Chapter Fifteen

Chronic Pain

Chronic pain robs people of their quality of life. As it becomes more debilitating, it can reduce the strongest person to a state of depression or hopelessness. Even when the pain is not severe, the fact that it is always present in the foreground or background makes people begin to identify themselves as "a person with pain."

Pain that is caused or exacerbated by adhesions can bring new levels of frustration for several reasons. To start, adhesions are difficult to diagnose and challenging to treat. Unless they are massive, adhesions do not show up on most diagnostic tests (x-ray, CT scan, and MRI). Thus, people in pain become frustrated when their doctors say, "There's nothing there," or "I don't see anything." In some cases, they give their patient the totally disempowering, "It's all in your head," or "You'll just have to learn to live with it." As we have come to realize, the smallest adhesion can pull on pain-sensitive structures within the body with great strength, and create pain which is called "unexplained" because its cause is impossible to visualize using traditional medical diagnostic tests.

Adhesions pain is considered a soft tissue injury, yet there is no visible sign that the patient has an injury. The victim is not wearing a cast and doesn't have a neck brace (in most cases), and yet the patient is in a state of nearly constant pain.

If your physicians cannot see your adhesions, it is even more difficult for family, friends, and coworkers to understand why you complain about your pain. Many of our patients say, "My spouse thinks I'm a hypochondriac," or, "My boss is tired of making special concessions

for me," or, "I feel like I am complaining all the time — what's wrong with me?"

Pain levels may be greater or less day to day, but some people cannot escape thinking of themselves as a "person for whom pain is always present." However invisible it is to others, pain is a fact of life for them.

Learning to Treat Chronic Pain

After Belinda's experiences with rushed and insensitive medical care, we wanted to provide a lovely venue where people might find total relief from their chronic pain at last. We knew that most physical therapy protocols involved exercises, ice, hot packs, ultrasound, electrical stimulation, and a few minutes of light massage. While these techniques seemed to do fine for some people, especially those with recent injuries, we felt there was a large population of patients who were basically unserved — those with chronic recurring pain symptoms.

We spoke with local doctors and suggested they send patients with chronic pain to our clinics. The general reaction was: "Are you kidding? I have dozens of those! I'd be glad to send them to you, but I will tell you that you are asking for a heap of frustration." True to their words, they sent us patients experiencing chronic pain. By the time we had visited three physicians, our books were full and we were scheduling waiting lists, booking patients two months ahead.

Early on, Belinda and I would notice that so many of these patients had a variety of seemingly unrelated symptoms. A typical patient reported chronic low back pain, severe headaches at the base of the skull and top of the head, and a pulling down one leg with occasional numbness or tingling. In addition the patient had irritable bowel syndrome and poor digestion, as well as painful intercourse.

Prior to coming to our clinic, the patient was typically sent to physical therapy for back and leg pain, to internal medicine for irritable bowel

syndrome, to a gynecologist or urologist for painful intercourse, and to a neurologist or neurosurgeon for the chronic headaches. If no relief was found, s/he was sent to an anesthesiologist with a specialized chronic pain clinic to consider anesthetizing whatever area could be accessed with a pain reliever or nerve blocker. In that case, pain relief would last as long as the medication, but never effectively address the cause.

By the time this patient arrived in our clinic, s/he was confused and disheartened by the multiple diagnoses from specialists. Often, our patients were exhausted from trying to follow up on the schedule and regimen of physician appointments, diagnostic tests, referrals to other specialists, medications to address symptoms, traditional physical therapy, and possibly surgery, only to be left with ongoing pain or dysfunction.

When each patient arrived at our door, we viewed that patient's body as a whole. Trying to "connect the dots" of our patients' various symptoms, we found it helpful and often necessary to take a full body view. We quickly ascertained the importance of understanding the patient's lifetime history of traumas, surgeries, infections, and inflammations — conditions that cause adhesions to form.

We knew that whenever the body healed from any tissue trauma or the body compensated for an injury (e.g. shoulders lifting, limping, etc.), adhesive cross-links often formed within this fascia along lines of tension or physical compensation. As they formed, they pulled the fascial sweater of the body out of its normal alignment with tensile strengths of nearly 2,000 pounds per square inch.

We often found that a trauma or a healing event had started the process that led to the pain. The example below is a compilation of the type of stories we hear every week:

Pain after Childhood Injury

- Ellen's Story

Ellen had fallen off a horse at the age of 14 and landed on her left hip and buttocks. When we palpated the site of the trauma, we felt very thick adhesions running down both sides of her sacrum and down into her tailbone. Above the injury, adhesions were running up the left side of her low back, thickening the quadratus lumborum or "hip-hiker" muscle between her ribs and low back. When we questioned her further, we discovered that she had landed in a position in which her right leg was pulled back, over-stretching her psoas muscle and the hip flexors, at the front of her right thigh. The psoas muscle neighbors the fallopian tube, ovary and kidneys, so any inflammation of the psoas could affect those structures. In fact, upon palpation, her digestive system apparently received and absorbed some of the force of the trauma, as did her right kidney.

The adhesive healing process spread into the nearby bowels, causing inflammation there. The force of the fall also pushed her tailbone forward, creating a physical barrier to her descending colon, causing constipation. Thus, the original injury caused inflammation to spread to various areas of the abdomen, pelvis, hip, and low back. Intercourse pain with deep penetration was a direct result of her partner hitting her tailbone, which had been pushed forward by the fall. Thus the tailbone created a physical block whenever she attempted to have intercourse with her husband and contributed to constipation, as it created a physical barrier at her descending colon. She also complained of neck and TMJ (jaw) pain, which we felt was exacerbated by an unstable pelvis.

Having thus surmised the history and progression of the injuries and symptoms our patient experienced, we were able to see, treat, and deal with the wide range of symptoms as a whole-body approach.

Our next challenge was to ask ourselves, "Where do we begin and where do we take this next?"

Like taking apart nylon rope one strand at a time, we began to palpate, detach, and free the major adhered tissues and structures from each other, one by one. To us it feels like we are pulling out the run in a three-dimensional sweater. As we free restricted areas, we move on throughout the body, following the "run" wherever it goes.

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As the strong collagenous bonds began to slowly release, symptoms dissipated and normal range of motion returned. As entrapped nerves were freed, Ellen's pain decreased. As the pelvis and low back were freed, we were able to return symmetry to the spine so her neck and TMJ symptoms could resolve at last. Direct treatment at her tailbone and nearby structures resolved her constipation and intercourse pain.

Helping patients became a marvelous adventure for us. We would first uncover the cause of our patients' pain, and then unravel adhered structures and soft tissues in the fascia, freeing them from the adhesive straight-jackets that caused pain and dysfunction in various bodily systems.

Over the course of therapy, patients reported relief in seemingly unrelated areas, "I can breathe deeply!" patients told us, "I don't have headaches anymore;" "My gait has changed, I feel stable again;" "There is mobility where I felt stuck;" "I can take longer steps."

Severe Fall, Subsequent Pain and Headaches

- Michael's Story

As a 24-year-old construction worker, Michael suffered a severe fall on the worksite, landing on the right side of his buttocks and tailbone. Over the course of four years, Michael had been to over a dozen physicians and had attended virtually every physical therapy and rehabilitation clinic in our medically-oriented town. By the time he arrived in our clinic, he was still in a debilitated state.

During our initial evaluation, Michael's left shoulder was severely elevated in constant spasm, rising up toward his neck. He did not have the strength to grasp objects with either hand. In addition, he was dragging his right foot behind him so badly that the front inside of his shoe had worn out. He had significant neurological symptoms: his left hand shook constantly, and his legs shook frequently. He reported severe daily headaches that started a few days after his fall, and had gradually become worse over time.

We hardly knew where to start with this young man, but we knew that we were probably his last chance to regain some semblance of a life. Emotionally, he was remarkably stable for all he had been through; he was in constant pain in so many places, and he just wanted to get his life back.

