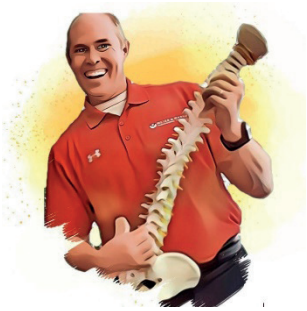
A 3 Phase Step-by-step Healing Process by Physical Therapist & Lower Back Pain & Sciatica Specialist

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FIX YOUR LOWER BACK PAIN & SCIATICA FOR GOOD!



Troy Marsh, PT, Cert. MDT, Cert. DN

Join the thousands of former lower back pain & sciatica sufferers who got their pain-free life back without injections, pain pills or surgery.

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JOIN THE THOUSANDS OF FORMER LOWER BACK PAIN & SCIATICA SUFFERERS WITH THIS 3 PHASE SYSTEM OF HEALING AND GETTTING YOUR LIFE BACK

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WHY YOU NEED THIS BOOK
A PERSONAL INTRODUCTION



"Experience: The most brutal of teachers. But you learn.
My God, do you learn."
~C.S. Lewis

You have lower back pain. You are suffering.

What are you going to do now?

Help is available but it is as different as the personalities of the providers of lower back pain treatments.

Maybe you have tried or seen many self-help videos with exercises and treatment ideas.

But your pain is real, and it is ruining your life, and it hasn't gone away.

You just want the pain to go away so you can get back to living a normal life again, right?

You do not want painful "hit or miss" injections, or chance an addiction with pain killers, or surrender to life-altering irreversible surgery.

What if surgery doesn't work?

Will you need a second surgery? A first surgery is the number one reason for a failed second surgery.

The horror stories of out-of-control pain or failed surgeries are too numerous to count.

I hope you are not in that predicament.

I shake my head in sad disbelief at the various ways people with lower back pain are treated by well-meaning, highly educated, front-line medical doctors, chiropractors, and physical therapists.

I suffered for more than ten years with lower back pain and sciatica that would come and go for no reason I could figure out.

I thought I would have a painful limp and a weak back the rest of my life.

I tried everything but wasn't about to give up or go under the knife.

Providence would have it and eventually I discovered the right combination and timing of helpful treatments that eventually got me back to normal.

As a physical therapist who now specializes in treating this problem, my own experiences proved to be my best teacher.

By far!

Many treatments do work to provide temporary relief, but practical wisdom is needed to cure lower back pain.

A cure requires precision and timing following the natural ways of healing.

Precision means there is a pattern to your motion and a behavior to your pain and symptoms that must be identified first by a specialist in mechanical examination.

When precise motion patterns are identified and symptom behavior better understood, then and only then, can a treatment or exercise method be introduced with some degree of certainty that you are on the right track in your healing journey.

Otherwise, it is an exercise in frustration and luck.

You can do many exercises correctly but if it is done at the wrong time of your healing process, it will often set you back.

Doing the right exercise at the right time can work wonders and even produce what seems like a quick miracle change in the way you feel.

Once you have the right treatment, you must stick with it and progress gradually until you are back to 100% normal.

When I finally dialed in the precision and timing and started to notice results, I was so thrilled I could hardly wait to do my exercises again.

Every time I did my exercises consistently, I felt better.

The daily routine and the three progressive phases you are about to learn helped me enjoy life again.

I no longer walked with an annoying and painful limp.

I no longer gave my young children the excuse that "daddy's back hurts" when they wanted to play.

In time I felt so good that I started running and eventually finished a marathon, and then a 100-mile ultramarathon over Utah's rugged mountain range without any lower back or leg pain returning.

I got to play with my kids again!

Unlike the frustrating pain that made no sense the first ten years, none of the former pain or problems came back.

I was able to train and compete in crazy-long 50- and 100-mile trail runs for the next fifteen years. It was absolute heaven to run and move without pain!

I am older and slower now, but I still run and hike without the lower back or sciatica problem that haunted me in my younger years before I got my life back.

Sharing the valuable lessons that came as a frustrated lower back pain sufferer, and now as a seasoned physical therapist lower back pain and sciatica specialist who has helped thousand get through this --is my passion! Nothing thrills me more than the smiles I see on my recovered patient's faces.

Watching my patients light up with new understanding as they apply the simple exercises this book will bring hope, happiness, and joy back into your life too.

My patients recover faster and heal naturally without unnecessary drugs, injections, or life-altering surgery, because I can steer them away from the mistakes I made.

You probably already discovered that there is a complex maze to navigate before finding the right cure.

Don't give up. There is hope!

This book is my attempt to make a complex problem simple, so you get the results you want and deserve -- much faster than I did.

For more than thirty years practicing as a licensed physical therapist, it has been a pleasure to participate in over 100,000 patient visits and observe the difference these treatment methods make in the lives of my patients.

Thanks for reading this personal introduction.

Are you ready to get started?

But first…

Meet Ernesto who lives in Croatia. He was frustrated and depressed. After I showed him the 3 Phase healing system by and sent me this sweet message on a post card.

"I will never forget the wonderful gift you gave me, the gift of health. **Thanks to you I walk normally, I climb**

the mountains, I provide for my wife and kids. Your advice and guidance made me a healthier and better man. God bless you!



Ernesto, from Croatia – former sciatica sufferer

CHAPTER 1

HOW DID YOU HURT YOUR BACK?



"And we know all things work
together for good…"
~Romans, 8:28

How did you hurt your back?

Over half or 52% of people with lower back pain do not know how their back got injured.

Maybe you woke up with it one morning or it just started hurting for no clear reason.

If you know how you got hurt, was it because you worked unusually hard in the yard or garden? Maybe you lifted something heavy or awkward or slipped and fell.

Work-related factors such as all day standing or sitting, frequent bending, and lifting can be a reason for your lower back pain to go out.

Automobile accidents cause a different breed of lower back pain because of the sudden impact and the many force factors involved. These often leave you with pain all over.

For others still it was the simple act of bending over to pick up a sock or a long period of driving for fun and travel.

There are many reasons for lower back pain, and it disrupts normal life from how you get dressed in the morning to how you are able to make a living to enjoying sex and intimacy with your partner.

Knowing how you hurt your back or at least being aware of how your symptoms behave holds a lot of clues to solve the mystery and getting you on the right road to recovery.

Get this --- understanding motion patterns and symptom behavior is more important than a medical diagnosis like "herniated disc" or "sciatica" or "sacroiliitis" or "lumbago."

More on this later.

I was injured when I had a hard fall.

It was a stupid thing to do to ride an ostrich, but I was with friends at an ostrich ranch tour in Africa, and at 20-years old I felt invincible.

I signed a waiver of liability and listened to the instructions on how to ride safely with no saddle or reins.

"When the ostrich gets to the end of this long track after reaching a top speed of 30 miles per hour, she will stop and you can jump off," we were told.

It sounded simple.

For me to ride an African ostrich was a chance of a lifetime.

I got on the big bird and as soon as the gate opened it took off with the speed and power of a horse. Its strong legs and sharp claws pounding on the dirt below made sounds like beating drums.

A friend took a photo just before it jabbed left and jigged right that shifted my weight so much that I could not recover.

I fell hard on my lower back and the bird kicked my shin which sent me spinning in the dirt like a break dancer.

I popped up quickly to save my pride and limped off the track like a rodeo cowboy as if it was not a big deal.

When the dust settled, I could hear my friends laughing hysterically, but I knew my back was seriously hurt.

It took several weeks to get over the inflammation, bruises, and pain.

Walking helped, and I was too far from home to seek medical attention in a foreign country.

Sitting was the most uncomfortable and getting into and out of a chair was slow and painful.

My 20-year-old body felt like that of an 80-year-old.

I would have to get up slowly and slowly straighten up before I could walk -- and it did not feel normal.

Maybe you can relate.

It slowly improved over a period of a year, and I felt back to my usual energetic self except a feeling of being a little off when I walked.

I felt like a car that needed a tire rotation, balance, and alignment.

Once during a competitive basketball tournament, I thought somebody stabbed me in the butt with a sharp knife.

It really felt like a dagger in my butt!

That reinjury was the second beginning of most of my frustrations and taught me how it felt to live life with lower back pain.

Some days the lower back pain was so bad it made my whole leg hurt.

Pain in my lower back and buttock would often travel to the back of my thigh and sometime below my knee into my calf.

My foot felt weak when I walked.

When I hurt, others noticed I was limping.

As a healthy young man, I was not used to going to a doctor and simply believed things would get better.

The one time I did see a doctor he wrote a prescription for a strong anti- inflammatory pill, a muscle relaxant, and a lab order to get some blood work done as he suspected an arthritic condition that sometimes affects young men.

I never did take the prescription pills or get the lab work done. Occasionally, I resorted to bed rest and aspirin.

For some reason, I didn't want strong pain pills with so many side effects or a permanent label put on my condition.

Over the years I experienced good days but whenever I tried to play basketball or tennis, the excruciating dagger-like pain in the butt would return and stop me in my tracks.

I finished my undergraduate college studies and got accepted to a physical therapy program at Northern Arizona

University that was known for its strong curriculum in anatomy and orthopedics.

I was always the student volunteer to receive all the hands-on physical therapy lower back treatment that was offered in class.

Nothing seemed to help.

Three years later when I graduated and got my first job in an outpatient orthopedic physical therapy clinic, my boss asked me why I was limping.

I told him I tweaked my lower back moving furniture to my new apartment. I was a little embarrassed to tell him I had been trying to heal this problem for the past seven years.

I tried to keep a positive outlook and stay up with my young family. I had an energetic two-year-old and another baby on the way.

Life was good except for the nagging pain in my lower back that would get so bad by the end of the work week that I had to rest for two days on weekends and skip fun family time just to be ready for work again on Monday.

The sad part for me was that if I could not seem to help myself how was I supposed to be the expert helping patients with lower back pain!

I felt like a pretender – a so-called expert who can't fix his own injury.

None of my smart and talented university PT professors helped me. Our chief instructor of anatomy and orthopedics even wrote a brilliant textbook on mechanical low back pain and treatment.

My eager colleagues at my first real PT job offered ways to treat my pain and motion problem but no treatment had lasting effects.

A chiropractor friend manipulated me because he was sure I was "locked up" in my sacroiliac joint. I was hesitant but desperate, so I let him despite my fear of reinjury.

"Whack, pop!"

It took me weeks to recover from that forced high velocity thrust applied to my fragile lower back and pelvis.

I never let anyone manipulate my back again even though I was trained to do it. It just did not feel right to put that kind of twisting force in both directions into the joints of my lower back.

I did not want to be dependent on a chiropractor for manipulations anyway.

Riding an ostrich was stupid but put me on a long quest seeking experts for answers. I found several master clinicians from all over the world who would help me find the elusive cure for my lower back problems.

A lot of serendipity came because of that ostrich ride.

I relate to people with lower back pain and sciatica better than someone who has never experienced it.

I am confident that had I been shown the methods I am about to show you in this book, it would have saved years of frustration. I would not have lost out with fun family time, struggled at work to get through the week, and had such a hard time enjoying life as I knew was possible.

How did you hurt your lower back? Remember, your history holds all the clues and a solution to the problem.

