

"When an area is injured, whether it's muscle, connective tissue, fascia, tendon or some combination of these elements (as most injuries are), the body handles this inflammatory response of the tissues to trauma the only way it knows how, through a hyperplasia of the affected tissue followed by a fibrous healing, the laying down of a less elastic, second grade, poorly vascularized scar tissue to protect the involved areas. Adhesions occur wherever damage and inflammation have occurred; they limit both strength and range of motion.

"Every muscle in the body is surrounded by a smooth fascial sheath, every muscular fascicle and fibril are surrounded by fascia that can exert pressures of over 2,000 pound per square inch. Neuromuscular Re-education is a hands-on approach to the evaluation, and structural and functional treatment of the human body and its injuries. Every time we experience a trauma, undergo an inflammatory process or even suffer from poor posture, the body adapts, restricting the fascial layers as well as the range of motion of the involved joints.

LAYERS OF AN ONION

"There may be an overall range of free movement, but at a joint or segmental level, irregular biomechanics are being set up by the restrictions. They act frequently like layers of an onion; as one set of adhesions is removed, underlying layers are revealed, as we slowly begin to lose our physiological adaptive capacity. We further lose our flexibility and spontaneity of motion, which sets us up for trauma, pain or restriction of motion.

"These adhesions pull us out of a three-dimensional orientation with gravity. As a muscle tendon begins to stretch and encounters an adhesion, the muscle contracts to prevent any further stretching and to protect the area involved. The result is that the muscles involved are not as strong and the range of motion is limited in the involved joint. Adhesions can affect areas that are quite small, sometimes just a few muscle fibers, and other times there can be a number of areas like that scattered throughout a muscle group.

"If you're doing a squat, to use an extreme example, and even a small segment of the quadriceps stops contracting, you can put a lot of stress on the weakened area or on the other involved muscles that suddenly have to take up the slack. Also, if adhesions prevent a muscle from reaching proper extension, the increased stress on

the tendons can contribute to tendonitis."

As Levy was talking, he was working each of my shoulder joints through the entire range of motion, finding areas I had forgotten about specifically but realized - the moment his fingers found them - were critical to my proper function. He was applying deep and what most people would consider painful pressure in specific areas of all the muscles that cross the joint, not just the areas where the pain was. No one had ever worked on my pectoralis minor or subscapularis before, but he found them easily and paid special attention to the origin and insertion of those muscles. What an experience!

When he was done, I lifted my arms tentatively over my head and found that I had an amazing new range of motion.

Once the muscles were thoroughly freed up, he did a number of chiropractic manipulations including a bilateral scapular release that left me feeling that if I just moved my arms fast enough I could fly.

UNCONSCIOUS PERCEPTION

"Freeing the adhesion is only part of the battle," Levy said. "Each person has a subtle, complex and unconscious perception of his or her own body. When you have pain and limitation of motion due to an injury, you adapt your body image to fit that limitation. This unconscious mental adaptation often persists long after the injury has been resolved.

"It isn't enough to clear up a problem, we also have to convince the patients that the problem is gone. Otherwise they persist in favoring the area that was causing them pain. Patients may often limp for several months after a hip or leg problem has been eliminated, so an important part of the treatment is in making the patients aware so that they can adapt their new behavior to the new physical reality." This, he said, is accomplished by:

1) Working each involved joint through the fullest possible range of motion during each session and then re-moving the fixations and subluxations with chiropractic manipulations, and

2) Sending a patient back to the activity that has been causing him or her the problem as soon as possible to demonstrate that the problem has been resolved.

Most bodybuilders and other athletes hope they can free adhesions on their own by forceful contractions and stretching, but this maneuver fails because:

1) The inhibitory feedback signals from the affected area prevent sufficient con-

tracting or stretching to accomplish this, and

2) The adhesions are not necessarily parallel to the muscle fibers and can lie any which way.

Dr. Peter Levy first met Dr. Gary Glum almost two years ago at Glum's last teaching seminar. Levy expressed doubt about some of Glum's claims and Glum challenged him.

"Bring down any part of your body that has been bothering you," Glum said. "If I can't make it feel markedly better in several sessions, the cost of the seminar is on me."

Levy paid for the seminar. Moreover, by the fifth session he was back playing competitive squash after a two-year layoff.

He spent the next year working with Glum in his Los Angeles office, commuting from Santa Barbara on weekends, to watch Glum and practice his technique on many of Glum's patients. He became the team doctor to the Santa Barbara Men's and Women's Outrigger Clubs and went along in the support boat during the Molokai Channel race to work on the team members during their breaks. The Neuromuscular Re-education was so effective in acute problems that he started to use it on many of his patients with chronic problems.

"One of the best parts of this work is that active people get better faster," Levy told me. "It's rarely a long-term project with the exception of major tears and other injuries. If people need further attention we refer them to the top specialists in the area."

Before I left at the end of my first visit, I reminded Levy about my low back and that both glutes had been weak when he strength-tested them, not to mention the years of discomfort. He said he'd get started on that next time. Before I left he adjusted my temporomandibular (jaw) joint and my occiput (base of the skull). I've been back to his office twice and have to admit I feel 1,000% better.

I'm back working with weights, my shoulders feel almost new again, my low back is much better and I'm wondering what else I can find to get fixed with this work. It's a great combination, this Neuromuscular Re-education and Chiropractic applied as Levy does it. I don't think he's really reached into his bag of skills to deal with nutrition, allergies, detoxification or many of the other subjects we talked about. If things keep going as well as they have, look for more on Levy and his ideas in future issues.

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