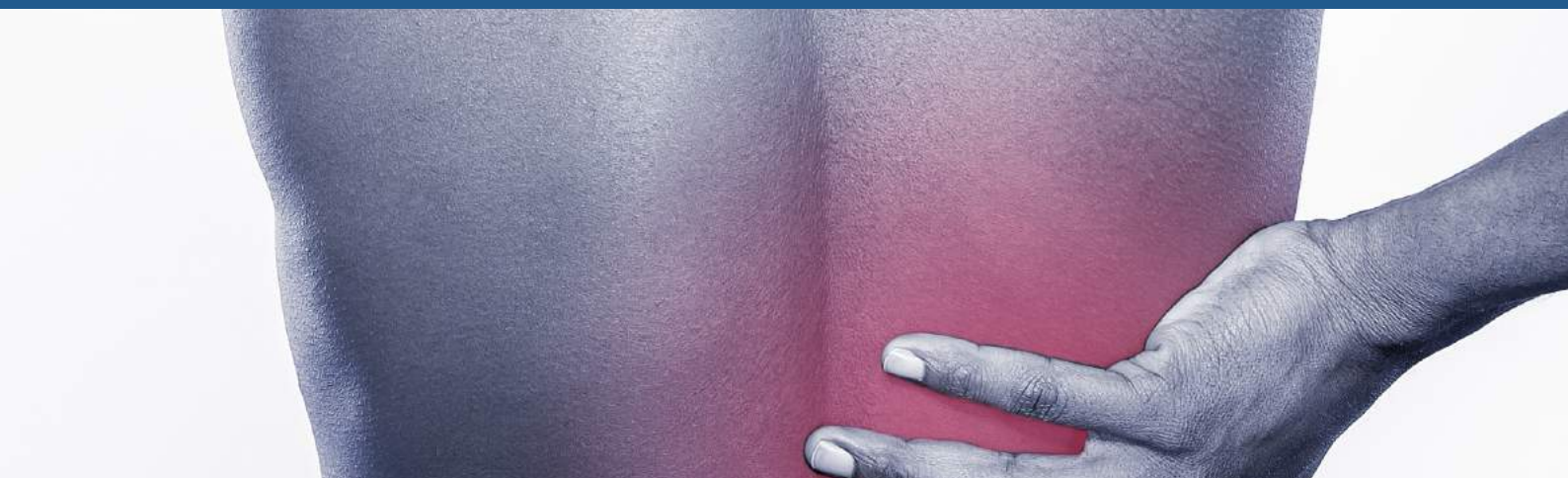




3 SECRETS YOU MUST KNOW TO

RELIEVE YOUR CHRONIC PAIN



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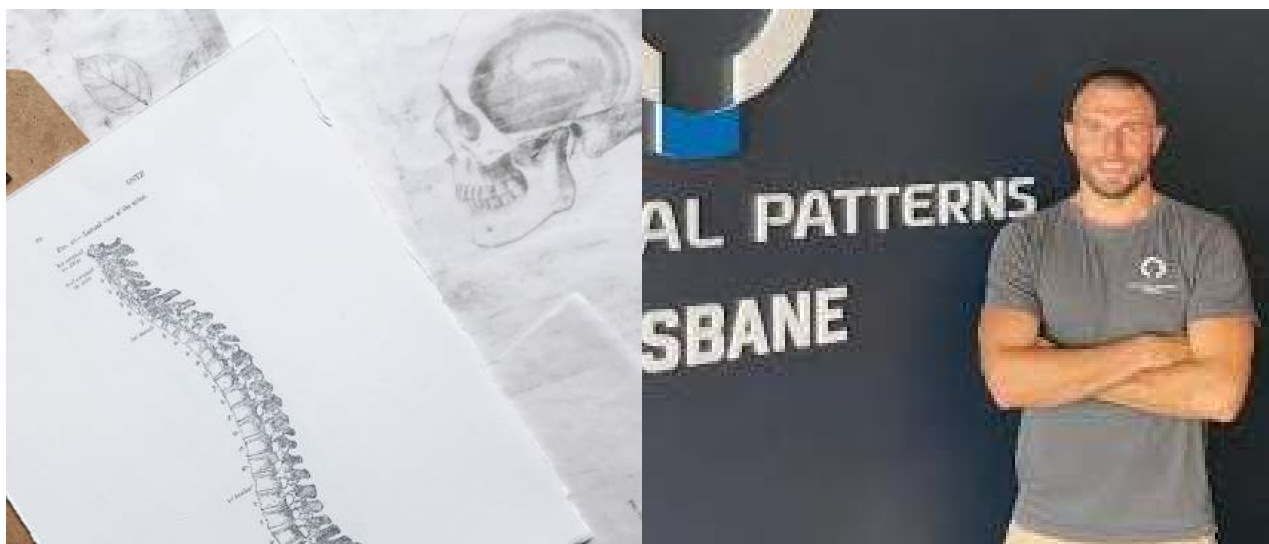
Just breathe through it... take some panadol, do more yoga, exercise more, the pain is all in your head.... The invisible illness comes with countless invisible slaps to the face.

You would do anything for a day without pain, chronic exhaustion and the battle to do the simple things like get out of bed in the morning.

SO, WHY TRUST THIS ADVICE?

Louis Ellery is a top tier chronic pain consultant. What started as a career in physiotherapy morphed into something much greater as Louis realised he was not able to REALLY help his clients with any of the current practices that he, or his fellow medical professionals, could provide. After playing semi-professional cricket overseas, becoming the travelling physiotherapist for a number of high-level sports teams and then running into a world of chronic pain himself, Louis found himself in Hawaii studying Functional Patterns under the the teaching of Naudi Aguilar. His first step - to completely cure himself of his 'unfixable' list of injuries and get out of pain for good. Fast forward just 1 year and with the help of Functional Patterns, Louis had done exactly that. His next step - educate and help as many other people he possibly could on how to liberate themselves from the dark grasps of chronic pain as he had.

You are about to learn everything Louis spent years learning, in a nutshell. At the very least, this short read will educate you on where exactly to start your journey and clear your head around a number of common misconceptions around your pain. Let's get started!



How to quickly identify the cause of your chronic pain

