

## RETURNING TO A QUALITY OF LIFE AFTER MAJOR HEALTH ISSUES AND FAILED SURGERIES AFTER 60

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*“Republished with permission from the September, 2015 issue of [Massage Today](http://www.massagetoday.com),  
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In my previous column I wrote about people over 60 with injuries, surgeries or joint replacements who want to maintain or regain their active lives. In this column we'll look at those over 60 with major health issues or failed surgeries who want to recover their maximum potential for an active life.

**Molly**, a 73 year old retired business owner, was diagnosed with Rheumatoid Arthritis (RA) and was told by her orthopedic surgeon and rheumatologist that she needed double knee replacements and hip replacements if she wanted to continue to walk. An MRI showed bone degeneration in both knees and hips along with a torn meniscus in the right knee and a ligament tear in the left knee. She heard about Structural Energetic Therapy® and was hopeful that something could be done without surgeries. The surgeons were pushing for the knee replacements as soon as possible as she was in a lot of pain and hardly able to get around.

**Jack**, a 76 year old golfer, had been unable to play golf for 2 years. He was diagnosed with stenosis in his low back and had surgery to enlarge the foramen where the spinal column passed through. Before surgery he was able to play golf and walk but would be in pain for several days afterwards. After the surgery his pain doubled, he could not play golf, and there were days when the pain was so bad that even with medication he felt he couldn't walk. MRI's revealed three bulging discs in addition to stenosis. The surgeons didn't want to operate again because the previous surgery had such negative results. Jack came to the office in a motorized wheel chair and was willing to do anything to get out of pain and walk. He was afraid he wouldn't play golf again.

**George**, an 81 year old retired executive, injured his right knee in his 40's and had a knee replacement after a long struggle and numerous surgeries. After surgery George couldn't flex his lower leg more than 10°. He had several procedures where his leg was placed in a machine that forced it to bend which only resulted in more pain and less mobility. George gave up thinking the knee would work properly and limped around with a cane which was now causing him significant low back pain. George wanted to travel but felt he couldn't until he could depend on his leg and walk normally.

**Gina**, a 76 year old with osteoporosis, had several vertebral compression fractures and was in severe pain. Even though the compression fractures had been treated with osteoplasty the severe pain remained. She was also severely bent over due to the kyphosis and was having trouble with digestion. Gina's Chiropractor would no longer adjust her because of her fragile bones, and she was in too much pain to even do water aerobics to strengthen and stand more erect.

All of these clients were in pain either from health issues or failed surgeries and were severely limited in what they could do. Each presented unique challenges, and each wanted to regain maximum quality of life.

**Molly**, the 73 year old with RA whose surgeons were pushing knee replacements as soon as possible, told me she had watched her father in law go through 10 years of RA and surgeries. She didn't want to live in the pain and misery he experienced. Upon examining Molly it was obvious that she had a significant collapse of her core distortion. The anterior rotation of her left ilium caused a medial rotation of the knee and lateral rotation of the lower leg. This put pressure on the lateral side of her knee where her ligament was torn and where the MRI showed significant erosion on the bone. This put pressure on the inside of the acetabulum of the left ilium where the cartilage had thinned and the arthritic degeneration was most

evident. Her right ilium was rotated posteriorly causing the head of the trochanter to jam into the posterior part of the acetabulum eroding both the bone and cartilage. There was a tear in the meniscus on the medial side of her right knee which was accompanied by bone erosion.

The distortion in Molly's legs was caused by the core distortion, and the RA was most severe in the areas of pressure caused by the imbalances of the core distortion. The Cranial/Structural Core Distortion Release (CSCDR) was applied to bring the iliums out of rotation, equalize her leg lengths, and lessen the distortion in her legs. This was followed by soft tissue protocols to bring the legs further into balance and support, and the iliums further out of rotation. After three sessions Molly reported that she only experienced about 50% of her previous pain. Upon examination her iliums showed significant improvement and balance so more attention could be paid to the soft tissue that governed the alignment of the knees. After five sessions Molly's left knee with the ligament tear was stable and in minimal pain only when she overdid it. Her right knee was pain free except on days when low pressure weather systems were coming through causing pain in the bones from her RA. After 10 sessions Molly was feeling good enough to start a water aerobics exercise program to strengthen her legs and back. Molly's sessions were scheduled once every two weeks and eventually once every four weeks when she could maintain pain free walking and normal life activities.

