



Dr. David Hanscom

Stopping the Pain by Rebalancing the Body and Rewiring the Brain

An interview with Dean Volk, PT, MPT
on Back in Control Radio with Dr. David Hanscom

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Dean Volk, PT, MPT - Stopping the Pain by Rebalancing the Body and Rewiring the Brain

- Tom: Hello everybody, and welcome to another episode of Back in Control Radio with Dr. David Hanscom. David is in the studio with his guest, Dean Volk, who is a physical therapist with special expertise in treating sciatica. Welcome David and Dean.
- David: Thank you, Tom. I'd like to welcome Dean to our program. He is a physical therapist who I met through The Doc Project a few months ago. I was on his podcast, and now he's on mine. He has a very interesting approach to dealing with sciatica, which is very intriguing to me. As you know, the DOC project (Directing your Own Care) is a process of treating every ailment aspect at the same time, and he offers an approach to sciatica as an option that I think it's very interesting. Dean's a physical therapist working in both North and South Carolina. I'm going to let him introduce himself. Dean, welcome to the show.
- Dean: Thanks very much, and thanks for having me. As David said, my name is Dean Volk. I'm a physical therapist with 27 years' experience. Over the last 15 years, I've been using a treatment technique called Total Motion Release. I presently have two in-network physical therapy clinics in the Charlotte, North Carolina area, and recently started a concierge mobile practice down here in the Charleston, South Carolina area. I have been working actually online with quite a few folks around the world with sciatica. That's how I originally, I believe, met Dr. Hanscom as I was doing some online searches and found his information on Back in Control, and his book. I invited him to appear on my podcast, and we did do a call-in with him with my group, and so that's how we met.
- David: Well thanks for being on my show now. I'm going to work backwards for a second and jump to the end of the story first. You're a physical therapist, and you've done manual therapy and different physical therapy for a long time. How long ago did you get into this new approach of Total Motion Release?
- Dean: About 15 years ago I began using Total Motion Release (TMR) in my Physical Therapy practice. I discovered it while taking continuing education courses required to keep your license as a Physical Therapist current. There happened to be a course about 25 miles from my home. I thought, "Hey, I can take it, it can keep my license current." I didn't know what to expect. Actually, when the class started, and the therapist started by saying, "Hey, everything you've ever done in therapy, throw it out the window, I want to retrain you." I thought, "Oh no, here we go. I've been to some of these courses, and they turned out to be extremely strange, extremely out of left field, and extremely weird."
- As he started the course, that thinking was in the back of my mind, and I thought, "I'm never going to use this, and I just need this for the class, just to get through it." As he started Total Motion Release on different people, and as he started demonstrating treatment techniques that were really 180 degrees opposite to what I was used to doing, I started seeing people gain range of motion, increase their strength, decrease tightness, right before my eyes. Then when I started practicing the different activities that he was having us do, I noticed a noticeable difference in my body, and in the way I was moving. And I thought, "Wow, this is pretty intriguing," and I thought, "All right, I've got all these clients in my practice right now. I can't really basically just change everything that I'm doing with them on the spot, because it will almost look like I never knew what I was doing in the first place," because this was so different.

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My line of thinking was, "Hey, the first new patient who walks through the door, I want to try this on, and I want to see what happens." And it happened to be a 16 year old soccer player who had a quadriceps tendon tear. The doctor told him, "You cannot be on the soccer field for eight weeks," and he said, "Dean, please, whatever it takes, I've got soccer tournament in two weeks, I'm a leading scorer on the team, I need to be on the field." And he literally came in holding on to the top of his leg, right above his kneecap, saying "Look, it's on fire, please don't touch it. It's locked in this position, and I'm just hobbling, I can't do anything."

And I thought, "You know what? Let me try this new technique on him." Literally I had him do two movements. I had him check his right side, check his left side. I had him move to his better side. He got off the table and looked at me, and said, "What did you do?" And I said, "I don't know, what did I do?" He said, "Dean, my pain is gone." He started squatting, he started jumping, he started running. And literally the trainer who was with me took her forearm and threw it into my chest and said, "What did you do?" And my jaw dropped. I kid you not, I was standing there stunned going, "I don't know what just happened."

