

## Out of Alignment

Adjusting off-kilter pelvic bone eases a lot of pain

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VANCOUVER - I have found myself in a lot of compromising positions in the interest of column research, but never before have I been laid out flat on my back in the middle of a room full of strangers, all eyes trained on my pelvic bones across which a carpenter's level is balancing.

Not balancing well, mind you. The darn thing is tilted right, as indicated by the bubble vial. Which could mean only one thing. I'm malaligned.

The doctor presiding over this eccentric little demonstration could not have been less alarmed by its result. Indeed, this was undoubtedly his point in selecting your servant as his lab rat. I had come merely to observe his technique and write about it, but he knew that there was every possibility I'd be lopsided in the pelvis department. Most people, it seems, are.

"About 80 per cent of us are out of alignment," says Dr. Wolf Schamberger, a specialist in physical medicine and rehabilitation at Burnaby Hospital, where he counsels patients on how to detect and correct what he calls "the malalignment syndrome" -- the title of a book he wrote a few years ago.

He has partnered with physiotherapist Jan Boyd, who runs workshops and has produced instructional videos on the subject.

Boyd is the fit blond woman standing at the end of the exam table, marking small X's on the insides of my ankle bones with a blue pen. She removes the level from my hips and takes my hands, pulling me up to sitting. Then she asks me to lie back down while she holds my ankles together.

Unfortunately they have a mind of their own and one X lands about a centimetre above the other.

Short leg? Surgical error? I'm silently cursing the surgeon who operated on my hip a couple of years ago, but Boyd and Schamberger correct me.

Literally.

Using an extremely gentle technique for "recruiting and energizing" my leg and butt muscles (so gentle it's hard to imagine anything at all is happening) they realign my wayward pelvis to my aging spine in a jiffy.

They confirm their results by rerunning the sit-up test and rechecking the carpenter's level, then pronounce me good to go.

Frankly, I'm suspicious -- but only because I've logged too many miles on the no-pain-no-gain treadmill, Boyd suggests.



CREDIT: Mark van Manen, Vancouver Sun

NEEDS ADJUSTMENT: Physiotherapist Jan Boyd and Dr. Wolf Schamberger check the alignment of athlete Kirsten Saul in their Burnaby studio.

"People think their muscles aren't working unless they're sweating and panting," she says. "Forget that. That's the old thinking."

The new thinking, according to these practitioners, along with many of their colleagues, holds that the subtlest corrections can do the most good. Indeed, this is the principle that drives the "core strength" trend in its many current (and ancient) forms.

But Schamberger and Boyd have added what they believe is a crucial missing piece in the core puzzle: before we build strength we need to get the bones lined up.

Schamberger discovered this quite by accident 25 years ago. An elite runner with 39 marathons under his belt and several national wins, he was hobbled by heel pain that didn't respond to any traditional treatments.

Seven painful years later, an osteopath offered to take a look and, sizing him up with crude measuring tools -- much like the ones Schamberger used on me -- he found the doctor to be out of alignment.

The gentle, manual adjustment that followed solved the heel mystery: it was referred pain from irritated ligaments running between Schamberger's off-kilter pelvic bones and sacroiliac joint.

Which is not to say the simple adjustment solved his complex problem. Alignment is the easy part.

Staying aligned takes a daily, lifelong commitment to self-assessment, realignment and core-stabilizing exercises -- all components of the program Schamberger and Boyd teach in their workshops and take-home materials.

This won't sound at all radical to anyone versed in complementary or alternative treatment techniques, such as osteopathy, chiropractic and manual therapy.

What's unusual is to find a mainstream practitioner like Schamberger, who is also a clinical associate professor of rehab medicine at UBC, advocating the kind of treatment that is routinely overlooked, if not outright rejected, by the medical establishment.

"Malalignment is a major cause of problems that medicine continues to ignore," he tells me with some frustration. He admits he would not likely have stumbled upon it if it weren't for his own Achilles heel.

The osteopath who treated him not only got him back up and running, Schamberger says, but "opened my eyes to an area of abnormal biomechanics that has been my major interest in practice for the past 20 years.

"In retrospect I realize that I was looking at these injuries the same way that most medical doctors still do today -- treating an isolated knee or ankle or hip and ignoring the fact that (the injuries) may actually be caused by factors further up- or downstream."

Those who suffer the most severe effects of malalignment are often elite athletes, or former ones, like Schamberger.

#### COMMON IN ATHLETES

He can relate, and sympathize -- not only with their pain but their inability to perform at a high level.

"It's one of the most common problems we see in athletes," says Clyde Smith, physiotherapist and director of UBC's Allan McGavin Sports Medicine Centre in downtown Vancouver. Schamberger consults for the centre, and Smith has adopted some of the doctor's tests as a routine part of diagnosis -- though Smith uses a hockey stick instead of a level.

"We see it in runners, gymnasts, divers, paddlers, golfers," Smith says.

"If you're always swinging your club one way you're going to have a problem. When (PGA veteran) Vijay Singh practises, he takes as many swings on the left as the right -- that's how he stays in alignment.

"We all have to do that, whether we're kicking a ball or vacuuming the house."

"It's amazing what you can do for yourself to reverse the problem," says Schamberger, who runs shorter distances now, and always checks his alignment after cooling down. If his patients would only do the same, he says, he'd have fewer of them. And that's what he calls "good medicine."

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