

SET TALK

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An Alternative to Knee Surgeries

I've noticed that I am seeing more clients 50 years and older facing knee surgeries and eventually knee replacements. What is very disturbing about the traditional treatment of knee injuries is that the training for the orthopedic surgeons does not include looking at the knee as part of the whole leg, but rather as a separate entity in and of itself. Another disturbing aspect is that, because of their specialized surgical training, surgeons will usually find some condition in the knee that justifies surgical repair whether it is as simple as clearing out deposits that have developed in the knee joint or repositioning a patella for patellar tendonitis. Unfortunately, many times surgical intervention is unnecessary and doesn't result in improved function of the knee. Often the painful symptoms are still present. Most clients do not have a clear understanding of this and the surgeons are not held accountable if the surgery does not leave the client pain free and fully functional.

It is interesting to note that almost any knee that has had even minor injuries will have deposits in the knee joint or other conditions which can be very successfully treated without surgery. Massage therapists who do advanced structural work are usually well trained to observe and treat the imbalances in the knee joint in relation to the whole leg and body structure, as well as the muscular conditions that cause the painful symptoms.

Unfortunately, this puts massage therapists in a difficult position. We know that proper structural therapies are able to alleviate many conditions that the surgeons normally will treat surgically, and the results will often be more effective and complete than those treated by surgical intervention. Therefore, one would think that we have an obligation to promote this awareness of alternatives to surgery and to apply treatment protocols that could well avoid surgical intervention. Yet, as massage therapists we have to be very careful about how we talk to clients about these options because we don't have a medical license and cannot tell someone not to follow prescribed medical treatment or to go against the advice of their doctor.

I am not saying that massage therapists should be telling their clients that massage therapy will resolve all their knee conditions and not to have surgery. What I am suggesting is that it is advisable for massage therapists to be highly educated about knees and knee conditions - the

pathologies, the surgical treatments, and most importantly structural soft tissue treatments that will fully rehabilitate the knee without surgery. Two examples here will illustrate my point.

Jerry, a 63 year old, active, ready to retire male, scheduled an appointment for his left knee which had become quite painful. Just before his appointment he called to let me know that he had decided to see an orthopedic surgeon first to find out what was causing his knee pain since it was getting worse.

After seeing the doctor Jerry came to me to see if I could do anything to help him while he waited for the surgeon to schedule his knee surgery. Jerry explained that he had awakened one day with swelling behind his knee which later was confirmed to be a Baker's cyst. He had not actually twisted his knee, but the swelling of the Baker's cyst was causing the knee pain when he moved laterally. He brought in the x-rays and MRI that the orthopedic surgeon had taken. The report from the surgeon stated that there was a miniscule possible tear in the cartilage and some calcium deposits which the surgeon said would not heal and would only get worse over time without the surgery. When I looked at the x-rays and MRI, the area of the suspected tear in the cartilage could very easily not be a tear, and the deposits in the knee were no more than what would be found in a normal 63 year old knee. This is where it got interesting.

Structural evaluation showed that his knee was medially rotated and hyperextended, and that his foot was laterally rotated creating a significant stress through the knee joint. His left ilium was rotated anteriorly which was creating a longer leg on the side of the knee problem. I began his initial session as I usually do with the application of the Cranial/Structural Core Distortion techniques which released the core distortion from the entire structure of his body. This brought the anterior rotation of the left hip back into balance which evened out the leg length and reduced the medial knee / lateral foot rotation of the leg that was compensating for the longer leg length. This was followed by the soft tissue work that included the adductors and the lower leg and foot. This released the medial rotation of the knee and the lateral rotation of the foot and lower leg taking the imbalance and stress off the knee joint caused by the soft tissue holding patterns. The quads and hamstrings were also treated which further released the hyperextension of the knee and the imbalance within the whole leg and pelvis. Additional work on the connective tissue around the patella assisted in creating a balanced knee. The Baker's cyst disappeared and Jerry reported no pain in the knee even during lateral movement.