I was floored. I called the guy who taught the class, right after this gentleman left. I said, "Tom, this is Dean. This is what just happened. I just explained exactly what I explained to you. Two motion, boom." He was just giggling on the other side of the phone. I said, "What's so funny?" He said, "Dean, welcome to my world." I said, "What? No. No, no. Tell me what happened." He goes, "Dean, just keep practicing, and we'll talk later."

Dean: I started using this on my clients, and I started just scratching my head going, "Okay.

David: What's the name of the treatment? You told me the name.

Dean: The name of the treatment is Total Motion Release (sometimes abbreviated as TMR).

David: Total Motion Release.

Dean: Yes.

David: Honestly, I haven't quite followed your explanation, so if you could try it slowly—for an orthopedic surgeon to understand.

Dean: Okay, no problem. I totally understand.

David: What's the general theory behind it?

Dean: The theory behind Total Motion Release is that anytime the body has any pain, stiffness, tightness, soreness, or discomfort going on, the body tends to compensate, and basically that compensation throws the normal balance and tone of your body off, right side versus left side. So there's an added stress through your body. It doesn't allow your body to heal normally.

As an example of how the whole body can be affected, the way I like to explain it is to have you imagine somebody walking around on a really badly sprained ankle and noticing how their whole body is hobbling. Their shoulders are jerking and their waist is twisting in a way that's not normal. If you use that picture for any type of pain or stiffness going on in the body, that's sort of what's going on. Maybe you can't see it as visually, but the body's tightening, loosening, doing whatever the body can do to, number one, avoid the pain, but number two, protect the area that's injured.

David: Is the tightness on the injured side, or the opposite side?

Dean: It all depends on where the injury is, and how the body's going to compensate.

David: Just for discussion's sake, let's say the injured area is my right quad.

Dean: Okay. If your right quad has pain, you're typically going to be hobbling around on that right leg. So your left leg's going to be taking more of the weight. There's going to be an imbalance that shifts through your hips, through your trunk, through your shoulders. Everything's going to be out of balance. What the treatment technique actually does is, they compare the arm motion, right side versus left side. Compares the trunk motion, right side versus left side. Compares the leg motion, right side versus left side. Where we find an imbalance, we actually work the side that's looser, more comfortable, less restricted. Because we have found that when you move the body in a position of comfort and ease, the body tends to relax and calm down, and not feel threatened.

Whereas if you're trying to move a shoulder that's painful, you're going to get guarding, you're going to get pain. There's going to be resistance, and it's going to cause more stress and more imbalance, because the body's going to compensate.

David: So let's see the right quadriceps for a second. Your right quad is strained, and left quadriceps has good range of motion. You're actually working the left quadriceps?

Dean: Yes, I would. It all depends on what we find as far as the imbalance. I wish I could say that there is no step one, step two, step three, that this is what you do, this is what you do, this is what you do, simply because what you're going to do is overall, you're going to test all different body parts in ranges of motion comparing right side to left side. In one person with a quad strain, their trunk rotation may be out of balance more than their arm motions may be out of balance. What I do is I treat the person's ... I treat the biggest imbalance first by working the side of that imbalance that's looser, more comfortable, less restricted. And then go back and assess.

David: When you say working the side, what does that mean?

Dean: Working the side means, if I had you rotate your trunk to your right, then rotate it to your left, and I find that going to your left felt more comfortable, looser, and less restricted, I would have you repeat trunk rotations to your left 25 times. Then I would have you go back to the right side to assess, to see if it changed the side that was a little bit more restricted. And then after that, if the imbalance seems to be more balanced to

you, and you're not feeling the same restrictions, I would assess if there was any change that went on in the quad. As strange as it sounds, 80 to 90% of the time, the quadriceps will actually calm down because of the balancing out of the body.

David: Would you talk about your focus on sciatica? I understand the shoulders at least a little bit. Sciatica can be muscular, iliotibial band syndrome (IT band), or classic sciatica, of course, with either a pinched L5 or S1 nerve going down the back of the leg. When we say sciatica, do you mean just light pain, or do you actually mean a pinched nerve?