**Jack**, the 76 year old golfer with stenosis and bulging discs, was in severe pain the day of his first session. It was difficult for him to stand for a structural evaluation. He had a significant anterior rotation of his left hip and posterior rotation of his right hip along with a severely tipped sacrum. The tipped sacrum resulted in significant lordotic curvature causing his bulging lumbar discs. The rotated iliums created a long leg/short leg imbalance with additional distortions in the legs due to the leg length discrepancy. The CSCDR was applied to bring the sacrum / ilium relationship into weight bearing support, thus leveling the sacrum and reducing the lumbar curvatures which lessened the leg length discrepancy. Soft tissue protocols were applied to further balance the iliums and bring the legs into support and balance. Additional work was done with the muscles directly affecting the lumbar vertebrae.

After three sessions Jack could walk short distances without severe pain and didn't bring his wheel chair. Jack only had one day of severe pain after the third session which he attributed to picking up a box that was too heavy for him. He was seen weekly for 10 weeks at which time his pain was reduced to 20% of what it had been and he was no longer using the wheel chair. The numbness and tingling going down his legs from the stenosis disappeared and Jack was only in pain when he overdid it putting excessive pressure on his low back. He was seen for 10 more sessions spaced two-three weeks apart. Jack was back to walking and pain free, something he thought might be gone forever. As long as Jack was able to maintain his improved structural alignment there was no compression on the nerves from his stenosis and bulging discs. He was able to return to playing golf and continue enjoying life. He had occasional treatments to help maintain optimal alignment of his low back.

**George**, the 81 year old with the immobile right knee after knee replacement surgery, showed a significant core distortion with the left ilium rotated anterior, and right ilium rotated posterior. The right leg had significant tension and binding along the medial knee due to the distortion in the leg from the core distortion. The CSCDR was applied which helped equalize the leg lengths lessening the leg distortions. This also took pressure off the medial side of George's right knee. There was immediate improvement in the range of motion and strength in his right leg after the CSCDR. Soft tissue protocols were applied to further balance the iliums and hips, specifically addressing the adhesion, scar tissue and atrophy around the right knee. George noticed changes after every session. After five sessions he had approximately a 70° flexion of the knee. George was able to start walking normally and continued to do stretches and strengthening exercises. His low back pain disappeared when his leg lengths equalized and he stopped compensating for his right knee. After approximately 12 treatments George was walking normally and in no discomfort.

**Gina**, the 76 year old with osteoporosis and vertebral compression fractures, was in severe pain even after osteoplasty. Structural evaluation revealed a significant core distortion with rotations in the iliums resulting in a tipped sacrum and exaggerated curvatures in her osteoporotic spine. The CSCDR was applied which reduced the rotation of the iliums and leveled the sacrum taking pressure off her spine reducing the exaggerated curvatures including the kyphosis in her thoracic area. The entire thoracic rib cage, shoulders and neck were raised up taking pressure off of the areas of the compression fractures. Additional soft tissue sessions were applied to further release the abdominals that were pulling down on the thoracic area to release the neck and shoulders back. After five sessions Gina's pain was only about 25% of the previous pain, and she was getting around better than before the compression fractures had occurred. Gina was able to maintain with minimal pain while having monthly sessions for the osteoporosis weaknesses. The structural collapse from the osteoporosis led to the compression fractures, but even after the osteoplasty she was not able to be pain free until structural support was achieved with Structural Energetic Therapy® techniques.

All of these clients spent a lifetime in the core distortion which resulted in conditions that led to a structural collapse causing pain and sometimes surgical intervention. Pain free function was achieved by bringing the body into balance and support integrating the CSCDR with specialize myofascial soft tissue protocols.