

How To Find Your Health Care Team

When we are hurt or ill, we all need someone to watch over us. In the aftermath of trauma, your primary health care practitioner should provide a thorough evaluation of your injuries and immediate treatment of any severe or life-threatening symptoms. Once that is done, removing injury shock, calming inflammation, and restoring motion to restricted tissues are the critical next steps in your healing.

Osteopathic and allopathic physicians trained in osteopathic manual medicine can address all of these needs, but there aren't very many of us. If one of us is not available, you will need to put together your own team of healers to help you recover your health. Your team members can be physicians, yoga teachers, acupuncturists, Pilates instructors, physical therapists, movement therapists, chiropractors—indeed, there are a number of categories of practitioners who might be able to help you with your particular situation.

If you are still stuck in injury shock, modalities that focus on restoring the breath and reviving the diaphragm such as yoga, tai chi, and qigong can be extremely healing. Other skilled practitioners who are trained in manipulative methods such as chiropractors, allopathic and naturopathic physicians, and other practitioners may also be able address injury shock. The practice of craniosacral therapy, which I describe in more detail later in this chapter, is based on osteopathic techniques. This modality, though somewhat controversial, can be an excellent choice with the right practitioner.

If inflammation is making your life miserable, any practice that helps you move your body in a safe and expansive way can pump the lymphatics and help clear inflammatory chemicals from your system. Acupuncture and herbal medicine can also be invaluable in controlling inflammation, and a practitioner with expertise in nutrition can help cool the inflammatory fires. The backward-bending and chest-expanding movements in yoga, qigong and tai chi can help open the thoracic duct in the chest to assist the flow of lymphatic fluid; breathing exercises that free the diaphragm help provide power to pump the lymphatic channels. A highly skilled massage therapist with knowledge of the lymphatic anatomy can be a welcome addition to your team.

A wide range of practitioners and practices can restore motion to restricted tissues, including chiropractors, physical therapists, occupational therapists, massage therapists, and Alexander technique and Feldenkrais practitioners. Qigong and tai chi strengthen both small and large muscle groups and usually safely engage and stretch the tendons, increasing joint strength and flexibility.

I recommend considering practitioners with a broad perspective and an innovative, inclusive set of skills—not with a narrow focus on the vertebrae, muscles or bones. The practitioner should understand the importance of the five unsung heroes of health and be able to treat the human body as a dynamic, interconnected organism.

Because so many practitioners now use some variation of hands-on work, I have some words of advice. Just as hands-on work can be incredibly healing, when performed badly, it can create new structural problems or increase pain. All great hands-on practitioners listen carefully and respectfully, not just to their patient's words, but also to the patient's tissues. Trust your sense that the practitioner's touch is alert, perceptive, and respectful. The practitioner's touch should feel "right," not imposing or impatient. With any practitioner, what ultimately matters is results. After five or six visits, you should be improving. You should feel more relaxed, be moving better and have less pain and inflammation. If the practitioner is not helping you, or their touch and/or attitude does not feel right, move on.

AUDITIONING THE MEMBERS OF YOUR TEAM

PHYSICIAN MEMBERS

Osteopathic Physicians. By now you know a lot about my profession. I will add a few more details. In my opinion osteopathic physicians are the first choice for both the initial evaluation and treatment of trauma, and for helping resolve injury shock, restricted motion, and inflammation.

All osteopathic physicians (DOs) are trained in both standard and manual medicine. Given osteopathy's understanding that structure and function are intimately related, all osteopathic physicians are trained in manual medicine and go on to specialize as internists, surgeons, pediatricians, and other medical specialists. Because of osteopathic medicine's focus on providing primary care, osteopathic physicians care for approximately 20% of Americans. However, only 1-3% of us specialize in the manual medicine aspect of our training. Those of us who do are uniquely qualified to understand the forces that occur during trauma. We know precise and powerful ways to treat the resultant structural and functional problems and address injury shock, inflammation, and motion restriction. Physicians knowledgeable in osteopathic manual medicine, both DO and MD, are listed on the American Academy of Osteopathy's website at www.academyofosteopathy.org.