Keep reading how this method - tested over 30 years - can hopefully cure your lower back problems like it did mine.



I went for an Ostrich ride

that changed my life!

CHAPTER 2

WHAT IS THE MCKENZIE METHOD?



"Everything I know I learned from my patients. I did not set out to develop a McKenzie method. It evolved spontaneously over time as a result of clinical observation."

~Robin McKenzie, Physiotherapist

The McKenzie method has its roots in a single event that took place in 1956. I heard Robin McKenzie tell his story in his own words.

It is quite remarkable and instructive.

"Mr. Smith" was Robin's patient who suffered from sciatica down the right leg. He had been seeing McKenzie for a while and when arriving at the clinic one day was told to lie face down on the treatment table in the next room.

When McKenzie entered the room, he was surprised to see the position Mr. Smith had assumed. The table had a fold and was still in the upright position.

Mr. Smith was lying down, and his lower back was extended in an extreme position. Not wanting to alarm Mr. Smith, McKenzie asked him how he was doing.

"This is the best I've felt in weeks," said Mr. Smith.

McKenzie was perplexed but being an astute observer, he made note that Mr. Smith's leg pain was gone. All he had was pain in the center of his lower back - a phenomenon McKenzie later called "centralization of pain" and research would eventually show this phenomenon to be the number one indicator for an excellent outcome.

"That will be all," said McKenzie, "come back to see me again tomorrow and we shall repeat the process.

That was the beginning of McKenzie discovering that sciatica is sometimes rapidly reversible, and one could alter the pain by the positions you get into.

Over many years Robin McKenzie experimented with his patients, and this led to discovering patterns of movements that would change pain and often reverse long-standing sciatica, sometimes rapidly over one to three treatments.

McKenzie was a skilled physiotherapist and a leader of manipulation and manual therapy skills in New Zealand. He did not realize at the time how much resistance from egoic minds he would face as he tried to share his discoveries with leading experts around the world.

He nearly gave up trying.

I first learned about the McKenzie method in 1991 during a one-hour basic skills class in physical therapy school. My teacher was a bit skeptical of its claims and that was about my perceived value of McKenzie at the time.

Two years later a physical therapist who had some McKenzie training gave me a McKenzie lumbar roll to try when sitting. She showed me how to use it so the inward natural curve of my lower spine would be supported.

What did I have to lose?

It immediately felt comfortable behind my back and helped my posture stay upright. I sat for about an hour studying before I stood up.

For the first time in many years, I did not feel stiffness upon rising from sitting. The moment of pure motion and

the absence of pain and stiffness when I stood up gave me motivation and curiosity to study the McKenzie method more.

I felt hope for the first time because of an inexpensive $20 lumbar roll.

Much research has been done to learn the effects of posture and using a lumbar roll for lower back pain.

One study taught people with an educational booklet written by McKenzie called "Treat Your Own Back" ---75% of the chronic lower back pain sufferers, whose average pain duration was ten years, got better!

Many got better by controlling their posture while sitting and using a McKenzie lumbar roll just like the one my colleague gave me.

When asked what the participants learned the most they overwhelmingly responded, "we didn't know posture was so important."

You will hear a lot about the importance of posture control throughout this book so take note of it.

The healing wisdom McKenzie discovered, which is currently the most researched method of treating lower back problems in the world, is also the number one choice of treatment methods of physical therapy specialists in the USA.

The McKenzie method is not just a specific treatment but a brilliant method of looking at your spinal motion patterns with fine precision and listening to your history for the clues to help you get back to normal.

CHAPTER 3

PATTERNS OF PAIN & MOTION VS. MEDICAL DIAGNOSIS



"There is a strong tendency in explanatory prose to invoke quantities of tension, energy, and whatnot to explain the genesis of pattern. I believe that all such explanations are inappropriate or wrong."

~Gregory Bateson

Medical physicians, chiropractors and physical therapists can order images like x-rays and MRI's and perform a myriad of orthopedic tests to determine what might be wrong.

It is perfectly natural to want to know "what is wrong" so we can know how to fix it.

However, giving lower back pain a name and label, such as herniated disc or degenerative disc disease can lead to other problems that over-medicalize and make things worse as far as getting better faster is concerned.

Research suggests that even the way a doctor describes an x-ray or MRI report to their patient can result in three times the number of spine surgeries.

You will have a better outcome if you don't get too caught up in the medical jargon or rely on the findings of images.

Lower back pain is most often of mechanical origin which is to say it is a problem that has to do with moving parts and tolerance to activity and postures.

Robin McKenzie was not hung up on using medical terminology when Mr. Smith's leg pain suddenly disappeared after being in a face down position with his spine extended.

McKenzie was a keen observer of symptom behavior and motion patterns and identified these patterns of movement and how pain was changed for better or worse.

McKenzie discovered at least three types of mechanical lower back pain patterns that occurred the most in people between the ages of 20-55.

Mr. Smith was in this group type that is most common.

He had clear patterns of motion ability and his symptoms behaved in a predictable manner.

In other words, motion was obstructed in some, but not all, directions, and pain was worsened when moving in some, but not all, directions.

Like putting pieces of a puzzle together, McKenzie discovered the process of fixing lower back pain and sciatica by fixing the motion problems until the pain behaved and disappeared.

McKenzie wasn't concerned in the least about the diagnostic label of herniated disc, sacroiliac joint hypermobility, facet joint arthrosis, degenerative disc disease, among others, as that would just confuse the patient and give the clinician a clear bias to the treatment.

A medical diagnosis, if the patient came with one, may have been noted during the first visit and recorded in the chart history of the patient as something to be aware of but it did not dictate to McKenzie a set way or protocol for treatment.

A medical doctor admittedly cannot mechanically evaluate a lower back thoroughly and can get sloppy with diagnosis in a 10-minute office visit.

"You have low back pain. Here's a prescription for a muscle relaxer and a pain pill," is their usual response.

McKenzie was an expert clinician and respected among his peers and had already tried many of the ways that caring healers used to help those suffering from one or a combination of these identifiable mechanical pain issues.

He knew diagnostic labels to describe certain pain characteristics may or may not be the reason for your pain. He also knew all the traditional ways to treat them.

Inspired by Mr. Smith, however, he pursued to find patterns that were consistent and useful in getting the pain to go away and the motion that was needed to get back to normal.

He also wanted to empower and help the patient help themselves rather than form a dependent relationship on the clinician for a specific treatment technique much like a chiropractor does with manipulation.

The skills McKenzie learned and empowered his patients with would also serve to prevent future occurrences.

Recurrent episodes of lower back pain were one of my biggest challenges.

Over time I would feel better and then just as quickly fall back toward pain and trouble with movement. The glitch in my walking hitch would return and so would my frustration.

I remember reaching over once to scratch my knee and being jolted with excruciating pain. I immediately had to lie down to recover.

I was afraid to get back up.

Then I remembered that McKenzie had suggested there was precise timing involved in the healing process, and if you did not go through all the phases, you would not fully heal.

In the case of Mr. Smith, during the first phase he got into an extended position lying on his stomach and his leg pain rapidly went away.

He was told to maintain that posture and avoid bending forward as that would rapidly produce leg pain again.

McKenzie liked to see his patients every day until he knew the pain was resolving and not so unstable or unpredictable.

Over time, Mr. Smith's pain got better, and he was empowered to treat his own back to prevent pain from coming back.

He had full motion in the backwards direction but could not bend forward as well as he could bend backwards.

Bending forward was still a bit of a challenge and he was afraid to push it because he did not want the pain to return.

Consider a cut on your finger knuckle.

If you get a cut and the skin and tissue is injured, it bleeds.

You intuitively refrain from bending your finger or making a fist. You keep it straight and put a bandage on it.

In a few days, it heals.

If you don't keep using it during this early stage, bending the finger, or making a fist and re-opening the cut, the cut finger heals and scar tissue forms within a few days or weeks.

Scar tissue is not as flexible as the original tissue but once you have protected the injury long enough and controlled the bending, it soon becomes ready to use again.

In other words, start flexing the finger the other way.

Don't be too eager to bend the finger too soon. Let it heal.

Don't wait too long out of fear to start bending it again either.

When it comes to your lower back pain you will need to know what stage of healing you are in so you can eventually progress and transition to the next phase until completely healed.

That excruciating pain in my lower back when I bent over to scratch my knee was old scar tissue that had not been properly stretched or transitioned yet through all the phases of healing.

The force of bending forward from a standing position to scratch my knee caused the old scar to suddenly break free and cause that scary excruciating pain.

Remembering McKenzie's healing stages and treatments, I turned over onto my back and pulled both knees to my chest to give it a good stretch.

The response was good – no pain!

I checked the direction of motion the other way lying on my stomach and pushing the top half of my body upwards while leaving my lower back relaxed – full motion and no pain!

Finally, I realized why McKenzie stressed the importance of restoring your ability to bend forward at the proper time during the healing stages.

I learned something vital that day, scratching my knee.

Timing was everything!

I took what I learned to the clinic and applied it to my patients – giving them the simple knee to chest exercise at the right time and double-checking to be sure the motion is not causing motion loss in the other direction afterwards.

My lower back pain took a huge leap in recovery that day and as I continued to do what McKenzie called prone press ups to prevent the pain from returning.

I also did the knees to chest flexion stretch or flexion in lying to help me be able to function like bending forward to put on my shoes or scratch my knee.

I was finally starting to feel normal again.

I'll discuss the three most common types of mechanical lower back pain in later chapters.

But first, let's find out if you need an x-ray or MRI first.

CHAPTER 4

DO YOU NEED AN X-RAY OR AN MRI FIRST?



"Labels are for filing. Labels are for clothing. Labels are not for people."

~Martina Navratilova

Labels can set you back and short-circuit your recovery.

Research confirms this because it causes fear and uncertainty and expensive health care utilization that catastrophizes the natural recovery.

In the early stages of my lower back pain, I would wake up during the night with back spasms. This went on for hours until it forced me to get up and try to calm them down.

For some reason I was not sold on seeing a doctor.

I was just a poor graduate student and didn't have the funds to pay for a doctor visit, an x-ray or MRI, and the radiologist who reads it just to find out I have a lower back problem.

I knew enough that my back was injured from that initial fall off the ostrich and that it might heal over time. I did not want unnecessary drugs injections, or surgery in the absence of major red flags.

The only time I went to the doctor was because I was having these painful spasms and I could not sleep.

He wrote me a prescription for a strong anti-inflammatory medicine and wanted me to go get blood drawn so he could see if I had a blood marker for a disease called ankylosing spondylitis or AS.

AS is a disease that is more prevalent in young males and there is no cure. Inflammation takes over your spine and eventually you lose flexibility of the joints.

It can be a painful and long-term condition.

I skipped the blood draw and lab work and did not care to know if I had the HLA-B27 antigen for ankylosing spondylitis and carry this label the rest of my life.

Instead, I went about my life not needing to know what I had and focus on what I could do to get better.

From my graduate studies I learned that I likely had a herniated disc where the middle part called the nucleus moves out of its normal position and bulges or protrudes. It can even spring a leak and cause inflammation and pain in the disc itself.

I knew that science had identified the disc to be a ligament and hydrostatic mechanism between each vertebra that is only painful on the outer one-third and not painful from the inside two-thirds.

