

COMPLETE REHABILITATION NEEDS TO LOOK BEYOND THE “NORM”

By Don McCann, MA, LMT, LMHC, CSETT

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According to Dr. Terry Yokum, the radiologist, an expert in radiographic imaging, everybody has a pelvic imbalance which consists of the left ilium rotating anteriorly, right ilium rotating posteriorly and a tippage of the sacrum. Dr. Yokum’s findings show a 20° ilium rotation in a one year old as being normal.¹ This is a significant rotation in the iliums. The fact that this is seen as “normal” indicates that it is not being viewed with concern. However, when examining this rotation of the iliums and its impact on structural balance it stands out like a red flag. In my 40 years of therapeutic bodywork I have observed that this imbalance impacts the entire musculoskeletal system and is responsible for 95 % of musculoskeletal issues. The typical one year old will have life experiences, accidents, developmental muscle patterns, stresses, etc. that usually results in an increase in this imbalance. I refer to this imbalance as the **core distortion**.

The first point of concern is the relationship of sacrum to the anterior / posterior ilium rotation. The anterior/posterior rotation of the iliums causes the sacrum to be tipped, and the greater degree of rotation of the iliums the greater the degree of tippage of the sacrum. Many of the chiropractic and osteopathic schools describe this tippage differently based on their points of view. However, they all agree that the tipped sacrum creates an imbalance at the base of the spine that affects the curvatures throughout the whole spine - lumbar, thoracic and cervical. As the curvatures of the spine increase due to the rotation of the iliums and tippage of the sacrum, uneven stresses are put on the discs. This initiates uneven wear and tear on the discs which can eventually lead to thinning, bulging and herniations over time. Thus, the majority of people are set up for major disc issues from the core distortion that has been developing since childhood. In addition, lipping and spurring of the vertebrae occurs, a degeneration that leads to arthritis, to compensate for the uneven balance. This condition is commonly referred to as degenerative disc disease.

Years of treating clients using Structural Energetic Therapy® to reduce the rotation of the iliums bringing the sacrum back into support has given greater balance to the spine and has helped clients even with severe herniations. It has also reversed many developing spinal conditions. The weight bearing support given to the spine by reducing rotation of the iliums and leveling the sacrum have allowed a reduction of the curvatures of the spine taking the uneven pressure off the discs and allowing the body to heal the damages. This has been effective even after spinal surgeries. If you don’t bring support to the entire spine when working with cervical spinal issues, as soon as the client stands the uneven base of the spine (tipped sacrum) will not support the changes to the cervical vertebrae and the conditions will continue or possibly worsen. It is important to view cervical spinal issues as needing full spinal and pelvic balancing for rehabilitation.

Another major condition with the rotation of the iliums is the posterior rotation of the right ilium causing excessive stress and tension in the fibers of the gluteus maximus, posterior fibers of gluteus medius, piriformis and rotators. The sciatic nerve passes under these muscles and quite often is compressed due to the stress and tension of these muscles. If the ilium is not brought back to balance then long term sciatic problems cannot be resolved. By bringing the iliums back into balance and releasing the tension in these muscles many severe and long term sciatic problems have been fully rehabilitated.

A second point of concern is when the left ilium rotates anteriorly and the right ilium rotates posteriorly a functional long leg and short leg occurs. Looking at the x-rays of the one year old this condition is

¹ ESSENTIALS OF SKELETAL RADIOLOGY, Vol. 1, 2nd ed., Terry R. Yochum, BS, DC, DACBR, FCCR, (C), FICC, and Lindsay J. Rowe, M. App. Sc. (Chiropractic), M.D., DACBR, FCCR, (C), FACCR. (AUS), FICC, Williams & Wilkins 1996, pg 175, Table 2.26, pg 176, Table 2.27, 2.28

already present due to the rotation of the iliums. When examining the structure of the core distortion and the long leg / short leg issue we will see how the body compensates in the way that the structure of the legs is affected. First, looking at the musculature in the glutes we can see that when the left ilium is rotated anteriorly (long leg side) the medial fibers of the gluteus medius will be overworking, overdeveloped, and shortened, often leading to degeneration of the posterior part of the hip socket. On the right side where the ilium is posteriorly rotated (short leg side) the gluteus maximus, posterior fibers of the gluteus medius and rotators are overworked, overdeveloped, and shortened. This often leads to sciatic nerve compression, uneven pressure and degeneration on the anterior edge of the hip socket. The uneven wear in both hip sockets often leads to degeneration, arthritis and possibly hip replacements. Fortunately reducing the rotation of the iliums can rehabilitate a degenerating hip and prevent arthritis and replacements.

