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Perspective and Perception: A Lesbian Comedian, an Obsessive Accountant, and a Grumpy Old Man

I have worked with thousands of clients in my role as a physiotherapist, but there are only a select few individuals who have made a lasting impression on me, both as a person and as a therapist. Some have incredible stories, some are remarkably irritating, and others are the most ordinary people you could possibly imagine. Of this pool of select clients, there are three individuals who stand out as examples of how powerful perception is on the experience of pain, and just how different people can be. Laura, Clint, and Frank are three very unique clients who came to me in three very different ways, but they all had almost the exact same pain when they walked in the door. This is the story of how I helped them navigate their journeys of getting their bodies back in working order, and why I learned a lesson on human nature along the way.

My physiotherapy clinic has two different locations. The main clinic is a large space on the second floor of an office building in a retail shopping area of central Vancouver. It has a nice waiting room with a receptionist like you would expect at a proper clinic. My other office is more of a satellite location within a large medical building attached to the biggest hospital in British Columbia. I have a single room down a long hallway in the back of a family practice office; there is a small couch in the hallway and some instructions provided on the closed door, but no receptionist on site. Parking is a bit of a nightmare and the busy lobby is full of wandering old people, healthcare workers, and medical students, all trying to be somewhere on time. It can be a flustering place for some people to navigate.

The instructions on my door clearly say in large, bold, red letters, "Treatment in Progress, Please Knock," but some people like to learn by experience, more than by reading. Enter Laura. I was sitting at my desk, just finishing up some charting after I had eaten lunch, but I still had about fifteen minutes to spare before I was expecting my first client for the afternoon. She made a very Kramer-like entrance into my office. Her unkempt brown wavy hair was everywhere. She was eating a very crumbly scone from Starbucks in one hand while holding its brown paper envelope in the other hand, as well as a bike helmet, a burlap bag, and her wallet. With her mouth full of scone, she dumped her belongings onto the chair and proceeded to lay on the floor and show me some movements that gave her pain, all before saying "hello," fifteen minutes before her appointment time, and eating her crumbly scone the entire time. Amazing! I was too blown away and amused by the situation to be annoyed.

Laura came to see me about her bad back. She didn't know what she had done, but her lower back seemed to cause her trouble while sitting in the car, rolling over in bed and bending over the sink to brush her teeth, as I learned in her very animated fashion within the first ninety seconds of our meeting. She was an amateur comedian-slash-unemployed forty-year-old lesbian with remarkably horrible fashion sense, and she was my new favorite person. She talked about her back pain in a nonchalant way, but I could tell it was impacting her life. She had tried massage, hated the gym, and had a friend suggest that she see me, but she hadn't inquired at all about what I do. Laura floated through life without much thought about direction or detail; she very much lived in the present.

Clint was the opposite. Everything Clint did was purposeful and controlled. He was a forty-year-old accountant with borderline obsessive-compulsive disorder. He had a government job and knew exactly what his benefits plan would and would not cover, so he pre-booked weekly sessions as far ahead as I opened my schedule to maximize his insurance plan. He spoke with a bit of a stammer, as if he was worried about every point and every question he ever had. He was a nice man, but his attention to detail was almost paralyzing for him. I'm sure he was a great accountant.

Clint also came to me about his back. He was having trouble sitting for the long hours his job required, and he would wake up every morning with stiffness, pain, and trouble straightening up. His massage therapist had suggested he try intramuscular stimulation (IMS) and more exercise, so he came in to see me after having researched both topics as well as my background. Clint hung on my every word and made sure to write down every last detail, because he needed to have everything just right.

Frank was a retired, seventy-four-year-old Portuguese man who had done physical labor most of his life, and he only came to see me because his wife was tired of listening to him complain about his back. He was the type of man who entrusted his health in the hands of his family physician and would do what he was told and nothing more. He was a hardened man of few words with a thick accent and even thicker skin. I tried to get a sense of how much his back was hurting on a scale of one to ten, and he replied in his thick Portuguese accent, "I had a radiator blow up in my face once, that hurt, so my back . . . my back, I will say it is a two." Pain is relative and Frank had been sucking it up for a long time.