I figured I probably have a herniated disc because I was in pain and sometimes it would be bad enough to refer to pain in my buttock or the back of my thigh.

Occasionally, the pain would shoot down into my calf, and I learned that the nerve that exits from the spinal cord is near the disc and is likely compressed when pain is that far down the leg.

Weakness in the foot or leg confirms that suspicion and I had that weak foot flop when I walked sometimes.

I did not need an MRI to confirm that I was in pain or show me what I felt to be consistent with my studies in school.

I did not have the money to waste on an image that would tell me what I already knew.

Living with some uncertainty seemed to give me more hope for a cure.

McKenzie never used the image of an MRI or x-ray to treat his patients.

Instead, he used movement examinations and positions to determine how the pain changed.

Some positions or movements would make lower back pain better and some would make it worse.

This is easy to discover if you know the right questions to ask such as--

"Are you better or worse while sitting?"

"Are you better or worse while walking?"

"Are you able to bend forward or backward?"

"Does your standing posture feel normal or are you leaning forward or to the side?"

These important questions help understand pain behavior and motion patterns so a plan can be introduced to

help restore healthy motion and painful tissues at the mercy of these abnormal patterns can heal naturally.

When a person sees a physician and an MRI is done there will most likely be abnormal findings.

Studies show that people without pain have abnormal findings too and they increase as we age. Which is to say, MRI abnormal findings may have nothing to do with your pain.

Interestingly, many of my patients who clearly are being helped with my treatments will then get an MRI and with the new label put on them and the realization that "I have a disc herniation" they come back in tears.

Yes, I've had patients report they are 80% improved in only a few visits and then come in with their MRI report in a state of depression.

You cannot unsee an MRI result and often a patient responding to physical therapy is told "they need surgery, or they will become paralyzed."

Many of my patients who did opt for surgery wish they didn't.

I am super glad I did not get surgery, get hooked on drugs or rely on injections, and miss out on the life of joyous movement and activity I now enjoy since my 100% natural recovery.

Thanks to Mr. Smith in McKenzie's clinic that day in 1956, Robin found distinct patterns and three types of mechanical lower back pain.

It was a major shift in how back pain was diagnosed.

Instead of the scary sounding medical diagnosis, McKenzie used language to describe the mechanical behavior of motion and symptoms.

Who does not want to know how their pain behaves?

Would not this understanding empower you to do your custom-prescribed exercises and change your movement and posture habits?

Would you finally have hope if you could rapidly reverse leg pain like Mr. Smith did when he got on McKenzie's table?

Next, I'll introduce the three most common types of lower back pain, how they behave and how they can be identified.

If you already had an MRI and you know about your medical diagnosis, I suggest you let that go for now and start over so you can learn more about how you move and how your pain responds to that movement.

Just because your MRI shows something scary, does not mean you need surgery to correct it.

Have hope in the science that shows that disc bulging can reverse if you give it the right conditions.

Most of all –don't allow the labels to get you down. You will have a better outcome if you do not get too caught up on medical diagnosis.

Instead, pay attention to your posture and movement habits.

How are you sitting right now?

Remember how important it is to maintain good posture and support the inward natural curve of your lower back?

Do not read another word unless you put a lumbar roll behind your lower back.

A rolled-up towel will do, or you can get a McKenzie roll for about twenty dollars at www.OPTP.com

CHAPTER 5
THE 3 MOST COMMON TYPES OF MECHANICAL LOWER BACK PAIN



"I think the first take is best, as you are spontaneous, and after that, it becomes a mechanical thing. I don't believe in second take at all."

~Sridevi

There are three common types of lower back pain that are mechanical in nature.

What does this mean?

It means there are joints, ligaments, and muscles that are designed and aligned to move efficiently together in a way that is free of pain.

Since you have pain, you can assume your motion patterns are off and have been since the onset of symptoms.

When you understand the nature of mechanical lower back pain you will be able to understand more about your pain and the specific treatment for your situation.

Knowledge is the beginning of wisdom, and a cure is near!

TYPE 1: The Barking Dog or Derangement Syndrome

If you are between the ages of 20 to 55 years old, then you will likely have the pain and motion patterns consistent with what McKenzie described as Derangement Syndrome.

This is the most common problem.

Derangement syndrome has nothing to do with your mental status, but it is common to feel like you are going crazy because your pain is inconsistent and seems to have a mind of its own.

I once had a dog who barked all the time.

We kept her in the backyard, and because she was a coon hound, she was bred to bark, and bark she did!

I love the sound of a barking coon hound but not in a residential neighborhood. My neighbors did not like it either. They were always kind enough to tell me my dog was barking.

Her barking was inconsistent. She just barked anytime she wanted.

In other words, her barking was not predictable but happened whenever she felt like barking.

Pain behavior with lower back derangements is like this.

You can wake up with or without pain and go about your day to discover the pain gets better or worse.

You sit and it gets worse.

You get up after sitting and cannot stand up all the way because of pain and stiffness.

Walking may or may not be helpful and you may feel like something is off.

You have a glitch in your hitch, I tell my patients.

They feel it. Walking is not quite normal.

Some experience severe pain with walking.

Standing is painful but may or may not be more comfortable than sitting.

Not all these patterns are consistent. Some days you may feel like you are getting better and other days feel like you are right back in a painful state.

Frustrating!

I had a lower back derangement injury after the fall off the ostrich.

During the initial stages of healing, your body knows how to heal, but if you do not understand these stages and how to behave, then it is easy to get reinjured.

I never really knew how to take care of my fall injury so it could heal naturally and completely. I was not a physical therapist at the time.

The inconsistency of the pain and motion patterns I was experiencing just did not make sense to me.

I never really felt like I was in control.

I was at the mercy of grace or luck. I did a lot of praying!

Let us try and make mechanical sense of your spontaneous barking dog derangement syndrome.

How Does a "Derangement" Behave?

In the lower back, the most disabling pain is potentially the intervertebral disc.

The disc acts as a shock absorber between each vertebra in the spinal column and helps give our spine the flexibility it needs to bend, twist, and move.

The twenty-three discs of the spine are made of a type of strong cartilage and ligamentous material.

The outside wall is called the annulus fibrosis because it resembles the annular rings of the inside of a tree trunk.

Inside the protective annular wall is a jelly-like substance known as the nucleus pulposus.

When you sit, bend, and move the gel acts like a central ball bearing and can move from its middle position toward the outer wall of the disc depending on your positions and movement patterns.

If it does this repetitively due to your motion behaviors, the nucleus can cause a tear or fissure in the annular rings and eventually bulge like a weak spot on a tire.

The disc is designed to absorb and hold water along with loads and forces from weight bearing to lifting to running.

Between the ages of 20 and 55 the disc is usually healthy and responsive, and we can get into positions that require endurance like sitting at a desk, and flexibility like working in construction.

As we age and lose the ability to absorb water, discs degenerate.

We lose flexibility and may even get shorter because disc height is decreasing.

Consider the mechanics of sitting on the lower back discs when sitting posture increases the pressure of the internal disc and compresses the front part of the disc.

Every day when you squeeze the bottom of a tube of toothpaste the toothpaste moves in the opposite direction.

The nucleus pulposus moves in a similar way in response to daily loads from sustained postures, loads and repetitive movements.

When we have daily habitual ways of sustained sitting or standing, and repetitive motion patterns, we can overload the pressure in the disc.

The nucleus slowly will move away from this pressure and work itself out of its normal center place through layers of annual ligamentous rings toward the periphery or outer annular wall.

In other words, it goes wherever it is pushed the most.

It does not have a mind of its own like my coon hound barking dog.

The disc may bulge eventually and is most often not caused by a one-time traumatic event like falling off an ostrich.

Most of my patients with derangement syndrome cannot identify one single event that caused it.

The proverbial straw that breaks the camel's back usually has a history of normal prolonged sitting or bending and occasional awkward postures.

These posture and movement habits can cause a bulge of the outside wall where sensitive nerve endings are found and can cause pain and a change in the normal spinal positions and motion patterns.

The outer third of the annual disc wall or ligament has many nerve endings.

Like the warning track of dirt before the homerun fence around a baseball outfield, these nerve endings will warn you to change the direction of your postures and movements or risk running into the wall or even going through it!

When the disc is out of its center position, the spinal column will have to shift its alignment and you may even feel like something is out of place.

Your walk will feel off in its normal mechanics.

More than half of people with derangements will have patterns that are asymmetrical and standing and walking will worsen the pain.

My research with runners without pain showed 96% had minor asymmetrical patterns and the beginnings of painful tissues.

As far back as 1976, radiologists looked at the disc during imaging studies and found the position of the nucleus can be

affected by movement if the hydrostatic pressure system of the disc is stable.

In other words, if the annular wall does not have a tear where pressure and disc material can leak out, then the nucleus shifts out of its center position and can cause a bulge or worse.

What about inflammation?

It must be understood that mechanical pain from a disc bulge or derangement is not the same as pain from inflammation.

Inflammation has a chemical origin and is the first responder to the scene of an injury.

Inflammation will only be present if the nerve endings are chemically irritated.

Doctors who prescribe anti-inflammatory medications for mechanical pain are not telling the whole factual story about inflammation and its close cousin of mechanically sensitive tissue.

If your pain is intermittent, you do not have inflammation which by nature is constant.

Derangements are a mechanical disorder and can also be constant if something is out of place that needs to be realigned or put back in place.

They behave in an inconsistent way like a barking dog because the mechanical parts are out of place or moving in a pattern that is no longer efficient to move or absorb the load.

The most common activity we can do that makes pain from derangement worse is everyday sitting. You may feel pain while sitting or only when you rise from sitting when the spine suddenly changes position to assume its natural inward curve.

Remember the disc pressure or bulge is in the way and that is why it hurts when you try to stand up. It is why you feel like you cannot mechanically stand up right away.

When I see patients with derangements and hear their history and examine their motion, I always use my hands to feel the motion patterns. This tells me precisely what needs to happen to get rid of the pain and restore the ability to move.

Just like water that runs downhill in a path of least resistance, so does your motion move in a path of least resistance. This gives major clues on how to fix the problem.

My favorite patient is one who has had pain from derangement for a long time and in one 60-minute visit there is a rapid change that is felt.

Imagine the delight when sciatica leaves the leg and moves to the middle of the lower back and motion and standing alignment is restored!

We test their walking and that even feels better and normal again.

Yes, even derangement syndromes that have frustrated you for a long time can rapidly improve once you understand its nature and what you can do about it.

Before we go into ways to fix derangement problems, let us discuss the second type of mechanical pain called Dysfunction.

Type 2: The Grandfather Clock or Dysfunction Syndrome

The Longcase Clock or Grandfather clock is tall, freestanding, and with a swinging pendulum held within the body of the case.

It is usually decoratively carved to add to the clock's value and aesthetic appeal.

Galileo in 1582 discovered the utility of pendulums to keep time. They would swing in a predictable, consistent, and reliable manner – tick, tock, tick, tock.

American songwriter Henry Clay Work, while traveling in England in 1875 noticed the longcase clock and composed the tune "My grandfather's Clock," giving the longcase clock it's new name.

