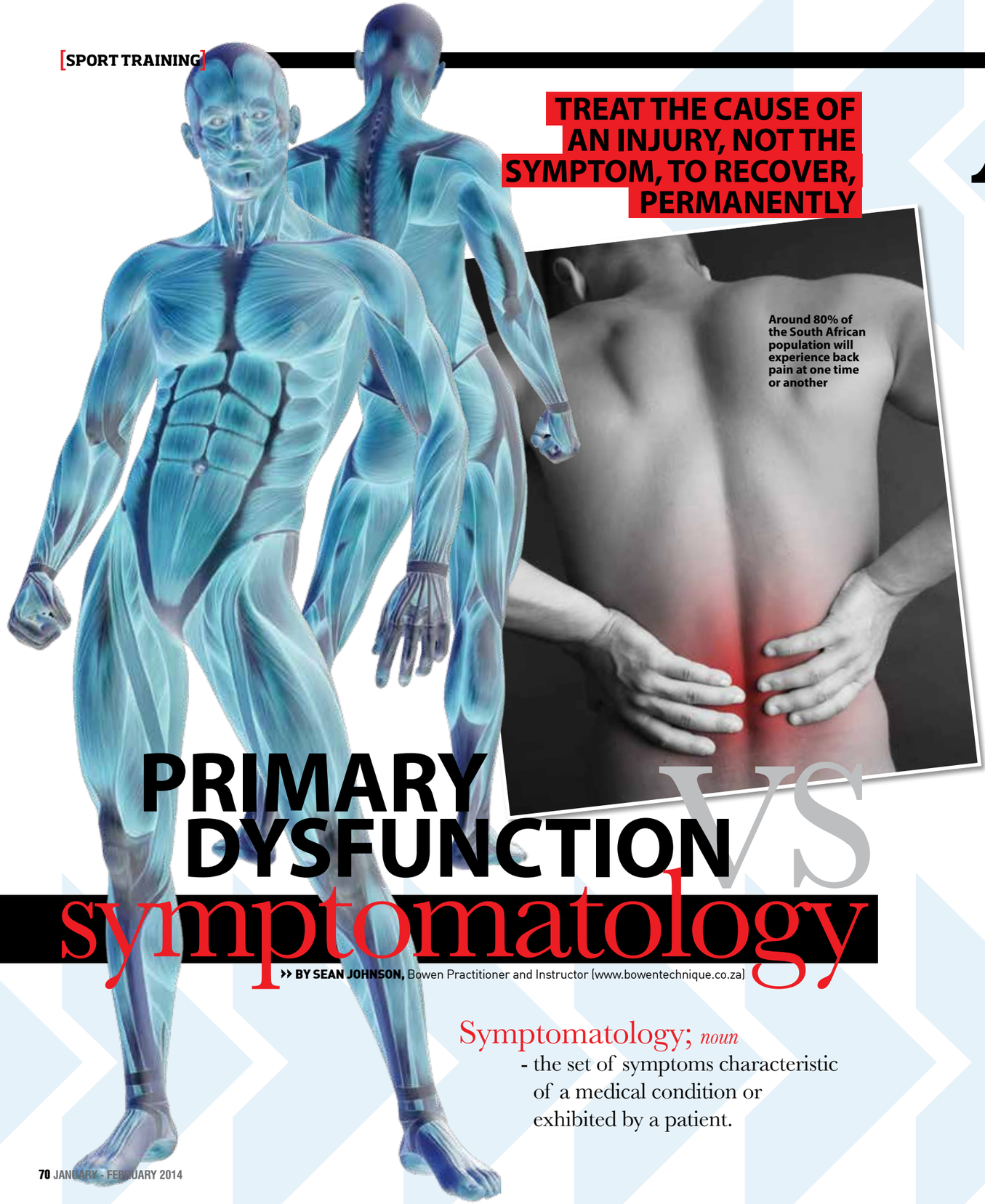

TREAT THE CAUSE OF AN INJURY, NOT THE SYMPTOM, TO RECOVER, PERMANENTLY

Around 80% of the South African population will experience back pain at one time or another

PRIMARY DYSFUNCTION VS symptomatology

>> BY SEAN JOHNSON, Bowen Practitioner and Instructor (www.bowentechnique.co.za)

Symptomatology; *noun*
- the set of symptoms characteristic of a medical condition or exhibited by a patient.

As an active person who constantly pushes yourself to new physical limits you expose your body to a much greater risk of injury than the average couch potato. And injuries are never pleasant. Besides the pain and discomfort, there is the obvious frustration of having to take a break from training while you either seek medical treatment or wait for the body to repair itself.

