

## CHAPTER 2 – CRACKING THE CODE OF CHRONIC PAIN

The source of chronic musculoskeletal pain has been a mystery for so long that countless numbers of people including myself (a former victim of chronic pain) have greatly suffered. Having spent my entire life working with chronic pain patients, I'm all too familiar with the lives of depression and hopelessness that they lead. Because of this and my own personal experience with chronic pain, I was driven to find an answer to this terrible problem that affects millions of people worldwide.

My search for a solution began nearly 40 years ago, at the onset of my medical career as a foot and ankle surgeon. Over the course of a decade, I performed operations on several thousand patients to eliminate their painful conditions. However, I found that after a few years, many of these same patients returned to my office in pain again. Looking for the reason, I decided to return to the university. Inspired by my classes in biomechanics (the application of engineering principles to the field of medicine) at the Ohio College of Podiatric Medicine, I started my *original* research\* in hopes of discovering the reason why many foot surgeries were short term successes but long term failures.

After completing my PhD in health education, I began publishing my original research on the link between foot pain and abnormal foot function, and how this abnormal foot function may cause pain in the knees and hips. My publications during the 80's and 90's, considered avant garde, were also recognized as a medical breakthrough.

Over the years, while continuing my research, I taught at the University of Washington School of Medicine, treated athletes for sports injuries and saw thousands of other chronic pain patients in my own private practice. As a result of these studies and my clinical work, I became convinced that if I could improve foot function, I could not only eliminate pain in the feet, but the knees and hips as well. I experimented with different modified orthotics, each one improving over the last, until I was able to eliminate foot, knee, hip and also low back pain in many of my patients. With these successes in hand, I was certain that there must be a connection between foot function and chronic musculoskeletal pain throughout the body. My only remaining question was; what is the actual source of all this pain?

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\* Original research is research that culminates in a greater insight on something previously known and/or the discovery of an entirely new body of knowledge. My original research encompasses both.

In 2002, after 32 years of study, trials and redevelopment and after penning a number of publications,<sup>1-19</sup> articles and presentations (both to wide acclaim and even wider controversy), I finally discovered the source of chronic musculoskeletal pain: **Primus Metatarsus Supinatus (Rothbarts Foot)** - a malformation that is formed in the womb. This foot malformation is present in nearly all my chronic pain patients.<sup>20</sup>

Armed with this new understanding of the actual source of chronic pain, I was able to find the solution to eliminate it. This book is about that solution. By first examining chronic musculoskeletal pain in full and then learning about the Rothbarts Foot structure, you will understand why my approach to chronic pain elimination is so effective. By then following my treatment under the watchful eye of a certified practitioner, your chronic pain will be permanently eliminated.

### **So, If There's a Solution, Why Am I Still Suffering?**

One reason that people go on suffering is that it often takes quite awhile for the mainstream medical world to catch up to new technologies, even tried and true ones.<sup>21</sup> After all, acupuncture and chiropractic therapies have been around for centuries, but have only been considered viable alternative therapies by the western world in the last 10 or so years.

Another reason is that although my findings on the Rothbarts Foot structure have been published and reviewed, and the patented technology to correct it is known to many, the accompanying therapy for patient-specific testing, analysis and treatment is relatively new. Because of this, physicians who have heard about or even toyed with my therapy have most likely not received proper certification in its correct implementation. As a result, their proposed treatment may have caused more harm than good.

But for the majority of sufferers, the real reason why people cannot find an end to their pain is that the entire mainstream medical world has **up to now been focused on treating the symptoms - not the source.**

As a chronic pain sufferer, you may have received many diagnoses and tried innumerable therapies and yet you still have pain. This is due to the fact that most doctors can treat the symptoms and

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even relieve the pain, but it will still come back with a vengeance. The reason? Vast bodies of scientific thought support the idea that chronic musculoskeletal pain comes from muscle and joint inflammation. But, in actuality, the pain in your muscles and joints are merely *symptoms*; not the *source* of your problem.

After undergoing treatment for their pain, patients usually report little or no improvement or a recurrence of the condition. This tells us that 1) muscle and joint inflammation are not the true source of chronic pain and 2) the vast majority of practitioners are still not focusing on the source of the problem - the Rothbarts Foot structure- as outlined in my numerous publications, <sup>1-19</sup> studies <sup>22</sup> and success stories.<sup>23</sup> Without knowing the true source of the chronic pain, the best that doctors can do is treat the symptoms; and hence practice pain management.

### **First, the Facts**

Before going into the breakthrough therapy that accurately diagnoses Rothbarts Foot and finally puts an end to your chronic pain, I would like to first take a closer look at musculoskeletal pain and then provide an explanation of the source of your pain.