Dysfunction Syndromes behave in the consistent and predictable manner like a grandfather clock.

This is not like Derangement Syndrome which behaves like an inconsistent barking dog.

One example of dysfunction syndrome can be appreciated by observing how a cut on the knuckle of a finger heals.

It heals over time if the edges of the skin are close together, and if the healing cut is not continually reinjured.

Healing starts when inflammation begins as a first response and repair follows when the injured tissue forms a scar.

Scar tissue is shorter and less flexible than the original tissue it replaces.

Scar tissue is more sensitive to stretching and mechanical load or stretching it hurts.

Imagine you have held your finger straight to allow the cut to heal and after ten days you see a scab and scar formed, and you are ready to bend the finger again.

Bending the finger hurts at first.

The scar tissue is not flexible yet and when you bend the finger the load applied to the scar causes pain. Bend the finger too early and the scar gives way, and another round of inflammation starts over.

The pain response is to mature scar tissue predictably consistent.

Bend the finger and stretch the scar and pain is produced.

Straighten the finger and the pain goes away.

Bend – pain on. Straighten – pain off.

Just like a grandfather clock going tick tock.

Lower back pain from dysfunction is a lack of flexibility and when strain or load is sustained for periods of time you will feel pain.

Once you know you do not have a barking dog but a grandfather clock, then the appropriate treatment can be done.

Treatment for each type of mechanical pain is different. Get them confused and you will get frustrated!

In the healed finger example, you would bend it slowly and keep bending until the scar is flexible enough to give you all the motion you need to function again. Not too much or too little.

Pain eventually goes away with the right stretching frequency, intensity, and duration.

Many people have dysfunction syndrome of the lower back. They either had an injury that healed on its own or they did not maintain optimal flexibility

They sit for periods of time and the pain is produced. They stand up and walk and the pain goes away. This is a consistent and predictable response.

Painful dysfunction syndromes can occur over many years when you injure your lower back and do nothing about it.

Injured tissues heal and shorten.

You are afraid to move, and the joints stiffen up and cause more dysfunction and motion loss.

You may be pain free with certain activities like walking but sitting for a half hour produces pain every time.

This kind of recurrent pain can be frustrating and go on for years like my lower back pain did.

I got injured. I did not know how to fix it.

Time went by and I felt better but kept reinjuring it.

So, I moved less and was more cautious and before I knew it, I lost mobility like my ability to bend forward. It can be a downward spiral into less mobility and function.

I remember the time I bent forward to scratch my knee and the old dysfunction broke loose and I felt a sharp sudden pain that scared me.

That was a learning experience that taught me that lower back injuries go through phases of healing and each phase needs a precise way of treating it.

I was in the phase where I needed to stretch. The same stretches I was avoiding because I first had derangement syndrome.

This is why the "shotgun approach" to doing all exercises that you see on your internet searches does not always fix the problem.

They are not specific enough for your mechanical pain type.

You need to know exactly how your lower back is moving and whether you have a barking dog, a grandfather clock, or a combination of both.

Type 3: Posture Syndrome

This category of mechanical lower back pain is most common in young people, but it powerfully influences other types too.

I do not recall ever experiencing this type of lower back pain in my youth – at least not in my lower back.

It seems to be more common now with the age of video games and laptops as I see young people come in with their mothers seeking help.

When I ask about their pain, they will say it comes and goes.

It usually comes on in school when they are sitting.

Mornings are usually better, and the pain comes on more in the afternoon than any other time.

When I check their motion in forward and backward bending, they have full motion and do not experience pain even with repeated bending.

They often have a spine that is leaning left or right and rotated.

I can tell if it is true scoliosis or a curvature of the spine or just a pattern of leaning caused by bad posture habits in sleeping, sitting, and standing.

Sitting on the treatment table, they are always slouching.

I ask if this produces their pain, and they say "yes".

If they do not have any pain, I tell them to sustain this slouched posture and within a few minutes or more the pain comes on.

If I correct their posture the pain immediately or slowly goes away.

I have two words for a prescription of action that will cure posture syndrome every time --"Stop it!"

Yes -- stop slouching and the pain will go away.

If their spine is leaning, it is easily identified by having them stand up as I sit behind them on a stool and check their alignment and motion patterns.

They do not need to have a gown on, and I don't need to see their spine.

I simply take two fingers and starting at the top of the spine near the neck, I run my fingers down the bony prominences of each vertebra all the way to the bottom of the spine near the sacrum.

As water runs downhill and takes the path of least resistance, so do my fingers. Deviations left or right are easy to feel.

Most will be leaning left rather than right. I am not sure why this left lean pattern is so common versus leaning to the right.

Ninety-six percent of healthy runners had this pattern when I studied a cohort in my clinic. Most of my patients with lower back pain have this identifiable pattern.

I check the motion in a side-to-side glide where shoulders remain parallel to the floor.

The side the spine leans toward will always have more motion than the other side. They have a misalignment pattern, and they are not standing or sitting with a vertical spine.

Just like a car, the misalignment of the imbalanced wheels will cause the car to drift to one side and make you grip the steering wheel harder to compensate and drive straight.

Young people with posture syndrome can be cured easily with posture and misalignment correction.

Muscular strength and motor coordination need to be balanced too as I have found the muscular system always matches the pattern of misaligned spine and motion loss.

Never strengthen muscles when you have a misalignment pattern.

Doing so will just strengthen the abnormal pattern.

Muscle strengthening is a later phase of recovery and must be addressed strategically.

If muscles are not balanced in their strength during muscle testing, then the lean pattern will just come back again.

In summary, people with posture syndrome will have full motion and no pain when they move but will have pain during sustained postures that are not in alignment with the vertical force of gravity.

Many will have misalignment in their movement patterns.

The pain behavior is easily fixed by correcting the poor posture and misalignment, improving control and balancing strength of muscles, and following the good advice to "stop it!" with poor posture.

Other Types and Reasons for Lower Back Pain

There are many other reasons for lower back pain that do not easily fit into the top three mechanical syndromes, and it is not the purpose of this book to discuss them all.

A specialist who treats lower back pain should be familiar with the signs and symptoms and be able to tell when people need a different approach or a combination.

They may need further medical testing such as imaging or blood work or injections or surgery.

CHAPTER 6
THE CLINICAL HISTORY – WHAT IS YOUR STORY?



"As a medical student in the 1970's I was taught that the foundations of diagnosis and treatment were to take a detailed history and to perform a comprehensive clinical examination."

~Mark Walport, British Scientist

If I were to see you for the first time to treat your lower back pain, I want to know a detailed history that you've gone through.

Listening is vital for successful treatment.

I'd rather be known for a compassionate heart-to-heart interaction than one with empty words.

The important clinical questions I would ask you, come from a mastermind of the best spine care specialists in the world and give clues to the cure that will be revealed further with a physical examination.

I first introduce myself and observe how you are sitting.

Are you slouching, upright, shifting due to pain? Do you look distressed or not so much?

The examination begins the instant you walk into my clinic.

I shake your hand and welcome you with a friendly smile. This first contact is important as I learn a little about you with first contacts.

I watch how you rise from sitting and how you walk and invite you to follow me into the examination room.

We both sit down and with your chart in hand where you have already answered several of the questions.

I do not use electronic medical records on a laptop during the examination because I want all my attention focused on you.

I want to get to know you like a friend and may start with small talk or questions.

I might begin with something like:

"Welcome, let's get started and get you feeling good again."

I know that is sometimes a stretch, especially if you, like many of my past patients, have complex problems over a long period of time.

But I am an optimist.

I am optimistic even with the most challenging problems because to make a change for the better does not require much.

It only requires you to do something differently than what you currently and habitually do.

Understanding everything about your lower back pain is not as important as actually doing something differently and learning from those differences.

"Act in order to know the difference" as my world-renowned mentor and teacher of healing wisdom, Bradford Keeney likes to say.

"Tinker like Uncle Ernie" until you find something that works to reduce pain and improve motion, like my other mentor and master clinician, Wayne Rath would often say.

Amanda and Her 50 Chiropractic Visits What You Can Learn from A Case Study

Amanda is a young woman in her twenties who came to see me after

failing to get better despite over fifty chiropractic visits where her lower back was manipulated again and again.

You should never need or get fifty manipulations of your spine!

Visiting with her about her history I learn she is a certified nursing assistant who injured her lower back two years ago while helping lift a resident of an assisted living center.

Her usual duties require standing, bending, lifting, or helping residents get in and out of beds and chairs, and walking around to visit the residents.

She is having severe --8 out of 10 on a number scale --lower back pain that is 100% constant and occasional sharp pain that goes down the back of her left thigh all the way to her knee.

She tells me her first injury got better but this episode came back much like the first time and has been worsening for the past 5 months despite consistent chiropractic visits.

"Did your chiropractor give you any home exercises or advice that is helping?" I ask.

"No."

I continue to dive into the clues in her history.

"What makes your pain worse?"

"Bending, sitting, rising from sitting, lifting, when I'm not moving about, and in the mornings when I wake up," she explains.

The history form has questions that help guide her answers. Her answers give me the clues I need to help prescribe the correct treatment.

I further discover that her sleep is not disrupted because she sleeps on her right side, and *this is the only comfortable position she has found.*

"Walking feels ok," she explains, "but I don't feel like I am walking normally. I have a limp and pain when I put weight on my left leg."

"I take Ibuprofen for the pain, "she admits. "Sometimes it is the only way to get through my day."

Her story reminds me of my history when I was her age and taking aspirin for pain flare ups just to get through another day at school and work.

I have not told her yet, but I feel 100% confident from her history that I can help her recover fully, get off the medications

that can damage her kidneys, and get her walking normal again with the strength she needs to work at full capacity.

Let me say that again.

Taking too much Ibuprofen can damage your kidneys.

I had a patient once who needed a kidney transplant because she took too much for too long.

Let us move on to the next chapter where I go over the physical examination.

CHAPTER 7
THE PHYSICAL THERAPY EXAMINATION



Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we fear less."

~Marie Curie, Nobel Prize-winning Scientist

Before I continue Amanda's examination, I tell her that I don't want to see her for fifty visits as her chiropractor did.

She naturally concluded that manipulation was not helping her.

The fact is -- it made things worse for her.

Her spinal joints that gap open from manipulations were so tender from way too many high-velocity thrusts that her ligaments and joints were inflamed and on fire!

She could barely bend forward.

I had her stand in front of me facing away so I could see her whole back in plain view.

I don't always need to see bare skin when I examine the lower back. Instead, I use the more accurate measure of touch to feel down her spine to determine general alignment of standing in relation to the vertical.

Amanda is leaning left slightly.

I move her trunk even more to the left, keeping her shoulders parallel. It moves easily although there is pain with motion, and I hear her grimace.

I move her trunk to the right, gliding it slowly as far as it will go.

I notice the resistance to movement like a small obstruction is in the way of the normal motion path.

She can easily recognize and sense the motion loss and there is pain during motion in this direction too, but it doesn't hurt as much.

I do the same with trunk rotation and there is an obvious motion pattern that is off or asymmetrical, and there is a pain behavior pattern emerging from the motion testing.

Finally, I have her bend forward and backward and she does so with apprehension. Bending forward hurts more than bending backwards.

