

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(*Massage Message, May-June 2011*)

A DIFFERENT PERSPECTIVE

Jack, a 73-year old, was referred for treatment. His intake and health history form showed that he was facing some serious problems. He wanted to enjoy his retirement, to be able to travel, and to enjoy doing things with his wife. I've included a list of Jack's health challenges and the medical interventions that he has endured in his lifetime. We will then look at all of these conditions with a different perspective that could have changed the whole course of his life.

At age 19 Jack had a right knee injury requiring surgical repair of the medial collateral ligament. **At age 25** he was in an auto accident and underwent chiropractic treatments followed by surgery for a herniated L5 disc. **At age 35** his dentist noticed that he had some TMJ dysfunction along with grinding his teeth both, of which have continued to the present. **At age 40** he started developing severe neck pain and headaches which were treated with chiropractic care and drugs for pain. These headaches have continued to the present with increased frequency during times of stress. **At age 45** he started having arthritis pain in his right hip that progressed to the point of needing a hip replacement **at the age of 55**. During this time he was also diagnosed with arthritis in the neck, low back, and knee which were treated with chiropractic and drugs. **At age 65** the arthritis in the right knee was so severe that the doctors recommended a right knee replacement and told him to contact them when the pain was bad enough to warrant surgery. He decided to postpone this so he could take care of a dying mother. He entered my office for treatment to hopefully prevent having a knee replacement.

During his first visit Jack reported having difficulty walking due to pain in his left foot across the arch and into the heel, and mentioned that the knee surgeon would probably do surgery on his foot after the knee had recovered from surgery to relieve the plantar fasciitis. He was discouraged because the surgeon had also told him that he probably would never be able to travel and do some of the activities he wanted to do because of all of his conditions, but assured him that his pain would be less if he had the surgical interventions.

Jack was proud of the fact that he had found the best doctors and, in his opinion, had had the finest quality of care that was available. He felt that he stayed on top of his health and was taking care of his conditions with the best physicians and treatments available. However, he was shocked that there would probably be significant

changes in the quality of his life and that supposedly nothing could be done about it. It was very apparent that Jack was searching for something and/or someone to give him a better quality of life both now and in the future.

Jack's history is not all that unusual. Based on my experience and 35 years of successful treatments of conditions such as Jack's, I shared my perspective on how he got to this point, and how different everything would look. This helped him realize that he still had some options and could quite probably look forward to resuming many of his life activities.

Jack was born like all humans with a core distortion pattern. Inherent in that core distortion pattern was an inability for the sacrum / ilium relationship to fully support the spine due to a rotation of the iliums and a tipping of the sacrum. This rotation resulted in one leg appearing longer than the other causing distortions in the long leg trying to absorb the extra leg length and in the short leg trying to make up for being shorter. There was also a curvature of the spine due to the tipped sacrum resulting in a lack of support that would lead to further degeneration as life progressed.

Jack's life was pretty normal until he tore the medial collateral ligament on the medial side of his right knee at the age of 19 while playing sports. This injury was almost predictable since the semitendinosus and semimembranosus that attach to the medial side of his right knee were only operating at approximately 40% strength. This was due to the distortion in the knee caused by the core distortion pattern. Because of this weakness it could not maintain its structural integrity resulting in the ligament tear when the knee was put under major stress in sports activities. If the core distortion pattern had been released increasing the muscle strength in the hamstrings to 100% prior to the athletic involvement, Jack's injury would probably have been prevented.

Even though the surgical repair was successful, it weakened the right hamstrings even more and further distorted the structure of the knee causing the body to move further into a structural collapse of the core distortion. So, if the core distortion could have been released right after healing from the surgery, Jack's knee could have been rehabilitated into a more balanced structure, and his whole structure would have been stronger.

The increased collapse of the core distortion from this knee injury and surgery exaggerated the rotation of the iliums and tippage of the sacrum putting increased pressure on the disc of L5. His auto accident at age 25 resulted in a herniation of the L5 disc which was already compromised with the increased pressure from the

increase in the core distortion in his body. Even if he hadn't had this accident the disc was under significantly more pressure leading to greater risk of disc problems. The auto accident just sealed the deal.

