

Chapter Four

The Wurn Technique®

The numerous successes and life-changing experiences shared in this book are a direct result of the Wurn Technique®. Our treatment is a 100% individualized treatment; it addresses each patient's pain or dysfunction and goals individually. We began to develop the Wurn Technique® in the 1980s when we used manual soft tissue therapy techniques to address pain and adhesions in Belinda's pelvis which physicians called "untreatable." When the therapy returned Belinda to pain-free function, we modified the technique to help others with conditions that were labeled "difficult" or "untreatable."

Finding and Treating the Cause

While we developed this system of therapy, we cannot take total credit for all of the procedures used in it. Like all eclectic systems, we created our work from a foundation of knowledge that we gained from several sources, including continuing education, personal investigation, and experimentation on each other. We expanded our protocols by treating over a thousand patients with diverse and complex diagnoses in the decade after opening our first private physical therapy clinic in 1989.

At that time, we told doctors, "When you see patients no one else has been able to help, send them to us." As we treated patients with complex, chronic pain, we realized that the therapy we were using to decrease adhesions was proving extremely beneficial — sometimes in areas we never expected. We continued to develop and expand our skills, eventually creating a program that included several hundred manual techniques which collectively became known as the Wurn Technique®.

When we discovered this therapy could return function to structures that had been bound, impaired, or closed by adhesions, we founded Clear Passage Therapies® – or CPT. Over the many years since CPT opened its first tiny clinic, CPT-certified therapists have used the work we developed to help many patients whose goals were not met at other facilities.

While the Wurn Technique® defines the manual treatment at CPT, our approach to patient care can be broken into four successive steps. The way we perform these steps appears to set us apart from most other physical therapists and healthcare providers:

- 1) Extensive Patient History Review
- 2) Patient Participation, Team Goal Setting
- 3) Thorough Palpatory Evaluation
- 4) Manual Treatment (Wurn Technique®)

How Past Events Affect the Body's Present Condition

Our work starts before we ever meet our patient, as we examine each patient's medical and life history. All applicants for therapy must complete an extensive questionnaire before treatment. This document helps us to determine if our treatment may help them meet their goals, or if there are any contraindications to our therapy.

We then encourage prospective patients to review their cases with one of our physical therapists during a pre-therapy telephone consultation. The therapist will answer all of the applicant's questions, and help them determine whether treatment would be appropriate for them. Based on that interview and the patient's history and goals, the therapist can generally advise the patient of the results she may expect to achieve from therapy.

After we accept a patient into our program, our review of patient history continues during the initial physical evaluation and throughout

treatment. Many patients do not note past events or experiences on their initial questionnaires because they do not see them as important or relevant to their present situation. During the course of therapy, patients begin to understand how a past trauma, surgery, inflammation, or infection can have a lasting impact on the body. During treatment, they may recall an event from the past that sheds light on their present condition – and finally mention that incident to the therapist.

When speaking of the past, patients often state, “I don’t know if this is important but...,” or “This may sound silly but...” In many cases, whatever words come next are important clues to help us understand the cause of the patient’s pain or dysfunction. We have lost track of the number of times this information has helped our therapists access an adhered area we needed to treat to reach that patient’s goal. Over the years, all CPT therapists have become attentive to these phrases, and the words that follow those innocent openings.

The Patient and Therapist: Working as a Team

Whether due to specialization or the busy atmosphere of modern medicine, many patients feel somewhat detached from the evaluation, treatment, and decision-making process involved in their health-care today. Patients take their bodies to a doctor for repair, just as they would take their car to a mechanic. Physicians make informed decisions or suggestions based on their training and specialty schooling, but often will not ask the patient if s/he has a sense of what his or her body needs. We feel this approach prevents providers from learning valuable clues and information that can help achieve patients’ goals.

When we enroll each patient as a valued member of the treatment team, we find that success comes much more easily. At CPT, we do not invite patients into the team out of mere courtesy, but because it significantly enhances their final results.

We have learned to regard each patient as an expert of her body. Over the course of life, a patient experiences and understands her body in ways no health professional ever will. Only the patient has lived through every trauma, surgery, injury or pain affecting her body. This history helped the patient develop a pretty good understanding of her body's processes – how much sleep she needs, what meals agree and disagree with the digestive system, what movements elicit pain, and what activities she loves – or can no longer do, because of tightness or pain.