You walk into yet another clinic to see yet another specialist for yet another opinion. They ask you to strip down a bit and stand still. They take a look before getting you to lay down in order to examine you some more.

Riddle me this... if your pain is a result of dysfunctional biomechanics, fascial adhesions and postural adaptations, wouldn't the best way to identify the problem be to assess these very things in action? Bear with me here.

If the most primal and basic human motion is running, wouldn't your problems be on open display if you were to try to run? If you could run like Usain Bolt, jump like LeBron James, punch like Muhammad Ali and kick a ball like Ronaldo - would you still be in the same amount of pain? The answer will almost exclusively be no.

You might say "Yes, but many professional athletes find themselves injured all of the time"... and you wouldn't be wrong. In our experience, injuries in professional athletes are often a result of how they train and their rehabilitation practices. We aren't trying to copy how they train; millions of athletes and average joe's alike try that at the gym and sports ground every year. If moving that well was that easy then we'd all be able to sprint to work and backflip our way out of chronic pain. Again, we're not trying to copy how they train: we're trying to copy HOW THEY MOVE.

Having your gait cycle (your run) analysed quickly shines a light on where your adhesions are. Certain points of your body drop down too far upon impact, other parts are stiff and immobile, curves in the spine become more apparent and failure to rotate at certain points becomes incredibly clear.

If someone were to then deconstruct the weak or dysfunctional points of your run, and construct these into bite sized, corrective exercises, what would happen to your structure? If you paired this with the release of your adhesions... what would happen to your pain?