Jerry returned to the orthopedic doctor who ignored the improved alignment of his leg and the fact that he was back to his active life pain free! He still recommended the surgery based exclusively on the MRI and x-ray. Jerry was concerned but decided to give his knee a chance without the surgery. Three years later Jerry is still pain free with his knee fully functional and feeling very fortunate that he did not have the surgery.

Alice, a 55 year old ballroom dancer, scheduled an appointment for her swollen right knee. Her knee had swelled up after she participated in a dance weekend, and she was having difficulty walking. Evaluation of her knee confirmed moderate swelling and limited range of motion. Structural evaluation revealed a medial knee / lateral foot and the lower leg was angled out from the knee. Three treatments that included Cranial/Structural and soft tissue work brought Alice's lower leg back into alignment with her knee. The knee was no longer medially rotated and the foot no longer laterally rotated. Alice was pain free and back to dancing.

A few weeks later Alice participated in another dance weekend and her knee became swollen once again. This time she followed the advice of her friends and went to a well known orthopedic surgeon. The surgeon told Alice that her cartilage was thinning on one side of her knee, that she had arthritis, and she needed surgery to remove the cartilage and a partial knee replacement.

I didn't see Alice for a year during which time she had the surgery and physical therapy. Alice scheduled an appointment for her back and gave me the details of her knee surgery at that time. Unfortunately, Alice's knee pain was worse after the surgery to the point that she had given up dancing. Structural evaluation revealed a structural imbalance very similar to what she had before with the knee medially rotated and hyperextended, the foot turned laterally, and the lower leg out from under the knee. What was truly disturbing was that all these distortions were much more severe than before she had had the surgery. Again, Cranial/Structural and soft tissue work were applied to release these structural distortions, and after five treatments Alice was pain free. However, she had lost a year of her life during which time she was not able to dance because of her knee pain.

Alice's lack of conditioning caused her knee to become further misaligned with the rigorous activity of these dance weekends. This exacerbated her arthritis and created a thinning of the cartilage. If Alice had continued with the original treatments after it became swollen the second time the knee replacement might have been unnecessary. It is interesting to note that even with the knee replacement Alice felt no improvement or relief from pain until the structural issues were addressed.

These two cases point out three important points for massage therapists to consider.

1. Knee problems need to be evaluated and treated from the aspect of structural alignment and function.

When this approach is followed the reasons for tears, calcium deposits and imbalances in the knee are directly addressed. Even after the knee has been damaged, moving the knee into structural balance relieves the stressors of the knee. Minor conditions become a non-issue. Clients often resume normal activities pain free.

2. Orthopedic surgeries do not always alleviate pain and rehabilitate loss of function.

Jerry chose not to have surgery because he had no pain after receiving structural therapy that aligned and balanced his knee. In Alice's case, rather than returning for the treatment that had alleviated her pain the first time, she went to a surgeon who convinced her that the only treatment for long term improvement was surgery. Unfortunately, without addressing proper structural alignment, even a partial knee replacement only complicated the structural misalignment of her knee resulting in a year of painful dysfunction and the inability to dance. Fortunately, she did return for treatment of a back condition and was able to also have her knee imbalances corrected which allowed her to resume the dancing that she loved.

3. To effectively treat knee problems long term the core distortion must be released first.

Knee conditions usually develop because of the weaknesses and imbalances that are inherent throughout the body due to the core distortion in the cranium and body. As massage therapists we have the unique opportunity to evaluate musculoskeletal distortions which allows us to understand the resulting pain and dysfunction. Many knee injuries could be prevented if structural distortions are released to alleviate the stressors of the knee. For knee injuries you will provide the most effective rehabilitation if you first release the core distortion, and then address the imbalances with soft tissue work. Often surgeries can be avoided even though there are overstretched and torn ligaments and tears in the cartilage. If we do not apply techniques that will balance the knees with the rest of the leg they will never fully regain their strength and function and could be looking at significant degeneration and possible knee replacements later in life. Helping clients avoid surgery and/or fully rehabilitate after surgery is a most rewarding aspect of therapeutic bodywork.

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