How To Fix Shoulder Pain

Fitness Frontline
of the health system

7/12

Hi, I'm John Miller. Thanks for downloading the **Fix Shoulder Pain** ebook.

What I'm about to give you is information about the likely cause of shoulder pain and show you some of the key exercises you need to do to get you shoulders back into good shape.

Millions of people all over the world are experiencing shoulder pain. The number of people who injure their shoulders from such trivial incidents as putting a bag in an airline locker is legion.

One of the reasons is we don't use our shoulder and arms very much any more – apart from lifting a fork to our mouths, a telephone to our ears and a comb to our hair.

The species designed to draw water, chop wood and climb trees can no longer tap a keyboard or push a mouse without experiencing shoulder pain.

If you do the right strength and flexibility exercises (and keep doing them) there's a good chance you can fix your shoulder pain.

In my experience most shoulder pain is personally-generated by people who think they can have a healthy musculo-system without a regular and systematic strength and flexibility training program. Well you can't.

Fix Shoulder Pain

by strengthening weak muscles, loosening tight muscles and getting your body back into alignment

The **Fix Shoulder Pain** book is a part of the **Fitness Frontline** series of **musculo-skeletal health** ebooks. I'd encourage you to obtain a copy of the **Fix Back Pain** book.

Fix Back Pain contains a more detailed outline of the nature of musculo-skeletal pain and more detailed descriptions of the exercises designed to get your skeleton back into better alignment and strong enough to carry out everyday tasks without beaking down.

Fix Shoulder Pain

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The cause of the pain is rarely at the site of the pain

Form (skeletal alignment) follows function. (When it comes to personally-generated joint and muscle pain, this thesis underpins the basis of assessment and treatment. It determines where to look for underlying causes and where to begin a treatment program. The treatment can only be done by the participant.)*

The cause of he pain is rarely at the site of the pain.

The less we move, the less we are capable of moving.

Effective therapies treat the whole body as a unit.

Pain is the body's voice. Listen to your body.

You are pretty smart. But your body is smarter.

Age is not the determining factor in health.

Muscles that do not move are soon muscles that cannot move.

Pete Egoscue, 'Pain Free'

*John Miller

INTRODUCTION

Fix shoulder Pain is a musculo-skeletal health management program designed to help you

- maintain good musculo-skeletal function, and/or
- restore poor function to good.

Accidental injuries excepted, when it's all boiled down, shoulder pain is a symptom of a body that is out of alignment and/or not able to put up with the strains imposed upon it on a day to day basis.

If you can get your body back into alignment and strengthen and loosen the muscles around your shoulders, there's a good chance your pain will go away.

Fix Shoulder Pain contains

- an outline of some of the most common causes of shoulder pain. It will provide you with insight, awareness and understanding as to what's causing your pain.
- suggestions as to whether the cause of the pain is located in the shoulder area or elsewhere in the body
- some of the basic principles that underpin good joint and muscle function
- descriptions of some of the key exercises you need to do to get your body back into better alignment and get your shoulder(s) back into good working order
- information about the benefits of a wide range of therapeutic modalities designed to speed up the rehab process.

Is this a quick fix?
Nope! Critical in all of this is the fact that you can't expect a quick fix. Just as painful shoulders don't happen over night, you can't expect them to become painless over night either. What you've signed up for is a program that could take months before you are happy with the results. It requires doing exercises on a daily basis for an hour or more. Many of the exercises can be done on the floor while watching TV, reading a book or drifting off with the fairies! They are not onerous.

Is this a quack fix?
Definitely not and I'll tell you why. In most cases shoulder pain is a fitness problem generated by a lack of strength and flexibility which in turns leads to misalignment bones of the vertebrae and those attached to it. The shoulder bearings start to wear out. Ligaments, muscles and tendons get stretched beyond their normal limits

You can't solve a fitness problem with a medical solution in which a drug is prescribed to mask the pain.

You can't solve a fitness problem with a rub down and a crunch.

Nor can you outsource your strength and flexibility training program to someone else.

Of course where ligaments, tendons and muscles are torn off the bone, then it does require medical attention.

In the meantime stay tuned, highly tuned and move heaven and earth to improve the strength of the muscles associated with the shoulders and get yourself back into better alignment.

John Miller

If you have any enquiries, please contact me using the contact form contact@fitnessfrontline.com

1. THE DISTINCTION

From the outset it's important to make a number of distinctions: -

- between pain caused in the twinkling of an eye by a traumatic incident/accident and pain which is personally generated over a long period of time.

  People are much more likely to experience pain due to personally-generated misalignment and a lack of strength than they are due to accidental injury. Shoulder pain seems to fall into this category. Feet, legs and hips that are out of alignment often play a role in shoulder pain.

- between the pain and the problem. The pain is not the problem. The pain is a symptom of the problem.

- between injury and dysfunction. Injuries are caused by events that are external to us - falls, accidents … The dysfunctions are caused by misalignment and a lack of strength and flexibility.

- between prehab and rehab. If you have a regular and systematic strength and flexibility training program there is a good chance that you can avoid the pain that comes with musculo-skeletal dysfunction. Generally speaking, if you are experiencing pain, then a good steady strength and flexibility training program is the key to restoring poor function to good.

- between what you can do for yourself and what others can do for you. Therapy may speed up the rehab process but it won't take the place of the exercises you need to do for yourself. It's usually a big ask expecting to get better just having someone do something to you -sooner or later you have to do something to yourself.

- between cure and palliation. A hot pad and a dose of diclofenac may temporarily relieve pain but it won't get you back into better alignment or stronger.