There is motion loss due to pain in both directions which is not normal for the lumbar spine in a young female.

With this history and movement examination I have all the information I need to prescribe a precise set of positions or exercises to help Amanda.

Directions of movement that move toward optimal alignment and a desired less painful response guides me to prescribe the correct treatment.

I show her these helpful positions in proper sequence to restore the motion loss.

Her pain is less in these positions and does not cause any pain to move down into her thigh (with derangement syndromes--exercises or positions should never cause more pain in the thigh or leg).

During her time in these relaxing positions, I explain everything she needs to know to help herself at home until our next appointment.

"Make sure you do exactly as you are doing now at home so your back will recover," I tell her as I give her a one-page handout of her home exercises.

I emphasize the importance of posture control and give her an original McKenzie roll for sitting and demonstrate how it is to be used every time she needs to sit (available at www.OPTP.com or at our PT clinic).



For the first time since her injury, she has the light of hope in her eyes.

Her walk-- even after one visit, is remarkably better and she notices the improvement with the first few steps.

She still moves gingerly because she had too many joint straining manipulations and inflammation will take time to go away.

I encourage cold packs while lying on her stomach or a visit to the community swimming pool where the water is cool, and she can walk and move about and not irritate the spinal joints while they heal.

Before scheduling her next visit, I tell her that I fully expect her to recover and do what she needs to do at home so she can get back to normal in 6-12 visits.

Patients I see usually do well with two visits per week over 3-6 weeks depending on severity and their lifestyle.

The average number of visits for our patients is about ten and a 94% recovery rating when they graduate.

We love getting their photo and story to frame on our wall.

It is not always a cakewalk toward recovery because life often demands that we work and deal with daily tasks that often undo the progress of the treatment.

This is why education and know-how are so important.

Being empowered with self-treatment skills on how you can control the pain is important for your lower back to have the chance to heal naturally.

Amanda returned a couple of days later and said she is feeling noticeably better.

I ask how close to 100% she is, and she tells me 25%.

She was happy and that seems about right for her knowing she had so much joint pain from over fifty chiropractic manipulations!

I take her through the early phase one positions again (there are 3 Phases and several steps in each phase) and check her motion and pain response.

Her right-side glide motion is still a little blocked, so I progress her to late phase one doing standing side glides against a wall.

She performs those well and now knows how to do them at home.

Her right-side glide motion is fully restored when we retest, and she has no pain during or at the end range of the motion.

This is great news for her because after two years of lower back pain and occasional leg pain or sciatica she is learning to control her recovery.

Amber rated her recovery at 100% and was discharged from my care after eight visits.

She was able to complete all three phases to 1) align, 2) learn new motion or motor control patterns, and 3) improve her strength during her eight one-hour physical therapy visits.

I made sure she was empowered with the self-treatment skills to help prevent the pain from coming back.

What a great investment in her health!

Despite how sensitive her joints and tissues had become from repeated and unnecessary chiropractic manipulations, she eventually returned to normal pain-free movement and lifestyle without the need for injections or surgery because she followed the 3 Phase system.

The Case Study of the Replaced Discs

Darla is a 49-year-old woman who has suffered from lower back pain and migraines for many years.

Along with lower back pain she had left-sided headaches and a "white blindness" she also described left arm numbness and tingling.

She had no idea her lower back and neck problems were related but I see this all the time.

Before she came to see me, she had already gone the usual route of seeing her family doctor who prescribed medications which would help some, but the lower back pain

and migraines always came back with a vengeance when the pills wore off.

Beware: there is often a rebound effect with medications and headaches!

Over the course of several months, she saw a specialist who injected her spine with pain medicine, but that too, was short-lived.

She saw a chiropractor who manipulated her spine from the lower back all the way up to her neck.

Deep tissue massage therapy was helpful on the painful knots in her muscles around her shoulders and lower back, and she always felt good for a day, but the pain and muscle tension and headaches always came back.

She was desperate for help.

Searching on the internet she found a surgeon who was doing disc replacement surgeries. If she had a pinched nerve, then surgery would be the answer to relieve the nerve of the pinching and restore her arm to normal sensation, and hopefully get rid of her nasty headaches.

Her MRI showed disc degeneration in her lower back and neck.

At the age of 49, disc degeneration is considered normal for the aging process even in those not experiencing pain.

Her doctor didn't tell her that because she was quick to tell me how she was told that her neck needed surgery to replace the worn-out discs at two levels.

She would have had a third level done but her insurance would only cover two levels.

I asked her about her pain and symptoms before and after surgery.

"They are exactly the same," she said.

Imagine her frustration after going through surgery to find she is still having the same terrible symptoms.

"I still get terrible migraines and have the same numbness and tingling down my arm," she continued with tears welling up in her eyes.

Lower back pain had become secondary to her bigger problem now in her neck since surgery.

She is still on a heavy dose of medication for her pain that is with her at least 70% of the time, I learn from her interview.

Her neck disability index or NDI score is 58%.

The NDI is a national standardized set of ten questions that ask about pain intensity, the ability to do daily tasks to take care of yourself, how well you can concentrate and work, enjoy sexual relations, and if you can sleep well or not, or do anything at all that is fun and fulfilling with your life.

There is a similar questionnaire for the lower back.

NDI of 58% of 100% normal means she is barely getting by in life, and not able to do the things she would like to do for everyday enjoyment.

Her quality of life was poor.

I love patients like Darla.

I love that I might be able to make a difference so they can get off pain pills, get back to normal, and start loving life again!

From Darla's history I knew exactly where to look for the mechanical cause of her problems.

I tell all my patients that it all starts at their center of gravity in the lower back.

How you stand and sit and move depends on your relationship to the constant of gravity, and the ground reaction force when you walk.

This mechanical system of moving parts affects everything up the back all the way to the shoulders and neck if it is not in proper alignment.

I'll speak more about this in a later chapter and how a simple but powerful sitting and standing practice can fine tune your spine and help prevent pain relapse.

Every patient's body as they stand before me subtly whispers or loudly yells to me exactly how they move and where the painful patterns are being produced.

I sense it from their posture and their movements and from my hand-on touch that sends me clues through my sensitive nerve endings in my hands.

She stood in front of me and from behind I could readily see her left shoulder lower than her right. Her right ear dipped lower than her left because her head was tipped.

Her lower back was leaning to the left and her trunk was rotated to the right before it veered back to compensate for the lean.

I was able to demonstrate to her how her motion patterns played into this abnormal alignment that was related to the problems she was having.

She felt this abnormal motion pattern once I helped her identify it. It became self-evident to her.

This is a critical first step of discovery!

With her lower back out of position there was a compensation all the way up to her neck and head.

With her head tilted away from her painful side, I knew her nerve roots would be on slight "over tension" and the nerves going into her arm would be sensitive to further stretch.

Testing her nerve tension was easy.

I had her lift her arm away from her side, straighten her elbow, and rotate her wrist so her palm faced the ceiling.

"Ouch!" she flinched immediately as I gently helped her arm into position to apply tension to her nerves.

It was important for Darla to feel what was going on.

Depressing her shoulder even more and tilting her head away made the symptoms even more intense.

She had the same abnormal nerve tension in the sciatic nerve of the lower back and legs because she was not in optimal alignment.

I knew I could help Darla get rid of her migraines by treating the nerve pain, motion loss and misalignment in her lower back, neck, and head.

I also knew from experience that her lower back pain would resolve quickly compared to the long history of what she was going through.

I knew she would have to be consistent with her twice weekly physical therapy visits and keep a hopeful eye on her graduation a couple of months away.

Nerve pain and sensitivity do take longer to heal and so does everything else that surgery interrupts.

Sadly, when I asked if she had been to a physical therapist before or after surgery, she said no, because her doctor insisted physical therapy would not help.

It is so disheartening to me after several decades of passion in the physical therapy profession that so many doctors of medicine have little appreciation for what a good physical therapist can do with their patients.

I do not want to generalize with all medical doctors, but it is true that most of them do not learn about the precision and value of a mechanical examination where symptom behavior and movement patterns can guide the treatment to resolution.

They are too busy learning how body systems become diseased and how pharmaceutical drugs interact to keep you alive than to learn a basic physical therapy tool to keep you out of pain.

Is it arrogance or ignorance that prevents them from learning?

It's been a challenge for me to have a meaningful discussion with some doctors.

If they don't learn it in medical school, I guess it isn't important.

Just like I ignorantly assumed about the McKenzie method when I only got an hour of lecture about it in PT school.

Physicians' referrals for physical therapy have gone down over 53% since 2013 and patients are paying the price of

surgery, injections, and medications and loss of lifestyle enjoyment.

Darla, most likely could have been saved from suffering for as long as she did and escape the sharp scalpel of the surgeon's hand to her neck had she come to a certified specialist in mechanical diagnosis and treatment first, but she isn't the one to blame.

Over the next two months I took her through phase one and two of the treatment, and her spine realigned, and her nerve roots calmed down to where she could move her shoulder in all directions without pain.

She got on a walking program that she enjoyed, and her migraines diminished and then disappeared along with her lower back pain.

People noticed her smiling more as she got back to normal and her ability to enjoy life again was restored.

CHAPTER 8

THE 3 KEY PHASES FOR TREATMENT OF LOWER BACK PAIN & SCIATICA



"Most of the important things in the world
are accomplished by people who keep trying
when there seems to be no hope at all."

~Dale Carnegie

Once your history is fully heard and the examination completed, it is time for treatment to begin.

Only after a thorough mechanical examination so your pain behavior and motion patterns are understood, and not before, can you begin to know the root causes of your pain and get the right treatment prescribed.

A big reason for frustration is finding a popular exercise on YouTube or a book and thinking it will do the trick without understanding the mechanical reasons for your pain.

Those general exercises for lower back pain may even give you temporary relief, or they can disrupt the natural sequence of healing events that need to happen before you feel 100% again.

More frustration may come after visits with a back pain specialist.

Maybe you see a chiropractor and manipulation gives temporary relief, but your spine is twisted and forcefully cracked in both directions, and you don't get better.

You may see a physical therapist and all you get is a series of back strengthening exercises and electrical stimulation for pain. They skip phase one and two and you don't heal properly.

Even a medical doctor, after listening to you for a minute or two because they are rushed for time, may do a quick and easy examination that lacks mechanical precision like McKenzie offers, and then offer medicine, an order for an MRI, or if you're lucky, a referral to the good PT.

You may get a sheet of exercises to begin at home and after doing them for a while you give up because you either get worse or they just do not work for you.

I've had a lot of patients come in and show me what the doctor gave them and most of the exercises are inappropriate for the healing phase they are in.

It is easy to get into a limiting belief of understanding because of past failures with general exercises that do not completely address the specific nuances of your problem.

I'm here to break through your limiting beliefs!

If you feel better doing exercises that is a good thing, but if your pain keeps coming back, you lack the understanding about the healing phases you must go through, and the self-treatment skills you must know and pay attention to closely to reverse lower back pain and sciatica.

PHASE ONE – REALIGNMENT & PAIN CONTROL

This is the most important phase because it establishes the foundation for phase two and three.

Phase one is most likely to get you out of pain and is relatively easy to do at home once you learn how.

Rapid recovery is possible in many cases.