Discovering Intuition

The lifetime of knowledge a patient develops about her/his body is often overlooked by allopathic medicine. If your body or mind led you to this book, you likely have unresolved questions or complaints that Western medicine has been unable to answer.

When you started seeking help for your pain, dysfunction, or unfulfilled goals, you may have undergone diagnostic tests and then heard the results. Some of the information you were given made good sense, and perhaps some did not ring true for you.

Some patients have consulted several specialists to get a diagnosis, and were given a drug to treat the symptoms – but nothing to address the cause. If that happened to you, did you feel something might be missing that could help you achieve resolution? Perhaps you even have an “inner sense” of what might need to happen in your body for you to reach your goal...but no one has ever asked.

Throughout your life, a small voice called “intuition” has always been in the back of your mind, speaking to you. Some people dismiss intuition as a whim, while others trust it implicitly; many struggle with it, especially when it appears to be in conflict with professional advice.

After observing hundreds of patients and their struggles to choose the right paths for themselves, we have come to believe that intuition is extremely important. The small voice which speaks to you is

the result of all you have experienced in your life, coupled with a vision of where you want your life to go from here.

We realize that this attitude is not scientific and is controversial itself. Yet over time, we have noticed that the patients who make decisions based on a combination of medical advice and their own intuition have been more successful and reached their goals faster than those who lived by empirical scientific advice alone.

We encourage you to develop your intuition and ask questions like, “Where do I want to take my life?” and “What do I need to get there?” If these questions prove too daunting, start with questions that may be more manageable, such as “What feels like a good first step?” Our clinical experience shows that you may need to give yourself permission to take that step. While you may make a mistake or “mis-step” from time to time, we have found that this process generally takes our patients to the fulfillment of their goals.

After you take that first step, the next question becomes, “What seems like the next step?” As this system becomes second nature, the mantra becomes “I envision where I am taking my life — and simply step into my vision, one step at a time.”

One experiment we suggest is easy and fun. Mentally ask yourself an important question as you are drifting off to sleep. Then notice what answer pops into your head when you first wake up. So often, that answer is coming from the intuitive right brain, giving you the correct answer — directly from your subconscious.

During therapy, we invite you to employ your “inner wisdom” as part of your physical treatment. We may ask you questions like, “Do you have a sense of what is going on in this area of your body?” If something comes up for you, we think of that as a possible clue. We listen to your intuition and file it away as potentially valuable information toward achieving your success.

We also use your inner knowledge of your body in simple, straightforward ways that increase results significantly. When we are treating in one area, we ask if you are feeling a “pull” somewhere else in your body. If you do, this tells us exactly where the adhesive “run” is pulling in your fascial sweater. Similarly, if we are ever treating and you feel your therapist is close to something significant, we ask you to let us know. It’s so easy to say, “It feels like there is something significant right there” or “about an inch to the right.” We encourage (but do not require) your focus, input, and intuition to increase treatment results.

In essence, we’d like you to consider giving some credence to your inner voice. We also encourage you to share with us and with all of your healthcare providers your intuition about what you feel is happening in your body.

