

## What Did She Do?

**“My pain is gone. I feel, move, sit, and sleep better. She didn’t use no hot packs; she didn’t use machines; and she didn’t do no rubbin. She just touched and when she was finished, my pain would be better. It took some time but now I can work out in the gym and I am getting stronger. What did she do?”**

**“What did I do? – I used some things old and some things new!”**

Mr. Jones had been hurt in a car accident. His seat belt had failed and when it gave way, he was propelled forward into the windshield of his car. He had an antalgic gait (protecting his left leg) when I first saw him. He was moving very slowly in walking and in transfers; he sat in flexion; his balance was poor; his appetite was poor; his sleep was disrupted by pain; his weight was down; and he was in poor spirits (“Discouraged and without hope” he said at a later date).

Some thing old: prophylaxis - My first thought was that Mr. Jones needed a cane to help himself walk with a more normal rhythm; he was provided with one at the end of the first session. Good resting and sitting positions were discussed. Strain/counterstrain (or positional release) was begun; it is an old (more than forty years) osteopathic technique/approach which changes the “set” of the muscle spindle. When the muscle spindle is able to reset itself, the muscle doesn’t contract (and go into spasm) as easily. This technique is new to many therapists.

A trial of indirect myofascial release for the joints around the sacrum was very successful. “A cool breeze went through my body” said Mr. Jones. As tissues around the sacrum cleared, a sacral down slip was found. This is another new concept for some therapists (muscle energy). It took two sessions before the body was able to keep the sacrum in a normal position. With this normal static relationship, the dynamic range of lumbosacral junction improved.

Muscle energy, strain counterstrain (traditional and advanced), visceral “work”, and cranial therapy - these are not new ideas for many experienced therapists. They are still controversial. Perhaps it is the subtle nature of the techniques which brings forth the controversy. However there are many therapists who have allowed their hands to become sensitive to gentle body rhythms and tensions; their experience as clinicians has validity. Perhaps those who would challenge these therapeutic approaches could chose to either listen to the experiences of some patients or allow themselves to experience a few treatment sessions personally.

This was the course of recovery:

1. Within three sessions of gentle, tissue specific manual therapy, the patient began to believe that he could recover from his car accident. *“Hope was re-kindled!”*

2. A period of slow improvement ensued over fourteen sessions:

- \* After the first seven (of fourteen) sessions, the patient's sacrum had been restored to a normal position and the lumbosacral movements were normal although not full range; the patient returned the cane saying "I no longer need this cane; I return it to you." He also reported that there was "a feeling of freedom, especially in the low back, when I try to move my body.
- \* Five sessions later, the complaints of low back pain were gone; thoracolumbar pain was present
- \* In the next session, the use of advanced strain counterstrain for the arteries of the kidney dramatically released tensions in the thoracolumbar region.
- \* During the final session of gentle manual therapy, the patient asked to begin a conditioning program in the gym.

3. The patient finished his therapy program after eighteen sessions of a strengthening and conditioning program in the gym.

Mr. Jones benefited from prophylaxis, education, soft tissue releases and biomechanical changes. The tools which were used successfully are still not commonly used in clinical physiotherapy.

A new concept in manual therapy is that, with trauma, the body contains its trauma by closing the door to movement with specific responses for tissues. Movement might endanger tissues (such as blood vessels). Gentle, anatomically specific techniques can reassure the body that it is safe to disengage its protective responses (for bones, tissue interfaces, blood vessels etc.) and to heal. This patient exemplifies the principle.

*"Thanks to my therapist, I feel better!"*

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