

A Tale of Two Systems

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“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness...”

And so the beginning of one of the most famous pieces of literature goes. “A Tale of Two Cities” was written by Charles Dickens in the late 1800s and is the best-selling novel in history. The famous opening sentence addresses a dichotomy that existed in the time of the French Revolution and if we really wanted to get political probably exists more and more lately. But that is not what this is supposed to be about. Recently I had a few days in the clinic that felt like those opening lines from that novel. I had two instances of patients that presented on the same day with very dichotomous needs with the same overarching patterns. It really allowed me to sit back and think about what it really is that we are doing with postural restoration treatments and how unique our approach really is. I thought I’d outline a little of the history and background in these cases.

The first day included a pair of patients dealing with neck tension and headaches. Both are young, in relatively good shape, with no history of significant trauma or surgery. They each presented with a right dominant pattern of the neck and upper trunk (specifically for the PRI junkies they were both in a R BC/R TMCC pattern). Neither one had much success at decreasing the tension and torque of the neck with our normal exercises and continued to present with this imbalance and pain. If you’ve read much of what we do if someone doesn’t get better as we would expect with traditional methods we start searching for other things that may be influencing why that pattern is there. Both patients had no real issues with jaw or tooth related patterns and both wore good supportive shoes. One patient wore primarily glasses and one wears primarily contacts. Neither one had astigmatism patterns or eye imbalances that were suspicious. Patching of either eye did not give us significant changes in neck mobility or neutrality. Therefore I did not think either patient needed integration, however they needed something different to allow their systems to unlock.

The patient in glasses felt her headaches were worse and included a pulling sensation behind her right eye and were worse on days she was at work in an office and had gotten worse as temperatures got cooler and she was spending time more indoors. Upon probing, days she was outside she felt better than if she was inside at work all day. Her clarity was good in her glasses for distance and near vision, however if we patched her left eye and had her read she felt the tug at her right eye right away. If we patched the right eye and had her read she felt better and her neck finally freed up. In her glasses there is enough opportunity for her to inhibit input from her right eye for near (even though it was clear, it was harder) that she had issues. My recommendation for her was to try her contacts to see if we put her correction closer to her eye ball for near activities that should make it harder for her brain to ignore the right side or easier for both eyes to work together. We are working with her optometrist to find the right contact lens script for work days to help.

The second patient wore contacts almost exclusively and never wore her glasses but in her case the contact lens script allowed her to drop off her peripheral vision with upright activity (which was what aggravates her the most). In glasses she was able to sense her peripheral vision better, felt like the floor was coming up at her more, and was able to be neutral. We also added some tape to her glasses for exercise to really enhance her peripheral awareness and hope this helps her get more stable and grounded to assist with her neck tension and headaches. This just showed the ability and power of systematically identifying how someone may be using a perfectly good system in a way that is keeping them in a pattern. To recommend in the same day someone in glasses to try contacts and someone in contacts to use glasses was a very interesting day. Neither one are finished with their programs but I feel we have made the next step forward in getting them to feel better.

On a different day the next week we had 2 patients present to our PRIME program for multidisciplinary care. Both were in strong patterns that required intervention from a PRI Vision program to get neutral. The first was a smaller female with a lot of instability (SLR <135 for you PRI Junkies) who had difficulty sensing the floor to utilize ground up muscles for stability. She therefore utilizes a strong pattern at her neck and back for postural control to do her work activities (primarily in a static standing position). The second was a strong athletic young man with a very tight extended pattern (PEC with and EDT of -45 degrees or so for you PRI folks) who despite a lot of PRI knowledge and work could never get neutral. He could power through a lot of activity but never felt good. By the end of the week both had fairly similar programs to follow through with including a new glasses prescription to re-orient them in space (and become neutral) to allow them to perform a sensory driven, ground based program of PRI activities.

This day showed how 2 different types of people with 2 different patterns who demanded much different things from their bodies need very similar programs for different reasons. The first gal we would consider someone with sensory processing difficulties. She needed a change of sensory input to allow her to actually feel the ground and learn to flex. The strong athlete uses the ground only for extension and needed a change of sensory input to allow him to flex while feeling the ground. The end result is the same, just for different reasons for different systems. Neither one was going to progress without a change of sensory input to allow appropriate ground based activity.

Both dichotomous situations allowed me to reflect on the ability of postural restoration techniques and integration to assist a broad spectrum of situations each requiring unique thought processes that are backed with rationale and objective outcomes and results. We are all unique, but the system can always be addressed if you just consider the whole system and have a framework to start from.

If you have any thoughts or questions don't hesitate to contact us at the Hruska Clinic or PRIME.