

‘SUCCESSFUL REHABILITATION FOR THE OVER 60 POPULATION AFTER SURGERIES, REPLACEMENTS, AND INJURIES

By Don McCann, MA, LMT, LMHC, CSETT

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In my previous column (treating the over 60 population) I wrote about people who are active and have not yet had injuries, major surgeries or joint replacements, and discussed methods of preventing these life changing events. In this article we are going to focus on the over 60 population who have had injuries, surgeries, or joint replacements and want to regain and then maintain their previous level of activity. This will easily be examined by looking at some case histories.

Carol, a 67 year old grandmother who loved walking and biking with her grandchildren was rear ended in a minor car accident. At the time of the accident her neck and her back immediately stiffened and spasmed. She was taken to the hospital for x-rays and an MRI. She was told she had sustained a flexion/extension (whiplash) injury to her neck, and had a herniated disc between L4-L5 and a bulging disc between L2-L3. She had chiropractic treatment for six months where the only relief she had gotten was temporary. She went to an orthopedic surgeon who suggested a discectomy on both of her damaged discs which had scared her as she knew someone who had only gotten worse after a similar surgery. Carol arrived for treatment very anxious and discouraged as she thought her active life would be severely restricted.

David, a 79 year old retired golfer had a quadruple bypass and gall bladder removal. After the bypass he was told by his doctor to start a daily walking regimen since the walking while golfing was not enough exercise. David found that he had very little energy or desire for walking and was forcing himself to walk a mile a day. After the gall bladder surgery David had even less energy and couldn't even play golf as his golf swing caused him back pain. David was quite concerned that he would not be able to maintain cardiac health because of his lack of energy, and the pain in his back made walking so difficult. In addition he was really discouraged because golf was his passion and not being able to play because of the back pain since the surgery was really depressing him.

Gene, an active 75 year old cyclist, had a right knee replacement due to an old high school football injury and years of continuous wear from cycling. After the replacement Gene was unable to ride distances without pain, inflammation, and swelling in his right knee. Gene used to be able to ride 50-100 miles a day and was now very frustrated as even 5-10 miles resulted in swelling and inflammation in the knee with the replacement. Gene was afraid he was going to have to give up cycling and consequently his aerobic health would deteriorate.

All three of these clients had been active before their injuries or surgeries. They were facing major life change that would lead to deteriorating health if their conditions were not improved. Structural analysis revealed they were all still in the core distortion, the spiral twist that runs from the top of the head to the feet, and that the injury or the surgery created a greater degree of distortion which was a principle cause of their lack of recovery and continued distress. Within the core distortion approximately 50% of the muscles are functioning at a 50% or less efficiency. The greater the degree of the spiral of the core distortion the less strength and function is available especially in areas of injury or collapse. If therapy was going to be effective the degree of the spiral (twist) of the core distortion was going to have to be dramatically reduced to provide structural support which would in turn bring the muscles back into function and strength.

Carol with the whiplash and herniated and bulging discs in the low back had a significant rotation of her iliums with the left rotating anteriorly and the right rotating posteriorly causing the sacrum to be rotated and tipped down to the left. This uneven base for her spine was causing significant curvatures with

excessive uneven pressure being put on both her lumbar and cervical discs. In addition the muscles that supported her pelvis, spine, and neck were all dramatically reduced in strength and function due to the exaggerated curvatures of the collapsed core distortion. It is possible that if Carol had didn't have this significant twist from the core distortion her muscles might have prevented the lumbar disc issues and much of the soft tissue damage in her neck.

Applying the most direct method for bringing the iliums and sacrum back into balance and weight bearing support by using the Cranial/Structural Core Distortion Releases (CSCDR) was the first step in her treatment. There was an immediate lessening in the curvature of both her lumbar and cervical spines and a dramatic increase in the stabilizing of the intrinsic muscles for the pelvis and the neck. This improvement in structure became the basis for her rehabilitation and allowed for the reduction of the bulging and healing of the herniation of her lumbar discs. In addition the renewed strength and function of the musculature of both the low back and neck made it possible for her to maintain the structural improvements long term. Specialized soft tissue myofascial work further released the old collapsed myofascial holding patterns as well as the adhesions and scar tissue that had developed from the injuries of the car accident. After eight treatments Carol was back walking and biking with her grandchildren.

David, the golfer with back pain and lack of energy since his quadruple bypass and gall bladder removal, also had a significant twist and collapse in his spine which was especially evident in the thoracic spine. Closer examination showed the imbalance in his pelvis with the same rotation of the iliums and tipping of the sacrum (core distortion). His neck and shoulders also exhibited the exaggerated twist of the core distortion. His right shoulder was pulled forward and down, and his left shoulder was forward and up, resulting from the core distortion and the additional scar tissue from the surgeries

Even though the scar tissue from David's surgeries was inhibiting his breathing and limiting his range of motion the first step in treatment was to release the twist (core distortion) to reduce the rotations of the iliums, and create a level weight bearing support for the spine by applying the CSCDR. The leveling of the base of the spine brought support to the spine and lessened the exaggerated curvatures in the thoracic spine and neck. This resulted in a return of muscle strength and function to muscles that had been operating at 50% or less efficiency within this collapse. Specialized myofascial release techniques were applied to address the scar tissue and adhesions from his surgeries. The scar tissue and adhesions had formed while his structure was collapsed in the core distortion and consequently was part of the soft tissue that held the structural collapse. As this tissue started to soften and lengthen it further released the restrictions in both the abdomen and ribcage that prevented structural balancing and restricted his breathing. As the tissue released and normalized there was a marked improvement in David's breathing and a lessening of the thoracic twist. After six sessions David was reporting energy he had not had since before the bypass surgery and was easily walking a mile and a half a day. In addition he was pain free in the thoracic area of his back and was starting to hit golf balls again. After five more sessions spread out over two months David was able to resume golf and maintain a pain free exercise regimen to support his cardiac health.

Gene, the cyclist with the right knee replacement, was evaluated structurally and had a left anteriorly rotated ilium and right posteriorly rotated ilium with his sacrum rotated and tipped down to the left. This created a functional long left leg and functional short right leg – the core distortion. With the core distortion within the right leg the medial hamstring attachments and the lateral quadriceps were functionally weakened to less than 50% strength and function. The right knee had binding stress on the medial side due to the core distortion. The lower leg and foot were rotated laterally to the knee. With this imbalance it was obvious why the right knee with the replacement was not functioning well. CSCDR was applied which brought the rotation of the iliums back into balance supporting the base of the spine and evening the leg length. This also improved the strength and function of the weakened muscles in the leg of the affected the knee. Specialized myofascial techniques were applied to further balance the pelvis and

the right knee. The scar tissue and adhesions from the surgery were lengthened, softened and normalized along with the old myofascial holding pattern from the core distortion. This brought the whole knee back into structural support and balance which could now be maintained with no irritation or inflammation. After five sessions Gene was able to resume cycling and was progressing to the pre-surgery 50-100 mile days pain free.

All three of these cases had a collapse of the core distortion that was further compromised by injury or surgery. Since everyone is born with this twist (the core distortion) I have yet to find a client in pain who doesn't have the core distortion as the principal cause of the structural collapse. The good news is by releasing the core distortion with the CSCDR rapid and significant improvements are almost immediate, both structurally and in muscle strength and function, that can be evaluated with kinesiology. Once the core distortion release has been applied the soft tissue can now be released into balance and function which can be maintained by the new structural balance – long term.

This integration of the Cranial/Structural Core Distortion Releases with specialized soft tissue myofascial releases is especially effective in supporting the over 60 clientele in their rehabilitation to resume their active lives.

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