



Let your *Stories* Mature and *Grow*

By Walt Fritz, PT

We all tell stories. Some are true, others false. Many are believed to be true, but when viewed with a critical mind, they are seen to be less so. Others are told in jest but contain much truth. The possibilities go on.

As manual therapists, we hear stories from our clients telling of how they got injured. The critically-thinking therapist can see the flaws in some of these stories; however, it may not be best to correct them, at least in the early stages of the interaction. Clients often have great attachment to their story because it has meaning and value to them.



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Photo: Nick Ng

One might tell you that their right side of their neck hurts because:

"I have the worst trigger points my previous therapist ever seen."

"I have forward head."

"I hunch over my computer all day."

"My core is weak."

"I'm right handed and that is the side that overworks."

"My leg length is way off."

"I need a new pillow"

*Or my personal favorite,
"I slept wrong".*

At some level these excuses may make sense, but at their root, they tend to be beliefs and conclusions drawn in order to make sense of things, which is a natural aspect of human nature. We tend to be drawn toward order and are uncomfortable with not knowing. We create a rationale that explains things in order to move toward order.

Neck pain is a complex multidimensional condition not easily explained by the results of X-ray or MRI testing, although other health practitioners lead us to believe them to be true. Pain and problems ascribed to poor posture are often easy to believe, but scientific evidence shows little credible support.¹ Internet memes are

common purveyors of false blame and tend to have great popular support. Social media is full of compelling graphics and sketchy data that seem to support the false idea.

For instance, every inch the head moves forward from anatomical neutral, it is assumed that people will suffer unbearable pain, early arthritis, and an eventual falling off of the head unless they receive certain modality of treatment. Include some questionable scientific references and you have the public hook, who may not always do their homework to see if the supplied references support the presented information).

My clients tell me these stories every day, and I believe many to be completely false, but I seldom comment. I have learned to meet them where they are at and not try to club them over the head with my science and facts. I can hope and help them meet their goals and make the story less important.

As a physical therapist immersed in the manual therapy community for nearly 25 years, I've heard many similar fantastic stories originated and repeated in the world of modality training. My education in physical therapy included gross anatomy, physiology, neuroanatomy, neurophysiology, and a host of other courses in credible science. But these left me ill-prepared for the "parallel universe" of science presented in my myofascial release, craniosacral therapy, and energy medicine-based continuing education.

Lecture

Compelling story intended to change beliefs often using counter-culture metaphors to divert critical thinking.



False Assumptions

Discouraged from critical thinking and armed with false science but with apparently effective hands-on techniques, therapists become torch-bearer, spreading the word of the modality, and defend its story.



Story Retold

Empowered with the new language of the modality, therapists return to the clinic, educating their clients on "new" information unique to their modality.



Demonstration (Story Unfolds)

Modality/technique is introduced, sprinkled with previously described "new science" where demonstration produces apparent positive outcomes.



Sold

Therapists take "new-found science" and put into action, often producing similar apparent positive outcomes. Critical thinking and questioning are discouraged. The cycle of false belief begins, all from a good story.

I thought I was an intellectual person, but I was apparently not trained enough in critical thinking to be able to separate fact from fiction inherent in these alternative narratives. The continuing education (primarily myofascial release) I pursued slowly put me into an insulated and often isolated world of "alternate science", all presented in ways that made me believe that I was being given the keys to a secret kingdom of knowledge, with properties that few others knew.

It was intriguing and compelling work, which was made more interesting by the fantastic results I both witnessed and achieved. Positive results were said to be enough to validate the stories told explaining the work. I was encouraged to ignore "disbelievers," as they simply had not gravitated to the level of knowledge and

awareness as my peer group. It was all a pretty heady experience and one that I had little interest in seeing it to end.

But all things end, as they must. When I stepped away from my ex-peer group and was guided into critical thinking, I was able to see the holes in both the science of my past beliefs as well as the manner in which I was converted into believing it all in the first place. I did learn effective manual skills, hands-on from my myofascial release training, but I was led down a road of false beliefs. Their science was indeed a parallel universe from the evidence and science which I now call my model of explanation.

How can parallel universe stories be so convincing? I made a diagram of what I saw as the process, at least for me. Can you see yourself in this process? (See diagram above)

Separating the story from fact isn't easy or painless, and moving away from a peer group with shared beliefs takes courage and can be a journey. This is true in the larger aspects of life as it is within the confines of manual therapy.

How to decide if the story you believe is fact or fiction? Asking the question within one's peer group seldom gives objective answers, as most within that group share beliefs and deviate little from the narrative. Taking the risk to venture outside of your peer group to peek into their explanatory models and allow them to deconstruct yours can be quite frightening as you may not appreciate what you learn.

My deconstruction came at the hands of members of SomaSimple, and online group neuroscience-based therapists and health professionals. It was an ugly process, having my walls torn down and I was offered little help in recovering from the trauma of having my model of myofascial release torn apart.

They left it to me to construct a new model, which took me many years. I needed to acknowledge both the positive effects of my hands-on work as well as the indirect effects of the professional engagement. Allowing indirect effects, which include placebo effects, removes ego from the process, but ego is what I learned as part of my myofascial release model. I went from being the highly skilled and trained myofascial release professional to a therapist who believes that indirect effects may play more than a small role in the effects I see.

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work and teachings from a plausible perspective of science with little that would be questioned as pseudoscience. My model is not complete or perfect, nor does it stand up to the rigors of science-based practice, but it presents my interventions in a simple and science-informed perspective. I add to the model constantly and continue to strip away information exposed as false.

My story suits me and seems to suit people I respect in our world of manual therapy and academics. It is not myofascial release as most describe it; it is myofascial release told from a



Photo: Nick Ng

is myofascial release told from a perspective of plausible science. It has little to do with most ascribed narratives of myofascial release and even less to do with the seemingly magical properties ascribed to fascia. My narrative has more to do with skin neurology, neurodynamics, and known direct and indirect effects of the body and mind.

So what is the remedy to the cycle depicted in the diagram? Questioning the claims and applying critical thinking.

Are you interested in making your story more plausible? It is not easy and may be painful. I believe it to be an instinctual response to get defensive when someone questions your beliefs. Wars are fought over such belief

questioning and wars over beliefs within manual therapy communities are not uncommon. Start slowly, taking baby steps.

Many of you may be already in a mode of treatment fully supported and explained by current science and research. If you are unsure and have the ability to avoid defensiveness, try joining the Skeptical Massage Therapist Group on Facebook. .

Try not to say too much at first, instead begin by reading through the wealth of posts and threads, most filled with current research and literature. Work your way down the never ending page and read how others react when their beliefs are questioned.

When you feel ready, start a post,

When you feel ready, start a post, introduce yourself and your modality/ beliefs. Be patient and calm. It may not be pretty but I think it is worth the risk. Your story has meaning but stories are dynamic.

Allow yours to change and mature.

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Seminars internationally to manual therapists of all types.

Reference

1. Lederman E. The fall of the postural–structural–biomechanical model in manual and physical therapies: Exemplified by lower back pain. *CPDO Online Journal*. 2010 March. p.1-14.



Photo: Nick Ng