Dynamic Chiropractic

PHILOSOPHY

Janet Travell, MD -- What She Meant to Me

Lucy Whyte Ferguson

Editor's note: In the Sept. 22 issue of *DC*, our rehabilitation columnist, Craig Liebenson, DC, dedicated his column to Janet Travell, MD, who died Aug. 1, 1997 at the age of 95.

Dr. Lucy Furguson wanted to add some personal comments about Dr. Travell, and her impact on the chiropractic profession.

I would like to share some of what Dr. Janet Travell meant to me and my development as a chiropractor, and also to share the ways in which I have been able to see her influence as a friend of chiropractic.

While she was known as President John Kennedy's doctor, her true passion was the development of an understanding of diagnosis and treatment of muscle-related pain. While she did research in the prescribed manner, she was also known to offer impromptu treatment sessions whenever she noticed someone in pain and had a few minutes to spare. This someone might have been a party or dinner companion, or might have been a cabbie driving her to the airport. One of the causes of amusement of those who knew her well was how often, and in how many circumstances, people would take off their shirts to let her examine and treat their trigger points.

I first met Dr. Travell in 1983 when I was invited to attend a seminar at which she was presenting. I had seen her first book, Myofascial Pain and Dysfunction: The Trigger Point Manual, written with co-author David G. Simons, MD, but I had no idea of the manual skills and procedures involved in trigger point identification and release. I also had only the most rudimentary understanding of myofascial pain, its diagnosis and treatment, although I was convinced of the importance of muscle balance from my time spent working with DCs John Thie and Leroy Perry.

I sat spellbound as Dr. Travell used her deft hands and her incredibly strong fingers to identify and treat painful conditions and restore normal patterns of mobility. Often it appeared that she had three or four hands. She had a holistic approach, identifying body imbalances which were perpetuating myofascial dysfunction, even attending to breathing patterns which were overloading the scalene muscles in a runner with chronic neck problems. She stressed the importance of identifying even marginal vitamin and mineral insufficiencies to allow the body to be better able to heal from chronic painful conditions.

In private discussions with her, she was very encouraging. It was clear that she enjoyed teaching chiropractors because we already have such strong palpation skills and such a sophisticated understanding of body mechanics and function. Also, she clearly viewed manual therapies as the heart of successful treatment of trigger points and myofascial dysfunction. I proceeded to take what I had learned back to my practice and develop my skills at diagnosis and treatment and a fuller hands-on understanding of the relationship between muscle and joint function.

I realized that Dr. Travell's teachings were having a profound influence on my practice. I found that I could make sense out of a much broader range of pain problems in patients under my care. I even became better able to quickly identify the pain problems which were not of musculoskeletal origin, such as liver cancer, because the accompanying muscle and joint problems did not respond to treatment as expected. I found that latent (not painful) trigger points and associated shortened muscles had a powerful influence on postural patterns, affecting the success of my attempts to reorganize joint function and eliminate subluxations.

I could tell if patients were properly performing their stretches and exercises, and could adapt and refine their home regimen to carry them through an orderly rehabilitation sequence.

As I proceeded to take more advanced courses, I was gratified that every presenter, no matter what the background, recognized the importance of addressing both joint and muscle function to deal with chronic pain. Dr. Travell and others clearly stated that any time there is a long-standing joint problem, there will almost invariably be myofascial dysfunction; every time there is long-standing myofascial dysfunction there will almost invariably be joint dysfunction. For this reason, those attending these programs were encouraged to work as teams, even from their separate private practices and coordinate the care of patients with difficult to treat chronic pain problems.

As I was practicing in the Washington, DC, area, Dr. Travell encouraged the development of a referral network which included me, a neurologist, an anesthesiologist, a physiatrist, a physical therapist, a dentist, a myotherapist, among others. We shared our most difficult patients, which was a marvelous learning experience. None of these practitioners pulled rank. We all collaborated on an equal footing to help our patients.

Two years ago I was helping to teach a seminar in Bethesda, Maryland. The course director was Robert Gerwin, MD, an eminent neurologist from Johns Hopkins, who also has a private practice. A segment of the course dealing with quadratus lumborum had just been presented; one of those attending asked whether this wasn't a much better way to deal with lower back pain than forceful manipulations of the spine.

I was sitting in the back and I cringed at what had just been said. But I was pleasantly surprised when Dr. Gerwin responded, "Well, let's let our chiropractic expert respond to that question." He called me to the front and I proceeded to explain that release of the quadratus lumborum addresses only the muscular component of back pain, and that most often there is a painful joint component: joint dysfunction or subluxation. I demonstrated the positions involved in muscular release, and the different positions involved in joint manipulation or adjustment, the specificity of the maneuvers for each. I stated that adjustments can be performed in a gentle and specific manner; that performing the muscular release first makes it possible to perform the adjustment procedures with less impulse in the thrust.

Dr. Travell was smiling and nodding in the audience and I know that it was her influence which generated the relationships which made it possible for me to correct the false impressions of these practitioners regarding chiropractic.

Later that year, Robert Gerwin joined me and Ben Daitz, MD, in presenting the first interdisciplinary myofascial pain seminar sponsored by a medical school. The University of New Mexico Office of Continuing Medical Education sponsored the course, and Ben and me were course directors. I was delighted, and watched a number of jaws in the audience drop, when Bob Gerwin stated that medical

doctors will never understand low back and pelvic pain unless they develop some understanding of the function and dysfunction of the sacroiliac joint. We will be presenting this course again at the end of this October, and I know that it would never have been possible without the knowledge and teaching of Dr. Travell, but more importantly her direct encouragement of interdisciplinary relationships in teaching and in treatment of patients.

A little over a year ago, Janet Travell asked for a copy of my CV. I was dismayed when she returned it with lots of corrections and suggestions. She has always been a meticulous person, and somewhat of a perfectionist. I learned about this side of her when I showed her the artwork which was to accompany my article, "Frozen Shoulder and Shoulder Dysfunction," which appeared in Chiropractic Technique a couple of years ago. Very quickly she had identified six or seven errors in the artwork which obviously needed to be corrected. This time, I reworked my CV and only later found out that she had nominated me for an award. Last fall, I became the first chiropractor to receive the "Janet G. Travell Soft Tissue Pain Management Award" from the American Academy of Pain Management.

So I sense a great loss with the passing of this great healer, writer, and teacher. I will remember her as an individual motivated by a burning desire to help those with pain. Everything in her professional career was derived from this basic desire. She had a view of the future where there would be no barriers to interprofessional cooperation in the treatment of patients in pain; she proceeded to take a direct hand in bringing this view into reality. Her legacy will live on, not only in the lives of those she directly influenced, but in the directions which she charted for health care in treating chronic pain patients. Patients, the chiropractic profession, and health care in general are better for her guiding light.

Lucy Whyte Furguson, DC
El Prado, New Mexico

NOVEMBER 1997