curvatures of the spine that over time and/or events result in damage to the spine, discs and soft tissue. Rehabilitation of the low back is very limited if this lack of weight bearing support between the sacrum and ilium cannot be brought into weight bearing support and balance.

This necessary support is easy to understand when you realize that the sacrum is the base of the spine, and when it is tipped the spine sits at an angle which results in exaggerated curvatures. These exaggerated curvatures and resulting soft tissue weaknesses put uneven pressures on the discs and vertebrae. This causes a degeneration of discs and vertebrae and soft tissue weakness in the low back that are very susceptible to stress and injury, and often result in the structural collapse of the spine.

Even the best soft tissue therapy that does not release this weight bearing core distortion is destined to fail. For

years I labored under this handicap. Even with SOT blocking to temporarily bring the iliums and sacrum back into support, when clients became weight bearing they would slip back into the pelvic rotations and distortions of the spine. This occurred even after significant myofascial work on the pelvis for balance. The weight bearing problem remained constant and clients were limited as to how much they could recover and rehabilitate.

The big breakthrough came with the development of Cranial/Structural therapy. Cranial/Structural therapy is based on bringing the sacrum/ilium relationship (core distortion) into weight bearing support by releasing the distortion of the cranial motion. When properly applied this therapy can, in one session, provide weight bearing support between the sacrum and ilium that was previously unattainable with any other form of therapy available. All of a sudden clients who had severe scoliosis, disc issues, spondylolisthesis, osteoporosis, neuralgia, and lesser back problems were showing immediate improvement in the first treatment. Even more amazing was this weight bearing support stayed intact even when clients were in severe auto accidents or falls that previously would have created dramatic destabilization between the sacrum and ilium and severely delay their rehabilitation from back pain. Even more encouraging was the fact that once the core distortion of the cranium was fully released, the weight bearing stabilization of the pelvis would last indefinitely and not have to be reapplied over and over again. However, for severe osteoporosis and scoliosis conditions, reapplying the Cranial/Structural releases would further unwind the soft tissue holding patterns that remained, and in cases such as stenosis or disc issues would take additional pressure off the damaged or stressed areas.

My treatment for low back issues was 10X more effective when I applied Cranial/Structural techniques first to establish the weight bearing support at the base of the spine. As the structure shifted into weight bearing support, the imbalances, tensions, and adhesions in the soft tissue would begin to release. Then specialized soft tissue protocols to release the myofascial holding pattern, scar tissue and adhesions were applied to further assist moving the body into balance. I was no longer fighting with the tightened fascia and holding patterns that were trying to maintain some degree of stability in the old imbalanced structure. Releasing the soft tissue resulted in significant shifts in the entire structure, and the body almost said "ahhhhh, thank you." The sensation of the strokes was dramatically diminished even though the depth and pressures were the same due to the fact I wasn't fighting the body but was working with it moving into balance.

Another incredible aspect of working this way was that even though I was not working with the neck and shoulders or the foot and lower leg both areas would continue to move into support from the releases that were taking place in the pelvis and low back. They too were limited by the restrictions in the pelvis and cranial motion, but the Cranial/Structural releases allowed old myofascial holding patterns to let go and move further into balance even when not worked directly. So, pressures in the pelvis from the rotation of the shoulders or position of the head and neck were able to be released when working in the pelvis because every part of the structure was unwinding out of its old collapsed patterns and responding to the treatment that was bringing the low back into balance.

Case History: Jim, a 40 year old soccer player, was diagnosed by his chiropractor with a herniated lumbar disc between L4-L5, sciatic pain, migraine headaches, with x-rays that showed substantial degeneration of all of his lumbar and cervical discs. Jim had been told that his soccer days were over and that if this herniated disc did not show improvement soon the only alternative was surgery. Evaluation of Jim's structure showed a significant rotation of the iliums, tippage of his sacrum and major curvatures of his entire spine almost to the point of diagnosable scoliosis. He also had a long leg/short leg discrepancy, one shoulder higher than the other, and one shoulder medially rotated – classic core distortion. Jim's problems had been progressively worsening over the last three years. After a tournament and a hard fall his disc problem was diagnosed. Since then he had been in substantial pain, unable to play soccer, and receiving daily chiropractic treatments with very limited results.

It was obvious that the spinal curvatures from the core distortion needed to be brought into balance to rehabilitate the conditions causing Jim's dysfunction and pain. Therefore, the Cranial/Structural techniques were applied at the beginning of his treatment to release the cranial core distortion that would initiate the release of the structural core distortion in his body, and bring weight bearing support between the sacrum and iliums to allow the sacrum to become a level base for his spine. This was followed with soft tissue myofascial treatment to specifically release the myofascial holding patterns of the core distortion in the legs, pelvis, and low back. Upon standing after his first session Jim noted that his feet felt different on the ground, he was less stiff, had greater range of motion, and was standing straighter. The radiating sciatic pain had gone from a 9 to a 3, and Jim was very encouraged.

When Jim arrived for his 2nd session he reported sleeping better, fewer headaches, and that he was able to get in and out of bed without pain. He also felt stronger. It was obvious that there was weight bearing support for his spine and an unwinding of the structural distortion. Now the soft tissue therapy that was applied worked specifically with the soft tissue holding patterns that were still preventing his body from balancing and taking pressure off the collapses of his spine relating to his discs. By the 5th session Jim was experiencing very little back pain and usually only upon getting out of bed in the morning. Chiropractic x-rays showed dramatic improvements in the curvatures of Jim's back, and the bulging of the discs and the herniation were no longer visible. Jim continued treatment until he could resume playing soccer again.

If the soft tissue protocols had been applied without first bringing the weight bearing support to the base of the spine using the Cranial/Structural therapy, Jim's rehabilitation would have been limited and treatments could have gone on for years. This integration of Cranial/Structural techniques with specialized soft tissue protocols is the basis of Structural Energetic Therapy®.

(All names in case studies are fictitious)

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.