- between 'health' and 'medicine'. Musculo-skeletal dysfunction is not a medical condition. Trying to solve it with a medical solution is another big ask. As likely as not, a medical solution will solve some musculo-skeletal problems but not all, particularly those that are personally generated.

> *Limit the patient to limit the pain. This philosophy does not always fix the problem. It can create a cycle of decreasing activity and decreased ability to do the very activities that could help you recover, and keep you in the physical shape you need for healing, mobility and health.*
>
> **Jolie Bookspan: Fix Your Own Pain**

2. CAUSES OF SHOULDER PAIN – trauma, lack of strength and flexibility

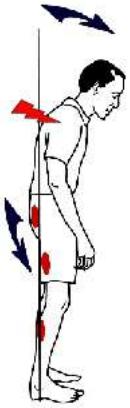
Basically there are three things wrong with people's shoulders.

2.1. TIGHT CALF, HAMSTRING AND BUTTOCK MUSCLES

Shoulder pain is a symptom of a pelvis that is out of alignment.

'S' shaped curve of back become a 'C' shape.

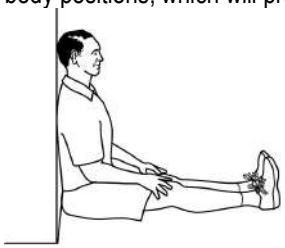
Tight calf, hamstring and buttock muscles pull pelvis back and down.



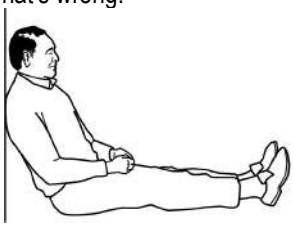
Head and shoulders move forward placing stress on soft tissues around the shoulders.

Bones pulled out of alignment. It feels like your upper back and shoulders are on fire. You're always hanging out for a shoulder massage.

Here are some body positions, which will provide you with a diagnosis of what's wrong.

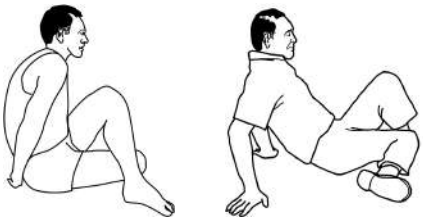


The wall-sit exercise. Ideally you should be able to sit up straight against a wall, bottom pressing in tight to the wall.

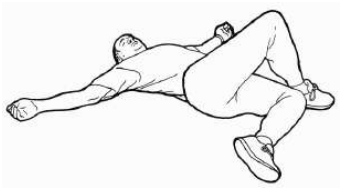


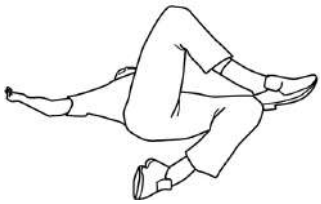
If you've got tight calf and hamstring muscles you won't be able to sit in close to a wall. You'll look like this. The tight muscles are dragging your pelvis backwards. The collateral damage is a 'C' shaped spine. You get a crook back, stiff neck and frozen shoulders

The sit-up-straight exercise. Ideally you should be able to sit up straight with one leg crossed over the other and hands folded behind your back.



If you can't sit up straight in this position, it's because your buttock muscles are too tight. Being over weight doesn't help. The tight muscles are dragging your pelvis backwards. The collateral damage is a 'C' shaped spine. You get a crook back, stiff neck and frozen shoulders.





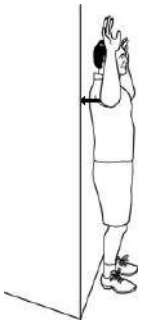
The hip crossover. If you've got a crook back, neck or shoulders there is a good chance that when someone presses into your buttock muscle when you do the hip crosssover, the buttock muscle will be painful. For some people it's so painful they can hardly bear someone to touch them. It's a very good clue to the cause of the problem further up the spine.

Your hip is so painful that you can't put your knee and foot onto the ground. This is a very good clue that your pelvis is way out of alignment. Doing this exercise over and over again gradually loosens up tight buttock muscles and gets pelvis back into alignment. Misalignment of the pelvis may result in collateral damage further up your spine.

Shoulder test An inability to stand with your back wrists and fingers against the wall is a good sign your calf hamstring and buttock muscles are too tight.

As well as that your shoulders too tight. When the pelvis tips back the shoulders go forward. Your shoulders can lose at least 30cm of function.

Good shoulder function. Wrists and fingers against the wall in the surrender position.



Poor shoulder function. Forearms well away from the wall.

The pain in your shoulders is telling you to get back in better alignment.

This means is that if you want to relieve your shoulder pain, going to have to do shoulder strength and flexibility exercises, as well as many of the exercises for the lower part of the body that I recommend in the back care program.

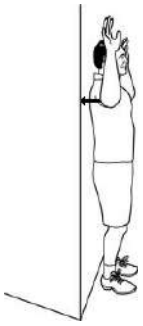
2.2 MUSCLES OF YOUR UPPER BACK AND SHOULDERS AT TOO TIGHT

You don't have a regular and systematic flexibility training program. You don't go to a yoga or tai chi class, or a gym where you can do a good strength work out, or the CrookBack Clinic, Pontius Pilates, Body Balance …

To give you an idea of what happens to your shoulders, take a look at these two pictures

Shoulder test
An inability to stand with your back, wrists and fingers against the wall is a good sign your calf hamstring and buttock muscles are too tight, and/or the muscles at the front of your shoulders are too tight. When the pelvis tips back the shoulders go forward. Your shoulders can lose at least 30cm of function.