You will not get great results by doing the phases out of sequential order.

Doing phase three before phase one is common among clinicians treating back disorders and is like a car mechanic tightening the lug nuts on your car tires to fix a wheel alignment.

You simply cannot strengthen the muscles in your back and hips and abdominals effectively – without aligning the spinal column, pelvis, and hips first.

This is so important!

Most of the time, it will not damage or harm you to do strength exercises in a reasonable way, but it can make your pain worse and delay recovery indefinitely if you do the phases out of order.

I discovered this during my chronic lower back pain problem when I was diligent in staying strong on top of an underlying alignment issue that needed attention first.

I performed exercises religiously at the gym as a young PT with lower back pain, but still couldn't figure out why I wasn't getting better.

WHAT YOU CAN EXPECT TO ACHIEVE WITH PHASE ONE

1. Pain relief.

- If you have constant pain that is present 100% of the time, your first goal is to get it to turn off. In other words, you want constant pain to become intermittent. If you can get 100% constant pain to turn off, then this is the door of opportunity we want to go through.
- If you have sciatica or pain down the thigh or leg, you want it to take a course reversal, so you only feel pain in the center ofyour lower back and remain there. This is an excellent pain behavior sign that leads to a good outcome.

2. Restore Spinal Alignment

- In the standing position, your spine will have the proper inward curve (called lordosis) and be vertical from your sacrum to the head.

3. Eliminate Abnormal Motion Patterns

- Like water that runs downhill in a path of least resistance, so does joint motion. Injuries are often due to abnormal patterns of motion. Abnormal motion patterns are often due to injuries.

Habitual ways you move also play a role in the development of your motion patterns.

- There will be specific preferred directions to restore normal movement. You can't go in all directions to cure something that needs specific directions. You will be taking one step forward and one step back if you go treat in both directions (like spinal manipulation is often done).
- Pain must be monitored and not worsen, but sometimes this is tricky to interpret. In other words, you need to understand pain behavior which is why I recommend you at least see a certified McKenzie physical therapist and not try to do this all on your own.

Let's look at each of the steps you need to take and the Phase One treatment positions and exercises.

PHASE ONE TREATMENTS

Step 1: First Check Your Spinal Alignment in the Frontal Plane

The best way to do this is to see a certified McKenzie therapist who knows what to observe and what motion patterns are out of alignment.

If you are doing this by yourself at home, you can stand in a relaxed upright posture and let it feel natural and for you.

Nothing forced.

Frontal plane movements are those that go side to side.

Stand with your back against a wall as naturally as possible and raise your left arm up to 90 degrees away from your side.

Reach with your left arm as far as you can without losing balance. Keep your shoulders parallel to the floor.

You want to tune in to the motion in your lower back.

Repeat this to the right side and be aware of any differences.

Most people will have more motion to the left and a motion loss in the right frontal plan.

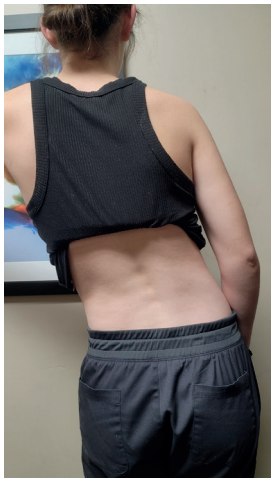
Toward the left is your path of least resistance and toward the right is the path of most resistance.

This must be fixed and balanced before moving on to the other planes.

Once you determine your motion loss, you are ready to assume the first position in the early lying down phase.

When I examine a patient, I first look at them from the standing posture. You will see that this young female patient with lower back pain is leaning to the left. She is unaware of her posture until I show her the motion patterns and alignment.







Motion testing to the left and to the right reveals a motion obstruction to the right. She notices the difference when I help her become more aware of her motion pathways.

Step 2: Side Lying on a Roll -- Early Phase 1

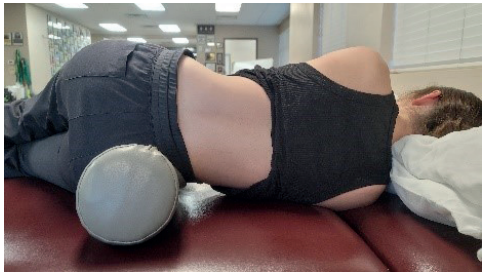
Do this before you progress to the late standing phase.

Make a roll by grabbing a bath towel or small blanket and rolling it firmly to place under your pelvis – not your waist and not your hip bone but the pelvis only.

Stay in this position for about 5 minutes.

If you have sciatica, this position should not make it worse.

You want the sciatica to reverse its course and move toward the center of the lower back. Right side lying on a roll will restore the movement to the right side and restore alignment.



Step 3: Side Lying on a Roll with Trunk Rotated – Early Phase 1

Keep your lower body the same as in Step 2.

Rotate your trunk as far as you can comfortably to the left. You can reach out with your right arm to get maximum trunk rotation.

Stay in this position for 5 minutes.



Again, if you have sciatica, it should reverse slowly or rapidly and move to the center of your lower back – a good sign!

This is the first introduction to correcting the transverse or rotation plane of movement and alignment necessary for the next step.

Step 4: Prone Press Up or Extension in Lying – Early Phase 1

You are now ready to move onto your stomach face down.

Relax your lower back and place your hands on the surface you are on about the level of your shoulders.

Slowly press up the top half of your trunk while your lower back and pelvis stays relaxed and down.





If you are having problems with this exercise due to severe pain, I recommend you see a certified McKenzie trained therapist.

Most people will have a mild obstruction or motion loss to this movement.

That's ok – if your lower back is responsive, you will notice your flexibility improving with each repeated press up.

Press up and hold your highest position for 2-3 seconds and lower yourself down again.

Repeat this pressing up and lowering down for 2-3 sets of 10 repetitions.

Strive to get as much motion as you can in the upward direction.

You have already realigned the spinal joints in the previous steps so this extension in lying is the home stretch for the early phase 1 of your healing journey.

You need to do early phase 1 at regular intervals like 2-3 times per day or more if your lower back symptoms are unstable.

Eventually, your pain becomes stable and more controlled which means your lower back is healing.

You are not ready yet for Phase 2 or 3.

Your lower back pain must be under control first and your alignment and motion in the frontal, transverse and backward directions must be restored.

Congratulations!

Late Phase 1 is designed so you can return to the standing position and get back to walking normally again.

Once you can tolerate late phase 1 and you are walking normal again your walk itself becomes therapeutic and a great resource for you to further your recovery.

In other words, walk on a regular basis after each session. This will be beneficial and give you some hope to continue this process.

Step 5: Standing Side Glides –Late Phase 1

Only perform step 5 after you have performed the series in early phase 1.

I suggest using a wall until you have mastered the movement and can do it without the wall.

Fold a pillow in half and place it between the wall and your left arm.

Bend your elbow to 90 degrees and stand about 6-8 inches away from the wall. Your body will be at a right angle with the wall.

Place your right hand on your hip. This is necessary so your right shoulder doesn't dip down when you gently push your pelvis toward the wall.

Push your pelvis toward the wall as far as you can. You should feel a good stretch happening in your lower back.

Release your push and come back to the starting position.

Repeat the pressure pushing pelvis toward the wall and release.

Pressure on, pressure off.

Do this 10 times, rest, and repeat again 10 times.

The standing side glides are only performed in this direction. Do not do both directions as you are moving your lower back precisely in the direction it needs to heal.

You may recognize that this is the standing or weight bearing loaded version of the side lying on roll position.

Weight bearing like this is the next progression for recovery and once again we begin in the frontal plane to restore side to side alignment and pain free motion.





Step 6: Standing Trunk Rotation with Right Hip Extended.

Stay in the same position by the wall but set the pillow aside.

Step forward with your left leg. This will place your right leg behind you.

Stay upright with your pelvis as close to a right angle as possible to the wall.

Push your pelvis toward the wall and then rotate your trunk, so you are facing the wall.

Place your left hand on the wall downwards and your right hand on the wall upwards.

Your trunk is now rotated to the left and your leg positions will be like you are taking a step as in walking.

Hold this rotated stretch for about 10 seconds and release the rotation.

Repeat 10 times stretching on and stretching off. You can do this for two sets of 10 to gain maximum benefit.

Notice that this position is the standing or weight bearing or loaded version of Step 3: Side Lying on Roll with Trunk Rotated.

You should also notice that you are moving toward a more functional pattern for walking normally.

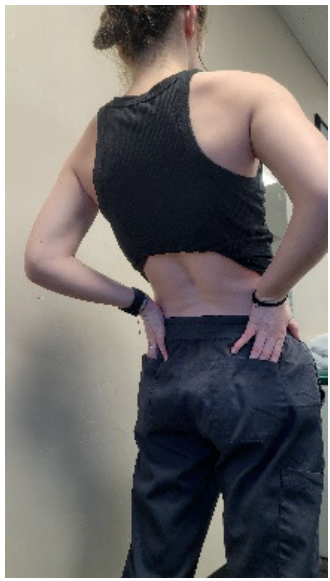




Step 7: Standing Backward Extension Stretch or Extension in Standing.

Place your hands on your pelvis – fingers down and thumbs forward.

Raise your chest upwards first and then lean backwards as far as you can go comfortably.



Repeat this backward motion 5-10 times.

Now walk a little and you should notice that your walking feels better, more aligned, and there's not much pain.

Congratulations!

You have completed early and late Phase 1.

You want to continue Phase 1 until you are ready for phase 2.

You will want to continue Phase 1, so your pain doesn't come back.

Your old patterns will want to return, and your pain will come with it, so be sure to be consistent.

If you have problems, you can always look for a certified McKenzie therapist who will help you through the unknowns and find solutions but be aware that this 3 Phase approach

differs from the pure McKenzie method based on my clinical findings over the past thirty years.

PHASE TWO – Restore Mobility and Motor Control

Phase 2 is a simple but important phase that will require moving in the opposite direction used in Phase 1.

Remember, you are realigning and healing in Phase 1.

As I explained earlier, the best way to imagine this is with a small cut on your finger knuckle.

It is natural with a small cut on your finger to not bend the finger until your injury is healed properly.

In other words, don't flex your finger too early or too much or the healing injury will reopen, and you will need to start over.

During Phase 1 you are trying to heal your injury and get your pain under control. Pain that is constant becomes intermittent which resolves with no flare ups – in other words, the pain is better and stable.

Only when pain is better and stable are you ready to proceed with Phase Two to restore mobility and promote motor control.

WHAT YOU CAN EXPECT TO ACHIEVE WITH PHASE TWO

1. **Improved Flexibility**
    - Flexibility with bending in the forward direction will be safely and adequately restored. This includes muscles in the buttocks and the back of the thighs.
2. **New Motor Control**
    - New patterns of moving pain-free will be learned and take the place of your old patterns that were painful.

PHASE TWO TREATMENTS

Just as in Phase 1, your treatment will have an early and late phase as a way of progressing safely without reinjury.

Many of the patients who come to me might have relatively stable symptoms and they have been trying to get more flexible or past instructions from their doctor, chiropractor or physical therapist gave them this easy exercise already.

Unfortunately, if you do this exercise too early, you will run into frustration because your lower back is not ready yet.