I have further specialized in one of the most sophisticated aspects of manual medicine: cranial osteopathy. Specialists in cranial osteopathy are well versed in the pathways of the cranial nerves, the structure and function of the brain and the skull, and the complexities of the nervous system. Cranial osteopathic physicians can explain seemingly bizarre symptoms, such as why, after a neck injury, your eyes can tear and your sinuses can clog up (innervations to the eye and sinuses comes from the neck as well as from cranial nerves.) And most importantly, we are qualified to treat a damaged nervous system in a unique way by working directly with the anatomy, physiology, and pulsations of the nervous system and the brain.

To find a specialist in cranial osteopathy, go to www.cranialacademy.org. Membership in the Cranial Academy is restricted to osteopathic and medical physicians and dentists.

Physical Medicine and Rehabilitation Specialists (PM&R). If there is no physician specializing in manual medicine available, Physical Medicine and Rehabilitation specialists (PMR) are often a good second choice. PMR specialists (DOs or MDs) are experts in the neurological and musculoskeletal systems. They evaluate and care for patients with injuries to these systems, whether from internal causes such as stroke or cancer, or from external trauma such as sports injuries or motor vehicle accidents. They are excellent orchestrators of care and typically consider a wide range of non-surgical treatment options for their patients, such as manual medicine, occupational therapy, and/or movement therapy. Like a conductor, a PMR physician helps the patient move from one modality to another to maximize their recovery. Increasingly, PMR specialists are trained in manual medicine.

Naturopathic Physicians (NODS). Naturopathic physicians are licensed in many but not all states. They have training in a standard medical curriculum that includes anatomy, physiology, microbiology and pathology, but in addition they also study nutrition, herbs, homeopathy, hydrotherapy, and some manual treatments. Once in practice, an ND usually limits her or his expertise to one or two aspects of their training. Some of the best homeopathic physicians in the country are naturopaths, and homeopathy can be extremely helpful in treating injury shock and inflammation. Certain naturopathic physicians are extensively trained in nutrition, and understand how to use nutrition and supplements to combat inflammation.

Naturopathic physicians generally take the time to develop a personal and comprehensive view of their patient. If they do not specialize in manual therapy themselves, they usually know some of the best hands-on osteopathic physicians or other practitioners of manual medicine in the area. They can be an excellent choice to both treat you as well as orchestrate your care.

NON-PHYSICIAN MEMBERS

Chiropractic Doctors. I refer to several chiropractors in the Bay Area who do work that is gentle, precise, and based on low or non-force techniques. Chiropractic doctors have four years of professional training in anatomy, physiology, pathology, kinesiology, and chiropractic treatment. They spend much of their training focused on the neurological and musculoskeletal systems and injuries and ailments of those systems and learn hands-on methods of treating injuries and ailments. Many of them are also well versed in the nutritional support that facilitates healing.

Like osteopathic physicians, chiropractic doctors know that the relationship between structure and function is critical for health. And they agree with the osteopathic profession that problems in the spine and nervous system contribute to disease and the continuation of injury. Chiropractic doctors also believe, as do osteopathic physicians, in the “innate intelligence” of the body. When looking for a chiropractor, I recommend finding one who shares these characteristics:

- They do very gentle and precise work, and have “listening” hands.
- They are knowledgeable about the neurological and musculoskeletal systems.

- They have considerable experience.
- They take time with their patients (at least twenty minutes).
- They can explain what they are doing and why.
- They work readily with other practitioners, including physicians.
- They do not typically see their patients more than once a week, except after acute injury or in unusual circumstances.
- They do not require a contract that locks the patient into a series of treatments.

