Dynamic Chiropractic

CHRONIC / ACUTE CONDITIONS

Acute Care Only?

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A chiropractor from Los Angeles recently phoned me and asked whether myofascial therapy is for acute care only. Other DCs have asked me the same question, and some have made comments that lead me to think that this is a common view.

It's true that you can spectacularly relieve most of your patients' acute symptoms with myofascial therapy. And you certainly can use this clinical approach solely for that purpose. But you don't have to for the following two reasons:

First, the patient's myofascial symptoms may be secondary to some other health problem. This was the case with my patient, Mark Turner. He is a former college football player who has worked at a sedentary job for several years. He's tall, large-framed, and when I first treated him he was 50 lbs overweight. His lumbar x-rays showed that his lumbosacral facet joints were sclerosed and mildly osteophytic. His accentuated lumbar curve and narrow L5 disc space suggested that sustained axial compression of the joints had caused them to degenerate. His myofascia at the lumbosacral level was tightly constricted and painful, apparently due to somatosomatic reflexes. Mark's deteriorating facet joints were the primary disorder that induced secondary myofascial symptoms.

There are other underlying disorders, of course, that give rise to myofascial problems. Some examples are chronic, recurrent vertebral subluxations, spondylosis, spondylolisthesis, disc lesions, ligamentous strains, and spinal imbalances. Treating the patient's myofascia can dramatically relieve symptoms caused by such underlying conditions. If you don't correct the underlying condition, however, his pain will return again and again.[1] To give Mark Turner sustained relief I used several procedures to decompress his lumbosacral junction. Without this spinal treatment, his myofascial symptoms would predictably reoccur.

On the other hand, a patient may suffer from an underlying condition that we can't totally rehabilitate. He may, for example, have an incorrigibly unstable spine following Scheuermann's disease. For the rest of his life, this underlying condition will relentlessly tighten his myofascia and induce severe pain. Myofascial therapy (combined with spinal therapy) can effectively control his pain. The therapy must, however, be applied at intervals appropriate for him.

The second reason myofascial therapy isn't for acute cases only is that some patients choose it as part of their preventive regimen. Judy Carter and Doris Mason are high school teachers in Houston. They see me for preventive care about twice a month. Like most teachers I know, their work-related stress is intense. They come for myofascial treatment to avert painful constrictions. Keeping their myofascia constriction-free is like keeping their spines fixation-free. I examine and treat them regularly to prevent their minor lesions from igniting acute pain syndromes.

A patient may ask you to clear out all of his myofascial constrictions. This can be a formidable task: Virtually everyone is laden with these lesions, especially in the parts of his body that are vectors of biomechanical stress. It may take from one year to one and one-half years of treatments at regular intervals to clear most of a patient's constrictions.[2] After that time, he must be examined and

treated intermittently. This is vital because such treatment clips budding lesions that are endlessly germinated by stresses impinging on his myofascia.

The myofascial patient may suffer from a chronic underlying condition, or he may opt for regular preventive myofascial care. So, you're likely to treat him on a schedule typical of your other non-acute patients. Is, then, myofascial therapy for acute care only? Absolutely not!

References

1. Lowe, J.C. "Diagnosis: contributing factors," tapes 6 and 7, The Purpose and Practice of Myofascial Therapy, (audio cassette album), Houston, McDowell Publishing Co., 1989.
2. Chaitow, L. Neuro-Muscular Technique: A Practitioner's Guide to Soft Tissue Manipulation, New York, Thorsons Publishers, Inc., 1980, p.137.

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