Dean: I'm talking any type of sciatica, no matter what the cause. Because here's what I have found. Typically, what physical therapists do when someone comes in with sciatica is use the Williams or McKenzie extension exercise, where you're extending your back to try to shorten up and release the tension on the disc.

David: Could you stop there just for a second. Let me explain to the audience, or maybe you could explain better. When you have a ruptured disc and it causes pressure on the nerve, there's both a mechanical irritation and a chemical irritation. The idea of the Williams program is to hyperextend the back, which releases the pressure on the disc which in turn, takes the pressure off the nerve a bit, correct?

Do I have that right? Okay. So again, you're saying that's one kind of sciatica, but you're also using the term sciatica for an IT band syndrome (iliotibial band syndrome), or any pain from the buttocks down the leg, correct?

Dean: Absolutely, yes. Most people don't know that sciatica is merely a symptom of a problem, even though most people get diagnosed with sciatica ... it's sort of a generic name, basically, for any type of irritation of the sciatic nerve anywhere along the nerve or the nerve route. What typically a physical therapist would do is they would try to stretch out the tight sciatic nerve, to try to loosen up the hamstring. What I have found is when you're pulling on something that's tight and irritated, you're making it tighter and more irritated.

David: Right. I agree with that.

Dean: And so it's sort of like if the right side of your head is sore, and you hit the right side of your head to try to relax it, you're irritating something that's already irritated. You're irritating something that's irritated hoping that the additional irritation you are causing is going to stop the underlying irritation. What I do is I work the opposite leg. I have them do leg lifts on the good side. I have them stretch out the side that doesn't have sciatica in it and do some hamstring stretches and piriformis stretches. Most of the time, that calms down a lot of sciatic pain on their affected side.

David: Say you have buttocks pain on the left side, not even from a pinched nerve. Maybe it is what's called piriformis syndrome, which is a muscle right by where the sciatic nerve comes out. You're saying if my left buttocks area hurt, you would actually stretch out the right. You instruct people online how to do that?

Dean: I instruct people online. As a matter of fact, the number one thing that everybody now tells people when they come into my Facebook group is, "Hey, you know what? My right side hurts, what do I do?" And most people who have been there with me for six months to a year will say, "Whatever you do, don't stretch the painful side," because they're realizing, that's what everybody gets instructed to do. They're on the page because what they've done so far hasn't worked.

I try to tell people, "You know, if you keep doing what you've always done, the results are probably going to be the same as they always have been. So let's try something different." And that usually piques people's interest to go, "Okay hey, you know what, that makes sense. I don't want to do the same thing over and over again, and expect different results." When we switch it up basically 180 degrees opposite of what they were doing, and stretch the good side, and dig on the side that's not painful, like for piriformis syndrome. One of the main treatments that physical therapists do is get a lacrosse ball or a tennis ball and roll on it to try to do a deep massage to the piriformis muscle, which is basically irritating something that's already irritated. "And you're digging on something that doesn't like to be dug on."

Dean: I have never found that to be very successful. But what I have found successful is putting the tennis ball on the side that's not painful, digging on it, and then coming back and assessing the painful side. People are shocked that it's not as tender.

David: Interesting. I want to go on to the theory here in a second, but how do people access you, by the way?

Dean: They can access me by email: dean@volkpt.com. Or, I am online on Facebook. You can join my Facebook group, which is the Sciatica and Piriformis Syndrome Relief Group. And then also my online business is called Sciatica Relief Now.

David: Okay, cool. I want to go into the theory. Let me jump into the theory. Is this at all similar to Feldenkrais-type concepts, where you're doing movements in a different part of the body? Is there Feldenkrais energy to this?

Dean: There really isn't. What's interesting is, the gentleman who developed it took so many similar courses to me. After I took the course, he and I sat down and talked. A lot of strain, counter-strain treatments that came from Lawrence Jones, I believe. He was a DO out in ... I think he was out in California. Where you're basically just trying to shorten up and relax muscle spindles to try to get them to relax. That's where you slowly move them back into place. It's really just a movement ... It's basically looking at the body in a whole different way for a physical therapist.

