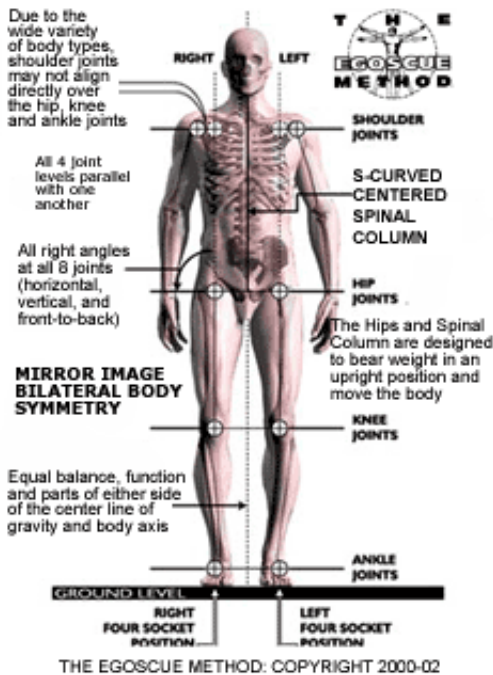


## The Egoscue Method Therapy (Synopsis)

The Egoscue Method is an approach to therapeutic exercises that is based on fundamental anatomical, physiological and biomechanical principles. By using the blueprint of the human body as a guide, the goal of the Method is to bring about a state of muscular balance and internal homeostasis to the individual. It is not a form of treatment that seeks short term, symptomatic relief. A patient's symptoms do not dictate an instant formula for treatment, but instead provide a beginning frame of reference based on each individual's unique limitation. Our primary objective applies to everyone we treat and that is to remove the person's structural dysfunction.



The "blueprint" we speak of is one that is familiar to all health professionals—the standing normal anatomical position. In the sagittal plane, the axis of the hip, knee and ankle joints are directly aligned. The head sits evenly between the shoulders and the hips are level. In the coronal plane, the mastoid process should sit directly over the shoulder joint; the shoulder, hip, knee and ankle joints should be vertically aligned. In the transverse plane, there should be no rotation of the torso on a fixed pelvis. There should be no rotation of the humerus, femurs or shank outside what is considered appropriate in the literature.

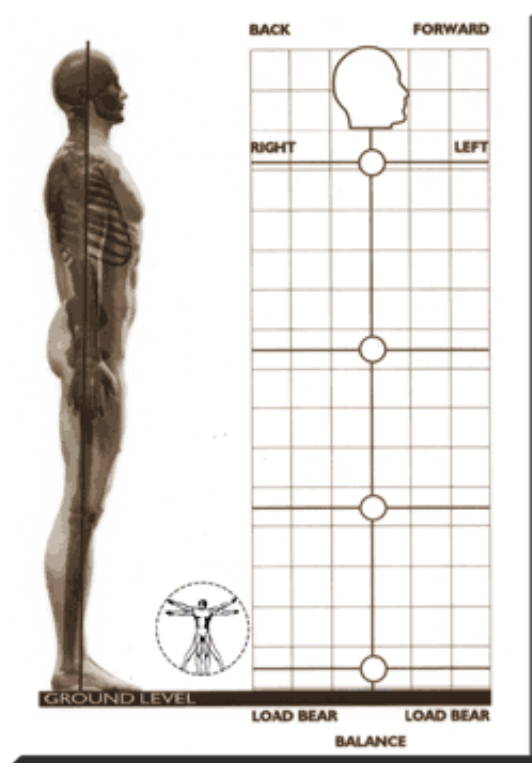
An individual whose body deviates from this design must do so for a reason. That reason is, (in cases not involving past trauma), a muscular imbalance in strength and/or flexibility. Standing posture, for the sake of argument is a static position. It provides essential information to the therapist in predicting what the body will do dynamically. These predictions can be confirmed and often reinforced by observing the patient's gait.

Because postural and structural changes occur over time, the length-tension relationship of the muscles is part of that change. Also occurring as a part of that change is atrophy of the unstimulated muscles and compensation by other muscles and muscle groups. These postural changes then begin to directly impact joint mechanics.

The impact of postural changes affects individuals in different ways and at different rates. A person's age, activity level, occupation and weight are just some of the factors that will help determine where and to what extent a person will be affected anatomically. What is certain is that a given individual is highly susceptible to specific symptoms. The process begins with an alteration of normal joint mechanics. This alteration, or compensation, leads to a decrease in performance. That decrease in performance could be expressed in the way you deliver a curve ball to a person having difficulty rising from a chair. Often these changes go unnoticed because the body unknowingly avoids the pain stimulus or the extra muscular demand. The mechanical changes eventually manifest themselves into a variety of pathologies and disorders if allowed to continue. These can include, but are not limited to, inflammatory responses to overstressed tendons and bursa, non-congruency of joints surfaces, unequal loading of the intervertebral discs, laxity of ligaments, muscle pain and ischemia.