Chiropractic adjustments did not address the rotation of the iliums and tippage of the sacrum which was causing a lack of weight bearing support, so Jack's pain became worse. He went to the best surgeon he could find to surgically relieve his pain. This gave him some relief, but he now had increased weakness in his back from the surgical scars and adhesions, a disc being removed and increased rotation of the iliums leading to less support from the sacrum for the entire spine. Based on client histories with similar conditions there was about a 70% probability that the surgery would have been unnecessary if the core distortion had been released prior to the surgery. Even after the surgery if he had had the core distortion released to correct the rotations of the iliums and tippage of the sacrum he would have had fewer low back problems and more support for the rest of the spine which would have meant a straighter, less stressed spine. This also would have further improved the support of the legs and the weakness of the knee that had already had surgery.

At 35 Jack's dentist discovered TMJ dysfunction along with the grinding of the teeth and prescribed a bite plate to change his bite. Interestingly enough a kinesiological test for TMJ dysfunction is one of the most accurate and decisive tests for the presence of the core distortion which manifests in the distortion of the movement of the cranial bones. Again, we see a condition created by the core distortion pattern and another opportunity to reverse not only the TMJ dysfunction but also the overall body collapse of the core distortion.

At age 40 Jack started developing severe neck pain and headaches. This was inevitable due to the lack of support of the spine and the TMJ dysfunction, both the result of the core distortion. His treatments were chiropractic and drugs for pain. But again the core distortion was never released and the conditions persisted up to the present due to the structural collapse.

The imbalances caused by Jack's whole body collapsing further into the core distortion, the weaknesses from the surgeries and injuries, the additional unbalanced compressions on his joints, led to the inevitable arthritis diagnosis at the age of 45. This arthritis appeared in the areas under the most stress from the core distortion. Jack's spine, hips, knees, and feet all had arthritic conditions that were becoming increasingly acute. The pain from the arthritis in Jack's right hip, the same side as his knee surgery years earlier, became so severe that he needed a hip replacement at the age of 55. Releasing

the core distortion in Jack's body when the first symptoms of acute arthritis appeared could have improved the structural balance of the hip so that the degeneration of the joint would not have increased to the point of needing a hip replacement. It would also have brought the whole body into balance which would result in an improvement in the arthritis throughout his body.

Jack managed his arthritic pain with chiropractic adjustments and drugs. However, at age 65 the arthritis in the right knee, which had been surgically repaired at age 19, had worsened to the point of needing a replacement. The arthritis had progressed due to the irritation and imbalance of the knee, but Jack postponed the surgery for five years to take care of his dying mother. Jack had also developed a major problem in his left foot – plantar fasciitis – which the surgeon planned to repair surgically after the knee replacement. This is when Jack consulted my office.

When I explained that the core distortion pattern had been a major factor in every one of his past conditions, and described how different his life would have been if he had had this distortion released at any stage of his life, he was spellbound. In the first session this core distortion was released using the Cranial/Structural Core Distortion releases bringing the sacrum and iliums into weight bearing support. This was followed by a specific soft tissue protocol that would further release the adhesions, scar tissue and myofascial holding patterns of the core distortion pattern. After two sessions Jack reported that the plantar fasciitis in his left foot was almost unnoticeable, he was standing more erectly and not limping on his right leg any longer, and he had a week without headaches. He also noted that he had flexibility in his low back that he hadn't had since before the auto accident at the age of 25. To achieve maximum rehabilitation it will probably require a significant number of sessions to bring him back to full support and pain free function. There may be some limitations in the rehabilitation of some of the areas that are so badly degenerated from being in the collapse of the core distortion for so long. However, Jack already realizes that he will be able to travel and do the activities with his wife that he had not thought possible.

It is my hope that you now have a greater understanding of how releasing the core distortion pattern at an early age can prevent progressively worsening conditions like Jack's from occurring. What a gift! If you are interested in more information on the Cranial/Structural Core Distortion Releases please visit our website.

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