I must give a warning against the one potentially dangerous technique some chiropractors as well as some osteopathic physicians use: high velocity, low amplitude techniques (HVLA), also known as “cracking,” “crunching,” or articulatory treatment. I believe that this practice can be dangerous when performed on the neck. Women and people with loose ligaments are at special risk of having their ligaments overstretched. The literature reports a number of patients who suffered a stroke after these violent thrusts were applied to the neck. Though both the osteopathic and chiropractic professional organizations disagree with me and promote this form of treatment, my opinion is that both professions have far safer and more effective techniques in their medical tool chest. I recommend you ask any new practitioner about their use of this technique and avoid those who would use it.

Doctors of Oriental Medicine (OMD). I frequently refer to doctors of oriental medicine. I am lucky to work in the San Francisco Bay Area, where there are many superb OMDs. I send approximately 15% of my patients to OMDs. For over thirty years, I have seen oriental medicine diminish pain, improve joint function, relax muscle spasm, help the immune system, and in every way speed recovery after trauma.

Doctors of Oriental Medicine are trained in a modality based on thousands of years of knowledge. They have a comprehensive framework to evaluate and treat many disease and injury states. I have personally experienced significant help for my asthma from acupuncture and herbal medicine, and have seen hundreds of patients helped with everything from back pain to sinusitis and headaches. Carefully prescribed herbs in addition to acupuncture can markedly speed up recovery from trauma.

One of my patients who had been rear-ended was diagnosed with a blood clot in her brain. The blood clot was extremely deep and the neurosurgeon didn’t think surgery was the best option. He told the patient that she would have to live with the clot and the ensuing headaches the rest of her life. But to make sure the clot didn’t get larger, the surgeon monitored it with CAT scans. My patient’s OMD used acupuncture and herbs to dissolve the clot. I prescribed appropriate homeopathic remedies and performed gentle cranial osteopathy. Her headaches resolved. When she received her next CAT scan six months later, the neurosurgeon and I were quite pleased that the clot had disappeared and the patient had totally recovered. I credit oriental medicine, osteopathy, and homeopathy for her rapid and significant progress.

I don’t pretend to know how oriental medicine works or why acupuncture can be so

profoundly effective after trauma. But an OMD's ability to evaluate the body's ten pulses as well as the condition of the tongue gives them expert diagnostic skills.

Craniosacral Therapy. Craniosacral Therapy was developed by a very talented osteopathic physician, John Upledger, DO. One night in the early 1980s while we were sitting in a bar admiring how well some of our colleagues danced, Dr. Upledger told me that he was using cranial osteopathy to successfully treat autistic children. There were not enough osteopathic physicians available to treat all the children who needed help. To deal with this shortage, he had designed a treatment program using basic osteopathic cranial techniques that lay people could employ to treat the emerging number of autistic children.

Dr. Upledger modified some of the basic osteopathic cranial techniques to make them simpler and easier to teach. He called his newly-developed protocol craniosacral therapy and established the Upledger Institute with training courses for everyone. According to their website, the Upledger Institute International, based in Florida, has trained over 90,000 practitioners. In my experience, some of these practitioners are highly skilled. Some, however, are not. I applaud Dr Upledger's goals to make this form of therapy more accessible to all of those who need it. I am also glad that he dramatically raised the level of awareness about the many benefits that good cranial treatment can offer.

Several years ago, a young child I saw for treatment came in with her attentive grandfather. He reported to me that he had been born with distorted feet and was unable to walk without considerable pain. In his fifties, he'd seen a craniosacral therapist who had worked extensively on his feet as well as the rest of his body. For the first time in his life, he could walk without pain. That practitioner practices at some distance from me and when I've had patients in that area, I have referred them to her and they've all been happy with her work.

If you are considering a craniosacral therapist, I recommend finding one with other medical training as well, such as a degree in physical or occupational therapy, nursing, or a physician's assistant. When you are evaluating any practitioner, it is always wise to find out their level of training and experience.

Physical Therapy. Physical therapists have a minimum of 18 months of education in the musculoskeletal and neurological systems. They are trained in kinesiology (movement physiology) to help evaluate how people move and ways to assist their movement. Physical therapists often set up an exercise plan to improve musculoskeletal function.