These problems are not limited to the musculoskeletal system. As the foundation of the body is removed from its most efficiently functioning position, the nervous, circulatory, respiratory and digestive systems can all be affected. The internal organs can become misarranged or compressed, neural pathways are disrupted or impinged and venous and arterial blood flow can be compromised. Any one or a combination of these scenarios can contribute to a multitude of medical problems.

When The Egoscue Method is presented with a symptomatic patient, our initial assessment is markedly different than that of an orthopedist or physical therapist. Conventional procedure would entail evaluation of exactly which structures are involved and then developments of a plan to provide symptomatic relief through all available modalities (i.e. drugs, electric stimulation, therapeutic exercise, massage, etc.) Then a plan for rehabilitation would focus specifically on the affected area and, if applicable, the joints above and below. Our assessment is to ignore the symptom as it relates to the cause of the pain. As mentioned previously, the symptom never dictates our approach to therapy but it instead a temporary limitation. The body is a highly integrated structure. By focusing on an area of pain or abnormality (i.e. edema, muscle tension), we are ignoring the rest of the factors in a very large equation. The compensation that has occurred as a result of the individual's dysfunction has appeared as a symptom in another area of the body. It is possible that the cause of a particular symptom is a structural/mechanical problem on the other side of the body.



As well as being a highly integrated structure, the body has a tremendous capacity for self-healing. To effectively facilitate that healing, we must first remove the noxious stimulus that has disrupted normal function. This is a major premise of The Egoscue Method.

An individual who has experienced either some sort of trauma or who has had surgery or both is not beyond benefit from The Egoscue Method. This individual has had some external dysfunction placed upon their existing dysfunction. The combinations of the layers of dysfunction can seriously impede the healing process. Cases in which surgery is performed to accommodate a chronic symptom will have the same outcome as therapy performed with the same goal. It will not impact the cause of the symptom and therefore the symptom will return. Traditional rehabilitation following trauma or surgery following trauma is often much slower than expected and both patient and doctor are unhappy with the recovery. This is because although the trauma created the symptom, or accelerated its appearance, the body's structural/mechanical dysfunction will not allow it to heal optimally.

The noxious stimulus is never removed. Even if a person has been physically altered due to surgery or trauma, the rest of the body is not relieved of its responsibility to execute its function. A body that lacks one of its components (i.e. meniscus, fused vertebrae), now more than ever needs the rest of the body to function as efficiently as possible to minimize the deficiency imposed upon it.

We must then return to our "blueprint". The individual is visually evaluated with the aid of a plumb line and background grid. The therapist who is highly trained to recognize structural and mechanical deviations of the body as a whole and does so with the use of diagnostic machines or specific manual muscle tests. Based on the patient's self reported history and the therapist's observations, a series of functional demand exercises are developed. These exercises are designed to address the muscular imbalances and dysfunction leading to this individual's structural deviations.

The exercises emphasize the deeper muscles of the axial skeleton and pelvis as well as the more superficial muscles. They require no special equipment and are designed to strengthen the body functionally. Our primary source of resistance is the person's body weight and the force of gravity. The Egoscue Method's therapists do not administer "hands on" therapy. The patient is instructed in a series of personalized exercises and then is expected to continue them on their own at home. Modifications are readily made whenever necessary. The home program prevents the patient from developing a dependency on someone else while pursuing their own well being. Instead, they assume responsibility for their own health. This is another major premise of The Egoscue Method.



The exercises alone are not the sole determining factor in improving structural/mechanical function. There are three primary components:

1. The application of specific exercises to a given individual's dysfunction. We have a catalog of over 400 different exercises. Only those exercises that apply to that individual will be of benefit.
2. The sequencing of the exercises within a given routine is critical. Each therapy session has a given objective. That objective can only be reached through a properly designed menu. The exercises must be sequenced such that one exercise prepares the body for the next and that a successive exercise does not negate a prior exercise.
3. The exercises are performed for an average of seven days. At this point we re-evaluate the patient and redesign the routine accordingly. Often the exercises are of low demand and as the neuromuscular efficiency improves, the exercises become less effective. Therefore, the body must be put under an increased or varied demand to adjust to the changes that has occurred as a result of the prior routine. This provides the means to continued progress. Patients on the average are seen once a week for eight weeks.

The therapists at The Egoscue Method have a minimum of a bachelor's degree in one of the Exercise Science fields. Their training is overseen by the Board of Directors at The Egoscue Method and by seasoned therapists. Training consists of observation, exercise execution, philosophy and execution of the Method.

The Egoscue Method has had enormous success in helping people overcome their physical ailments. It is a technique that is attractive to many people because it is a common sense approach to the human body. The individual can see and feel the physical changes that take place as a result of their efforts. Associated with that is an increased feeling of confidence that accompanies the improved health that he or she is responsible for. A major concern of health care today is that of reduced costs and prevention. Therapy requires no special equipment or dependency on anyone other than you. Because we do not treat the symptom, but instead look to restore optimum function to the body, the implications toward prevention are obvious and very serious.