I get a pretty good sense of a person and what may be wrong within the first five minutes of meeting. I pay attention to how they walk into the room, how they sit in the chair, how they tell me their story and especially how they take off their clothes. I end up building a funny relationship with people that involves them telling me their troubles while they get into various degrees of undress. Being a physiotherapist, I am somewhat numb to being exposed to strangers' partial nudity, but there are definitely different strokes for different folks. Laura removed her shirt and threw it on the floor in the corner of the room after she finished her scone and was ready to undergo treatment in her well-worn bra, baggy pants, and boots. Clint came to every appointment wearing the

same shorts and T-shirt, folding his shirt neatly and placing it precisely on the chair. Frank took his sweet time to expose the smallest area of skin under his layers of tucked-in undershirts and button-up plaid shirts. I had to factor “old-guy change-time” into our thirty-minute appointments.

Laura told dry, witty jokes about her body the entire time I assessed her. She seemed comfortable and insecure at the same time, but was content to be in a place where she was dealing with her problem. Clint tried anxiously to help me with every movement I took him through and had a clarifying question for every single thing that I said. Frank, on the other hand, seemed to be part deaf and only half paying attention to the young guy who wasn't even a doctor. They all got through their first thirty minutes with me in their own way, and I managed to make a connection with each of them by listening and explaining their back pain in a context that made sense to them. Laura was interested in my explanation but was game to do whatever I said. Clint ate up every detail I said and would have talked about it for three hours if I let him, while Frank half-listened to me and half didn't care; he just wanted me to fix it and tell him what to do.

Each of them had a torsion in their pelvis due to an imbalance in their hip muscles, resulting in compression and irritation in their lower backs. Laura had it for five weeks, Clint had it for six months, and Frank had it for eight years. None of them attributed their pain to a particular accident or injury, but all had suffered, to a certain degree, with pain and dysfunction. I explained the biomechanics to each of them based on their level of interest. I explained that the best way to fix their problem was to use IMS, a form of dry needling similar but different to acupuncture. Laura's eyes bugged out of her head, Clint had even more questions, and I think Frank thought I was a quack, but I convinced all of them to give it a try.

I explain to people receiving IMS for the first time that they will have a love-hate relationship with the treatment. It is not the most comfortable procedure in the world, but it can seem like magic if it releases the right thing. It involves using an acupuncture needle to release taut bands of muscle deep in the hips and spine and can feel like a deep, crampy pressure for about five to ten seconds while the needle is inserted. (I go into full detail on the process and the theory of IMS in following chapters.) In order to free up Laura, Clint, and Frank, I needled both of their hips, the small of their back, and their inner thighs. The process took about ten minutes for each of them.

Laura became even more entertaining when she was nervous; she had plenty to say while she was lying on her side with a butt cheek hanging out of her grungy pants. The first point I typically release is the gluteus medius on the side of the hip, and it can pack a punch. It is a deep, strange sensation that most people don't know what to do with. Laura yelled really loudly, “Whoa, whoa, fuck, really, fuck, fuck . . . Oh thank God, is it out, is it out?” and then laughed hysterically. I'm pretty sure we gave her some material for her act. After she wrapped her brain around what the first few needles felt like, she calmed down and was totally fine. Once I told her that I was done, she stood up, sweating profusely, and walked around the room looking confused. She bent over

to grab her shirt from the corner of the room and stood back up with her jaw hanging open. She asked if I was some sort of sadistic, voodoo healer genius, because her back now felt awesome.

Clint had questions up until the moment I tapped the first needle into his hip, and I discovered his off switch. He looked like he wanted to say something, but nothing came out. His body tensed and his mouth opened, but he was silent until I took the needle out and then he said, "What do you call this again? How is it different than acupuncture? Why are we needling down there, when my pain is over here?" and so on, until I stuck another needle in him and then . . . silence. I answered the questions that needed to be answered, but in order to get through our appointment on time, I had to cut him off with needles about eight times. When we were done, he stood up and felt like he had been hit by a truck. He was braced and stiff and looked very concerned. I assured him that post-treatment soreness can be normal, and that he may hate me today but will probably love me tomorrow. I sent him home to have a hot bath and to drink plenty of water.

Frank lay there stoically and didn't move, make a sound, or even change his facial expression the entire time. When we were done, he stood up and took ten minutes to put his pants back on, tuck in his shirts and say, "So, that is it? We are done?" He left barely saying two words to me, but I happened to treat his wife a few days later and she told me how fantastically better he was moving and feeling, so she made another appointment for him to return the following week.