Michael had been to over a dozen physicians and had attended virtually every physical therapy and rehabilitation clinic in our highly medically-oriented town.

We described adhesions, fascia, and the inner structure of his body to him so he could act as an informed member of the team that was trying to help him regain his life. Trying to envision the adhesive pattern that had formed in him since his fall, and noting that he had severe impingement on nerves in many areas, we asked him to tell us what techniques felt better and which ones did not help, or made him feel worse.

As we palpated different tissues, we described the inner structure of his body to him. We asked him to tell us where he was feeling sensations when we touched various areas. Often, Michael would identify relationships that physicians would tell us do not exist in modern medicine — such as a pull from his shoulder into his opposite leg. Yet when we treated that shoulder, he would feel relief in his opposite leg. And after a session of treating that shoulder, we noted that his gait improved markedly. The complex adhesive pattern that was created within him after his fall was starting to unravel.

Over the course of his therapy sessions, both of his shoulders became level. Eventually, he was able to walk normally, swing his arms, and lift objects again. He returned to work on light, then moderate duty.

Toward the end of treatment, he still experienced daily headaches that were often severe and debilitating. Since the rest of his body was doing so well, this remained a great mystery for us.

Then one day, we had an experience with Michael that knocked our blinders off. In fact, it would have significant ramifications for our headache, pelvic pain, and infertility patients for years to come.

One day, we had an experience with Michael that knocked our blinders off.

While Larry was treating Michael's neck, he noted severe tightness at the base of his skull. Clinically, we had noticed that this is often an area associated with headaches, and the area felt totally jammed. In fact, as he tractioned his head, it felt as if the tissues of his neck and the base of his skull were anchored much further down his spine.

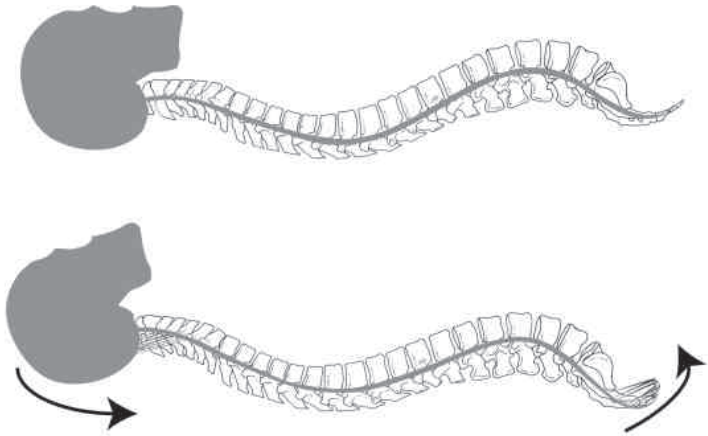
Larry mentioned this "anchoring sensation" to Belinda that evening. She asked, "Do you suppose that when Michael fell at the worksite, he may have pushed his coccyx (tailbone) forward and it got stuck in that position as it healed?"

As we talked, we decided that this was not only possible but likely. We also knew that one of the primary fascial attachments at the sacrum and coccyx is the dura — which is

the thick, fascial covering of the brain and spinal cord. The dura starts at the tailbone, attaches to the sacrum, climbs the spinal cord, and has strong attachments at the base of the skull. Then it continues up into the cranium to surround and infuse with the tissues of the brain, divide the brain into left and right sections, and create the floor of the brain.

"Do you think that when that happened, it pulled down on his dura, and that the anchor I was feeling at his head was the pull coming from the coccyx?" Larry asked.

"Sounds reasonable to me," Belinda said. "Anatomically, it makes sense, but in that case, what are we going to do about it?"



A tailbone pushed forward in a fall, or pulled by pelvic surgery scars can pull the spinal cord down, exerting pressure into the skull.

"What about this," Larry suggested. "What if one of us decompresses (pulls back) the joint at his coccyx (internally) while the other tractions his head? Do you think that might work?"

"Mechanically, that sounds reasonable. I really can't think of a better way to do that," she said.

We told Michael what we were thinking. "There are no guarantees, of course, and we would never push anyone into something they do not want to do," we said. "Frankly, it may be pretty uncomfortable for a few minutes. But we have tried so many things; mechanically, this makes sense to both of us. We think it could be the key that unlocks the door to your chronic headaches."

"Well," he said, "you have done more in the course of therapy than anyone else has been able to do in several years. If you think it'll help, let's just go on and do it."

We treated Michael the way we described and hoped he would find relief. Michael had an appointment set with his physician three days later.

"They did *what*?" the doctor exclaimed when Michael told him about our treatment.

"Yeah doc, they sure did. They said they released the pull of my dura. I don't understand it much, but the headaches I have had daily for over three years are completely gone now! I haven't had one since they did that!"

It was a matter of simple biomechanics, and our treatment with Michael was a clear and dramatic demonstration of how listening deeply to patients and thinking of the body's

mechanics from a "whole body" perspective could lead to profound results.

The physician called us amazed and promptly began sending his most complicated tailbone and headache patients.

Decreasing and Eliminating Chronic Pain

Pain can interfere with all aspects of a person's life and impact the lives of families and friends. Pain or dysfunction which persists for more than 12 weeks is considered chronic.

Adhesions present several problems for medical science:

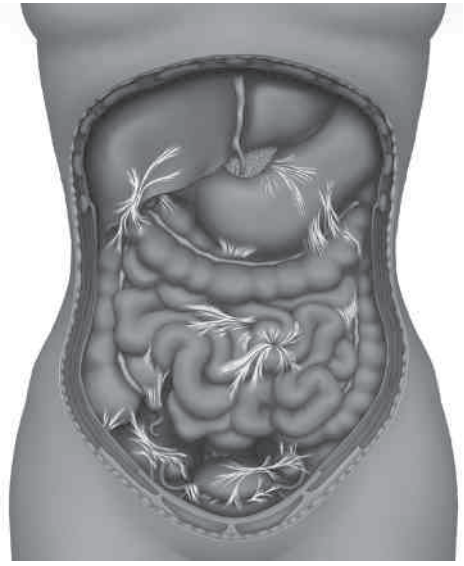
- They are very difficult to detect, making a definitive diagnosis difficult. They do not show up on most x-rays, MRIs, or CT scans.
- They can be so small that they are virtually undetectable, even during surgery.
- Surgery can cut or burn some adhesions, but others are difficult or risky to access due to their proximity to delicate tissues.
- No matter how skilled the surgeon, it is very difficult to perform surgery without creating more adhesions.

In the following sections, we discuss how adhesions can directly cause multiple conditions. We also explain how treatment can return a patient to a pain-free life.

Abdominal pain

Abdominal pain and dysfunction affects millions of people. When pain is not due to disease, we begin to suspect mechanical causes.

Adhesions are a major cause of mechanical abdominal dysfunction, due to the inflammatory process.



Adhesions may occur anywhere the body has healed from trauma, infection, inflammation, or surgery.

Adhesions may occur in any of the abdominal organs as a natural by-product of healing. Abdominal adhesions may initially form as a response to disease, inflammation, accident, surgery, or radiation therapy. Surgery is a common cause of abdominal pain and adhesions, as internal structures glue down during the healing process that follows surgery. Diseases of organs are also known to cause adhesions and subsequent pain.

Unexplained abdominal pain can be extremely frustrating as the patient goes from specialist to specialist in search of a diagnosis. When no organic cause (such as disease) can be found, or when concurrent symptoms occur in nearby areas (such as low back pain or digestive problems), we begin to suspect a mechanical cause of the pain , generally adhesions.

Unexplained Abdominal Pain

- Rae's Story

My two weeks in Gainesville, Florida were a turning point for me. I don't think I will ever be able to put into words what they did for me, my health, my approach to good health, and my outlook on life.

