

Fighting Back (Pain)

A PT dedicates her career to treating scoliosis.

By Douglas Smith

After practicing physical therapy for over thirty years, Beatriz Torres reluctantly retired in 2000 because of debilitating pain. She did not anticipate that the pain would turn her career in a new direction.

Torres developed scoliosis as a child, and underwent spinal fusion at age 19.

Before her surgery, Torres earned a physical therapy degree at the National University of Bogotá, Colombia. After recovery, she moved to the U.S. and found a job. But Torres experienced professional culture shock.

"I soon recognized that the training in North America was quite different from what we received in Colombia, which was based on European practice," Torres said. "In the U.S., we use a lot of equipment. But in Colombia, you stay with the patient and teach them manually how to move."

It was excellent training, she continued. "Most of my teachers were Germans or Scandinavians. I came here with a manual orientation that is ideal for what I practice now."

In the U.S., she worked in several hospitals, including a pain center. She also worked for a while in home care. "You can't use equipment in homes because the patients don't have it," she said.

"I learned from these patients and from my 24-hour patient—who is myself—that by making minimal changes in the environment at very low cost, you can control pain and dysfunction."

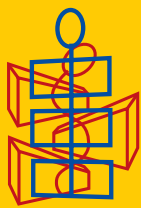
Gradually, Torres began to worry about her scoliosis.

"The pain problems started after my babies were born," she said. "I was carrying the baby around, doing ten tasks at a time. The pain was worse than before pregnancy. I wondered how I could be a good wife and mother, and how I could have a career."

In the hospital she would lift patients out of chairs and teach them how to get out of bed, Torres remembered. "It meant heavy lifting activities and constant bending. When walking in the halls, I'd be holding onto the wall, hoping nobody would notice."

She consulted doctors, physical therapists, yoga therapists and chiropractors, but none relieved her pain. Some even increased it. Finally, Torres discovered a European treatment known as the Schroth method.

"I spent one month at Dr. Manuel Rigo's Schroth clinic in Barcelona as a patient, but also as an apprentice in the system," said Torres.



Katharina Schroth's
three-dimensional scoliosis treatment

author Christa Lehnert-Schroth P.T.

Subsequently, Torres spent a few days in Bad Sobernheim, Germany, with Christa Lehnert-Schroth, PT. For 35 years until her retirement, Lehnert-Schroth had directed the scoliosis clinic originally founded by her mother, Katharina Schroth.

Torres perceived that her new German friend's experience treating more than 10,000 scoliosis patients had given her an intimate knowledge of guiding patients manually.

"She was very sensitive to minute, but specific, postural adjustments. There was a moment where she put her hand on my spine at T6, one of the rotated vertebrae, and said, 'Bea, all you have to do is this,' making a small movement. I followed, and poof, the pain disappeared."

The treatment experiences in Europe were a revelation for Torres. "I decided that I was going to dedicate the rest of my career to treating scoliosis, kyphosis and related spine conditions," she says. "I knew that if it worked for me, it would work for a lot of people."

She has now been treating scoliosis patients for five years in private practice, and has returned annually to Germany to learn from Christa Lehnert-Schroth.

Many of Torres' scoliosis patients are adults, often women approaching menopause and experiencing pain. She finds that she can usually give them pain relief.

In her evaluations, Torres asks at what time of day patients experience pain, and what they are doing at the time. Often they say, "I have pain when driving my car."

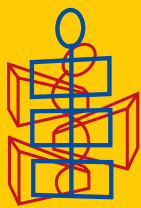
So she goes outside to inspect the wear and depressions on the driver's seat of her patient's car, and can usually offer some solutions.

A petite driver may sink into the seat. In this case, the solution may be a foam wedge under the buttocks to tilt the pelvis forward. Another device is a little cushion about the size of a postcard, filled with grain or rice, to be placed under the buttock that has less muscle tone. Both are standard tools of the Schroth method.

The patient must learn awareness. "As soon as I, the patient, feel discomfort, I must acknowledge it and shift, do the counter-contraction, and de-rotate," explained Torres.

"It is equally important to maintain the corrected posture," she added. "The scoliosis patient has to remain continuously on guard against reverting to her malposture."

In her own case, Torres performs Schroth exercises several times a week. One is the so-called "muscle cylinder," which opens and strengthens the concave lumbar area. She transfers weight to her right (weak), thoracic concave side while abducting the left leg. She holds strong bands as a still point, allowing the thoracic spine to derotate.



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The "muscle cylinder", one of the key Schroth exercises. Arrows on the shirt indicate directions of elongation and shifts that the patients must strive for.

Linda Weitzel, PT, a physical therapist at Southwest General Health Center in Middleburg Heights, OH, recently invited Torres to conduct a study group on scoliosis treatment for the hospital's PT staff. Torres demonstrated European techniques, including Schroth.

"She had such passion and enthusiasm for the subject," Weitzel said. "We were also impressed with her demonstration of her techniques on herself. I was impressed with her ability to walk tall and effortlessly in spite of her scoliosis."

Weeks after the presentation, Weitzel has discovered that some Schroth concepts have broader application. "I not only use this with scoliosis patients," she said, "but can use the techniques with patients who have other types of spinal dysfunction. Most patients with spinal problems have postural asymmetry due to muscle imbalance."

"Today I treated a patient with multiple sclerosis, whose goal was to sit upright without slumping. I had her hold

onto long poles—a Schroth exercise aid—for her to use to elongate her trunk and bring herself into midline. She was then able to sit upright in an anterior pelvic tilt."

Weitzel has noticed the effect of Schroth exercises and awareness in her own case of scoliosis. "I practice techniques when sitting, walking and standing. I modify my usual exercise routine, remembering the principles so I don't 'fall back' into my scoliosis posture. When I do this, I feel like I've grown a couple of inches."

She confirms the method's efficacy for herself. "I'm confident that I can grow older with better posture, more lung capacity, and less pain, and that it will stop progression of my curve."

Torres concluded, "In finding this method I was given a gift, and it is very rewarding to pass it on to my patients."

References:

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