Evaluating the Body

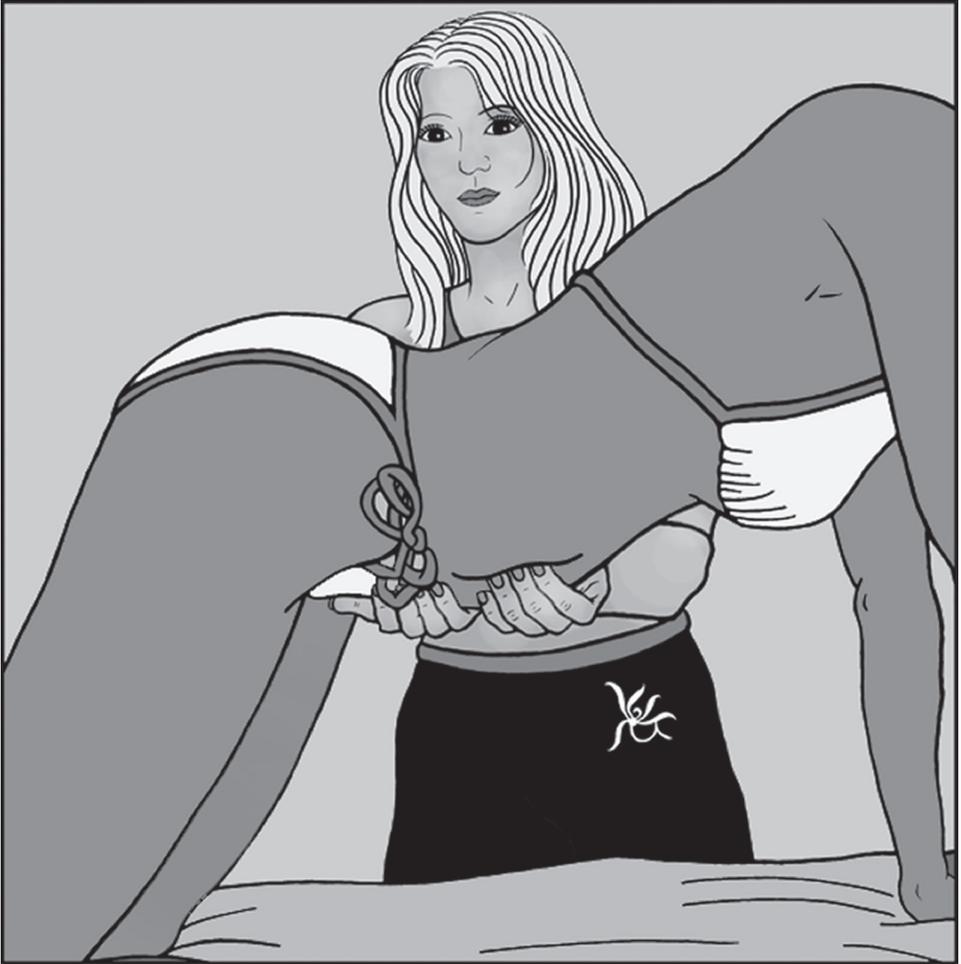
On the first day of therapy, we conduct an extensive physical therapy evaluation of the patient. Our measurement of structure and function of the body is very thorough, due to the complexity of the conditions we treat and our whole-body view. Our assessment includes all the elements associated with a traditional physical therapy evaluation (such as evaluating symptomatic areas), but we also evaluate each patient based on her individual history and goals. This evaluation generally takes about an hour.

The physical evaluation starts with a thorough postural assessment while the patient stands. We assess each patient from the front, back, and sides, noting any unusual asymmetries or tensions. At that time, we start to get a sense of which internal areas and structures may be pulling our patient out of alignment, symmetry, or balance. We examine the head and shoulders, noting if they are pulled forward or down, or if one shoulder is lower than the other. As therapists, we are always asking ourselves, “How might the tensions we are noting

in the body affect this patient's pain, function, fertility, or ability to meet his or her goals?"

We may ask the patient questions about what we are seeing, such as, "Do you notice a pull into your low back, pelvis, or legs? Is there any achiness in your neck, shoulders or head? What is the frequency, intensity, and duration of your pain?"