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I have been no stranger to the acronym "ICI" (Invisible Chronic Illnesses), and had a plethora of TLAs (three letter acronyms) as diagnoses for my various levels of ill health, pain, and inability to "have a life." What brought me to Clear Passage Therapies (CPT) was the four years of fighting stomach pain, a pain that made all other pain issues pale in comparison.

I developed stomach "clutches" that literally doubled me over and brought me to my knees. Having pain issues from FMS (Fibromyalgia Syndrome) and MPS (Myofascial Pain Syndrome) did not prepare me for this sharp and focused wave of pain. It hurt so badly, the pain would make me throw up whatever was in my stomach, and then for the next "n" number of hours (sometimes days) heave pure bile. That was my cue to go to the emergency room (ER).

After my third visit there, one physician decided that gallstones were the issue. He admitted me, and I waited three days until the surgeon was available. I was afraid of surgery, my health not the best to begin with, but the knowledge that this

would end the cycle of excruciating pain was what kept me strong.

Recuperating from the surgery was no picnic, but I was free of the stomach issue, or so I was told. All it took was one roughage full meal to have me dialing 911, and awaiting the ambulance. It was so frightening and disheartening, but I hadn't put two and two together yet; even worse, neither had the doctors. They all believed this was all part of the "recovery process" from the surgery, and my system trying to handle the digestion process without the gallbladder to do its job breaking food down with enzymes and directing it into my intestines.

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Much later, it became apparent to all of us that my stomach issue was not resolved by surgery. In fact, the surgery had exacerbated my problem (origin still unknown).

I then went to multiple GI specialists, "la crème de la crème," who all were adamant that I had an issue, but no one could diagnose it. I soon found myself chasing pain clinics, and having tests of pure discomfort. I had MRIs and CT scans with and without dye; I swallowed markers to track my digestive system by x-ray, and swallowed other nasty stuff to clean my system the night before. I underwent all of these tests and procedures to show the medical folk how my digestive tract worked, how fast it moved, what path it took, and other arcane data. I had endoscopies and colonoscopies. And still, I had to go to the ER again and again with the pain. The ER doctors took so

many x-rays of my entire torso that I am surprised I don't glow in the dark!

So between tests, specialists, and pain clinics, I kept having to find relief in the ER. They would insert an N/G (nasal gastric) tube into my stomach, give me enemas, experiment with intravenous medicines, inject Atropine... After a while, they'd create any concoction or cocktail they could think of. They too were frustrated, and also "suspicious," since the relief inevitably came when they finally gave me the injection of a narcotic, along with anti-nausea medicine.

I went to multiple specialists… who all were adamant that I had an issue, but no one could diagnose it.

Sometimes they used an IV, and they'd maybe add something to hydrate me, but inevitably, excruciating pain in my stomach recurred. Depending on what they saw, they would either calm my pain with drugs, or admit me due to a bowel obstruction, or "ileus."

My ER visits eventually became even more frequent. My primary care physician kept suggesting exploratory surgery as the only way to figure out what was wrong. He put me on narcotics to try to keep me home and help me to minimize going to the ER over and over again for pain relief. There were weeks when broth and Jell-o were my only fare — I

My ER visits eventually became even more frequent.

remember being so excited when I could add some food to my Jell-o. There are not nearly enough Jell-o flavors available!

As my pain, bloating, and digestion problems continued, along with trips to the ER, including admission to the hospital, my doctor became more insistent on the need for exploratory surgery. He assured me that if there were the expected adhesions from my prior (unnecessary) surgery, the way to eliminate them was more surgery.

I started to attack the Internet for information. I found CPT.

After reading horror stories about adhesions being compounded by multiple surgeries that attempted to release previous adhesions (which sounded both scary and logical to me) I approached my MD about going to CPT. His feeling was that it would not harm me, and at most it would only cost me some time and money. He felt it was worth a shot — he was supportive of my efforts.

I can't tell you how warm and welcoming everyone at CPT was. I filled my form out very, very completely, and I have a long and complicated health history, as I alluded to earlier. I held nothing back. I spoke to a therapist on the phone, and she soon became my new best friend and confidante. Despite my weight, CPT was willing to work with me, as long as my expectations were realigned to recognize that it might impact the level of my success.

My therapist did not hold back, or "weasel-word" what I was in for and what to expect. She was a professional always, but with such heart. I went to Florida, where their team of

therapists worked together to create a plan for me. Every step of the way I found caring, smiling, people who listened to me and encouraged me while the therapists worked; rather WE worked together — I had to be actively involved, mind and body. The rest of the staff always smiled, answered questions, suggested places to visit, and accommodated my schedule needs.

By the end of two weeks, I had made new friends, really more like sisters: a family of my choice. I was so sad to leave them, but it was time to "graduate" and say goodbye. They gave me resources, paperwork, cheat-sheets of exercises, and more to continue the process at home.

After I returned home, it was eleven long, lovely MONTHS before I ever hit the ER with a stomach issue again. Now almost 7 months later, I've not gone to the ER since. Compared to my schedule of multiple ER trips every year, this feels like magic (albeit based on their science, intuition, training, and heart). I never imagined this could be my reality!

I am now on the brink of getting off of the narcotics which, at one time, were the only things that kept me from being in the hospital 24/7. I admit I'm anxious about this step, but excited too. This could never have been possible without my time at CPT.

Another benefit from my CPT experience is that my pursuit of health has broadened the scope of professionals

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I seek. In retrospect, I see that in my case(es), "western" physicians often spent their energy and my dime, treating my pain symptoms and seeking a label for my illness(es) and pain — rather than really treating me. They tossed western pharmaceuticals at me, but those always seemed to have side effects. In fact, some side effects required a different medicine to balance them out, ad nauseum (pun intended here). Ultimately, they gave me a "waste-basket diagnosis" (a label) when they couldn't find the cause. Some even dismissed me as some "hysterical woman" whose pain and symptoms were "all in my head," a more modern version of "the vapors."

I've since turned to more "alternative health" options that see "me" in my entirety, and try to treat the whole person, not find a label to pigeonhole me. My path towards the quest for health has changed, and I try to keep open-minded regarding my well-being, combining both alternative eastern and western modalities.

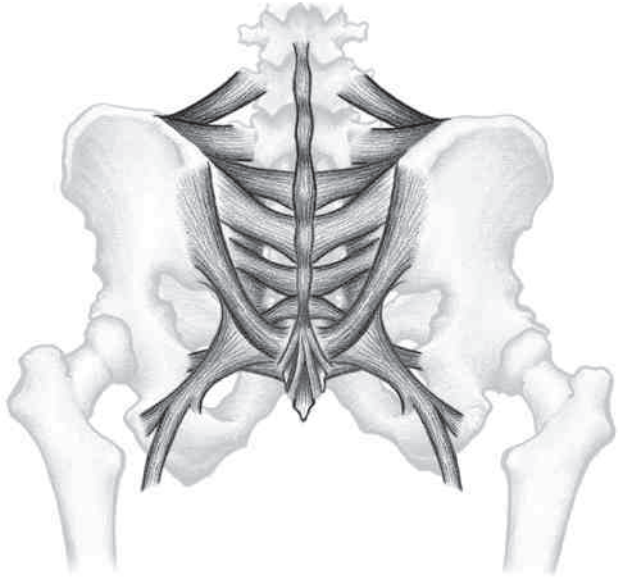
CPT opened a new world to explore, one with options and hope. I'm not there yet, but what an opportunity they offered me! As CPT knows, I am willing to speak about my experience, and answer any questions about my personal experience.

Certainly everyone gets their own unique help and lessons from CPT. As they say, YMMV (your mileage may vary). But know this, I cannot thank Clear Passage enough for their work with me, and their taking a chance, inviting such a "complicated" case into their care, and helping turn my life around.

Back pain

Chronic back pain can be physically and emotionally debilitating, affecting virtually all aspects of a person's life. Back pain that has persisted for more than three months is considered chronic. Symptoms may include back or leg pain with certain movements, when standing, walking, sitting, or prolonged morning stiffness. Even when the pain is bearable, the persistent or recurring nature of the pain can be so frustrating that life loses quality as the patient loses hope for recovery.