Laura's, Clint's, and Frank's first experiences with IMS were very much reflections of their personalities. They all ended up with marked improvements from the treatment, but the filters through which they experienced it were much different. People ask me whether IMS hurts and I always say that it really depends on your body type and your personality. Some people experience little pain and others have to use their own coping mechanisms to deal with the discomfort. I have seen a two-hundred-and-fifty-pound man sooth himself by singing "Frère Jacques" quietly and old grannies drop F-bombs. Everybody is different, but most people can be helped if you find the way in for them.

Laura saw me once a week about three times until we eliminated the back pain from her daily radar. She had more physical issues which we could have worked on to help prevent recurrence of her issue, but Laura's personality of living in the present, combined with her unstable financial situation, made her time with me short. She gave me a good perspective on how different people have different relationships with their bodies. She hadn't lived a very physical life, she wasn't an athlete, and her previous experiences with pain were largely based on her being clumsy. Her back hurting didn't really keep her from doing her daily activities and she generally didn't worry about much so she was fairly lighthearted about the whole experience. Pain can dominate some people's lives and significantly impact their personality, but Laura was able to compartmentalize her experience and avoid fear, anxiety, and obsession related to her discomfort. A sense of humor can go a long way.

Clint was serious even when he was joking. I saw him fifty-two times over a couple years and couldn't convince him that treatment was no longer necessary. He returned a week later after our first session with his back feeling much better, after enduring two days of soreness and living on a heating pad. I think my telling him that his pelvis was misaligned put his obsessive mind into overdrive. He became focused on left-right differences in his body and little physical incidents that had happened to him over the years, to the point that his original back pain ceased to be the topic of concern after a month or two.

Clint, being Clint, and armed with a good government benefits package, would not be satisfied until he experienced no pain and his body was perfectly symmetrical. After needling him a few times, I talked to him about teaching him to move better, improving his posture, and getting stronger in order to prevent any future issues with his back, which he thought was a great idea. We shifted gears into movement training and developed an extensive repertoire of home exercises for him in a detailed binder with his annotations under all of my drawings. I regularly tried to give him exercises where he had to do seven repetitions on one side and ten on the other, or get him to just work on one side and not the other to mess with his obsessive-compulsiveness, but I never got away with it. Clint was my best student; he did everything I showed him, learned to move really well, and got quite strong, but he became obsessive about other pains and areas of soreness in his body to the point that I felt he just needed a break from everyone, including himself. I told him as much and tried my best to discharge him, but it took another three months before I was able to wean him away from me. Some people need to be encouraged to do and think more while others need to learn to do and think less. Clint needed to learn to distract himself from himself.

Frank returned two weeks later, as grumpy and skeptical as ever, but he didn't realize that I could tell more about how he was doing by watching him move than listening to what he said, or that his wife had ratted him out the previous week. He rose from his chair much faster and with greater ease, and he was standing much more upright as he complained to me that his back was feeling better for about five days before it worsened again. He told me that IMS doesn't last and that he was too old to be fixed. I clarified his complaint by explaining that most people with a twist in their pelvis experience about five days of relief from IMS before an element of it starts to return and that we would treat a little more each time and he would likely get a longer-and-longer-lasting result. I thought that five days of relief after eight years of pain may have impressed him, but he gave me nothing.

In Frank's second session I treated his hips and back like the first time, but also worked a bit on his mid back and neck, because eight years of being out of alignment had created a few torsions in him beyond his pelvis. I decided to not bother explaining it to him; instead I just fixed it and told him what to do like he wanted. He didn't say much, but his energy changed and he started asking about his next appointment. After four sessions in about a month, Frank's back started feeling pretty good and he started talking to me. It turned out that I knew what I was doing after all and I earned his trust.

His wife told me that he religiously did the three exercises I gave him and she started just making him appointments to see me once a month to help prevent his complaining from coming back and they were both happy. Frank was stoic in many ways, but needed to be shown that there are times to be stoic and there are times when you should just ask for help. Many men need to learn that toughing it out is not always the best option when it comes to their body and that they should at least put as much maintenance into their bodies as they put into their cars.

Laura, Clint and Frank are good examples of how different people approach and perceive the world differently, and how anxiety, fear, stubbornness, and humor can have an effect on pain management. It is probably the biggest reason why back pain is so difficult to study and to provide “strong evidence” for the various forms of treatment; the personality of both the patient and the practitioner can have a profound impact on the outcome of the therapy. There is an art and a science to being a good physical therapist, but it begins with being a good “people-person” and appreciating the crazy in everyone. Once you can wade through a person’s idiosyncrasies and earn his or her trust, it is easier to assess and provide treatment objectively and properly.