If your body has an innate healing ability, why do little niggles and injuries often return weeks, months or even years after overcoming the initial injury? How is it that rehab practitioners can get to the bottom of your medical aid funds so quickly, but are slow to get to the bottom of the actual cause of the injury?

The answer is simple. They're possibly looking in the wrong place, and treating the symptoms without resolving the root cause of your injury. Your body, when active, is a series of kinetic chains functioning holistically in perfect unison. Why then, if your body functions holistically, are injuries treated in isolation? Why is the focus on the site of pain when often the pain is only symptomatic and not causal?

Take, for instance, lower-back ache. Around 80% of the South African population will experience back pain at one time or another, yet the real cause of lower-back ache could simply be due to a psoas muscle constriction. The psoas is a deep core muscle that attaches onto all of your lumbar vertebrae, and the top of your thigh bone. It has direct fascial connections to the reptilian part of our brain, which, long before we developed a cortex and rational thinking, oversaw our core functioning. This makes the psoas susceptible to a fight-or-flight response. As such, with stress levels as high as they are in modern, fast-paced living, the psoas will contract when you feel threatened, experience trauma or when you're exposed to long periods of stress.

When it contracts (it usually contracts tighter on one side), it causes an anterior pelvic tilt and twist, which places tremendous compression on the lower spine, and puts you at risk for disc herniation. You can needle and massage the lower back all you want, and even buy a supportive mattress, but if you want to resolve the back pain you need to release the psoas muscle first.

Knee pain is another common complaint, especially among runners, cyclists, bodybuilders and contact sport participants. The knee is a joint with an incredibly high number of fascial connections to other parts of the body, but none more so than with the pelvis. In my clinic, when people complain about knees I immediately look for pelvic instability or dysfunction. The illiotibial band (ITB) attaches onto the lateral aspect of the knee, and then onto the iliac crest. It also shares attachments with the tensor fascia latae, which, in turn, runs into the glutes and piriformis. The adductor group (gracilis, adductor longus, pectinius and adductor magnus) all attach onto the pelvis, and then onto the medial aspect of the knee and femur. Tension states in any of these muscles can affect the functioning of the knee and, in turn, be the root cause of knee pain. Even tension states in the glutes, hamstrings, quads and 'locked' sacroilliac (SI) joints can all lead to pelvic dysfunction, which, in turn, can lead to knee and ankle issues; even shin splints.

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Graham Pennington in his book, "A Textbook of Bowen Technique" cites the following case study from his clinic that demonstrates causal treatment versus symptomatology: "A local footballer presented to the clinic complaining of 3 weeks of severe sciatic pain in his right leg that extended from his hip to his foot. It was present when he woke up the morning following a football game, but he could not remember any injury or discomfort during the game. He explained that he was frustrated because he had already been treated by 4 other therapists of various professions with no relief. Upon performing a preliminary assessment, I noted the patient demonstrated a functional short leg which corrected when he turned his head to the left, thus indicating his problem was associated with cervical dysfunction. I duly informed him that his problem was in his neck (I will never forget the look he gave me as he mentally added me to his list of useless professionals). After locating and releasing a particular muscle spasm in his neck, I asked him to sit up. He sat on the edge of the bed with a sour look on his face, which was, of course, due to the fact that I hadn't paid much attention to the area that was affected by the sciatic nerve pain. I asked him to stand and walk around the room. The pain was all but gone as he left the clinic and it didn't return. He returned, however, one week later for a follow-up appointment. He reported that he had been completely pain-free for the last five days and that he now remembered how the injury might have happened. He had been drinking in a local bar after the game and although his memory was hazy he remembered that a fight had broken out and he had been hit on the back of the head with a bar stool. Among other things, this example illustrates the principle that the patient's primary dysfunction may not be immediately associated with the area of symptomatology."

The above principles can be applied to just about any sporting injury. So, if you've come off your bicycle, had a bad fall while running or damaged a shoulder while weight training, and you can't seem to shake the injury, then maybe you haven't gotten down to the root cause of the discomfort.

Often the presenting symptoms are not the main area of concern and to effectively, and permanently, recover from injuries you have to look past what the body is showing you and try and understand the injury within context. ■

Sean Johnson is a Bowen Practitioner and Instructor, with a practice based in Randburg, Johannesburg. He has played provincial rugby at senior level in South Africa and in Australia. Following a herniated disc Sean's playing career was in jeopardy, but he then found Bowen Therapy and made a successful return to the field. Bowen Therapy did what doctors said was impossible, which had an indelible impact on Sean's life. He therefore became a certified Bowen practitioner and later an instructor. Email sean@bowentechnique.co.za for more info or visit him at The Yoga Republic in Gertrude Road, Fontainbleau.