

This week marks the 13th anniversary of my first McKenzie course. I would bet that your first thought would be "why remember something so seemingly trivial - it was just a course"! But in our lives, we remember moments in time that shaped us and our perspective on the world. That four days in February 1994 was one such weekend. What made it so? In the span of four days I was presented with a large volume of research - that contradicted much of what I'd been taught in school. This was, at first, unsettling - but the "scientist" in me decided that you can't simply discount the literature and that if it was all about "being a better PT" then I better sit down and do some homework to understand how all these issues fit together. It pushed my "comfort zone" ... and started me down a path that changed not only my career but my personal life perspective as well.

By the end of March 1998, I had completed the Diploma program - the highest level of training in the McKenzie method. But that was only the start of "thinking about mechanical diagnosis and therapy". It redefined my perception of my role in patient care - from "fixer" to "mentor", from "healer" to "educator". Now, I am convinced that this MDT stuff really is much bigger than perhaps McKenzie ever realized.

Why so? Let's start with the history of the method. The McKenzie Method of Mechanical Diagnosis and Therapy as developed by Robin McKenzie, a physiotherapist from New Zealand. In 1981, McKenzie published his first text - on the lumbar spine - after about 25 years of clinical observation. Everyone thought that McKenzie's method was just about the "discs" and that by "doing the McKenzie protocol" you were "fixing a disc problem". Then the cervical spine text was released in 1990 - and although the cervical disc doesn't look like the lumbar disc (and doesn't function in quite the same fashion), lo and behold, the mechanical principles held true. But here's where the plot thickens.

In 2000, McKenzie released his extremities text. Yes, all of the same mechanical principles - applied to the extremity joints. And the rules held true in the clinic. Understanding the mechanical behavior of the system - and the application of mechanical loading to do so - is applicable and pertinent to any and all musculoskeletal problems. This challenges the "status quo" significantly and stands to alter the way we as clinicians see our role in treating orthopaedic problems.

The researchers have been left to better understand the dynamics of it all - while the clinicians have simply gone about their ways and guided patients in their self-care.

I don't think that we've seen the end though. And this is where I think we may be barely scratching the surface of what I will call "systemic mechanical diagnosis". McKenzie's methodology utilizes mechanical loading - and symptom response - to better understand the dynamics of the musculoskeletal system. Could we not consider ANY type of loading strategy - and the associated symptom response?

Consider the many different branches of medicine - urology, orthopaedics, gastroenterology to name but a few. When we get down to the basic principles of assessment, are we not simply using some type of loading strategy, be it mechanical dynamics, fluid dynamics, or thermodynamics? Could we not utilize McKenzie's standardized terminology to assess response to these dynamics? And finally - could this information be utilized to provide more effective strategies for the care of the patient - and provide them with better strategies for self-care?

I would propose that "stimulus-response" combined with a good understanding of the principles of physiology and physics can indeed allow us to "think outside of the box" to develop "wellness-based" initiatives instead of traditional "illness-based" approaches. Perhaps McKenzie envisioned something far beyond the world of orthopedics - but has yet to fully realize it's true and broad-ranging potential and impact on the world of both health care - and wellness.

I look forward to watching it evolve ... further further further ...

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