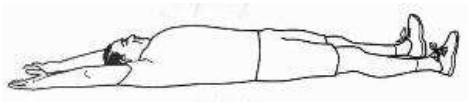
Good shoulder function. Wrists and fingers against the wall in the surrender position.



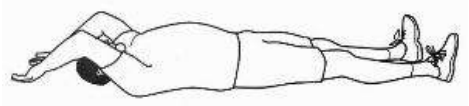
Poor shoulder function. Elbows, wrists and fingers not flat against the wall.

A sizeable percentage of people have trouble getting the backs of their forearms and wrists on the wall. If their shoulders a not painful, it's a sure sign that sooner or later they will be.

You can't lie down with your arms flat on the floor.



Good function

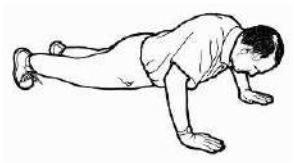


Poor function

2.3 MUSCLES OF YOUR UPPER BACK, SHOULDERS AND ARMS ARE TOO WEAK.

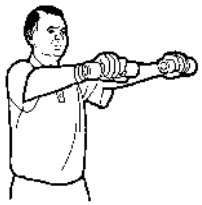
You don't have a regular and systematic strength training program. You can't do a pressup. You don't go to a gym.

You can't do a pressup



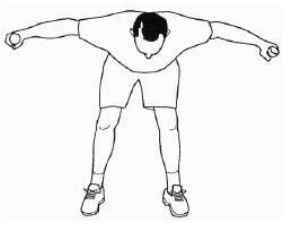
If your shoulders won't handle a full stretch pressup, bring your hands in closer under your chest. Always work at an intensity below the point where it hurts.

You find it difficult to lift dumbbells forward, out and overhead – women with 2Kg in each hand, men with 4kg.



You find it difficult to take the dumbbells over your head and back down to your thighs.

You find it difficult to take the dumbbells out to the side.



Superman

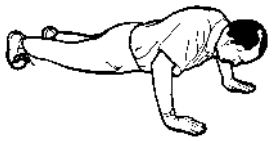
If you find it painful to do the superman exercise you'll know the muscles in your back are not strong enough to support it. There is as compelling a case to do your superman back arches to strengthen your back muscles as there is to do situps to strengthen the muscles on the front of your body.

Remember that the shoulders are just one part of a much larger musculo-skeletal ecosystem.

3. STRENGTH EXERCISES

It's absolutely essential that you do pressups on a regular basis. They are the foundation of good shoulder function

Pressups on the toes
King of shoulder strengthening exercises.



Starting position: fingers facing forward, thumbs shoulder width apart and body straight. Lower body to the floor so the front of the trouser, shirt and nose almost touch the floor. Then push up. Aim for 25 in 30 seconds. When you can do 40, report back! This is an exercise you need to do at least every second day.

Pressups on knees
Queen of shoulder strengthening exercises.

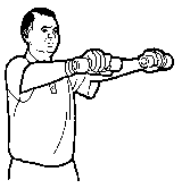
Starting position: fingers facing forward, thumbs shoulder width apart, lower part of the body resting on the front of your thigh, (not your kneecaps) and body straight.

Keep the knees, bottom and shoulders in a straight line. Lower body to the floor so the front of the trouser; shirt and nose almost touch the floor. Then push up. Aim for 25 in 30 seconds. When you can do 40, report back! This is an exercise you need to do at least every second day.

If your shoulders are so sore you can't do pressups on either your toes or your knees, start with a knee pressup, but with your hands close in under your knees and your bottom in the air. There will be a point where your hands are close to your knees where you'll be able to do the exercise. Then build up from their, gradually taking your hands further away from your knees until you can put all your weight on them. The principle is to work up underneath the point where it hurts.

One minute arm and shoulder exercise
Select a weight that you can comfortably use. For women start with .5kg in each hand. Over time, as your arms and shoulders get stronger you'll be able to move up to using 3 kg with each hand. For men, start with, say 2Kg in each hand and aim to increase the weight to 4 Kg in each hand.

Arms to the front



4 repetitions

Arms to the side

4 repetitions

Arms above the head

8 repetitions

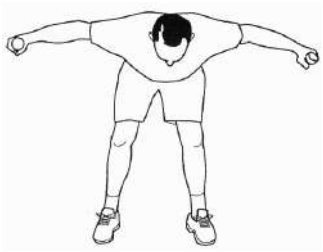
The aim is to build the exercise up to 4 sets, of 4 repetitions to the front, 4 to the side and 8 up above your head. It should take about 1 minute to do all 64 repetitions. Gradually build up the amount of weight you use.

Dumbbell overs and unders – back over your head, and down (under) to thighs.

Do three sets, each of 10 repetitions. One repetition is taking the hands back to the floor over your head and down to the floor by your thighs.
Start with the same weights as for the one minute shoulder exercise. Over time, increase the weights.

Flys – chest and upper back

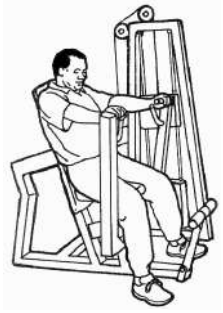
Strengthens pectoral muscles at the tip of your chest and shoulder muscles.



Strengthens muscles of the upper back and shoulders.