### **What is Musculoskeletal Pain?**

For the purpose of this book, I am defining musculoskeletal pain as pain in the muscles and/or joints in the body. Examples are knee pain (coming from the muscles surrounding the knee or from within the knee joint), low back pain (coming from the muscles surrounding the low back) and headaches (coming from the muscles in the neck). Musculoskeletal pain can be chronic or non chronic (acute). Let's examine the non chronic musculoskeletal pain first.

### **What is Acute Musculoskeletal Pain?**

Acute musculoskeletal pain is pain for which there is a) a known source and b) a treatment which can effectively eliminate it. Some examples:

- Sam falls off a ladder and develops pain in his back. He goes to an orthopedist, who runs tests and orders an X-ray. From the test results, he finds that the reason for Sam's pain is a severe fracture in the vertebra.

Sam has a known problem and an effective treatment. The orthopedist surgically repairs the fracture and Sam's fracture heals. The pain is gone before becoming chronic.

- Laura starts having headaches. After a friend suggests she see an ophthalmologist, she discovers the cause of her headaches is nearsightedness.

The source of Laura's condition is known, and the doctor can provide a solution. After being fitted with corrective prescription eyeglasses, Laura's headaches are eliminated before becoming a chronic pain problem.

- Darlene starts having pain in her lower back. Around that time, she is also due for a yearly gynecological check up. After mentioning her pain to her doctor, the gynecologist runs some tests. She discovers that the cause of Darlene's pain is a bladder infection.

Because the source of Darlene's problem is known, the gynecologist is able to prescribe the correct antibiotics. Her back pain goes away before it became chronic.

In each of these examples, the source of the pain was known and an effective solution was given. The only reason the pain would have persisted is if the person had not seen a doctor or decided against following the prescribed treatment.

While there are many treatment options available which help acute pain sufferers, for chronic pain sufferers there seems to be no solution in sight. So, let's take a look at this problem.

### **What is Chronic Musculoskeletal Pain?**

The medical community provides multiple definitions of chronic musculoskeletal pain.<sup>24-27</sup> For the purpose of this book, I define chronic musculoskeletal pain as pain in the muscles and/or joints that lasts longer than three months.

If you have suffered from pain for more than three months, your situation may fall into one of two categories:

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- Category I - **It is believed the source of your pain is known**, but after treatment the pain continues.
- Category II – **It is believed the source of your pain is unknown** and so pain management is the only option.

In a Category I situation, your practitioner might tell you that ‘muscle inflammation is causing your pain’. However, after three months of treatment, the pain remains. Let’s look at some examples which further clarify a Category I situation:

- Evan has neck pain. His family doctor tells him that Evan is sleeping on the wrong pillow. He changes his pillow but the pain continues.

He then goes to the gym and his personal trainer feels that the reason for his neck pain is due to weak muscles. After a few months Evan realizes that the exercises are making the problem worse.

He then goes to a massage therapist who tells him the reason for his neck pain is muscle adhesions. After receiving massage Evan’s neck pain subsides for a short time, but then returns. Having had neck pain for more than three months, Evan’s pain is now becoming chronic.

He decides to see a chiropractor who tells him the reason for his neck pain is vertebrae out of alignment and so he adjusts Evan’s neck. Again the pain goes away for a while, but it keeps returning.

Evan starts taking pain medication and the pain subsides, but only while he is taking the pills. Each time he stops, the pain comes back. This goes on for many years, each physician giving Evan a different diagnosis for his chronic pain. But upon strictly following all his practitioners’ orders, the pain persists.

- Gabriella likes to walk and has developed heel pain. She goes to see her family doctor who tells her the reason for her pain is walking on hard surfaces. He puts her on anti -

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inflammatory drugs. Gabriella starts walking less and confines her walks to grassy surfaces. A year later, with no relief, her pain has become chronic.

Gabriella then goes to a physical therapist. She tells her that her chronic pain is due to tight and inflamed muscles and gives her stretching exercises. Unfortunately, they don't help.

She then goes to an orthopedist who tells her the reason for her pain is bursitis (inflammation of the bursa) and injects cortisone into her heel. It works. But six months later, Gabriella's heel pain has returned.

Gabriella then sees a podiatrist. He discovers a pronation (abnormal foot twist) and prescribes orthotics. The orthotics eased the pain a bit, but not enough to eliminate it fully.

Gabriella is now confused. She has followed all of her doctors' orders. If tight muscles, bursitis or pronation are the reason for her pain, why can't they eliminate it?

Like in Evan's case, it was believed that the source of Gabriella's pain was known. But, after each treatment her pain persists.

Now let's look at a Category II situation. In this situation, your practitioner could tell you that based on his examinations and tests, the source of your chronic pain is unknown and thus he might suggest different therapies to manage your pain, such as drugs or physical therapy.

The most common Category II situations I have encountered are when the practitioner's diagnosis is fibromyalgia<sup>28,29</sup> or chronic fatigue syndrome<sup>30-32</sup> and so I'll give examples of these.