If you avoid bending completely like I did for a time because I was so frustrated with recurrent pain, then you run the risk of injured tissue healing and shortening.

Shortened healed tissue is like spackle on drywall that is ready to sand, prime, and finish.

Phase Two is like finishing work to a remodeler or builder.

Remodeling scar tissue from its shortened and stiff state to a more flexible and lengthened state is what you want to achieve.

Once you have the flexibility you will need to learn to move in efficient ways, so the old abnormal patterns don't come back.

This includes sitting and standing with good posture!

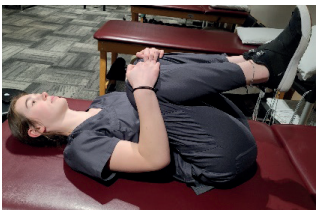
No more slouching!

Step 1: Knees to Chest or Flexion in Lying

Early Phase Two

Lie down on your back and bend both knees. Raise both knees toward your chest and pull them as far as you can so you feel a slight stretch. Return to the starting position and repeat 10 times for 2 sets.





After a couple of sets of Flexion in Lying, turn over to your belly and perform a set of 10 press ups.

Why?



Because you want to make sure you are not undoing your progress in Phase One. If you feel tight and stiff and motion is obstructed with the press ups, then you may not be ready yet.

If you have pain that is produced and becomes sciatica again, you are not ready for Phase Two.

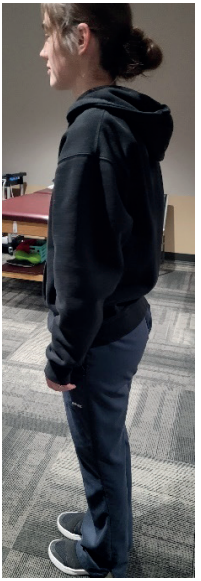
Late Phase Two

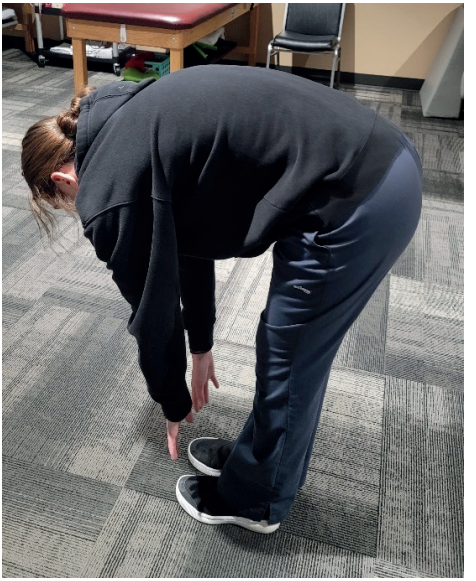
If your pain is stable and your press up motion is full and painless, you are ready for late Phase Two.

Step 2: Standing Forward Bends or Flexion in Standing

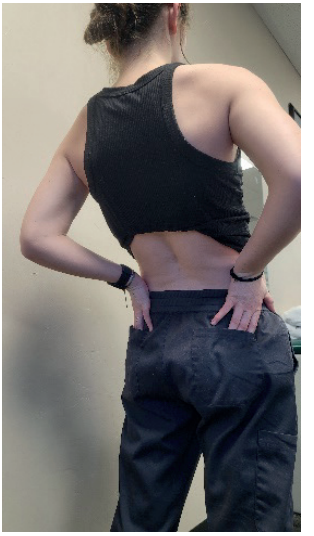
Start from a standing position and bend forward at your waist. Keep your knees straight and just bend forward as if you are going to touch your toes.

Bend forward 5-6 times.





After bending forward, perform the Standing Bending Backward or Extension in Standing 3-4 times to make sure you have no new motion loss in this direction.



If you get familiar pain again with bending forward and it doesn't go away with a few repeats, or if you get sciatica pain down the leg (not hamstring normal stretch sensation) that remains worse, you are not ready for late Phase Two.

That's it.

Phase Two is easy but an important step in your full recovery. There is no need to

overdo this step as you usually bend forward many times during your daily activities anyway.

Remember to use your lumbar roll while you are sitting.

Phase Three Treatments or Strategic Strengthening

This Phase is interesting because it always surprises people when I show them that their original abnormal motion patterns also come with abnormal muscle imbalances.

It is not enough to just start doing general strength exercises which is why I call this "strategic strengthening".

You may appreciate by now why you do not want to strengthen your core or your back muscles (Phase Three) during a time when you first need to realign and establish new motion patterns (Phase One and Two)

So, do not jump ahead of yourself and start strengthening without doing Phase One and Two first.

WHAT YOU CAN EXPECT TO ACHIEVE WITH PHASE THREE

1. Balanced muscle strength in your abdominals and core.

- When you first perform strategic strengthening you will notice that one direction of motion is strong, and the other is weak.

- Strategic strengthening is making sure you get stronger in the weak direction.
- You don't want your old patterns or pain to return.
- Strength increases will show up in 2-4 weeks.

2. Balanced muscle strength in your glutes and thighs.

- Realignment performed in Phase One and improved flexibility and motor control performed in Phase 2 will help you move more efficiently to strategically strengthen your buttock and hip and thigh muscles.

3. Proper body mechanics for prevention of reinjury.

- Practicing the exercises in Phase Three will help you establish a new way of squatting when you need to bend over to lift a child or an object. This is good practice for a lifetime of prevention of reinjury and in keeping your spine and lower back in good shape.

PHASE THREE TREATMENTS

Step 1: Back Lying Modified Curl Up

Lie down on your back and bend your right knee only.

Your left leg will be straight.

Reach with both hands toward your left thigh as you curl up slightly.

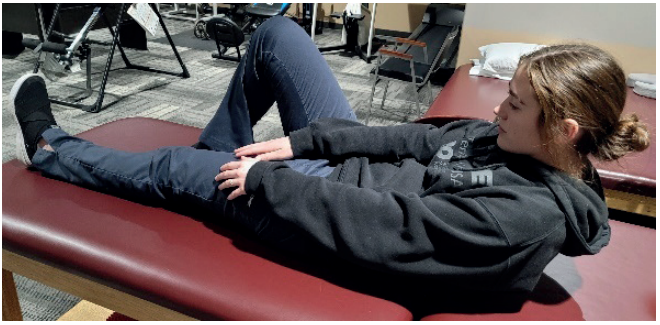
Notice that you are using your tummy muscles to curl up and you are rotating toward the left.

Just for fun – change this around and do it with the left knee bent and the right knee straight. You will likely notice that this rotation toward the right is stronger.

This is the most common pattern I see in about 96% of those I have tested and worked with.

Repeat the curl ups to the left side only for 2 or 3 sets of 10 repetitions.





Step 2: Stomach Lying Back Extensions

Lie down on your stomach with a pillow under your pelvis.

Place your left arm down at your side.

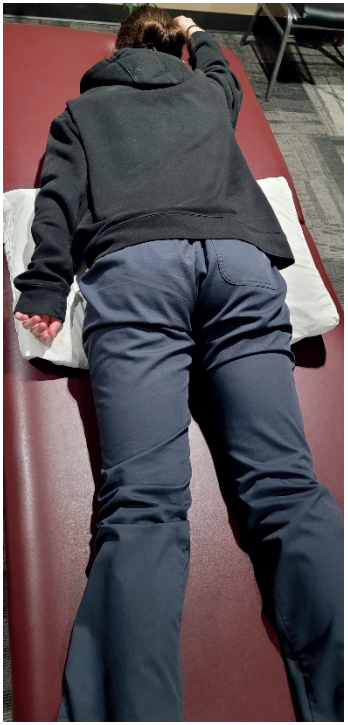
Your right arm is just over your head.

Raise your trunk up slightly and turn your head to the left and rotate your trunk left.

This will turn on the back extensors and rotators and balance your muscle strength.

Again, if you wish to check the other direction you will notice it is easier and stronger to perform.

Perform 2 or 3 sets of 10 repetitions.





Step 3: Chair Pose Squat Holds

This is a power position that activates your glutes and thighs and lower back.

You do this every day when you get in and out of a chair.

Strategically, you want to strengthen and balance and get back to 100% or better than you were before.

Stand with your feet about shoulder width apart and equal weight bearing through both legs.

Squat down and lead with your butt as if you are going to sit down.

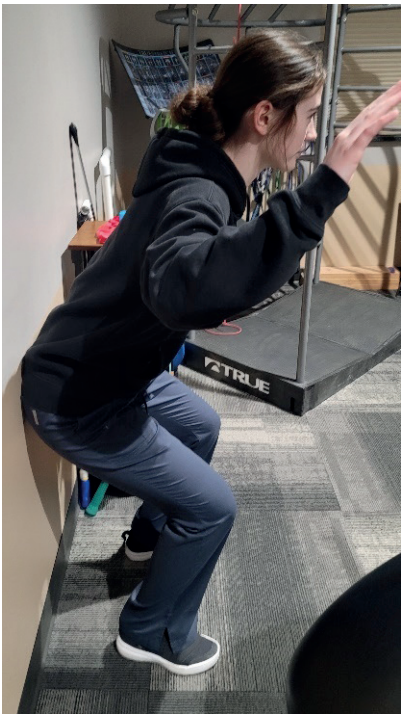
Your hands should be raised up, palms forward, at the level of your chest.

Make sure to maintain a lumbar lordosis or inward curve in your lower back as you squat down with your butt out and hands up.

Your head should be up and eyes straight ahead.

Once you are down in the squat position, hold it for 5-10 seconds.

You can look over your left shoulder and turn your trunk a little if you want to activate and balance your weak rotational pattern.



Congratulations in achieving Phase Three: Strategic Strengthening!

No exercise equipment is needed.

Perform daily in the comfort of your own home, or outside when it is warm, and you can enjoy the fresh air and sunshine.

CHAPTER 9

WHAT YOU ABSOLUTELY NEED TO DO SO YOUR LOWER BACK PAIN DOESN'T COME BACK



"An apple a day keeps the doctor away."

This is the number one concern of my patients.

"What if my pain comes back?" They ask.

Having experienced success with the 3 Phase system for healing naturally and getting back to normal, it does not require much emphasis to convince patients that what worked for them to reverse and heal their pain, will also be the key to prevent recurrent episodes.

Their question is valid because many patients with lower back pain and sciatica do have further episodes. Some studies suggest that 90% of patients will have another episode in the year following their recovery.

It makes me happy when I see past patients and they tell me they are still doing well and if the pain ever comes back the exercises help.

I'd like you to take prevention seriously. Don't just do the exercises when you have pain. That is ignoring the motion loss that often comes before pain arrives.

It's "an apple a day" not seven on Saturday.

Posture control is the best way to prevent your lower back pain and sciatica from returning.

Start every night before you go to bed.

Check your side-to-side motion.

Check your backward motion.

If you are a side sleeper, be sure to use a sleep roll under your waist.

When you wake up in the morning, check your side-to-side motion again and do a few backward bends.

During your drive to work or if you work from home, always use the McKenzie lumbar roll, and stand up at regular intervals to bend in the backward direction.

Activities that involved prolonged forward bending require regular movements in the opposite direction. The "Opposite Movement Rule" works extremely well if you use it often and correctly.

