

table lessons

BY DOUGLAS NELSON

ELATION AND DISAPPOINTMENT

Ms. L. sat on the edge of the treatment table, looking at me with eyes that clearly reflected her pain and trepidation. She shifted her position frequently, signaling her nervousness, as she waited for some confirmation and clarification.

“Why do I hurt so much? What is wrong with me? I am sure this is due to the accident, but I don’t know why the pain is so bad. It did not start right away, but now it is terrible,” she told me, as I took her history. Ms. L. went on to describe her whiplash in detail.

After her history, I measured the range of motion of her neck. Extension and flexion were extremely limited, as was rotation in either direction. Hearing us discuss the extent of her limitation only confirmed to Ms. L. that something indeed was terribly wrong with her neck.

Seth Will, one of my teaching staff, was with me, as were a few students in an advanced training. Seth took the lead in treatment. He began with a very careful palpatory assessment of her tissue, followed by highly targeted, yet gentle, treatment of each individual muscle involved in her pain.

Numerous times during the session, we checked her range of motion to assure we were on the right track. At the end of the session, we had her sit in exactly the same way we began the session. As she sat up, I re-measured her extension. Instead of her initial 25 degrees, I stopped her when she edged past 60 degrees, only because I

chickened out, not because she stopped. The change was astounding. Before I could ask, she immediately did cervical flexion (which was similarly improved) and then right and left rotation.

“Oh my God,” she exclaimed and then repeated twice (in a voice so loud it startled us). “I can’t believe this. What did you do?” (For a second, Seth looked like he had just been accused of something.)

It was at that point that the tears came rolling down her cheeks. I have seen this hundreds of times in my career: the elation of improvement followed by the realization that many months of needless suffering had occurred. Here is a woman who realized that she had been in pain for two years, adjusting to the idea that it was perhaps a permanent injury; an hour of muscular treatment had changed it. While initially thrilled, the realization that there was an answer all along was too much to bear.

“How could that be? What did you do? Surely, just massaging muscles could not do that.”

That is one of those statements where it is a bit hard to know how to reply. I looked at Seth, he looked at me, and we both decided to let the irony of the statement hang in the air.


As we explained what role each muscle played in her movement and pain limitations, I got the sense that Ms. L. wasn’t exactly paying attention. She just kept turning her head from side to side, waiting for the moment when the improvement would vanish as quickly (and in her mind, as mysteriously) as it came. She repeatedly asked the same question: could muscles alone be the cause of such pain?

As I walked her out of the office, she tearfully kept thanking me, while at the same time expressing complete astonishment. It was a rollercoaster

of emotions; the initial fear that something was permanently wrong, to elation in the improvement, then sadness that she had suffered for so long, to fear that the improvement would not last, to disbelief that noninvasive, soft-tissue treatment could do what other treatments could not. Her sincerity of emotions encapsulated that which I have seen many times before, but most people do not express it so vividly.

You may think the story ends here, but alas it does not. I received an email from Ms. L. about two weeks after our session. She had seen a doctor to determine what was “really” wrong with her neck. The range-of-motion improvement had largely stayed, but she still had some pain in the area that she presented with initially. She was hoping the MRI could get to the bottom of this pain, which had to be more than just muscular.

I was stunned and disappointed. In one hour, her range had improved more than in two years. Instead of seeing this improvement as an opening, she ultimately dismissed it because of a belief that muscles alone could not cause so much pain, nor could noninvasive, muscular treatment create such improvement. Even the power of her personal experience was overridden by her belief system about lowly muscles and simple hands-on treatment. If dramatic improvement doesn’t inspire confidence, what will? **m&b**

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