

## **Treating the Symptoms vs. Rehabilitating the Causes of Pain and Dysfunction**

*by Don McCann, MA, LMT, LMHC, CSETT*

*"Republished with permission from the June 2014 issue of Massage Today, [www.massagetoday.com](http://www.massagetoday.com)."*

There is no shortage of clients in pain from musculoskeletal problems. All one has to do is look at the number of over-the-counter medication, chiropractors, physiatrists, orthopedic surgeons, and neurologists to understand how great the need is for long term solutions for musculoskeletal problems. This raises the biggest challenge for massage therapists - how to achieve long term rehabilitation from pain for their clients so that they can resume their normal life activities pain free? If successful in achieving this, massage therapy can become the overall treatment of choice for those with musculoskeletal problems.

When clients come for massage treatment much of their pain is a symptom of an underlying cause. If massage therapists spend most of their time treating the symptoms and not addressing the cause they are likely to either create a client who is dependent on constant treatments just to stay out of pain, or, as most clients do, eventually look elsewhere into more invasive and costly treatments from the medical profession that lead to even worse problems. So, our challenge is to first understand the origins of musculoskeletal pain, and then to treat it by rehabilitating the causes of the pain. This leads to long term resolution of the client's musculoskeletal problems. When massage therapists do this they will be constantly in demand and could possibly earn the respect of the rest of the medical profession.

Within the musculoskeletal field structural imbalance results in pain and dysfunction, whereas structural balance equates to pain free function. Therefore, the origins of musculoskeletal pain and dysfunction are actually easily observed in every client who seeks treatment for pain. This is usually the core distortion. Babies are born with it. The rotation of the iliums and the hip complex in infants and children is well documented by Dr. Terry R. Yochum and Dr. Lindsay J. Rowe in their description and images of normal acetabula angles in children from 0-3 months and 3-12 months.<sup>1</sup> The left ilium is rotated anteriorly resulting in a functional long leg. The right ilium is rotated posteriorly resulting in a functional short leg. This imbalance of the iliums and sacrum collapses further into rotation with life experiences until symptoms of pain become prominent. It is very easy when doing structural evaluation of a client to notice the twist in a standing client's body. There are many differences of opinion as to these actual rotations due to the methods of evaluation and interpretations of what is observed. If, however, you use functional kinesiology, the client is supine and asked to raise the right leg about 10" off the table. When the right leg is pressed down toward the table there is significant strength. The same test done with the left leg will show significant weakness. "The rectus femoris is a powerful extensor of the knee but is weak when the hip is flexed"<sup>2</sup> along with the hip flexors. The anterior rotation of the left ilium (flexion) prevents the rectus femoris and hip flexors from being functionally strong. This is a consistent finding over 38 years of evaluation of clients with the core distortion, and is just one of the many functional tests that verify the imbalances in the pelvis that is a major part of the core distortion found in the body.

The discovery of the core distortion in the cranial motion reveals that the wings of the sphenoid are restricted in a pattern identical to the ASIS of the iliums, and that the ridge of the occiput is restricted in a

---

<sup>1</sup> ESSENTIALS OF SKELETAL RADIOLOGY, Vol. 1, 2<sup>nd</sup> 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

<sup>2</sup> MANUAL OF STRUCTURAL KINESIOLOGY, Clem W. Thompson, PhD, FACSM, The C.V. Mosby Company, St. Louis 1973, pg.59

pattern identical to that of the PSIS of the iliums. Working with the cranium to release the imbalances in the cranial motion as described above results in a balancing of the rotations of the iliums, an equalizing of the leg length, and a leveling of the sacrum reducing curvatures of the spine. This is accomplished by releasing the soft tissue restrictions responsible for the imbalances in the cranial motion. Amazingly this has been the missing link to restoring the balance and weight bearing support to the hip complex which includes the sacrum, ilium and SI joints.

The core distortion is involved in the entire musculoskeletal system including the cranium and its specific imbalances relating to TMJ imbalance and dysfunction. Therefore, if we start looking beyond just the areas of pain and look at the overall balance and function in the body we find the source of most clients' pain. This covers TMJ, headaches, the entire spine and appendages into the feet such as plantar fasciitis and compartmental syndrome. So as you can see it involves the entire musculoskeletal system. With the imbalance of the iliums and sacrum we get exaggerated curvatures of the spine putting excessive stress on the edges of the discs leading to early degeneration, thinning, and even herniations and ruptures of the discs.

When evaluating the muscles and soft tissue using functional kinesiology 50% of the muscles are operating at a 50% or less efficiency due to this imbalance leaving them susceptible to injuries such as strain, tearing, adhesion and scar tissue build up. In addition, the shortening and over contraction of some of the muscles directly result in compression along the nerve pathways and many types of nerve pain.

The body in core distortion is also much more susceptible to injuries at the joints. The imbalance of the core distortion results in a dysfunction at the joints since at least half the muscles at the joints are severely weakened and cannot support the stabilization and balance under strain. No matter how effective your soft tissue therapy is, if the weaknesses at the joints due to the core distortion are not brought back to strength then the causes for the injury or pain are still present and full rehabilitation has not been achieved. However, if the core distortion is released, the structure is brought back into balance including the joints and the soft tissue is brought back to full functional strength. This will produce long term improvements. The symptoms of pain will disappear. The importance of releasing the core distortion back into balance and function to reduce and rehabilitate the conditions resulting in pain cannot be stressed enough. This is a long term solution to the structural imbalance resulting in pain and dysfunction of at least 90% of musculoskeletal problems.

It is amazing that most of the medical field has not looked at the imbalances in the entire structure, but rather focuses on individual areas. Consequently there is no awareness of the overall pattern of imbalance found with the core distortion. There are some chiropractic and osteopathic treatment models that do include working with the entire structure but mainly by adjusting the joints and vertebrae. While the chiropractors adjust joints and bones, when the soft tissue is engaged in movement and structural stabilization it moves the bones back into the patterns governed by the tension and weakness of the soft tissue. Whenever structural drawings are made of the musculoskeletal system the imbalances of the core distortion are obvious. Massage therapists have an advantage as the soft tissue governs the organization alignment and function of the musculoskeletal system. It is possible to stand our clients up for full structural evaluation and see how the core distortion relates directly to their musculoskeletal pain. It is then possible to work with specialized soft tissue protocols to bring the core distortion back into balance, not only in the area of the symptoms (pain) but also throughout the structure so that every part of the structure supports function and balance. Consequently the reoccurrence of the old dysfunction and pain is prevented. This is most effectively accomplished when the cranial imbalances caused by soft tissue

restrictions of the cranium are released first which bring the hip complex back into weight bearing support balancing the sacrum and equalizing the leg length. This creates a balanced weight bearing foundation for the spine reducing spinal curvatures and excessive pressures on the disc. The improved structural balance is seen at every joint and restores strength to the weakened muscles surrounding each joint.

Once a foundation for rehabilitation of the musculoskeletal system has been achieved by releasing the core distortion cranially, the body is trying to balance, there is weight bearing support at the hip complex, and there is restored strength to the musculature governing every joint. At this point further soft tissue work to release ischemia and trigger points, old myofascial holding patterns, adhesions, scar tissue and nerve compressions will be working with the body which is already moving into optimal balance and function. When this happens structural balance results in pain free function. Even old injuries, damaged joints and discs can heal.

Clients really are able to resume their normal life activities pain free – this is the goal of Structural Energetic Therapy®!

*For more information please visit [www.StructuralEnergeticTherapy.com](http://www.StructuralEnergeticTherapy.com)*