Much of standard physical therapy training is limited to the mechanics of muscles and joints and does not take into account the pulsating facial unity of the body. So some physical therapists have a limited focus that does not address the whole person. Unable to comprehend the twists in the body that can compromise a joint, they may attempt to strengthen weak muscles before alignment is optimized.

However, many physical therapists are also trained in various forms of manual therapy and are able to effectively restore motion to restricted tissues and help rebalance the autonomic nervous system. Those with a more in-depth understanding of the whole body, including the neurological, facial, lymphatic, and respiratory systems, can both

treat people with their manual therapy skills and set up movement regimens that propel patients toward health. More than anything else, movement is the key to healing.

Some physical therapists, like the magnificent Marian Rosen, develop a comprehensive understanding of the body as they work with their hands on their patients. Marian Rosen developed Rosen work, a way to use touch to help patients release emotional and physical trauma from their tissue. She also developed a gentle movement program useful to almost everyone who can stand.

Over the years, I have found that the best physical therapists have profoundly expanded their knowledge base by training in another powerful modality. Some, like Marian Rosen, develop a system themselves. Others have trained in another movement approach, such as Feldenkrais or Alexander technique, or have expanded their hands-on work by training in craniosacral or other manual therapies. Michigan State University's School of Osteopathic Medicine has a post-graduate training program that teaches osteopathic techniques to physical therapists. Physical therapists who have taken additional training in other modalities, particularly manual ones, may be able to address injury shock as well as restore motion to restricted tissue and decrease inflammation.

I frequently refer patients to these more-extensively-trained physical therapists so they can design a movement program for the patient. The physical therapists I refer to spend an hour with a patient each time and see the patient on a consistent basis instead of farming them off to a different physical therapist in their group. I very much like having available to my patients a number of excellent physical therapists that also understand the value and power of osteopathic work.

OTHER MOVEMENT SPECIALIST MEMBERS

Among its innumerable virtues, movement pumps the lymphatics, activates anti-inflammatory chemicals, helps us sleep, improves mood and memory, decreases stress and anxiety, and strengthens the heart. I encourage my patients to walk, swim, dance, or move in whatever way gives them the most pleasure. The various forms of movement therapy help assure that the person moves in a way that assists their healing journey, instead of providing another tree stump for them to fall over.

All good forms of movement therapy emphasize that distressed areas must be properly aligned before the area is strengthened, or else the person may be pounding pathology deeper into the tissues. Movement therapists incorporate ways to release muscle spasm and strengthen weak muscles to help regain structural balance and bodily function. I frequently refer my patients to Feldenkrais practitioners, Alexander teachers, yoga instructors, teachers of the Egoscue technique and practitioners who know the M.E.L.T method.

The Alexander Technique was invented at the beginning of the 20th century by an actor suffering from cervical pain. He developed a series of subtle but simple and teachable movements that enable people to become aware of their tension and behavior patterns, and change them to healthier ways of moving. Alexander practitioners use hands-on techniques as well as movement therapy to help reprogram destructive structural

patterns. Practitioners undergo a three-year training program. Done correctly, Alexander work is gentle, precise, and helpful after injury for its assistance in restoring motion and decreasing inflammation.

The Feldenkrais Method is a form of body education that uses gentle and directed attention to improve movement and enhance human functioning. The Feldenkrais Method requires an 800–1000 hour training regimen over three to four years. Feldenkrais has a remarkable ability to remake pathological neurological patterns. Using unorthodox movements to break up old dysfunctional movement and neurological patterns, it then retrains the body to achieve more functional movements. The combination of gentle hands-on techniques and movement training helps diminish pain and bring about better posture, flexibility, and muscle relaxation. To me, it feels even more gentle and subtle than Alexander work. I find practitioners in Feldenkrais can be quite helpful in designing a comprehensive movement program for my patients after trauma. I work collaboratively with several local Feldenkrais practitioners to treat children with cerebral palsy and autism.