- Alessandra has chronic muscle pain, swollen joints and many other symptoms including inability to fall asleep, morning stiffness, fatigue and irritable bowel syndrome. After living with her symptoms for months on end, she finally decides to see her family doctor. She runs tests and finds nothing that would explain her multiple symptoms. She then refers Alessandra to a pain management facility.

At the pain management facility they run another series of tests. They explain to Alessandra that her symptoms (which included pain, swollen joints, inability to fall asleep, morning

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stiffness, fatigue and irritable bowel syndrome) are all part of a syndrome called fibromyalgia.

Alessandra was happy to hear that she isn't crazy nor is she a hypochondriac. But when she asks the doctor what is causing her Fibromyalgia he tells her that the source is unknown. His only remedy is to prescribe anti-inflammatory medication to manage the pain.

Because the source of Alessandra's pain is believed to be unknown, pain management is the only option.

- Justina has had a flu-like condition for over three years that leaves her constantly tired. For the past year and a half, she has been experiencing joint swelling and pain that moves around from joint to joint. Other symptoms she's been experiencing are chest pain, bloating, diarrhea, dry mouth, constant headaches and increased severity and frequency of depression.

Justina finally decides to see her internist. She runs blood tests and finds nothing that would explain her multiple symptoms so she refers her to a pain management facility. There they run another series of tests and tell her that all her symptoms are part of a syndrome called Chronic Fatigue.

Although the doctors told her that they don't know what causes chronic fatigue syndrome, they would be able to manage her multiple symptoms using a combination of drug therapy including anti-inflammatory, anti-depressant and oral hydrocortisone medications, as well as a supervised exercise program to combat the fatigue.

Like in Alessandra's case, it is believed the source of Justina's pain is unknown and so pain management was the only option.

This book is not about pain management. It is about permanent pain elimination. By permanent, I mean that you will not have to:

- continue to do postural exercises
- take anti-inflammatory drugs
- receive injections

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- see a chiropractor
- undergo any more invasive or painful surgeries
- continue seeing a pain control expert for the rest of your life

By permanent, I mean that your pain will not be managed, but eliminated for good.

### **The First ‘Foot Step’ toward Recovery - The Rothbarts Foot Questionnaire**

Because the source of chronic musculoskeletal pain has previously remained unknown and if you’ve been to countless practitioners but are still in chronic pain, it is most likely due to the fact that your doctors are not treating the true source of the pain. Chances are they don’t know the source; which is why you don’t know either. And while not all chronic pain stems from the Rothbart Foot structure, one way to find out if this may be your case, is by taking this simple questionnaire.\*

- \_\_\_ Are the heels on my oldest pair of shoes worn unevenly? (See Fig.1 below)
- \_\_\_ Do I have a head forward position? (See Fig.2 below)
- \_\_\_ Do I have bad posture?
- \_\_\_ Do I have scoliosis (severely curved spine)?
- \_\_\_ Was I clumsy or awkward as a child?
- \_\_\_ Are my shoulders rounded?
- \_\_\_ Do I have crooked teeth?
- \_\_\_ Did I wear braces to straighten my teeth?
- \_\_\_ Do I have a tipped pelvis (swayback)?
- \_\_\_ Do I have poor balance?
- \_\_\_ When I walk with someone side by side, do I have a tendency to bump into them?
- \_\_\_ Has my chiropractor told me that I have one leg shorter than the other?
- \_\_\_ Do I have pains that come and go in different joints?
- \_\_\_ Do I prefer to walk barefooted around the house?
- \_\_\_ Do I have tight and/or stiff muscles?
- \_\_\_ Have I seen multiple healthcare practitioners to resolve a chronic pain problem that has yet to be resolved?

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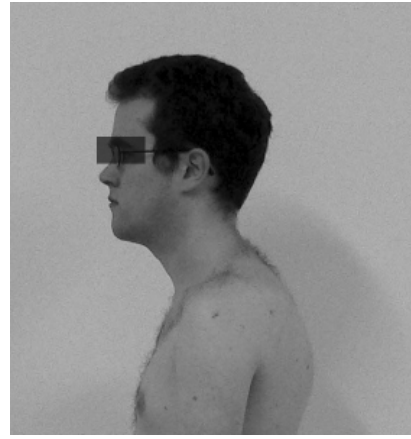
\* This questionnaire is not a replacement for a complete and thorough medical examination by a certified specialist in Rothbart Proprioceptive Therapy, nor should it serve as a tool for diagnosis.



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**Figure 1** – The heels on these shoes are worn unevenly



**Figure 2** – forward head position

If you answered YES to 6 or 7 of the above questions, your chronic musculoskeletal pain **may** be due to a Rothbart's Foot.

If you answered YES to 8 or more of the above questions, your chronic musculoskeletal pain is **probably** due to a Rothbart's Foot.

**Endnotes:**

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