If you lift a lot, you will need to move effectively and consciously check yourself for motion loss before aches and pains start to return.

At the first signs of return of lower back pain, you need to immediately start early Phase One positions and progress yourself to late Phase One.

McKenzie would often say "if you lose the lordosis (the inward curve of your lower back) for any length of time, you are risking recurrence of lower back pain."

CHAPTER 10
FINE TUNING THE SPINE WITH SITTING AND STANDING PRACTICES



This chapter could be a book by itself.

Do not overlook it for its simplicity.

It changed my life more than twenty-five years ago and I continue to do these practices today because of the benefits of what I get from them.

It began when I started to practice sitting posture.

I did it when I first got out of bed first thing in the morning. I would sit there for about 5 minutes and practice sitting upright and breathing deep into my belly.

It was pleasant to sit there and be aware of the sensations of my breath moving in and out slowly without following any conscious thought would fill my mind during my normal day.

One morning I felt I had spontaneously entered another dimension of healing.

Not only was I purposefully placing my spine in good alignment and breathing properly, but something inside me woke up and I got a jolt of energy in my lower spine that amazed and surprised me.

I felt my spine moving without effort all on its own and tears began to well up in my eyes because I was 100% pain free.

It was so profound and mysterious that I wanted to experience it again, and somehow felt, this was the most important event of my life so far.

I began to search for books that might explain what was happening to me and discovered there were sitting and standing practices done in other cultures that were able to heal and transform.

In Japan, for example, the ancient Samurai would perform daily Seiki Jitsu on a wooden stool.

The Taoist masters would sit and stand in temples on high mountains and practice nei gong to improve their health and longevity.

I had a hard time believing some of the legends where some masters achieved states of immortality, but my curiosity led me to travel all over the world and study with master teachers and healers who knew about these basic practices.

I moved my sitting practice to a stool I found at a specialty store and paid $600 for it – that's how serious I was about this practice!

You can easily get a cheaper stool.

Just make sure your lower back is free to spontaneously move once you are able to wake up your natural life force energy.

My first teacher, the late Dr. Glenn Morris was the grand master of the Hoshinjustu martial arts lineage, and he taught

me more about the inner workings of sitting and standing healing practices.

He taught me the importance of breathing and how keeping a state of positive emotions would help the healing process – what is called the inner smile.

He inspired me to pursue "the secrets of the masters" simple but esoteric practices that would turn on a normal biological process inherent in the spinal column to help one heal physically and grow spiritually.

My sitting practice turned to standing and with the healing electromagnetic life force awakened inside me I could feel the feelings in my right leg returning.

I would spontaneously tremble and shake as if someone had turned on a strong water faucet in an old hose and it was coming alive.

It was the most exhilarating feeling!

It wasn't unusual for me to practice for 30-60 minutes every morning.

Pain and all the mental trickster thoughts it throws into your psyche is a drain of energy.

I knew something good was happening.

In 2006, I met world-renowned healer and mystical teacher, Dr. Bradford Keeney, who introduced me further to authentic wisdom healing of Africa, Japan, and the Caribbean, and all the natural ingredients of movement,

rhythm, tones, and emotions that are held inside a bigger mystery that is the recipe for awakening your life force.

Sitting and standing and tuning into the natural healing energy within taught me what I needed to do to heal 100% from a fall off that ostrich and enjoy life to its fullest again where I could run, jump, and play like a young man again.

Awakening the healing energy within taught me how to refine the 3 Phases of healing that I've shared with you.

It taught me how to examine and treat others with more precision because once the life force is awake, it is easier to detect in others.

Pain is 100% associated with disturbed life force electromagnetic energy and takes on patterns that you are stuck in physically, mentally, socially, and emotionally.

It is especially strong in the spinal column and cranium so this needs to be aligned for it to flow in a healthy manner.

When I work with people in pain, I can sense their energy patterns moving or not moving just like their physical motion patterns.

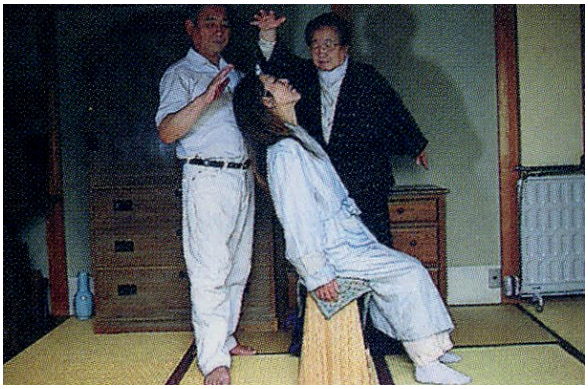
Moving them into a sitting or standing posture alone helps the energy to shift.

I can't promise this will change your life like it did mine, but I can say it will help you more than you think it will.

Just sit and stand and breathe.



The Swopper Stool



Okuko Osumi Sensei working with client during Seiki Jutsu practice. Later, this lineage was passed to Dr. Bradford Keeney.

CHAPTER 11

DRY NEEDLING FOR MORE PAIN RELIEF AND FLEXIBILITY



Dry needling is to physical therapy what acupuncture is to acupuncturists.

Physical therapists who are trained to do dry needling treat pain by placing sterile "dry" needles into the muscles or surrounding tissues.

Performed along the muscles of the spine can decrease pain significantly and promote flexibility and encourage improved motion patterns.

Trigger points are areas of tight and painful muscles that usually respond well to a dry needle.

Often, dry needling is combined with electrotherapy by hooking up the needle to a TENS (Transcutaneous Electrotherapy Nerve Stimulator) that causes the muscle to contract at a specific frequency for blood flow.

It also helps bypass the pain pathway to the brain and is often needed to heal chronic pain.

I love the effect dry needles have on my patients and often can detect the subtle but profound results it has on natural healing.

This is one more way to overcome the need for pain medicine and reduce the chances of addiction to opioids.



CHAPTER 12

DEEP TISSUE LASER THERAPY FOR PAIN & INFLAMMATION



Deep tissue laser therapy is an advanced FDA-approved Medical Class IV technology that introduces red light into the tissues where the cells mitochondria absorb the light and are renewed like you are charging a battery.

In a process called photo biomodulation, it helps energize the healing process to reduce pain and inflammation.

Deep laser is a patient favorite in our clinic as patients often feel a difference after a 5-minute treatment.

Combined with the positions and exercises of 3 Phase system of healing and you get more opportunity for complete healing and getting back to the life you love.



For a free trial of Deep Tissue Laser Therapy

call 435-843-1311 (Tooele Location Only)

CHAPTER 13
GETTING HELP BEYOND THIS BOOK



For a private session so one of our PT spine experts can examine your lower back pain and its behaviors and movement patterns, I invite you to call 435-843-1311 to schedule an appointment.

By reading this book you are already well on your way to healing naturally, without pain pills, injections, or surgery.

Not all back pain is the same, but most have similar patterns, and I've given you a lot of valuable information here that can easily be applied to help you with your pain.

Trust this process! It has worked well for thousands of patients.

Most back pain in people from age 14-55 years old can be treated using the 3 Phase System.

If you need further assistance, please reach out to contact me.

I would love your life to change for the better like mine did.

I just want to save you the frustrations and the expensive traps along the way.

Thanks for reading!

I invite your questions.

You can email me at troymarshpt@gmail.com

PATIENT STORIES

Our patients reported an average of **94% recovery rating** after completing the 3 Phases of treatment of their lower back pain & sciatica.



"Before I started PT, I was getting chiropractic care. My hips were stiff, off-set, aching, and often had a sharp pain in my lower back. My hips felt stiff when I went for walks. Because of a herniated disc, I was told I would never completely heal and never get back to full activity. I was given a lot of "do nots". Troy gave me hope I would recover and do some of the things I love again**. I now feel more mobility, I seldom have pain, and I'm enjoying being active again. Thank you!"** ~Heather, results after only 5 visits



"Lower back pain restricted my movement with swimming. I came in for two weeks and **I am feeling 100% again**. The exercises they had me do work great."

~Hunter, results after 4 visits



"I was unable to move without severe pain in my lower back. After one day of treatment, I was up and walking freely. **By day three, my overall ability was nothing more than miraculous.** I fully trust Troy. What he told me to do daily is truly awesome."

~Mark, 100% better in 3 weeks.



"I was seen for sciatica pain by my doctor 4 years ago. I had an MRI and have two bulging discs, stenosis, and arthritis. I was given two injections, and finally an option to get a PT evaluation and treatment to avoid

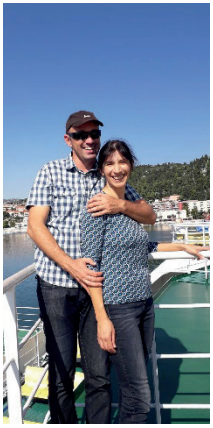
surgery. After 6 visits with Troy and Kyle and staff, **I rate myself at 100% -- no pain**~ I'm now capable of doing home exercises on my own." ~Billy, 100% recovery rating.



"I injured my back and have been dealing with it for 9 years! I tried other methods before, but these methods and techniques have been a game changer! I know what to do, and how to check my back. I know how to realign and strengthen my core. **I'm so thankful and happy to have my life back**. I feel closer and closer to getting back to full unguarded activity." ~Heather, results in 9 visits.

"I came in with pain in my lower back and now I can walk again up to 3 miles a day and even do elliptical for 30 minutes. This has been awesome and great learning here." ~ Raul, results in 5 visits.





"I will never forget the wonderful gift you gave me, the gift of health. **Thanks to you I walk normally, I climb the mountains, I provide for my wife and kids.** Your advice and guidance made me a healthier and better man. God bless you! ~Ernesto, from Croatia, was helped after doing the 3 Phase Lower Back Treatments



"I came to see Troy from a long distance away. He was recommended by friends. They said, I'm not going to tell you anything, just trust me, it will be worth it. It has been worth every mile I drove. **These techniques have made such a difference.** My original problem was a sacroiliac joint pain that Troy determined wasn't just my joint but a twisted spinal column. The work I have done here, and the techniques learned will go with me the rest of my life. Thank you, Troy, and staff. I am so grateful!" ~Katherine



"I had sciatica that was unbearable. I was referred here from a co-worker, and **I am very impressed with the outcome. I am very happy.** You guys are awesome! Thank you." ~ Larry, results and back to work in 9 visits.



"Prior to my visits with Troy, I was unable to perform simple tasks such as walking, bending, cleaning, cooking, or sitting. My kids were especially unhappy. My husband encouraged me to call Troy, so I did. He helped adjust and work my back into a healthy normal again. **Now, I am running, hiking, and able to keep up with my kids. All activities are now restored and without surgery!"** ~Courtnie, 99% normal again in 10 visits.



"I went from excruciating pain all day and night when I first started PT. I wasn't able to fall asleep without pain. I would wake up in pain. I couldn't take care of my own kids without causing serious pain. **Now, life is better without pain!** My wonderful recovery here was with some of the nicest people. Their kindness made it easier to get better." ~Keirenne, back to normal and no pain.

"This stuff works. Brutal back pain for years and many dedicated efforts to find respite. And in the hands of someone like Troy, **healing is possible with this approach."** ~Sean, from Toronto.