Egoscue is a little-known movement therapy that I've learned about in the last four years. I started to pay attention after two patients raved that Egoscue totally resolved their low back pain after years of struggling to find a solution. Since then, I've begun referring to several Egoscue practitioners and I have been quite pleased with their ability to help my patients.

Egoscue is a method of postural therapy that treats structural imbalances causing chronic pain. First, the practitioner identifies the key structural imbalances that contribute to the musculo-skeletal pain. The muscle imbalance may stem from injury, poor use of the body or lack of use. Then the practitioner develops a personalized series of simple and quite ingenious stretches and corrective exercises. To make it easier and safer for the body to wake up weakened or dormant muscles, practitioners use props such as cushioned boxes, belts, and wedges. As the body rebalances and strengthens as a whole, pain diminishes. I have found that Egoscue exercises are good at realigning fascial restrictions, mobilizing lymphatic flow, and assisting diaphragmatic strength, all of which decrease inflammation and restore motion.

Pilates and Gyrotonics. Pilates was developed by a Greek gymnast of that name. Pilates believed that people needed to develop balanced muscle strength in core muscles. Shortly after World War II, he designed equipment with springs that facilitated exercise and helped postural adjustment. He found that by pushing against spring resistance, people could increase both core strength and flexibility. Pilates has helped a number of my patients after they have recovered from the acute injury state. However, I've found that Pilates exercises can hurt patients who still have weakened or strained ligaments. Pilates should be undertaken carefully once a patient has been cleared by their primary health care practitioner.

A new form of motion therapy related to Pilates, called Gyrotonics, has been designed to take into account the spiral movements of the body. As water flows in a spiral, so, too, are muscles laid down in the body in a spiral. A modality that takes this into

account tends to be very effective in safely strengthening muscles and promoting muscular balance. Gyrotonics can be a wonderful addition to a movement therapist's toolbox.

Yoga. The power of yoga to calm and heal the nervous system, reduce inflammation, align the body, and restore motion to restricted tissues is unparalleled. With its emphasis on freeing the diaphragm and slowing the breath, it is perhaps the best single practice you can do to calm injury shock. The inversion postures, whether Downward Dog or Legs Up the Wall (Viparita Karani), invigorate the diaphragm, assist the pumping of the lymphatics, and improve the flow of cerebral spinal fluid. Yoga's slow, careful stretches help align and strengthen the joints, enliven the fascia surrounding the muscles and promote blood and lymphatic flow.

Remember, what helps you can hurt you if done incorrectly. After an injury, you should only work with a highly respected teacher—especially if you are new to yoga. It is critically important to work with an experienced instructor who understands the limitations that an injury imposes on the body. Start with a few private sessions to make sure you are incorporating poses specific for your problem and are doing them correctly. The instructor must carefully teach you.

I have also found that a number of yoga classes are taught like a kind of aerobic exercise. These movements, done too quickly or carelessly, can do a lot of harm. And too many teachers touch people with excessive force and hurt them. I'm structurally quite healthy, but I tell my instructors to please not touch me. One teacher, despite being told, came up behind me, grabbed my head to "line me up better." He yanked my neck and hurt me; I had to go to an osteopathic colleague to get my neck fixed. If I had a neck problem, the teacher could have seriously injured me. Over the years, a number of patients have come in to see me after being "manhandled" by yoga teachers. Make sure the teacher won't touch you inappropriately.

I advise against the plow, shoulder stands, and headstands until you are cleared by a physician. These postures can create a dangerously large angle between the head and neck. Patients with a compromised neck can injure themselves and even herniate a cervical disc if these postures are not done correctly. A person must NEVER turn their head to the side when they are in the plow or a shoulder stand—something teachers rarely warn about. All yoga poses and positions must be undertaken with respect for our body size and shape as well as our injuries and our abilities.

There is a relatively new but intriguing form of yoga practice called yoga therapy. Here, yoga practitioners are trained to use restorative poses to help realign the body, rebalance the autonomic nervous system, and restore other forms of neurological balance. A trusted physician colleague of mine who specializes in PMR has been training in yoga therapy and told me she is impressed with its care, precision and effectiveness.