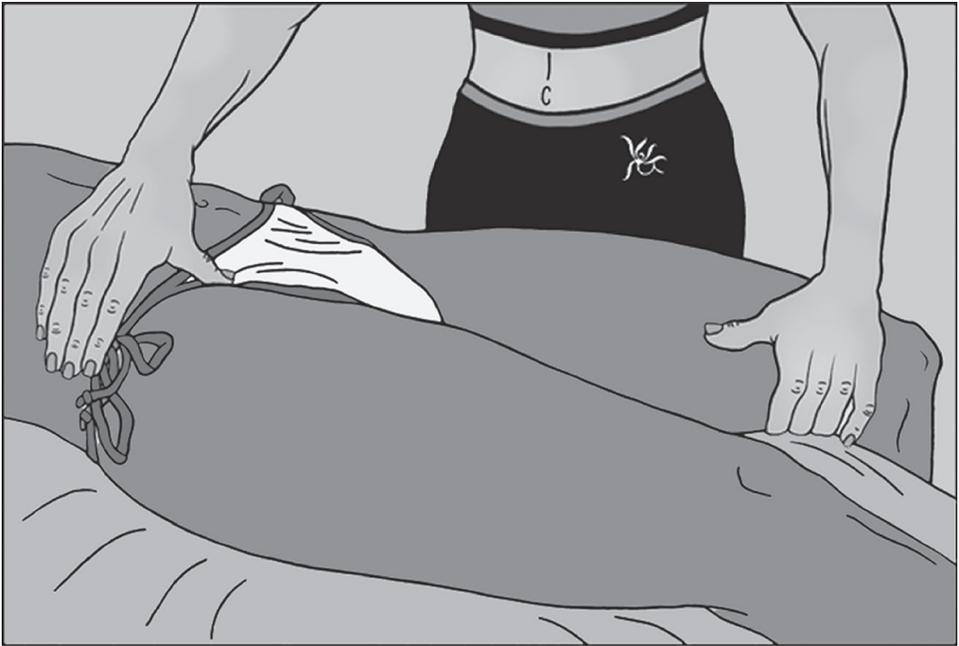
Since the adhesive process which helped the patient heal from an earlier lifetime event may indicate a cause or precipitating factor for the present symptoms, we often review history in greater depth. "When did you first notice that ache? What was going on in your life at that time, and during the year before? Did you have a fall, infection, inflammation, surgery, or life transition a while (up to two years) before you started noticing that?" This time element gives us a sense of whether adhesions may have formed in the tightened area(s).



The initial physical therapy evaluation includes a thorough palpation of the body's organs and soft tissues

We then assess the patient's mobility and range of motion. How easily do the major joints move? Does s/he have unrestricted, pain-free range of motion in all areas, or is there restriction or pain with any movement?

After assessing the structure and mobility of the musculoskeletal system, we begin to palpate the organs and connective tissues of the abdomen, pelvis, and the rest of the body. We use various manual tests we developed or learned to help us zero in on restricted areas. We test for restricted mobility and motility within virtually every body system, e.g., digestive, urogenital, reproductive, musculoskeletal, endocrine, and nervous. We assess for free vs. restricted mobility front to back, side to side, top to bottom, diagonally, externally and if indicated (with patient permission) internally.



Joint and organ range of motion is measured in relation to the attachments at neighboring structures.

We palpate the structures and connections of all three layers of the fascia from the superficial fascia of the skin, through the deep fascia of the muscles, joints and organs, and then into the deepest layer of

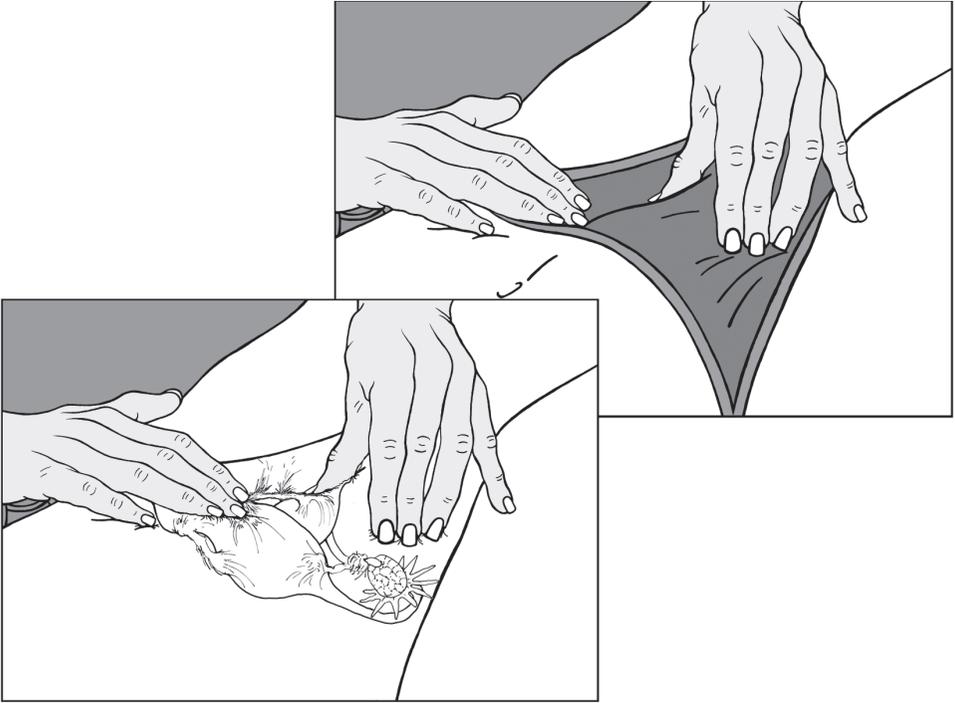
fascia, the dura which surrounds and protects the spinal cord, from the tailbone up into the structures of the brain.