Say somebody had a frozen shoulder. Typically what we're told is that shoulder needs to be mobilized, and pulled, and stretched, because you've got to stretch out the scar tissue that's holding down that shoulder. When I get a frozen shoulder client in now, I don't even mess with their frozen shoulder. I look at all other parts of their body, get it moving, try to retrain the brain to go, "Hey, you know what? This is normal motion. This is normal motion." And after I've balanced out the rest of the body and moved the non-

painful shoulder, that frozen shoulder actually has significantly more movement and less pain in it.

David: I'm intrigued, honestly intrigued. I have a long-term piriformis syndrome myself. It comes and goes. I'm going to actually give you a call.

Dean: Awesome. I would be honored to help you out.

David: What I'd like to know is what is the theory behind the process? The frozen shoulder is a good example. Lots of people have had some painful shoulders. Just for the audience's sake, frozen shoulders, for reasons we don't always know—sometimes it might be a viral infection—but the result is that the entire capsule ... and the capsule is the tissue that holds the joint together ... becomes inflamed and contracted, and just freezes.

Usually it lasts about 18 months. It almost always gets better, probably 95% of the time. It's incredibly painful. I've watched this for years, my entire practice. We know that it doesn't work to take people into surgery and manipulate the shoulder under an anesthesia, which is a disaster, because people come out way stiffer—which goes along with what you're saying right now.

And then of course there's long-term frozen shoulder therapy. I'm also convinced, just time seems to heal the site. What you are saying, is if I came to you with a frozen right shoulder, and went through your program, instead of 18 months of healing you think you could cut that down?

Dean: The patients who I've seen with frozen shoulder have had it for anywhere from 12 to 24 months, going from manipulation, to injection, to normal physical therapy. The one gentleman who just pops into my mind was a golfer, and his whole goal was to just get back on the golf course.

He could do a half a backswing, and it would be painful; he could hit the ball, but could not follow through at all with what you need for golf. He heard about me from a massage therapist. He literally came into the office and as he was filling out paperwork, I walked up and introduced myself, and I said, "Let's see you lift your arm." While he was filling out his paperwork, he literally had about a 45 degree angle. I said, "How long has this been going on?" He said, "It's been well over a year. I've had injection, I've had this, I've had therapy. I've exhausted everything."

As he was standing there I said, "Let's try something." I literally had him put his paperwork down before he ever signed anything, took his good arm. He did two sets of 25 arm lifts on his good arm. That's all I had him do. I said, "Just out of curiosity, now what happens to your other arm?" And his arm went to about 100 degree angle. He goes, "It hasn't been that high in a year and a half. How did you do that?" And I said, "Fill out the rest of your paperwork, and we'll get you back and get you going." And within two weeks, he was playing golf, and ecstatic that his shoulder was moving, and he was in so little pain comparatively speaking.

David: It's intriguing. What's the theory behind this? The left shoulder's frozen, you're moving the right one. Obviously, there's some neurological stuff going on there. What's the theory behind this?

Dean: I wish I could explain it to you in medical terms. I like keeping it simple. Basically I look at it as you're retraining the brain. As a matter of fact, they just did a study ... I forgot how many fractured wrist clients they had ... that 50% of the clients, they would take them through physical therapy on their good wrist, with range of motion and strengthening exercises. The other 50%, they didn't do any physical therapy, just because you typically don't when you're in a cast.

When they took the cast off everybody, I believe the average was a 50% increase in range of motion and strength compared to their non-affected side, in those who did the exercises compared to those who had no exercises. There's a component of a neuromuscular integration somehow with the opposite side. I wish I knew how to explain it any better or more simple than that. But by moving what's loose, comfortable, and less restricted, the body relaxes, it doesn't sense a threat, and the pain response is significantly less.

David: I'm embarrassed that I don't know enough neuroscience. Okay, you have right side, left side, you have the shoulder. Obviously the pain impulses from the shoulder go to a certain area of the brain. I guess I'm just wondering, do the right and left shoulder go to the similar part of the brain? I don't know the answer to that question.

Dean: I don't know off the top of my head. But what's interesting is, I can have people do sit to stand exercises for a shoulder problem, and you can get the same results. It depends on where the imbalance is in the body.

David: Right. Interesting. You also do group sessions, also?

Dean: I have done some group sessions online with my Facebook group, yes.

David: Okay. With people that have similar diagnoses, or how do you organize a group?