ESSENTIAL EXERCISES IN THE GYM

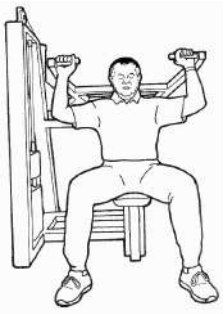
Chest and upper back



Bench press - push out

Seated row - pull back

Shoulders and lats



Shoulder press - push up

Lat pull down - pull down

Curl, shoulder press and lat pull down

Another recommendation for shoulder press and lat pull down. Do a set of dumbbell curls and then go straight into the overhead dumbbell press; 4 sets of 12, 10, 8 and 6 repetitions. Start off with a weight you can lift comfortably and progressively increase the weight for the 2nd, 3rd and 4th sets. Alternate with the lat pull down exercise.

Bicep curl

Shoulder press

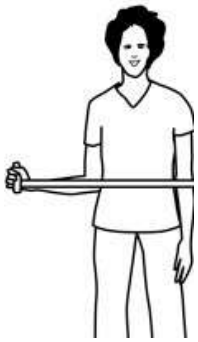
Lat pulldown

Rotator cuff exercises

A torn rotator cuff in your shoulder may need surgery, but if it's not too bad, or you're recovering from surgery you'll find this exercise useful.

Using the rubber band rotate the arm but in and out against the resistance.

If you're looking for more rotator cuff exercises go to www.youtube.com and search for rotator cuff exercises.



4. FLEXIBILITY EXERCISES

Shoulder pain often starts a long way away from the shoulders. As Bill Clinton might have said, 'It's the system stupid!'.

The starting point for reducing shoulder pain is getting yourself into better alignment. That means getting your head sitting where it's meant to be on the top of your shoulders.

To do this you're going to have to do square your pelvis up by doing some of the key flexibility exercises that I recommend for back pain.

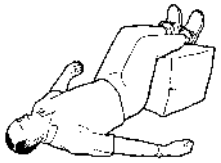
This page contains an outline of some of those exercises.

For more detailed information about how to do these exercises refer to pages 61 - 67 in the Fix back Pain section of this book.


From this.

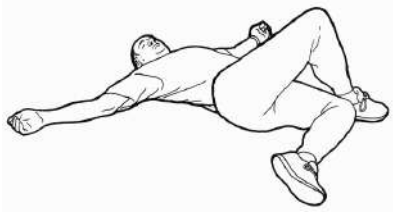

To this.

Static back - 20 minutes



Supine groin - 20 minutes each side.

Hip crossover - 40 minutes



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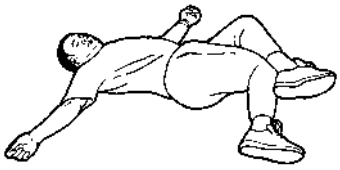
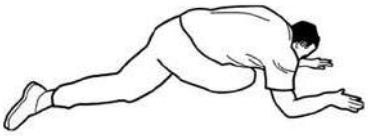
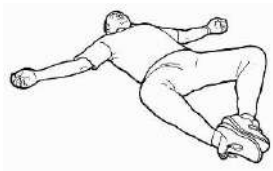
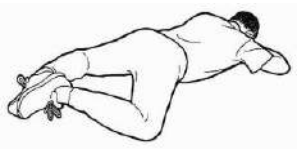
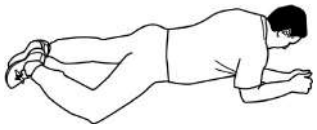
Wall sit

Hip stretch



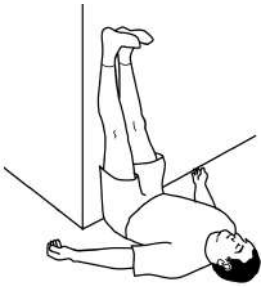
Super hamstring, hip and butt stretch



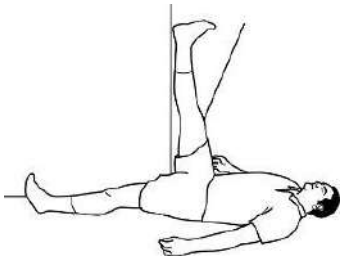
Supine frog	Prone Frog	Prone frog on elbows
		

Buttock stretch leaning forward

Both legs against wall

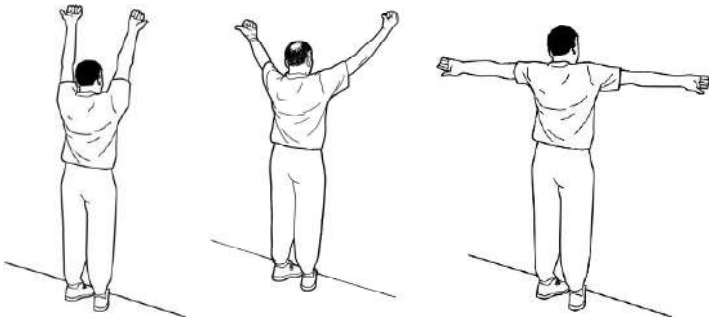


Hamstring stretch against wall



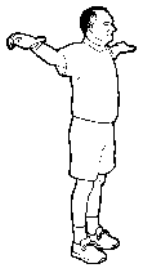
For a more detailed description of these exercises see the **Fix Back Pain** ebook.

Wall clock



This is a 3-phase exercise. Stand with feet pigeon-toed and touching the wall with thumbs pointing out. Spend a minute each with hands at 12 o'clock, 10/2 o'clock and 9/3 o'clock.

Arm circles



With palms down and thumbs pointing forward, circle arms forward 20 times. Turn palms up, point thumbs back and circle backwards 20 times.

Shoulder blade pinch

Squeeze elbows back to pinch shoulder blades. 20 times.

Elbow squeeze

With knuckles on temples, swing elbows back as far as you can and then to touch at the front. 20 times.