Two important elements in low back pain are biomechanical and soft tissue dysfunctions of the sacroiliac joints. The sacrum and pelvis are the body's center of gravity and stability, simultaneously negotiating forces transferred from above and below.



The bones of the pelvis are held together by strong ligaments to create a foundation for the torso, neck, and head above.

"Before treatment, I had chronic pain in my back that would flare up after walking or shopping for an hour. I thought it was a normal part of aging. But after treatment, that pain vanished."

– Christine, mother of one after struggling with chronic pain and infertility

A complex series of ligaments attach the sacrum to the two large pelvic bones (the ilia) at the sacroiliac joints. In doing so, they help provide a stable transition between the upper and lower body. The sacrum also forms a joint with the fifth lumbar vertebra, the lumbosacral junction at the base of the spine.

The ligaments of the sacroiliac joints contribute significantly to the stability of the low back, while the lumbosacral junction contributes to low back stability and mobility. Together, these joints and ligaments support the entire body above the pelvis.

If the pelvis, sacrum, or low back are out of alignment and this misalignment persists long-term, adhesions tend to form, perpetuating the dysfunction, and further pulling these structural elements out of their normal balance. Instability and pain are the near-inevitable result.

Trauma, injury, surgery, or years of poor posture can cause inflammation in the body, which creates additional collagen cross-links as a response. These cross-links form even more glue-like adhesions, further binding structures that should be mobile. Once the inflammation has passed, these adhesions remain in the body as a permanent by-product of healing, freezing the dysfunctional posture in space.

When adhesions form, the pelvic or lumbosacral joints become increasingly fixed in a dysfunctional or asymmetrical orientation. Any asymmetry in this area can create compensatory responses in

The therapists also resolved back pain I had for years. I had even seen several physical therapists before and one of them told me, "You will need surgery by the time you are 40." But after CPT, I had no pain.

– Sydney, mother of two after struggling with chronic pain and infertility

structures above (upper back, shoulders, neck, head, and TMJ) or below (hips, knees, and feet). This asymmetry may be relieved by a knowledgeable chiropractor or structural body worker.

However, if symptoms persist or recur, we find it is often because the chiropractor or structural body worker has addressed the bones of these joints and not the collagenous cross-links that pull bones out of their natural symmetric relationship. Once we have addressed these adhesions, the bones of this region generally return to a symmetric state.

Fibromyalgia

Fibromyalgia (FM) is one of the three most common conditions seen by rheumatologists. It is a complex, chronic condition of unknown cause affecting an estimated three to six million Americans. It is ten times more common in women than in men, and most patients are women between the ages of 30 and 60.[31]

Patients with FM often complain that muscles and joints ache throughout their bodies. A large number of other symptoms may be present, including fatigue or pain that ranges from a dull aching, flu-like feelings to more severe discomfort. Other symptoms may include body stiffness in the morning, after prolonged sitting or standing in one position, or with changes in temperature or relative humidity. When patients with FM adjust their postures to try to avoid pain, they

can complicate the condition by developing unnatural compensatory patterns of movement.

Patients may complain of sleep disturbances or cognitive difficulties such as difficulty concentrating, "spaciness," memory lapses, and becoming mentally overwhelmed easily. Some patients develop irritable bowel or bladder, digestive disturbances, abdominal pain, bloating, constipation, and/or diarrhea. It is not unusual to have swelling, numbness or tingling of fingers or toes, cold hands or feet, and itchy, dry, or blotchy skin. Patients may experience headaches, TMJ or facial pain, depression, or anxiety.

FM has been called soft-tissue rheumatism because it primarily affects the fascia and muscles. Unlike arthritis, FM does not cause pain or swelling in the joints. Rather, it produces pain in the soft tissues, and within the fascia. Severity of pain varies from day to day and can change location. Pain may become more severe in parts of the body that are used the most (e.g., the neck, shoulders, and feet). In some people, the pain can be intense enough to interfere with daily tasks, while in others it causes only mild discomfort.

It has been suggested that the pain of FM is related to micro-trauma in deconditioned muscles and that exercise helps by conditioning these muscles.[32] However, some tender points are not over muscles or tendons, such as those over the inside fat pad of the knees.[33] Further, many FM sufferers are frustrated by the fact that even mild exercise exacerbates their symptoms.

It has also been suggested that FM may be due to non-restorative deep sleep.[34] Patients with FM often report insomnia, trouble staying asleep, or light sleep, with an increase in symptoms after disturbed sleep.[35] Despite sufficient amounts of sleep some nights, FM patients may awaken feeling unrefreshed, as if they have barely slept. Controlled research trials have confirmed the value of aerobic exercise in the treatment of FM.[36] Exercise appears to increase time spent in

deep sleep, which may be a mechanism for its therapeutic effect in some FM patients.[37]

Development of the syndrome may involve a predisposing (possibly inherited) factor. There may also be a precipitating factor, such as trauma (accident, fall or injury), illness, disease, infection, emotional stress or sleep disruption that acts as a trigger.

In our own experience, FM appears to represent a tightening or pulling of the entire fascial sweater toward the spine. As the fascia tightens, pain may appear in any part of the body. As a patient with FM undergoes his/her various activities of daily living, the tightened fascias can pull on remote areas, often eliciting pain in different locations.

Through clinical observation, we have come to believe that the tightening of the fascial sweater throughout the body and the pull in toward the spine and spinal cord accounts for some of the cognitive problems faced by many patients with FM. We have come to feel that the spinal cord may be squeezed by the tiny straight-jackets of the tightened fascia. When this happens, function may decrease throughout the body as the brain is literally squeezed and the head is pulled forward and down, pulling the base of the skull down onto the vertebrae at the top of the cervical spine. This pull can affect the normal flow of blood and nerve impulses into and out of the brain, and cause concurrent headaches at the attachments of the dura.

Patients with FM tend to respond well to the Wurn Technique®, or other deep connective tissue therapy such as myofascial release. While some patients flare up with increased symptoms for a day or two after therapy, our intent is to open, loosen, and increase mobility of the entire fascial sweater, from the base of the skull and the spinal cord out to the extremities (arms and legs). Patients with FM generally note a significant reduction in their symptoms after therapy.

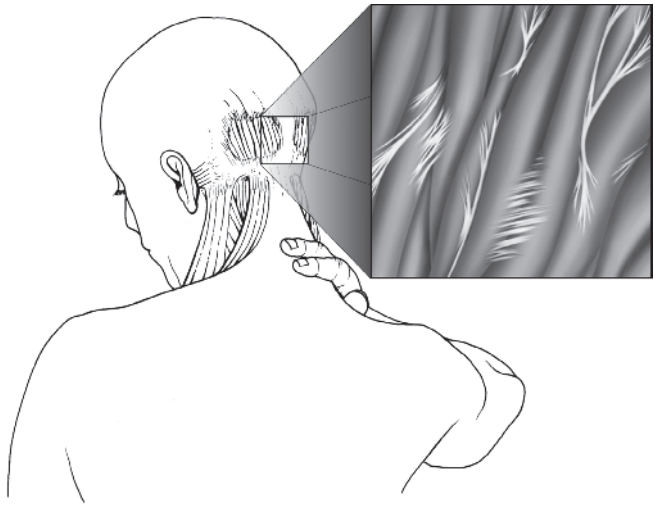
Headaches

Roughly 45 million people in the United States live with chronic headaches, according to the National Women's Health Information Center (NWHIC), and ten million visited a physician's office for headaches, according to a National Hospital Ambulatory Medical Care Survey published in 2001.

Headaches appear to have affected humankind from the dawn of civilization. During the Stone Age, pieces of a headache sufferer's skull were cut away with flint instruments to relieve pain. Another unpleasant remedy used in the British Isles around the ninth century involved drinking "the juice of elder seed, cow's brain, and goat's dung dissolved in vinegar," according to the National Center for Neurological Disorders and Strokes — a branch of NIH that focuses on the neurology of the brain. We have to assume that headaches were a major problem for these patients to go to such extremes in search of a cure.