Dean: Well online, basically it's with my sciatica or piriformis syndrome clients. All we do is we get on a Zoom call like this. It looks like the Brady Bunch. We have anywhere from nine to 15 people. I just basically just talk through some principles, and then I take volunteers. Who's dealing with what? Somebody will come on and ask a question, and I'll run them through a couple exercises while everybody else watches, and can participate, because basically they are real simple exercises. It's not rocket science.

Telling people to trunk rotate to the right, trunk rotate to the left, is pretty easy, and then decide which way does your body like more? Which way is more comfortable? Which way doesn't aggravate? That's the side you choose, and that's the side you exercise to. And when you're done, assess to see if it helped the side that was more restricted. And then the big test is, hey, let's see if it had an effect on your symptoms.

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David: This piriformis syndrome I have has been with me a couple years. I also have severe arthritis in my hips. When I go to the gym and work out, I'm working out the rest of my body besides that spot. I almost always walk out of there without too much pain. It sounds a little similar to what you're doing also.

Dean: Exactly.

David: Okay, I like it. I also want to remind the audience that there are three parts to solving pain. The first one is understanding the problem. If you're one of those people that doesn't respond to Dean's approach, which I think is intriguing, remember pain gets memorized in the brain. The circuits go to that part of the brain, and like riding a bicycle, you can't get rid of them.

The reprogram is intriguing, because that's the whole essence of the solution, is that you can't get rid of the pain circuits, but you reprogram around them. I'm just thinking out loud here, it could be one of the essences of the situation. Anyway, the three parts you get rid of chronic pain is you become aware of the problem, become aware of the nature of chronic pain, and accept that it's a neurological issue.

By the way, the definition of chronic pain is that an embedded circuit becomes associated with more and more life events, and the memory can't be erased. We also know that in about six to 12 months after you have back pain, for instance, they show that the pain becomes chronic. Within six to 12 months, the pain centers actually go dormant in the brain, and they get stuck in the emotional centers. So you have the same pain, but a different driver.

Again, you can't get rid of these circuits, but you can work around them. I'm thinking out loud here as far as the reprogramming process, it's very interesting. The second part in handling chronic pain besides awareness is treating every relevant aspect at the same time. If you only sleep three to five hours a night, and you get some benefit that's great. We also know that lack of sleep actually induces chronic pain. There are medications and all sorts of other things that influence pain, when I speak around the world, I emphasize my message that everything works to some degree in chronic pain, but for standard relief, nothing works in isolation.

For instance, if you say, "Well, I tried Dean's approach and it didn't work," well guess what, if you were sleeping better, maybe it would. Then the final step in handling chronic pain is to take back control. You find out if an approach works or doesn't work for you. If something like what Dean's offering works for you, great. If not, that's fine too. But what people do ... and I did this when I was in chronic pain myself ... is become epiphany addicts, or put another way, "We're looking for that one solution to solve the pain." Chronic pain will always require a multi-pronged approach. Again, everything works a little bit in chronic pain, but nothing works in isolation. So there's always that combined customized approach that solves the problem.

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I'm very intrigued by Dean's approach using Total Motion Release, and I think it makes a lot of sense. When we talked before, I didn't quite understand what you were saying. Now I think I understand it much better.

Dean: You can reach me at info@sciaticareliefnw.net. On the Facebook, my Facebook group is Sciatica and Piriformis Syndrome Relief Group. And the online business is Sciaticareliefnw.net. And you can find information about me, about what I offer, through any one of those means.

David: We'll also put the information up on our podcast announcement, so you can find his resources there. I'm intrigued, I like this, and I am going to call you.

Dean: I will answer.

David: Obviously, no downside to this, and potentially a tremendous upside. I'm very pleased to understand your process. So thanks, appreciate your time.

Dean: Thank you very much for having me on. I appreciate it greatly.

Tom: Well Dean, I want to thank you for being a guest on the show, and giving us a fascinating overview of your Total Motion Release approach to treating pain and various conditions. I want to remind our listeners to be back next week for another episode of Back in Control Radio with Dr. David Hanscom.

Note: The original transcript of this episode of Back in Control Radio with Dr. David Hanscom has been edited for readability.