The imbalance in the structure of the long left leg usually results in a medially rotated and hyperextended knee, and in some circumstances the leg is pulled out from under the body by the tension on the anterior and middle gluteus medius fibers. To further compensate for the imbalance of the long leg we usually find the lower leg rotated laterally to the medially rotated knee. This puts uneven wear and tear on the cartilage in the knee and additional stress on the lateral knee ligaments setting them up for injury and excessive wear and tear. This also puts stress on the hamstrings which can lead to strains, pulls and tears. Again rehabilitation of knee and hamstring issues is successful when the imbalances of the core distortion are addressed.

When observing the left foot and ankle of the long leg we can see that the foot is rotated laterally to the knee creating stress and lack of support at the ankle and significant stress across the medial arch. The arch appears to be collapsing and often plantar fasciitis occurs due to continued stress on the plantar fascia. Another compensation for the stress on the medial arch can be seen when the weight is focused on the outside edge of the back of the heel creating a higher arch with the potential of causing heel problems like bone spurs. This imbalance again is due to the anterior rotation of the left ilium resulting in the long leg. When the imbalance of the core distortion is released bringing the leg into balanced support these conditions of the foot and ankle can be rehabilitated.

When observing the structure of the right leg which is shorter due to the posterior rotation of the ilium, the body is often shifting undue weight to the right. This creates a different set of compensations which are not as dramatic as on the left. One of the principle ones is the medial knee and hamstring relationship. The peroneus and lateral plantar fascia creates increased stress on the medial knee making it prone to injury, arthritis, ligament, cartilage, and tendon issues which stem from this imbalance. Additional problems can occur with the lateral rotation of the foot putting more weight on the posterior heel leading to bone spurs. These are some of the most common and universal issues with the short leg. When these issues are combined with the imbalances in the glutes and rotators they are all responsible for the majority of sciatic pain and are big players in knee / foot / ankle conditions and injuries. Again, these can be rehabilitated long term by releasing the core distortion.

Kinesiology reveals a big discrepancy in muscle function throughout the body caused by the core distortion. An imbalance in any joint greater than 15° produces a dramatic weakening of muscle strength and function as verified with functional kinesiology. Using both functional and applied kinesiology half of the muscles around each joint that stabilize and create movement are compromised by the imbalances and operate at 50% or less strength. In my experience releasing the core distortion dramatically reduces the imbalances at the joints allowing the weakened muscles to significantly increase in strength and function.

The core distortion is a full body pattern of structural imbalance and for long term rehabilitation the entire body needs to be treated. The missing link has been the cranial imbalance that previously was unknown and thus not addressed. There is a very strong relationship between the imbalances of the cranial bones (sphenoid and occiput) and the rotation of the iliums and tipped sacrum. In addition, the soft tissue of the cranium relates to the myofascial planes throughout the body. Cranial/Structural techniques address this very important cause of the core distortion throughout the body. A significant amount of torsion is taken

out of the cranium and the structure of the whole body using Cranial/Structural techniques. When this is applied in the first session the iliums shift to less than 15% rotation providing a leveling support for the sacrum. The reduction of the rotation of the iliums evens out leg length discrepancy, reduces the compensations in the legs, and provides support for a more balanced spine. There is also a significant increase in strength in the weakened muscles around each joint including the vertebrae. This increase in strength is often brought up to almost 100% providing stabilization and function of muscle groups and joints.

By combining Cranial/Structural techniques with myofascial techniques to release old holding patterns, adhesions and scar tissue it is possible to have a structure that is much stronger than the 20° ilium rotation evaluated by Dr. Yokum as normal. By bringing our client's structure to "better than normal" many long term musculoskeletal issues that have previously been extremely difficult to resolve are now able to be fully rehabilitated long term.

(the next article will include a case history of the progression of injuries when the core distortion has not been released)

For more information please visit our website: www.StructuralEnergeticTherapy.com .