Qigong and Tai Chi. Throughout history, most people have had limited access to medical care. Yoga, tai chi and qigong were developed partly as ways to help keep people healthy and treat illness and injury.

Tai chi and qigong are wonderful ways to help restore motion to the body and

rehabilitate injured areas. The gentle, flowing movements of tai chi and qigong have been shown to dramatically reduce stress and depression, improve mood, boost the immune system, enlarge the size of the brain, quiet inflammation, and increase flexibility, balance, and muscle strength. I believe that the slow, focused movements of these practices dramatically heal the nervous system by quieting the sympathetic nervous system, rebalancing the autonomic nervous system, and increasing the cranial rhythmic impulse. Two of my patients who had been suffering from a particularly virulent form of Lyme disease that was resistant to all other types of treatment experienced significant improvement through the regular practice of tai chi.

Qigong is a healing practice going back over four thousand years, based on establishing mental and physical health by harmonizing the breath, the body, and the mind. By integrating rhythmic breathing, the repetition of slow, flowing movements, and focused intention of guiding the life force or “qi” (chi) throughout the body, qigong quiets the mind and creates a sense of internal harmony. Its regular practice has been shown to dramatically help control inflammation by accelerating the removal of highly inflammatory neutrophils from the blood, lowering levels of cortisol, and reducing the production of inflammatory chemicals. I also believe that the repeated forward bending and arm raising movements of qigong boost the lymphatic system by pumping the fluid channels and opening the thoracic duct, and decrease pain by gently stretching the fascial planes of the body.

There are other forms of manual therapy that I have seen garner good results: Rosen work, Reiki, Shiatsu and Aston Patterning. Much depends on the talent, commitment, and character of the practitioner. Often, the person and their talents and experience are more important than the name of the technique.

PSYCHOTHERAPIST MEMBERS

Healing from trauma can be a difficult and unfamiliar journey. Over the years, I have seen my patients helped by good psychotherapists who help them develop strategies for recovery. There are many ways a therapist can help a patient navigate this unfamiliar and often treacherous terrain.

A good therapist can help the patient accept the reality of their injury or illness and assist them in forming a plan for recovery. An injured person often insists on leading a life similar to their previous existence even after the injury has made many of the familiar activities of life impossible. I have frequently found that patients continue to hurt themselves for months after an accident as they try to power on with their lives as if nothing had happened. A therapist can help them recognize potentially damaging activities or destructive patterns and work to change them.

A good therapist can help the patient understand and process what they are feeling, and learn which feelings are productive and which are counterproductive. Feelings of anger, sadness, and frustration are understandable, but often crowd out the body’s useful messages. Many people, annoyed at their bodies’ perceived failure or betrayal of them,

have no ability to listen or respect what their bodies are telling them, and therefore miss the clues that could help them heal.

A good therapist can show the patient that adaptation is a singular strength, not a weakness, that healing often travels an unpredictable road and that self-forgiveness is essential for deep healing. This is especially important because some of the things patients try will help them and some will not. No one—no doctor, no therapist, and no counselor—can always be certain what will work.

A good therapist must offer compassion and teach the patient to have compassion for themselves. Such compassion is essential for healing. A good therapist can help the patient realize that they are entitled to care about themselves and act to regain their health. This is critically important because such self-directed focus is alien to people who are accustomed to good health. Taking care of oneself can make a person feel self-indulgent and selfish until a therapist helps them accept its necessity.

A good therapist can help the patient find effective ways to articulate what they need. When people initially start speaking up for themselves, their awkwardness and/or guilt at doing it often makes their tone and language sound defensive, aggressive, or whiny, none of which creates the desired response. They can best lighten their load and get the help they need if they present their needs and limitations in a way that other people can hear.

Each situation and problem demands a different team. Having read this, you should have a better idea of how to put yours together. Find the people who can help you. Healing is much easier when you have good guides along the way.