What To Do When Traditional Rehabilitation Falls Short...

NeuroMuscular REPROGRAMMING®

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After an injury has healed, why is it that the body still hurts? Broken bones take only months to knit; torn tissues take less; sprains are “healed” fully in six months. Yet even years later we still experience pain, weakness, and disability. Even after rehabilitation is complete, we haven’t fully recovered the abilities we once had.

When we break a leg or sprain a shoulder, it is not only the tissue that is damaged. There is also damage to the information system governing alignment, movement and postural support. After the bone has knit or the tissue tears have healed, painful symptoms often persist. These are a result of another kind of injury—dysfunctional movement patterns impressed on the motor coordination center at the time of injury which do not change simply because the tissue has repaired itself.

When an injury happens, the nerve impulses that carry information between the muscles and the brain are corrupted, not because the nerves are damaged, but because the muscle is damaged and cannot function. The brain immediately begins to establish new neural pathways to compensate for the injury. The body adapts to compensate for the disabled area for the period of time it takes to heal. The functional imbalances that are created in these moments remain in the coordination system until new information restores previous settings in the brain’s computer.

Typically, after the tissue heals, we undertake an exercise program to rehabilitate the damaged muscles. This is like trying to rehabilitate a muscle that has been paralyzed, although in this case, the muscle is not really paralyzed, simply inhibited. An inhibited muscle is one that does not receive the messages that the brain is sending, because the body has rerouted those coordinated movement. In a very few minutes a painful disability can vanish, even when that pain and disability have persisted for months or even years.

There are also many occasions in life when our bodies sustain sub-clinical injuries. There is no tissue damage, nothing is broken and nothing is torn, but a definite disruption of function is accompanied by very real pain. These incidents include joint injuries such as minor whiplash, falls on the ski slope, arms that are jerked by a strong willed horse, or repetitive stress injuries such as knees that wear out from pounding the pavement and wrists and arms that become disabled from long term keyboard use.

There are no protocols in our medical system to address these sub-clinical injuries. Indeed, the cumulative effects from these incidents often don’t show up until much later in life. We develop kinesthetic “blind spots,” where we don’t even recognize we have a weakness. At most, we might notice our shoes wear out unevenly.

Bodies actually require periodic tune-ups of the motor coordination programs, but nothing in our physical education has taught us to appreciate that fact.

The human body is an intelligent organism constantly re-creating itself in response to stimuli. Some of these stimuli are physical trauma and injury, some are emotional, while others are potentially new and desirable patterns acquired through training or education.
In the realm of new and restorative information, NeuroMuscular Reprogramming® (NMR) can contribute a great deal. It utilizes a form of kinesthetic conversation with the body to imprint new learnings in the motor control center of the brain, replacing damaged imprints created through trauma, injury, operations, or repetitive strain from ergonomically inefficient use patterns. Here’s an example of NMR’s capabilities: After an operation to reattach the tendons of a repeatedly dislocated shoulder, an orthopedic surgeon compliments his patient on the 65% of normal range of motion that she has regained post-rehab, telling her this is the best that can be expected. After one session of NMR, this same client leaves with 95% of her original range.

Why this difference? Physical therapists approach rehab by having the patient do the job of re-building function through self-initiated activity, from the inside out. Hence rehab focuses strongly on exercise programs to strengthen unused muscles. Unfortunately, these muscles are the ones with the most disused neuromuscular pathways; they have developed sensory motor amnesia and cannot feel themselves or respond to messages from the motor control center. When exercise is performed, those pathways are not accessible because they are turned off.

Much of traditional rehab tends to reinforce the compensatory pathways established during the process of injury. What is not being addressed is the muscles performing the exercises still use dysfunctional coordination patterns formed at the time of the injury. The client’s tonus improves in general, she feels better, but her recovery is not complete. In the cases where painful symptoms persist long-term post-rehab, the body is telling us there are still structural elements that remain dysfunctional.

The results achieved by challenging and re-educating the motor control center through NeuroMuscular Reprogramming are longer lasting and truly re-educational for the client. Calling on the intelligence of the conscious body/mind through the kinesthetic conversation of hands-on work often far exceeds other release therapies in achieving lasting results. The practitioner challenges the body’s compensatory patterns and then facilitates the establishment of new or more efficient coordination patterns.

This process allows us to regain much more of our original neuromuscular clarity than is generally believed to be possible. The missing piece in rehab therapy comes before the exercise—preparing the muscles for new learning and re-creating the coordination patterns that need to benefit from the repetitive exercise. NeuroMuscular Reprogramming provides that missing link.

NeuroMuscular Reprogramming is available at Alive & Well! in San Anselmo, in the student and professional clinic five days a week by calling (415) 258-0402. Massage therapists can add NMR to their skills by calling (888) 259-5961. Please see the ads on page 31 & 63.

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Shaun Brown, BA, CMT is a therapist, bestselling author, speaker, and consultant who has been self-employed most of her adult life. She understands the complexities of self-employment very well and has her own successful holistic practice.

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