

Shaking the Bushes for "Fallen Out" Patients

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We all get them; patients who think only in terms of symptoms. Despite our best efforts to educate them on the long-term implications of chronic spinal impairment, when their pain is gone – so are they. In today's world of "magic bullet" fixes and in a society that often thinks in terms of instant gratification, I guess it is inevitable.

We all learn that it is quite common on examination to find areas of disturbed biomechanical function (biomechanical lesions) that are completely unfelt by our patients. Adding the external stimulus of springy motion testing (thoracic and lumbar) or palpatory probing (cervical and sacroiliac) overcomes the various gating mechanisms blocking conscious pain, and they become quite conscious of the hidden problem. Likewise, most of us accept that these areas of hidden alarm and biomechanical dysfunction have eventual pathological consequence: aberrant sympathetic function leading to ANS upset, resulting in vasomotor and command-and-control disturbance in organs, destructive anatomical change to spinal discs (desiccation, bulging, herniation), and vertebral [spondylosis](#). What is new on the horizon is recognition of the pathological consequence of the chronic inflammatory arthrosis accompanying spinal biomechanical impairment.

With these thoughts in mind, I have composed a patient letter that I gladly share with you as follows. (My office recently combed through old patient files and have now completed a direct mail-out.) If your work in the past has been effective, then it makes good sense to market first to these folks, to educate them to the need to think in terms of long-term wellness, not just short-term pain relief.

I almost always recommend cryotherapy for quick pain relief, so I know many of my patients are now using home cold-pack applications to manage their recurring pain, rather than return to the office for the treatment they need for further rehabilitation. My hope is that this letter will spur them to think beyond simple pain and think in terms of their overall health.

Dear Mrs. Smith,

Back pain is just a signal, like the sound of a fire alarm. Obviously putting out the fire is much more important than just turning off the alarm. Taking medications or using cold packs to simply turn off spinal pain is an unwise substitute for actually extinguishing the root cause of the problem. Here's why.

Many otherwise healthy people have quite high "thresholds" of pain perception. That means it takes a very high volume of pain discharge to "break through" neurological "gates" that are blocking conscious pain. Very often, by the time you feel pain, the problem is well-advanced or even chronic.

Many patients think only in terms of symptoms. If the pain is gone, then they assume that the problem is gone. Unfortunately, this is seldom true in cases such as yours. What we now know is that most cases of spinal biomechanical impairment lie just below the surface, unfelt. They only re-

emerge (become symptomatic) with extra stress, overwork or accident.

Also, moderate to high levels of hidden inflammation, as happens in these spinal disorders, is now associated with many disease states in the human body, including Alzheimer's, heart attack and colon cancer (Read "[Silent Killer](#)," *TIME* magazine, Dec. 9, 2002). In addition, important nerve-control centers attached to the spine (which regulate the body's various organ functions) can be adversely affected by hidden spinal inflammation. The constant alarm signal of distressed tissue is thought to "garble" the incoming and outgoing messages to the organs; like a computer or a TV with a bad cable connection. This may eventually create breakdown in the affected organ, which can result in disease.

In the spine and pelvis, when hidden mechanical impairment exists over time, we know that very advanced anatomical destruction develops: discs dry out, weaken and crumble, bulging and disc herniation may occur, permanent bony arthritic change develops, hidden nerve damage increases. Some studies have suggested this destructive process results in six to seven times the normal aging of spinal or pelvic joint structures. It can truthfully be said that as we age, good spinal anatomy *depends on* maintaining normal range of movement and function in spinal segments.

After instructing you on the benefits of cold-pack application and other anti-inflammatory measures for [pain relief](#), which hopefully are affording you good symptomatic relief, I would be remiss in not also send you this explanation of the hidden damage that may be occurring if you are now treating only your symptoms. Hippocrates, the father of modern medicine, strongly advised against this, calling it "bad medicine." Simply put, most of my adult patients need some regular supportive care in order to further their efforts at rehabilitation or maintain their current levels of wellness. Most importantly, it helps them avoid future costly complications.

Because of this, might I suggest you consider giving us a call to schedule a re-examination? And because I have examined so many patients with spinal mechanical problems that are asymptomatic, I ask that you consider a check-up every month or two. If no treatment is necessary, all the better, and you will not be charged for the visit.

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