Most researchers categorize headaches into three types: cluster, migraine, and tension. According to the Mayo Clinic, even though tension headache is the most common type of headache, it is not well understood. Mayo states, "A tension headache generally produces a diffuse mild to moderate pain over your head. Many people liken the feeling to having a tight band around their head. A tension headache may also cause pain in the back of your neck at the base of your skull."

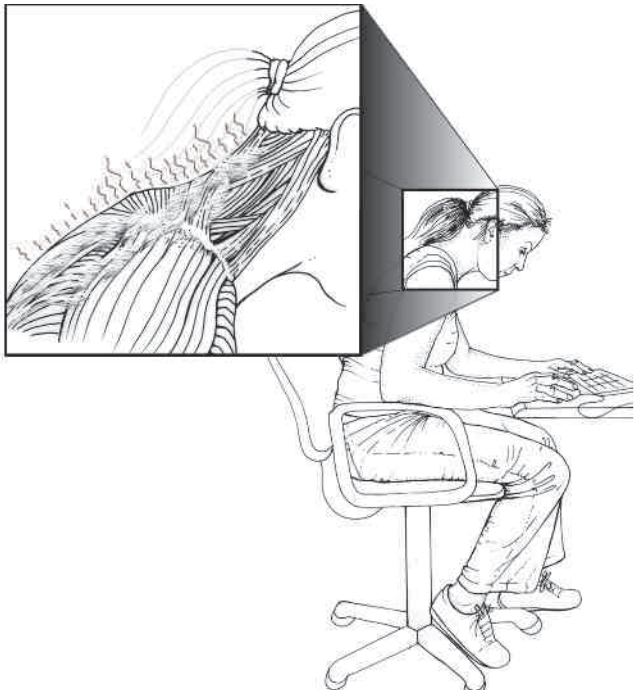
Clinically, we see this pattern quite often. In most cases, the headaches are relieved with therapy, which leads us to believe that there is a strong mechanical component to many of the chronic headaches of patients we treat.



Muscles in the neck and base of the skull tend to become thickened by adhesive processes, as we age.

We believe that adhesions caused by inflammation at the head, neck, or related structures are a direct or perpetuating cause of many headaches, as strong glue-like bonds pull on pain-sensitive structures at the base of the skull, and/or into structures located deeper within the head. Muscles in spasm may impair circulation within the head and neck due to their pressure on nerves or blood vessels, causing pain.

Compression of blood vessels at the base of the skull due to forward head posture or a downward pull of the spinal cord can increase pressure in the head, as blood flow is slowed from leaving the enclosed skull through the foramen magnum — the silver-dollar sized hole at the base of the skull. The spinal cord enters the head through this passage, as do many blood vessels. When patients complain of chronic headaches, we often note moderate to severe tightness in this area. The thickened tissue feels to us like other adhered tissues of the body.



Chronic "forward head" posture can cause spasm and adhesive repair, thickening the tissues at the base of the skull, and sometimes causing chronic headaches.

The patients we treat with chronic headaches often work in chronic "forward head" work posture. This position can result in spasm, inflammation, and adhesions in the neck, shoulders, or upper back.

Patients with mechanical headache pain often report that they feel a place in their head or neck "where my headache starts, or resides." We generally find this patient feedback to be geographically accurate and important, as it so often points to a specific biomechanical cause, such as adhered tissue or a nerve compressed by spasm or adhesions. Patient feedback helps us find and test the specific mechanical

forces that cause and exacerbate chronic headaches, and also opens the door to address these areas and attain permanent relief.

One "missing link" in chronic headache diagnosis and treatment is the pull on delicate bones and nerves of the skull from thickened fascia, further down the body.

As noted in the early chapters of this book, the significant weave of the body's fascial sweater extends from the top of the head to the bottom of the feet. Thickened tissues in the mid-back, shoulders, and neck can exert tremendous force on attachments in the head, especially at the base of the skull.

While this area (the cranial base) is a keystone in unlocking the mystery of so many chronic headaches we treat, we find that limiting therapy to this area alone generally does not bring permanent relief. It is necessary to follow and treat the adhered tissues throughout the entire myofascial (muscle and fascia) complex, dissolving or dissipating collagenous attachments wherever they exist below the cranium. Only then can we find lasting relief from chronic head pain, for most of our patients with severe recurring headaches.

Severe Pain and Chronic Headaches after Car Accident

- Barbara's Story

(Full Story Featured in Chapter Six)

In 1986, 10 months into my marriage, I had a severe car accident. For years I had sought help from physical therapy, orthopedic doctors, and chiropractors in Colorado. Now, in Florida, I had continued this process. I was still experiencing pain and severe headaches on a daily basis when my chiro-

practor recommended I see Belinda Wurn, head of a new physical therapy clinic that had recently opened. At first, I was skeptical, but I was told that she had a new physical therapy technique and, as a massage therapist, I knew her manual treatment could only help.

I started attending treatment with Belinda and my body improved greatly. Over time, my one lingering complaint was severe headaches. Belinda explained that the dura runs from the base of the skull all the way to the tailbone. She felt that my car accident caused my dura to be pulled, leading to constriction and headaches at the base of the skull. She wanted to loosen the scar tissue around my sacrum and tailbone to see if it would help reduce my headaches.

After her explanation, I agreed and she performed the techniques to reduce scar tissue. Because I was a massage therapist, she also showed me how to perform some of the techniques myself.

Within eight to ten treatment sessions, my headaches disappeared.

Myofascial Pain Syndrome (MPS)

Millions of Americans have musculoskeletal pain. An estimated 10 million American adults (5% of the US population) suffer from either myofascial pain syndrome (MPS) or fibromyalgia (FM).[38] *While they have much in common, these conditions are now recognized to be two distinct syndromes. MPS is a localized disorder, and FM is a systemic disorder.*

Janet Travell, MD, a pioneering researcher in the field of MPS, describes this syndrome as "a regional muscle pain disorder that is

characterized by tender spots in taut bands of muscle that refer pain to areas overlying or distant to the tenderness.[39] Some patients develop MPS following trauma, although they may not be aware of the connection since the trauma can precede the onset of pain by weeks, or even months. Besides trauma, other potential causes or perpetuating factors for MPS include muscle strain and frequent exposure to cold, overwork, and fatigue.

Some mechanical problems within the structure of the body are also thought to be possible causes of MPS. These may include a short leg, an asymmetrical pelvis, a long second toe in the foot, and dental abnormalities. Other factors that are thought to lead to MPS are overly tight bra straps, as well as compression of the hamstring muscles (on the back of the thigh) by the edge of a seat. The typical sitting posture of today's office worker at a desk or computer terminal, forward head and slumped body posture, has also been linked with the increased prevalence of MPS in recent years. We view most of these abnormalities to be symptoms of cross-link formation, an "effect" of collagen formation rather than a "cause" of MPS.

We find that the mechanism of adhesion formation in the fascias of our patients with (regional) MPS are similar to our patients with the broader condition of fibromyalgia (FM). Thus, our therapy for MPS is similar to therapy for FM. After taking a thorough history, we evaluate the patient's entire body and conduct extensive palpation of the tissues. The therapist will note any areas of tightness, tenderness, heat, or decreased mobility, as well as any distal areas to which palpation elicits pain. During this evaluation, the physical therapist will also check range of motion to note any deceases from the norm.

As the therapist allows her/his hands to sink deeply into the tissues, our intent is to find thickened, adhered areas and to break or detach collagenous cross-links that formed during a healing process.

