

## Triage and Treatment

There are of course many causes of back pain, however the majority are non-pathological. Good case history taking, clinical examination and when appropriate imaging and other tests should exclude sinister pathologies that preclude treatment.

Progress during treatment is measured subjectively with symptom progression and objectively with lesion progression.

Ideally lesion clearance is achieved at each treatment session and the lesion location changes between each treatment session ie. lesion progression. Sometimes on the first session a second treatment is required to clear the same lesion. However, ideally a new lesion will present each time until the pelvis and lumbar spine are clear and the symptoms have resolved. These changes in lesions location would appear to represent genuine structural change.

These lesion layers may have been laid down over time with impacts and insults to the body. These layers require time as well as treatment to strip away. At least a week if not two is required between treatments. It would seem that a process of unwinding of the ligaments and fascia needs to occur for lesion progression. Most people will have 2 or 3 layers but sometimes 4 or 5. When all goes well this will reflect in a similar number of treatments.

Once the sacroiliac joints and the lumbar facet joints have been cleared the symptoms should be resolved as well. This should occur in the majority of patients

Once someone has been through this process their pelvis should be more of a blank slate as it were and should be quicker to treat in the future should they have further problems. A session or possibly two should be all that is required. If there has been no significant impact since the initial course of treatment the McKinnen technique may well be sufficient to clear any lesions.

When one first starts treating this way the main blocks to lesion progression, symptom progression and general success is the fundamental difficulty in palpating and manipulating the sacroiliac joints. It took me about 5 years of dogged determination before I

went up the steep part of the learning curve. I hope it's quicker for anyone else trying to follow this path.

Lesions may be missed when palpating at the beginning of a treatment but more so when palpating after manipulation. If a lesion requires 2 cavitations to clear, it will often feel somewhat freer after the first cavitation. This apparent improvement is particularly true of the S1 complex which will often need a third or fourth cavitation for joint clearance. If this is the case and joint clearance is not achieved the same point will still be present again at the next session and no progress will have been made.

It is possible to clear a joint and for it to lock up again by the next session but given there is proper clearance at the end of a session this type of recurrence is often realised around the fourth session when we would expect lesion resolution and symptom resolution. In this situation lesion location progression occurs on each session but on the fourth session or so one of the previously resolved lesions locks up again. I call this going around in circles.

At this point the patient should be re-assessed on all levels. Further tests and investigations for occult sinister pathology might be appropriate.

Maybe a longer term rehabilitative approach is required involving an individually tailored exercise program and episodic treatment. Perhaps some other form of therapy might be more appropriate.

It is clear from research that not all non-pathological back pain is structural. Different people respond to different treatment techniques and different practitioners. However I believe that a treatment approach that involves the application of the techniques outlined in these videos is the most effective. Although mastering this is particularly difficult it is well worth it.