How Prior Injuries Contribute to Chronic Pain and Dysfunction – Part 1

Lisa Klein, PT

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Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I am your host, Rebekah Kelley. Here to share her knowledge today is Lisa Klein. We're so excited to have her. She's a physical therapist, and during this podcast we'll be discussing, How Prior Injuries Contribute to Chronic Pain and Dysfunction. Before I introduce Lisa, I want to remind everyone to subscribe, to get all of our variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary at MyVillageGreen.com.

A little bit about our guest – Lisa Klein is a physical therapist and the founder and owner of Total Health Physical Therapy, a physical therapy practice specializing in manual therapy and total body rehabilitation. Lisa spent the entirety of her 30-year career pursuing excellence in manual medicine and total body-mind healing.

Welcome Lisa. So great to have you.

Lisa Klein: I'm happy to be here.

Rebekah Kelley: So, Lisa, define prior injuries.

Lisa Klein: So, when we were thinking about what to do for this episode, one thing that we talk about a lot in my practice is why are people in pain and the titration of my literal 30 years of practice. I know I look younger than that, I started when I was 5 [both laugh].

Most people come in because they have an injury or an illness, something that kind of puts them over the edge. But when we do a deep dive on most of our patients, I'd say 9.9 out of 10, we find that they had things going on before, from older injuries, that were never reset. We talk about this all day, every day, and about why some people have injuries that go away, why some people have more resilience than other people, and how things can happen in your life that you don't think are a big deal at the time actually cause a multitude of problemos later on. And there are areas that we look at for that.

Rebekah Kelley: Well, I know that for myself, I'll forget about something. I'll forget I did something or you just move on to the next thing. So how can I know, or how can someone know if a prior injury is related to current issues that they're experiencing, and how as a practitioner do you pull that out?

Lisa Klein: Well, most of it is that people have an unusual reaction to an injury. So we were treating a professional umpire. He was beamed in the head by balls twice in a game, which is kind of unusual. And he was literally out for 6 years. So we have his testimonials actually on our YouTube channel – it's awesome. But… getting hit in the

head with a ball is not good, but he could not recover. And so the kicker is, when do you not recover from an injury? And that means that there's something else that was already going on and you lost your resilience. So we've treated him, he's still on the caseload, he's done it – he's back to all of his previous activities. He's fully functional, but he comes in because he keeps wanting to get better, better, better. And what came out from that was, the injury that put him over the edge was the being hit in the head with a ball, but he had had skiing accidents, he had football injuries and his body at a certain point, it was like, “We’re out.”. So part of it is to figure out, are you not being able to recover from a current injury in a way that is not really necessarily expected. Does that make sense?

Rebekah Kelley: It does.

Lisa Klein: How we find it with our hands is that we're trained to feel fascial areas of lock. So in regenerative orthopedics, this is called "fascial drag" or "fascial bind." So we're manually trained physical therapists, and the thing that is the most cuckoo bananas is that we can put our hands on and feel what's happening in your body. I wouldn't believe it either, it's crazy, but it's really fantastic. And fascia is basically every bit of connective tissue that binds your body together. So your Achilles tendon is a type of fascia. Your IT [iliotibial] band is a type of fascia. The joints in your shoulders, rotator cuff, all these things are examples of fascial tissues that whenever you have an injury or whatever, that fascia is going to load, and the fascia can only load so much. And then you're going to have problems.

So how we're trained is to feel for where is the fascia the stuckest. We call it “stuck dude” sometimes. So where's the area of stuckitude – and it may not be the area where the patient comes in with their complaint. It might be, but we look at the whole body to try and figure out, okay, where's the REAL problem? Where is the biggest problem?

Rebekah Kelley: Is there in fascia the head? So you can feel it literally...

Lisa Klein: Well, the thing about the head is, the skull is actually pretty thin. So how we can feel through is that it's like princess and the pea. We're trained to feel [demonstrating feeling forehead, then skull] – you can feel skin, that's not hard to do. Here is the skull. But the dura... so the tissue under the cranium is very thick. So the thicker and more important... the more important the tissue, the thicker the fascia around it. So the pericardial tissue is very thick. The lung tissue is very thick. The tissue around the brain spinal cord is very thick. So we're going for these really thick areas that are going to hold that load.

Rebekah Kelley: So what are some key areas in the body that can cause issues later? Obviously the head, which is the example you gave, right?

Lisa Klein: Yep. So there are two areas. Well, there are many, but the primary joints are L5-S1, where the lumbar spine hits the top of the sacrum. That is a key joint cause it works as a hinge and it stabilizes the entire brain and spinal cord. So any trauma to your sacrum, to your SI joints, to your pelvis, is really important. And then we look in the head. So in the head there's only one bone and that goes from one side of the cranium to the other, that's the sphenoid [demonstrates location by touching right and left temples], and it's the occiput right by the spinal cord [points to location at back base of skull], and that joint inside the cranium mirrors L5-S1. So when we talk about, when we're treating, we call it bowling balls, swim noodles. So it's like you have a swim noodle, that's the spinal cord, and you have a bowling ball on each end, the head and the sacrum, and you want to see, where's the driver. So when people come in, we've had patients who have horrific back pain because they had way too many broken areas. We've had people come in with headaches and issues in the neck because of stuff in the sacrum and the legs. So we look at that whole chain. So anytime if you've had a lot of injuries to your butt, to that sacrum area, that could cause all kinds of head issues. And again, anything from here up [gestures from neck, upward] that is not so regular.

Rebekah Kelley: Wow. So then I guess when people come in, not only are you feeling and discovering, do you also take a deep in-depth understanding of whether they've had injuries, you ask questions related to it?

Lisa Klein: I have an intake form. So, there's a book that I bought when I was first going to school. It was a book for doctors called, *Kill As Few Patients As Possible*. And it was a book about [laughs] how to provide good patient care. I'm a PT, but it was like, it was a good book. And one thing in there was, if you ask your patient long enough, the right questions, they'll tell you what happened and how to fix it. So our intake form is literally 14 pages long. We ask for everything that's ever happened to you and all your symptoms. Now that being said, people forget things, especially dudes – no judgment – dudes forget things all the time, dudes, they don't tell you anything. So you have to ask specific questions. What sports did you play in high school? What sports did you play in college? So, yeah, you have to do a deep dive. So we try and get as much information as we can and then we put our hands on and usually we can find... It could be that where the patient's coming in might be the problem, but often it's not, it's kind of an older injury that they forgot about, that the fascia and all the really important tissue is not moving.

Rebekah Kelley: Right. That's really fascinating. Thanks, Lisa. Those are really valuable insights.

Lisa Klein can be found at www.TotalHealthPTDC.com. Let me remind you subscribe and get access to all Humanized videos, podcasts, and transcriptions from all of our thought leaders in personalized health at HumanizedHealth.com.