After twenty years of experience palpating the viscera of the body, we can ascertain which organs or structures can move normally and which have restricted mobility or motility (the inner movement inherent within each organ).

Treating Adhesions

The principle intent of the Wurn Technique® is to find adhered tissues and structures wherever they exist in the body. As noted earlier, adhesive cross-links act like the thousand tiny fibers of a nylon rope. When they bind together, they can create persistent pain or dysfunction, gluing together structures within the body.

While a surgeon might cut or burn the adhered tissues, our therapy uses a different mechanism. Our focus is to detach the chemical bonds that attach the tiny cross-links to each other. Our work is analogous to peeling apart a nylon rope strand by strand. We use more than 200 specific manual techniques to treat our patients.



*The Wurn Technique® is much less traumatic than surgery.
We use more that 200 different techniques to achieve results.*

Our patients, physician-advisers, and published study results indicate that this process tends to return the patient's body to a more functional, pain-free state, like the one they had before these areas became adhered. It is almost like going back in time for the areas we treat. When this happens, we give our patients a better chance to achieve their life goals.

Training, Testing, and Certifying Great Therapists

To be accepted for training and certification as a CPT therapist, an applicant must be professionally licensed to practice physical therapy in his/her state and must demonstrate several years of background in manual therapy. Each applicant must take specific physical therapy courses we require before being considered for training. In addition, applicants must demonstrate their skills by treating one of us personally.

Once a therapist has passed these requirements, we send him/her a 650 page Therapist Training Manual that we wrote. Each manual contains theory and information on how to treat various conditions not generally addressed by most physical therapists. The manual also includes over 200 specific manual techniques that the therapist must learn and later demonstrate with proficiency before attaining CPT certification.

After studying the manual, the applicant receives an intensive two-week clinical internship which includes testing, training, and review with Belinda, Larry, and top staff. Having passed that phase, s/he is tested again before final certification. Applicants take two written tests – one before and one at the end of the two-week intensive training. These tests are designed to assess knowledge of anatomy, theory, and overview of patient care, and to find any areas where we may need to fill in gaps, or hone the therapist's treatment skills before certification.

If the therapist passes all of these tests, s/he can be certified for one year. We re-test assessment and treatment skills during that year, and take the therapist through any re-certification training we feel is needed, around year-end. All of our therapists receive regular updated instruction and training in the Wurn Technique®.

When Treatment becomes an Art

The Wurn Technique® originated out of our desire to treat Belinda's pain, to help others with chronic pain and dysfunction, and to return patients to an active, fulfilling lifestyle. Over the years it has evolved into a treatment offering much more.

Over the decades that we developed the Wurn Technique®, we witnessed improvements in areas we expected – joints and organs that were glued down by adhesions. But we witnessed often dramatic improvements in unexpected areas such as digestion, hormonal balance, pituitary function, endometriosis and intercourse pain, female sexual function, small bowel obstruction, chronic headache, PCOS, and early surgical trauma (such as female genital mutilation).

As we have done with patient reports in the past, we follow the scientific method to investigate each new claim. That is, we will move from anecdotal reports (e.g., "This unexpected area works so much better.") to pilot studies (tracking the same symptoms and results in other patients), to clinical trials (retrospective, then prospective tests before and after therapy), to controlled studies suitable for publication in peer-reviewed medical journals.

The ideas and stories in this book represent a photograph in time, as our work continues to evolve. We have already published scientific studies on some of the diagnoses presented in the chapters ahead. Others are in an earlier stage of investigation.

We invite you to join us on a remarkable adventure through the remaining chapters of this book. There, we will examine what can happen when a skilled therapist listens well, works closely with his or her patient, and using hands, heart, and intuition, begins to unravel adhesive bonds that form in all of our bodies, throughout life. We invite you also to witness many of the heart-rending and sometimes miraculous stories, told by patients in their own words – of lives changed, seemingly impossible conditions reversed, and bodies and spirits healed.