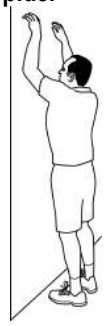
Shoulder stretch

With a partner, one person pulls the arms back to stretch the muscles at the front of the shoulder.

Doorway squeeze

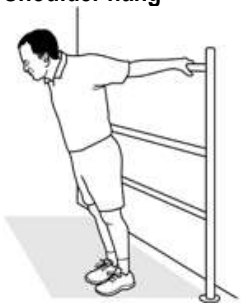
Stand with one foot just inside a doorway and push forward to stretch the muscles of the upper back. Do 20 repetitions.

Itzy Witzy Spider



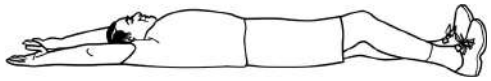
You've heard the song, 'Itzy Witzy Spider climbed up the water spout.' Start with your fingers on the wall at chest height and slowly crawl up the wall. Let the good shoulder lead the bad one. Climb the wall 5 times.

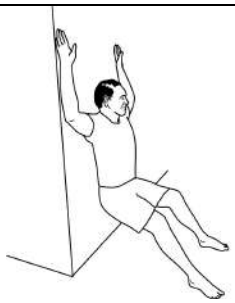
Shoulder hang



Grab hold of a bar with your hands as close together as possible then lean forward for 1 minute.

Stretching one arm back and one leg down – same side and diagonally.



	➔	
Stand with feet away from the wall, bottom away from the wall and arms flat against the wall. Slide your body down so thighs are parallel with the floor. Take your bottom well away from the wall. In this position you'll be able to place your forearms flat back against the wall.		Keeping your forearms flat against the wall, gradually bring your bottom back into the wall, giving your shoulders a good stretch. You will probably feel the tightness around your shoulders or your lower back. Stay in that position for a minute. Don't even think of moving your forearms. Gradually, day by day, week by week you'll loosen off your shoulders.

Shoulder stretch against a wall

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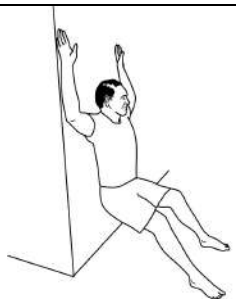
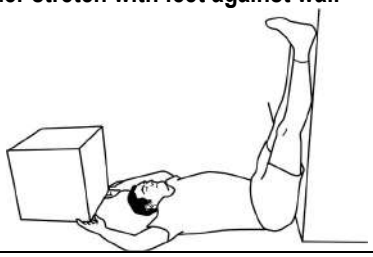
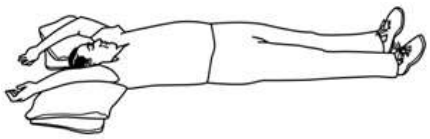
<tr><td>  </td><td>➔</td><td>  </td></tr>
<tr><td colspan="3">Gradually take your backside closer to the wall</td></tr>
<tr><td>Shoulder stretch with feet against wall
  </td><td></td><td>Shoulder stretch with arms on cushions
  </td></tr>
<tr><td>With feet up against the way, place your arms on the floor as straight as you can get them with the back of your forearm on the floor.

Anchor the fingers under something. Gradually, very gradually, as the shoulders loosen off extend your arms out along the floor. When your arms are straight you'll know you've restored poor function to good.

Don't hold your breath! This is a gradual process as tight muscles loosen off fractions of a millimetre at a time. It's going to take some months.</td><td></td><td>If your shoulders are dysfunctional you will not be able to lie on your back with your arms straight, outstretched with forearms flat on the floor.

Rest your elbows on two cushions and let gravity do the work of gradually loosening up your shoulders As your shoulders loosen up you'll be able to lie with your arms straighter on the floor.

Spend 20 minutes in this position.</td></tr>
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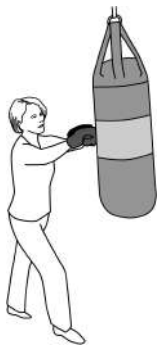
THE PUNCHING BAG

Here's a good way to give your shoulders a work out.

I reckon that if everyone did 100 punches every day, offices around the world would be wiped clean of sore shoulders, arms and wrists.



5. FORMULA 1 REHAB

Just as the technology developed in Formula 1 motor sport filters down to ordinary motor cars, so the rehabilitation of musculo-skeletal dysfunctions and injuries benefits from the spin-off from sports medicine, particularly in dramatically reducing the time it takes for injuries to heal.

As well as what you can do for yourself, various therapeutic modalities, when used intensively will speed up the rehab process. Keep in mind though that what works for one person may not work for someone else. Some modalities will work wonders, others may be useless. You may need to experiment.

Taking the therapeutic route can be an expensive process. On the other hand a regular and systematic strength and flexibility program requires only a small investment in time.

FORMULA I REHAB BAROMETER

The Formula 1 Rehabilitation barometer contains a range of modalities, which can be banked up one on top of the other for hours at a time as a means of speeding up the rehabilitation process. However, the most important ones are those at the bottom of the barometer, the ones you can do for yourself.

Sports people can spend up to eight or more hours a day churning through the different modalities so they can get back on the playing field in the shortest possible time. You can do the same thing. You owe it to yourself to restore musculo-skeletal dysfunction to good function as quickly as you can.

I suggest you adopt the same approach to fixing your body as you do to fixing your car. Spend some time, effort and money keeping it in good shape! And when it breaks down, do the things you have to do to fix it up quickly.

And just as you wouldn't think that a quick paint job was the best treatment for a spot of rust on your car, don't think that an anti-inflammatory, a hot wheat bag, a rub down, the ray lamp and a spinal crunch every three weeks is sufficient for your body!