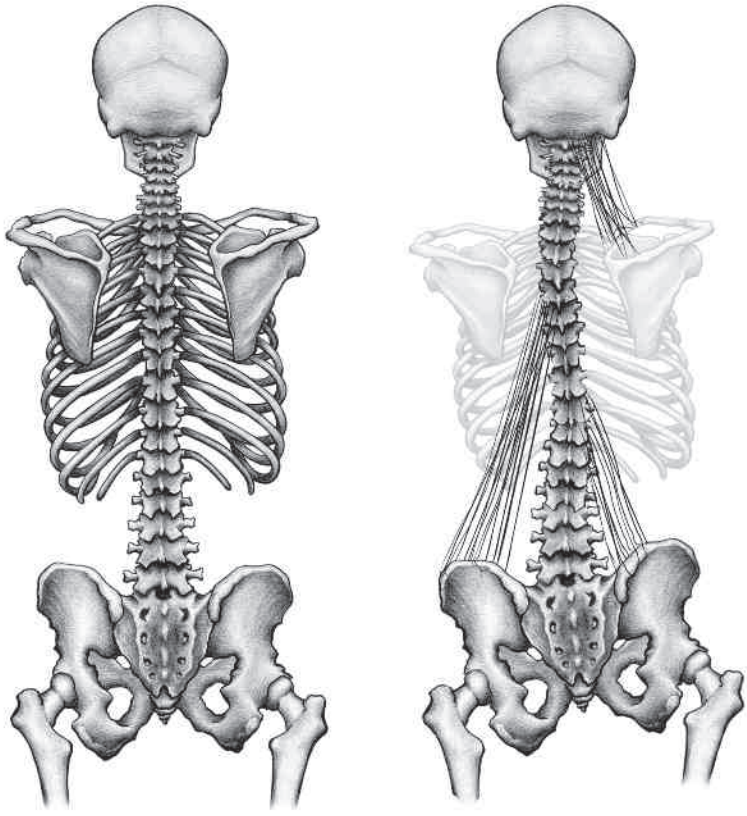
We generally follow soft tissue therapies with a stretching and strengthening program focused on the core of the body as well as the areas of prior pain, dysfunction, or decreased range of motion.

Pelvic imbalance

Chronic imbalances of the bones of the pelvis are common. These can create far-reaching mechanical and soft tissue dysfunction within the body systems. Because the pelvic bones are the foundation and base of support for the upper body (the back, spinal column, chest, shoulder girdles, neck, head, and jaw) asymmetry in bones or joints of the pelvis often causes pain and imbalances in any of the areas above.

The pelvis is also the transition point of weight between the legs and the upper body. Anatomically, a single column of central weight (the spinal column, trunk, and head) must be structurally transferred into two columns (the legs) with every step we take. This transfer occurs at the sacroiliac region of the pelvis. Nature designed this area to be highly stable to promote the even transfer of weight from one column into either of the other two. The sacrum (in French *os sacre* or "sacred bone") is also the body's center of gravity. If the pelvis is not stable, the body begins to compensate above or below. Thus, compensatory patterns of adhesions, pain, or dysfunction may occur in almost any area of the body.

Similarly, we find that treating in this core area of the body often brings lasting relief from chronic pain or dysfunction.



As the foundation of our upper body, an unbalanced pelvis can create symptoms up the spine and into the head.

An unstable pelvis creates a spine that tilts to one side or the other as it rises from the pelvis to support structures above it. For example, due to pelvic imbalance, the lower spine may initially veer off to the left (as shown above). When it does, the muscles of the right low back and right waist must tighten to keep the torso balanced above the body. Once these muscles have tightened, muscles at the left thoracic spine (near the shoulder blades) tighten to keep the shoulders centered over the pelvic foundation. Finally, muscles on the

right side of the neck and shoulder girdle tighten to keep the eyes, ears, and their semicircular canals (which monitor our balance) level.

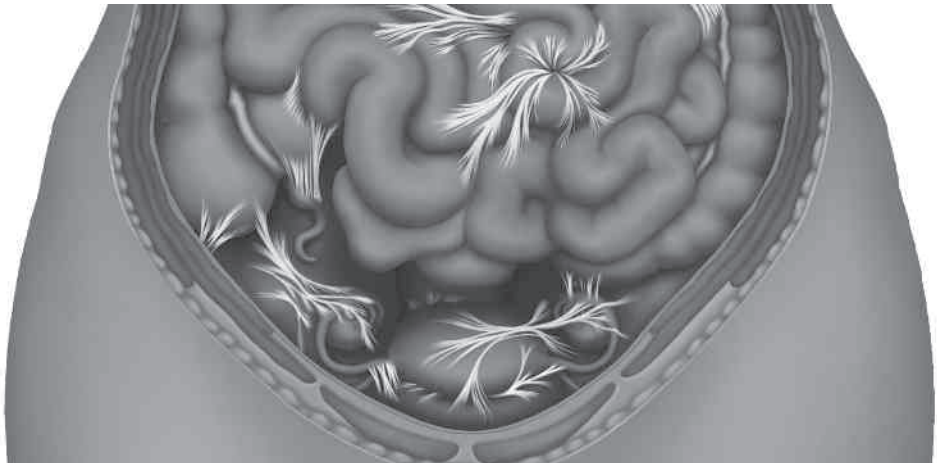
Thus, an unstable pelvis can initiate a scoliosis-like pattern in the body that can precipitate pain into the lower or upper back, shoulder blades, shoulder girdle, neck, head, or temporomandibular joints (TMJ). This same asymmetric patterning may also occur (often to a lesser degree) in the lower body. In that case, one leg may become shorter than the other leg as it is pulled into the hip by compensatory adhesions. The feeling is a bit like walking with one foot on a curb and the other down on the street, or with a heel lift in one shoe. In this case, the longer leg receives the greater share of the trauma with each stride. This can cause consequent pain in the ankle, knee, hip, or low back. Over time, the longer leg on one side perpetuates the imbalance of the pelvis.

One focus of our therapy is to restore leg and pelvic symmetry to create a stable foundation for the entire body. Patients generally find that once their pelvic symmetry is regained and a properly aligned foundation of support is restored, pain subsides.

Pelvic organ pain

Conditions such as endometriosis, sexually transmitted diseases, pelvic inflammatory disease (PID), and vaginal, bladder, and yeast infections can cause pelvic pain. Tiny adhesions form during the healing process and remain in the body after healing. Thus, these conditions may cause symptoms long after the inflammation has passed.

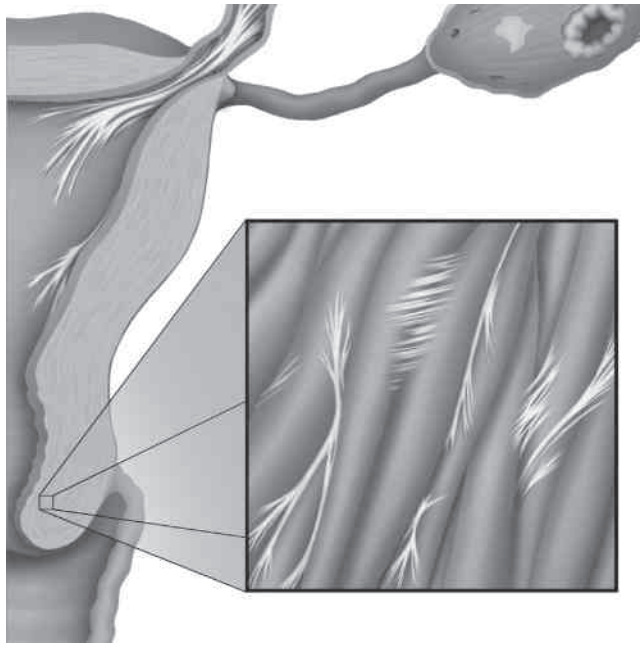
A bladder infection can generally be cured with a course of antibiotics. But after the infection has passed, the adhesions that formed as a response to the original infection often remain within the bladder or outside the bladder, on its support ligaments. There, they may cause pain or a tightening at the bladder, increasing the frequency of urination and sometimes causing spasm or pain. Due to the bladder's proximity to the uterus, we believe that those adhesions can interfere with embryo implantation, as well.