FORMULA 1 REHABILITATION BAROMETER

TIME AND INTENSITY OF TREATMENT

I frequently see people with musculo-skeletal dysfunction who have spent less time in a couple of years working on a systematic and intensive rehabilitation program than an elite athlete would spend in a couple of days. Lolling around waiting for something to get better is not a sensible rehabilitation strategy.

I saw one person with a crook back who had spent two years lying on a couch (and by the look of him eating Delta Cremes) and going to a physio twice a week and wondered why his back hadn't got better. No strength training, no flexibility training, nothing - and the insurance company kept paying. You couldn't run a Premier League football club that way.

6. PAIN RELIEF AND THERAPEUTIC MODALITIES

CONSTANT ICING
Ice has long been recognised as a treatment for strains and sprains. In the case of shoulder pain you'll need to slip the ice pack under your shirt.

You can buy icepacks in large supermarkets in the section where the lunch boxes are displayed.

Get a packet of three so you can recycle them through the freezer during the day. Each one stays cold for over an hour. Keep icing the area for as many hours a day as you can.

HEATING
If you're going to ice the area you may as well heat it as well.

You can buy hot/cold packs. Alternate them under shirt. Simply heat the pack up in some hot water. Just make sure you don't burn yourself.

The hot spa with strong jets may give you temporary relief and make you feel better, regardless of whether is has a lasting effect.

SHOULDER STRAP
Strapping not only provides support by can be used to slip hot and cold packs into.

MASSAGE
By all means use massage. There are experts out there who have the touch of magic in their fingers and who will be able to speed up the rehab process.

The aim is to loosen tight muscles and make non-compliant muscles more compliant.

Compliant muscle, healthy muscle can be stretched, shortened, twisted or compressed without restriction or pain. It exhibits good circulation, flexibility, strength and endurance.

On the other hand non-compliant muscle is stiff, tender, and sore, with a feeling of painful knots or tight bands in the muscle. It exhibits poor circulation, reduced flexibility, weakness and fatigue. Non-compliant muscle is susceptible to injury in the same way a worn tire invites a blowout. Non-compliant muscle creates barriers that hastens fatigue and restricts peak performance.

Personal massager

The stick©

Tens Machine

The tens machine works in a different way to palpate the muscles. You can have it on while you work, gently squeezing and relaxing painful muscles and tendons.

PHYSIOTHERAPY

Physiotherapy may speed up the rehab process using a variety of treatments. However there is the tendency of some physiotherapists to work on/at the site of the pain, when for many joint and muscle problems the cause is somewhere else. In which case rubbing crunching, heating, cooling, vibrating and electronic muscle twitching won't lead to a speedy or lasting restoration of poor function to good. It certainly won't take the place of a strength and flexibility training program – particularly if the underlying cause of the problem is a lack of strength and flexibility.

Physiotherapists have the latest treatments in infra-red heat, diathermy, interferential, ultra sound and all manner of electronic rehab aids, plus hands on massage, manipulation and palpitation.

Diathermy

Interferential

Low level laser therapy

Hand-held ultra sound

You may be able to purchase some of these physiotherapy tools at an economical price for home use.

A good physio will save you money and get you back in good shape in the shortest possible time - **but they can't do the exercises that *you* need to do yourself.**

CHIROPRACTORY

The evidence and the claims of success are too large to ignore. At the intersection where push meets shove, this may be the catalyst that frees you up and gets you moving, but someone manipulating you isn't an excuse to stop doing the exercises. As I've said on numerous occasions, therapy speeds up the rehab process but does not take the place of that which you need to do for yourself.

BOWEN THERAPY

Bowen Therapy is an holistic system of healing based on the work of Australian osteopath Tom Bowen.

Bowen Therapy involves a gentle, rolling motion, over muscles and tendons. Whilst you'd swear nothing was happening, the rolling motion either tightens or loosens off muscles depending on the way the move is done.

The Bowen therapist will stimulate sets of points, often with two minute pauses, to allow the body to use the move and integrate it into the body's system. It is not a form of massage, though it does claim to release areas of built-up stress in the muscles.

A view held by some Bowen Therapists is that the specific way that Bowen Technique addresses the muscles is to 'stimulate the stretch and golgi tendon reflexes as well as joint proprioceptors in a way that heightens the sensory awareness of the body in the area worked on.' These sensations are sometimes mistakenly associated with some form of "energy healing". By increasing sensory awareness the move taps into the body's ability to self regulate which, in turn, practitioners claim, stimulates the body to heal itself.

It is widely accepted by Bowen therapists that it is a stand alone therapy, not mixed with other treatments. Bowen himself was very specific about his clients not receiving other treatments for at least seven days after a Bowen session and did not perform any other therapies himself.

ACUPUNCTURE

Acupuncture is a useful treatment for back pain. A lot of people swear by it. Having been around for a 3000 years it's worth a try.

Acupuncture may be used in the immediate vicinity of the pain or more distant points along the energy meridians to help address pain and reduce inflammation. Acupuncture may also have significant benefits in creating an optimum environment for healing to take place.

ANTI-INFLAMMATORY MEDICATION

Should you or shouldn't you? The answer is maybe, but with several caveats.

It is highly likely that your doctor will prescribe an anti-inflammatory drug without diagnosing the cause of your dysfunction and without prescribing any exercises. This is junk medicine.

Most people are happy to accept the prescription because they want immediate relief from pain. The doctor is happy to oblige. Both doctor and patient collude in a treatment that is not best practice for the treatment of musculo-skeletal dysfunction and the restoration of poor function to good.

While you're masking the pain you could be doing further damage. And while you're masking the pain there is always the temptation to stop doing the exercises. You think you're better. You're not.

Having said all that, if you do take anti-inflammatory drugs, don't take them for too long and while you're taking them rest, the only exercise being stretching and gentle strengthening.

Also you need to understand that the long term side effects, particularly on your stomach, liver and heart may not be pleasant. You may have read reports on anti-inflammatory drugs which have had to be removed from the market. These were drugs that prior to the recall were considered safe and widely prescribed. Who knows what the long term effect of drugs currently on the market is? What is the effect for taking some of these drugs for 20 years?

The anti-inflammatories are designed to speed up the rehab process, not to mask the pain so you can keep plowing on and making the injury worse.

CORTISONE

Should you or shouldn't you? Your doctor may recommend it thinking it's the wonder drug. You are standing in dangerous territory if you think cortisone is going to fix the underlying cause of your dysfunction.

Chances are it won't. Joint and muscle pain isn't caused by a lack of cortisone.

If you do succumb to the advice, take it just once. But don't stop doing the exercises. If anything take the opportunity of a spot of pain relief to increase your strength and flexibility training program.

The problem with taking a cortisone injection is that you'll think you're OK, and go about doing your normal activities as if nothing had happened. But you're not OK. Likely as not in a month or two you'll be back where you started. You'll think about another one, then another and another and sooner or later your back will suffer irreparable damage. It's not worth the risk.

7. THE CARDINAL RULES OF JOINT AND MUSCLE PAIN

1. Muscles move bones out of alignment. That's the bad news. The good news is that if muscles have moved bones out of alignment, there is a fair chance they can move the bones back into alignment.

2. The cause of the pain is rarely at the site of the pain. Once muscles attached to the pelvis draw the pelvis out of alignment, the bones above and below move out of alignment 'in sympathy.' In particular we need to do exercises square up the pelvis.

3. Form (good skeletal alignment) follows function (the ability to successfully perform a range of flexibility exercises).

4. A high proportion of joint and muscle pain is personally-generated. In a way that's good news because chances are it can be personally ungenerated.

5. If you want to be pain free within the next hour or so, go to the chemist. But if you want to be pain free within the next 6 months (maybe more, maybe less) then do the re-aligning exercises regularly.

6. The more often you do the re-aligning exercises and the longer you do them for the quicker your skeleton will get back into better alignment.

7. If one 'part' (your lower back) of the skeleton is in pain, then you can be pretty certain that you have a system problem, not just a 'part' problem. Fix the system and the parts will look after themselves.

8. Pain is a symptom that the bones on either side of a joint are out of alignment. Get them back into alignment - and the symptom of the misalignment will disappear.

9. Most joint and muscle pain is a fitness problem not a medical problem.

10. Hippocrates said, 'The physician speaks with more authority if he's had the disease.' Rarely is joint and muscle pain a disease – it's most frequently a personally-generated dysfunction caused by a body in poor musculo-skeletal condition. Someone who has relieved their joint and muscle pain is usually a useful source of advice. YouTube is has become a better source of advice than the surgery.

11. The general practitioner doesn't know how to diagnose the underlying cause of joint and muscle pain. The best they can do is shoot their customers off to the radiologist.

12. The advice you're likely to receive about causation from a radiologist will be completely useless. All the radiologist does is determine 'what is', not what's caused 'what is'. It's the doctors job to determine causation.

13. If the doctor and the radiologist can't determine causation you can be certain that the prescription to fix the problem will be inadequate in the extreme.

14. This leads to 'the usual treatment' – rubbing crunching, heating, and vibrating.

15. Passive therapeutic treatments are well-nigh useless. Joint and muscle pain is not caused by a lack of imaging, rubbing, crunching, strapping, heating, vibrating or doping.

16. Surgery may be necessary in the case of trauma and if particular joints and muscles are beyond personal repair.

17. The missing link in the treatment process is the flexibility (and strength) exercises people have to do themselves. The treatment cannot be outsourced to a passive therapist or a chemist.

18. For 80% of people there's an 80% chance that they can get themselves back to 80% of 'good nick' in around 80 days if they're diligent.

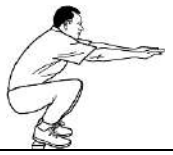
19. It's a big ask expecting to stay in good musculo-skeletal health without a good strength and flexibility training program. It's an even bigger ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself. And remember, 'Nothing in the world can take the place of persistence.

8. MUSCULO-SKELETAL FITNESS PROFILE

1. Current condition
This is a subjective assessment of how you perceive your current level of musculo-skeletal health. Take into account aches and pains and limited mobility and function compared with when you were 'at your peak'.

2. Lower body strength – squats – how many squats can you do until exhaustion. Your bottom must go lower than the crease at the back of your knees.

If you've got sore knees either don't proceed or **proceed with caution**.

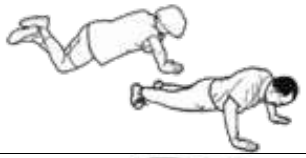


3. Front of body strength – sit-ups to exhaustion. Arms crossed and hands clasping shoulders: knees bent.

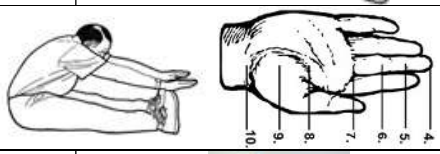
There is evenly divided conjecture about whether it is safe to do situps with feet held. I believe the exercise is safe. Many people cannot do 1 situp without their feet held. **Proceed with caution.**

If it hurts, stop doing it

4. Upper body strength – press-ups to exhaustion.
If you've got painfully sore shoulders either don't do this exercise or **proceed with caution** – and/or don't do too many.