Adhesions from a bladder infection can spread to neighboring areas.

The same process that adheres the bladder can also take place within the uterus or vagina with farther reaching effects. Inflammation or infection in these and nearby structures can cause significant adhesions to form as a response to pelvic inflammatory disease, vaginal infection, abortion, poorly lubricated sex, and physical or sexual abuse.

While the uterus and nearby structures may heal, adhesions that formed as a part of the healing process can remain in the uterus for years (or a lifetime) after healing. There, they may form on the uterine wall creating pain, spasm, or changing the surface to one that is less hospitable to implantation by a fertilized egg.



Tiny cross-links can form between muscle cells of the cervix, causing pain with some activities, and with deep intercourse.

Tiny, but strong adhesions can even form between muscle cells, deep within the uterus or cervix. This can cause tightening of the cervix and pain with deep intercourse, as the man's penis pushes a cervix that used to be supple and mobile, but has now become adhered, inflamed, or stiffened by collagenous bonds.

Adhesions that develop in the uterus may cause a state of ongoing inflammation due to their constant pull on that organ or nearby structures. This inflammation and its consequent adhesions may advance into the fallopian tubes, blocking those delicate structures or causing pain.

Severe Pelvic Pain after C-section

- Marcella's Story

Before I attended Clear Passage Therapies (CPT), I had been to 11 different doctors and health practitioners, trying to figure out why I was having so much pain in my pelvic area. Sex was also close to impossible. I had a C-section in 2007 and when I tried to have sex afterward, I knew something was wrong.

I continued to be passed off from one specialist to another, none of them giving me a clear diagnosis, much less a treatment option.

However, I continued to be passed off from one specialist to another, none of them giving me a clear diagnosis, much less a treatment option.

When my doctor told me I would have to have a hysterectomy, because he didn't know what else to do, I knew I had to keep searching on my own. I knew that I wasn't crazy, and that I needed someone to step back and look at the whole picture.

The day I stumbled upon the CPT website, I was completely filled with hope and with relief. For the first time, I saw something that made perfectly logical sense, described everything that I felt was wrong with me, and gave me the hope that one day I really could be out of pain. I scheduled myself as soon as possible.

During the time I spent there, it felt like all of the puzzle pieces finally fit together. Everything finally made sense! Not

only the actual treatment, but through their care, acceptance and warmth, I made more progress in healing my body in five days than I had done in the past 12 years! It was as if I had finally found the answer to what my body had been begging for.

All of the puzzle pieces finally fit together. Everything finally made sense!

I am now 100% out of pain. When I was ready to have sex again, I was so nervous! But, everything worked beautifully and I had zero pain or discomfort. I can honestly say that the results I have experienced from my treatment had only been a dream before.

Fourteen months have passed since treatment, and I am still completely pain-free and have been able to use what I learned about my body and how I got into the chronic pain situation to make adjustments in my life to take care of myself and my body. Not only am I pain-free, I have lost weight and feel great about myself again.

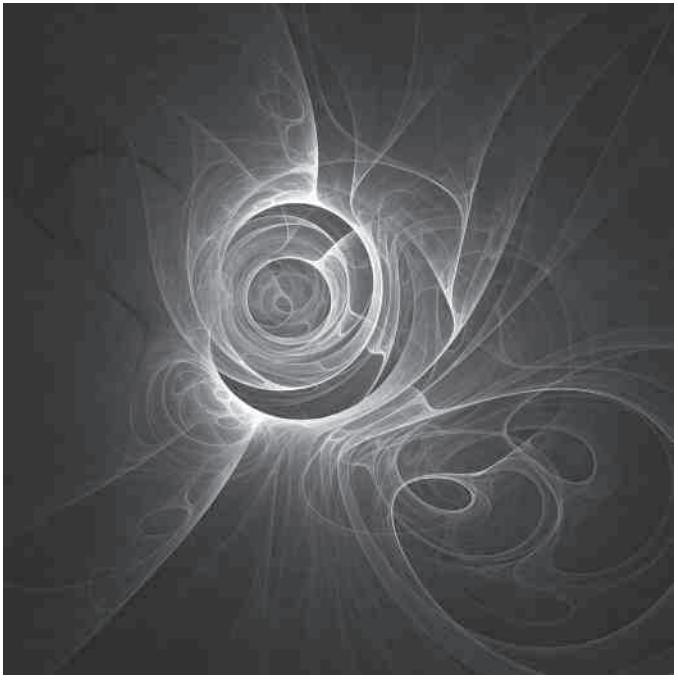
Poor digestion and elimination

If stomach mobility is restricted due to adhesions, the patient may experience symptoms such as heartburn, gas, acid reflux, heaviness, bloating, difficulty wearing a belt, or lying prone (face down).

Restricted mobility of the small intestine can cause symptoms such as a feeling of unease and pulling under the navel (especially three to four hours after a meal), difficulty wearing belts or tight trousers, lower abdominal pain, pressure, or tightness after prolonged standing, and breathing difficulty when standing which is improved upon lying down.

Symptoms associated with restricted mobility of the colon may include constipation, spastic colon or irritable bowel syndrome, kidney or right ovary pain or dysfunction, hip or knee problems (due to muscles and nerves these areas share with the colon), impotence, and sciatica. In some cases, adhesions may create partial or total blockage of the small intestines — a life-threatening condition. To learn more about our treatment for this serious condition, please see our section on bowel obstruction in Chapter Sixteen.

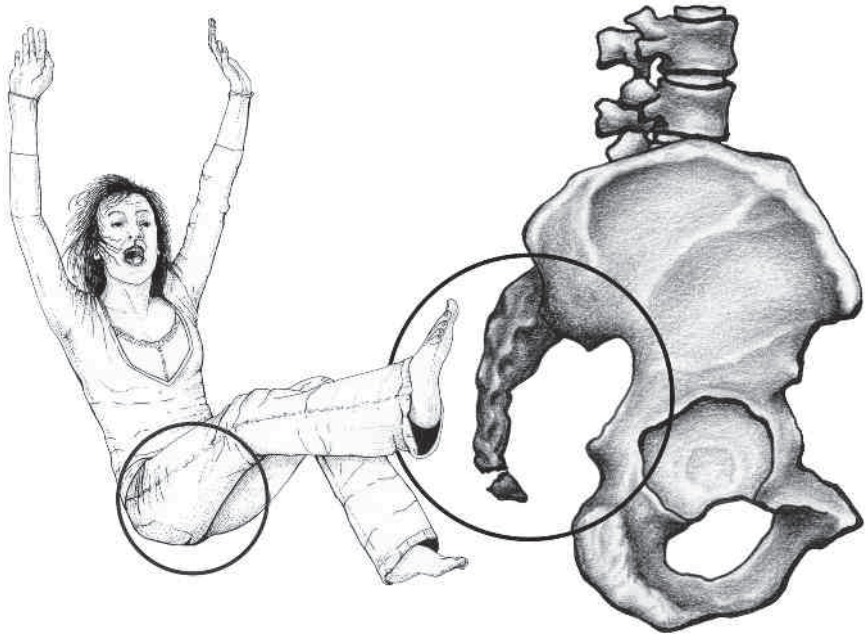
By treating adhesions that restrict various areas of the digestive tract, patients find their symptoms are greatly reduced.



An artist's rendering mimics adhesions forming inside and outside the intestinal walls.

Tailbone pain

The coccyx (tailbone) is a small bone situated at the lowest point of the sacrum. Its position in the body leaves it vulnerable to trauma from falls onto the buttocks, car accidents, childbirth (especially difficult deliveries), and scarring from abdominal surgeries such as a hysterectomy or episiotomy. Physical or sexual abuse and chronic slumped sitting posture are other causes or contributors to tailbone pain.



A fall onto the buttocks can create adhesions with pain appearing or increasing over several years.