5. Hamstring flexibility – sit and reach.
Sitting on the floor, with feet outstretched in front of you, see how far down toward or past your toes you can reach with your fingers. Keep your knees straight.



6. Quadriceps flexibility
Can you kneel down and lean back comfortably? If you can, score high. If you can't and the test is painful, score low

If you have sore knees this isa must do exercise.

7. Buttock flexibility - ability to sit up straight with legs crossed and hands clasped behind your back, see if you can sit up straight without falling over backwards.

8. Super hip and thigh stretch.
Lying on your back, can you swing your straight right leg over to the left side of your body and grab the toe of your right shoe right leg with your left hand? Repeat with a straight left leg swinging to the right side.

9. Shoulder function – wall test
Stand with you heels, bottom and shoulders back to the wall. Place your hands in the surrender position.

The aim is to get your fingers, wrists and forearms flat against the wall.

10. Strength training behaviour

11. Flexibility training behaviour

Musculo-skeletal profile scores

1. How would you rate the **current condition** of your musculo-skeletal system?

Dreadful										Excellent
0	1	2	3	4	5	6	7	8	9	10

2. **Lower body strength** – squats – until exhaustion #.....

Squat so your bottom goes down to at least the crease in the back of your knees

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

3. **Front of body strength** – situps feet held - until exhaustion #…….

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

4. **Upper body strength** – pressups until exhaustion #…….

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

5. **Hamstring flexibility** – sit and reach. How far down can you reach?

Can't touch	Fingers			Palm			Wrist
0	4	5	6	7	8	9	10

6. **Quadriceps flexibility** – Kneel down and lean back.

Too painful to do it at all	Sort of	Yes but hard	Easy
0	5	7	10

7a. **Right buttock flexibility** – sit up straight, legs crossed, hands clasped behind back

Left leg under	Big fail	Nope	Almost	Just	Good	Perfect
	0	0	1	3	4	5

7b. **Left buttock flexibility** – sit up straight, legs crossed, hands clasped behind back.

Right leg under	Big fail	Nope	Almost	Just	Good	Perfect
	0	0	1	3	4	5

Ttl

8a. **Super hip and thigh stretch** – Grab toe of straight right leg with left hand..

Right leg over	No hope	Grab trouser leg	Grab sock	Easy
	0	3	4	5

8b. **Super hip and thigh stretch** – Grab toe of straight left leg with right hand..

Left leg over	No hope	Grab trouser leg	Grab sock	Easy
	0	3	4	5

Ttl

9. **Shoulder function** – stand against the wall, arms vertical in the 'surrender' position. The further they are away from the wall (in cms) the lower the score.

>15	15	13	11	9	7	5	3	2	1	Flat
0	1	2	3	4	5	6	7	8	9	10

9. **Strength training behaviour**

Do you have a regular and systematic strength training program. Sessions per week.

0	1	2	3
0	2	3	5

10. **Flexibility training behaviour**

Do you have a regular and systematic flexibility training program. Sessions per week.

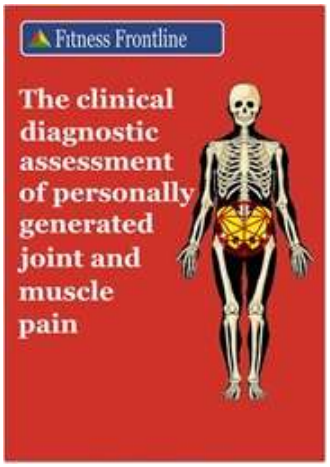
0	1	2	3
0	2	3	5

Ttl

The 'pass mark' is 70/100.

TOTAL/100

Clinical Diagnostic Assessment of personally-generated joint and muscle pain



The **Clinical Diagnostic Assessment (CDA)** of personally-generated joint and muscle pain is a musculo-skeletal health and fitness program. It is designed to:

- provide you with an assessment of the likely causes of **personally-generated musculo-skeletal dysfunction**, particularly lower back dysfunction.
- teach you the strength and flexibility exercises you need to do to restore poor function to good.

A significant proportion of joint and muscle pain occurs as (without a regular and systematic flexibility training program) muscles tighten and take the skeleton out of alignment.

The assessment lets clients know which muscles are tight and teaches you the exercises you need to do get your skeleton back into better alignment.

With that information 'under your belt', you're the road to relieving the pain.

Over the years, (without a regular and systematic strength training program) muscles become weaker and fail to provide the skeleton with adequate support as it goes about everyday tasks.

The Clinical Diagnostic Assessment is a general fitness assessment, unrelated to any assessment provided by a medical, physiotherapy or chiropractic practitioner.

The aim of the assessment to determine which muscles are tight, which muscles are weak and provide you with a program of flexibility and strength exercises designed to get the skeleton back into better alignment, better supported by strong muscles – and pain free.

The Clinical Diagnostic Assessment is currently available online, in the format of a one hour consultation with the designer of the program, Canberra physical educator John Miller.

The fee for the assessment is a donation, the fee being determined by the client, based on the value of the service compared with other modalities.

To book an assessment, get more information – or if you're a fitness practitioner wanting to know how you can become a registered Clinical Diagnostic Assessor, here are John Miller's contact details:

contact@fitnessfrontline.com
61 424 391 749

In the meantime stay tuned, highly tuned and remember, it's a big ask expecting to stay healthy without keeping yourself fit - and it's an even bigger ask expecting to get better by having someone do something to you, sooner or later you have to do something to yourself.


Fitness Frontline
of the health system