In any of these situations, the coccyx may be pushed or pulled into an awkward angle, usually forward, occasionally side-bent, and rarely bent backwards. The result may be moderate to debilitating tailbone pain, often spreading into the low back, hip, or neighboring structures. Reproductive function can also be adversely affected by this

> ***I experienced some immediate improvements; I no longer experienced the tailbone pain that occurred after my second pregnancy.***
>
> *– Madeline, mother of two after struggling with secondary infertility and tailbone pain*

mechanism as inflammation spreads to nearby structures.

Tailbone pain that has persisted for more than three months is considered chronic. Symptoms may include difficulty sitting for long periods, pain with deep penetration during sexual intercourse (for women), constipation, pain with bowel movements, and headaches at the base of the skull, temples, or top of the head (due to attachments of the dura that runs from the tailbone to the base and inside surfaces of the skull). Many people also report concurrent low back or sacroiliac pain.

In many of these cases, we find that adhesions have formed on the ligaments that run from the tailbone to the hips or "sit bones" of the pelvis. These tightened ligaments tend to fix the coccyx in a malaligned position, causing a state of near or total immobility. Fixed in place, the tailbone creates inflammation and pain when moving, trying to have intercourse or bowel movements, or even when sitting. Once we clear the area of adhesions in a non-surgical manner and restore normal tailbone alignment and mobility, pain generally decreases significantly, or totally.

> ***Sex no longer hurt in that position, my appendectomy scar felt completely different, and my tailbone was more properly aligned.***
>
> *– Ashley, mother of one after struggling with infertility and pain*

TMJ, facial pain, ear ringing (tinnitus)

The temporomandibular joint (TMJ) attaches the jaw to the skull just below each ear on both sides of the skull. This area is a major source of discomfort and pain for many people.

While most patients first see a dentist about TMJ symptoms, we generally find this is actually an orthopedic problem more than a dental condition. Patients who have had their teeth ground down or built up by their dentists but are still having problems need to look further down the structure into the neck, back and pelvis. If the structures below (legs and pelvis) do not create a level foundation to support the trunk, neck, and ultimately the TM joints, the effect of the asymmetry below will cause compensatory asymmetry at both sides of the jaw.

TMJ symptoms may include headaches, dizziness, and pain or pressure in the upper back, upper shoulders, upper neck, base of the skull, pain around the eyes, cheeks, face, or at the jaw joint(s). Patients may experience popping or clicking when opening or closing the mouth, inability to open the mouth fully, ringing in the ears (tinnitus), stuffy ears or ear pain, tender neck and upper back muscles, fatigue, clenching and grinding of the teeth (bruxing) at night or when stressed, or pain during or after eating.

Symptoms sometimes begin after whiplash from a motor vehicle accident or fall, or after wisdom teeth or back molars are removed. They may also follow years of thumb sucking, breathing through the mouth (rather than nose breathing), or an overbite.

Many people experience chronic pain that originates in or around these joints. The pain can be disabling and can affect nutrition, lifestyle, and interpersonal relationships. This can become the site of arthritis and other degenerative problems, which compounds the actual joint dysfunction. As noted above, the pain can also originate from asymmetries below the jaw, such as a neck or pelvis that is out of alignment.

In the case of TMJ pain and related symptoms, we have found that we need to treat the whole body to correct asymmetries and adhesive tensions in the structures below the jaw (legs, pelvis, back, chest, and neck) if we are to achieve lasting results treating this area. Thus, while we treat tissues at this joint, we find that lasting results generally require that we treat and balance all of these body structures.

Relief at Last

When chronic pain patients come to our clinic for treatment, we review their histories extensively with them, then palpate their entire bodies to check for adhesive restrictions that might be causing their pain. As we discussed earlier, adhesions tend to form after surgery, trauma, infection, inflammation, or chronic postures over time. Patients are frequently unaware that these adhesions attach structures to one another or cause pulling in one area that may affect another area of their body. As we manually deform, dissipate, or detach these adhesions during our treatment, patients generally find that their chronic pain decreases and function improves.

> ***I have had no pain since treatment. What I did not realize was that other problems would be resolved: tight hips, chronic constipation, pain and stiffness in my hands, shoulders, and neck. Somehow, all of the problems were interrelated.***
>
> *– Kelly, who experienced chronic pain after sexual abuse*

Chronic Pain after Multiple Traumas

- Trudy's Story

I arrived at the clinic with a great deal of hope. Not only was I feeling desperate to become a mother, but I had searched for years for someone to release my body from intense physical pain. After the first morning's treatment, an image became clear in my mind, and a vision of what this therapy was going to do.

I had searched for years for someone to release my body from intense physical pain

I saw a very old, run down ship, almost like a pirate ship from the early 18th century. It was falling apart and could no longer sail as it was built to do. It was permanently anchored. It had obviously been abused and had never been given the loving attention it needed to return it to its original glory. The picture was in sepia tones, devoid of life and vibrancy. As I lay with this image I knew this was a metaphor for my body. It had been abused over the years through multiple traumas including four car accidents, and many falls onto back, tailbone and hip during sports or other intense activities. After years of searching for relief, I had resigned myself that no treatment would be able to return my body to its original state of glory – pain-free and functional.

During the week of therapy, I was delighted to find that the image began to change. Color returned to the picture and the ship started to take on its original magnificence. It looked anew again as if it had gone back in time and returned to a

fully functional ship, able to sail through even the toughest of storms. Then I realized that this was what was happening to my body. The treatment was like going back in time for my body, back to a state when my entire body functioned healthily. I was becoming the vessel that could carry my future children into this world. I felt an enormous burden being lifted and a rising hope coming from within.

The treatment was like going back in time for my body, back to a state when my entire body functioned healthily.

This metaphor was a vision that carried me through the amazing experience that I had during my week at Clear Passage. Now, for the first time in 16 years since my first motor vehicle accident, a therapist acknowledged and treated the underlying causes of my immense physical pain. I felt a renewed hope and excitement for the future.

Being a physical therapist myself, I have been trained to think scientifically regarding treatment types and efficacy. Simply stated, the Wurn Technique makes sense, both anatomically and physiologically. The treatment is not rocket science to understand. It is simply a multitude of different manual techniques combined in such a way as to "un-glue" the areas that

Being a physical therapist, I have been trained to think scientifically regarding treatment types and efficacy.

became adhered over a lifetime of healing. Once all individual parts of the body have freedom of movement, they begin to function better individually. Hence, each organ, system, and part can begin to synchronize and work in harmony. During the course of therapy, I felt my entire body begin to regain mobility and function – in various areas.

I have been home for only two weeks, but I am already feeling so different it is almost hard to describe. The constant pain in my mid and lower back, that I had previously learned to live with, has improved immensely, and certain areas feel completely pain-free (an amazing statement for me). I used to awaken every morning and the first thing I felt was pain. Now I awaken and can start my day in a positive mental and emotional state, without the heavy burden of chronic pain. My entire abdomen is softer and more mobile, and I can breathe more deeply than I ever knew was possible. My balance is remarkably better, and my range of motion is greatly increased in almost every joint of my body. In addition, my digestion has greatly improved, and my overall functional level has increased immensely.

My overall functional level has increased immensely.

I no longer think of my body as my enemy. Now it is the vessel that is allowing me to travel more easily, and experience a high quality of life again.

The gratefulness I have for the therapists at Clear Passage is truly boundless. The therapists are amazing, warm hearted individuals who work from a heart space of love and compassion. Their innovative, time intensive treatments give re-

sults in areas way beyond the scope of reproductive health. They have helped bring my body back in time to an overall healthier state where bodily systems work better, and with better communication.

I also feel that my body is now healthy and strong enough to be the vessel for our children. I finally have been able to accept the help I so desperately needed – and I did it for me, so that I can live a healthy, active life. Becoming a mother will be a much welcomed result, but even before that, the treatment I received at CPT was the best investment I have ever made, a true investment in me.