TOP 5 EXERCISES FOR CHRONIC PAIN SUFFERERS FROM A PHYSIOTHERAPIST AND BIOMECHANICS CONSULTANT

Before we delve into the most common causes of chronic pain, let's address the age old question off the cuff - should you exercise through chronic pain?

It is pretty much impossible, unless you are a highly trained specialist, to know whether the pain you are feeling during movement is helping or hindering. Yes, exercise will help you beyond measure, but only if it is the correct exercise.

For most people suffering from chronic pain, the best cause of action is to begin with deep tissue release around some key points while taking a break from exercise. Do you own a cricket ball? A lacrosse ball? A PVC pipe? If so - great! If not, it will be one of your best investments. What you are going to be doing is called Myofascial release (in which we will refer to as Myo). It is the best and fastest way to release tissue that has hardened or become restricted due to your structural dysfunctions.

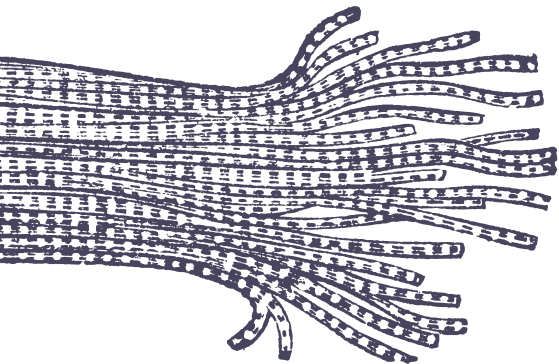


Massage is great for blood flow and pain relief.. But nothing works like myo. Why? In an attempt to keep the science jargon concise - Fibrous adhesions form when fascial adhesions (fascia is something to google when you get a chance) develop in response to injury, disease, inactivity, or inflammation and are painful, decrease soft-tissue extensibility, and prevent normal muscle mechanics.

What too often happens is that your pain spirals out of control because you have one underlying issue which causes fibrous adhesions to form which then cause more pain, inflammation and inactivity. This cycle repeats and worsens until the adhesions are broken up and the underlying issue/s are found and corrected. Whether you are aware of your underlying issues or not, certain myo techniques will help you.

This is great news because it is often Myo that relieves pain right off the bat. So - What myo techniques should I begin with? Should I stretch?

HOW TO PERFORM AT-HOME-TECHNIQUES FOR PAIN RELIEF THAT ACTUALLY WORK



Many times dysfunctional areas of fascia are referred to as knots, ropes, gristle, adhesions, and scar tissue. There aren't actually knots and ropes under your skin. Instead, what we have is mal-alignment of tissue due to trauma and injury, poor motor patterns, and emotional distress. Releasing these tissues is simply creating a biochemical and mechanical change that will give us an opportunity to create more efficient movement patterns in the future.

While it is difficult to show you how to self-release at home in an e-book, I will describe the technique do's and don'ts and where you can find good information on the internet.

#1 - Myo should not include stretching.

Many videos, articles or innate urges you come across may include traditional stretching. The reason this is counterintuitive is because over stretching or loose, flaccid tissue is a major contributor for myofascial dysfunctions. 'Mal-alignment of tissue' most often occurs as the result of your fascia being 'loose' enough to mis-align in the first place. The long term solution to this problem is to realign the tissues and create tension in them so that they stay in proper formation.



Stretching while performing the techniques is therefore going to halt your progress all together. As you will learn, myo can be quite painful so the last thing you want is for it to be done in vain.

#2 - Myo should generally 'hurt'

Breaking down your hardened, mis-aligned balls of fascia will generally be painful. In many cases, easing into the most tender areas will yield the best results. The pain you feel should be generally achey in nature and never like lightning.



HOW TO PERFORM AT-HOME-TECHNIQUES FOR PAIN RELIEF THAT ACTUALLY WORK

#3 - Myo should be between 90 seconds to 2 minutes per 'spot.'

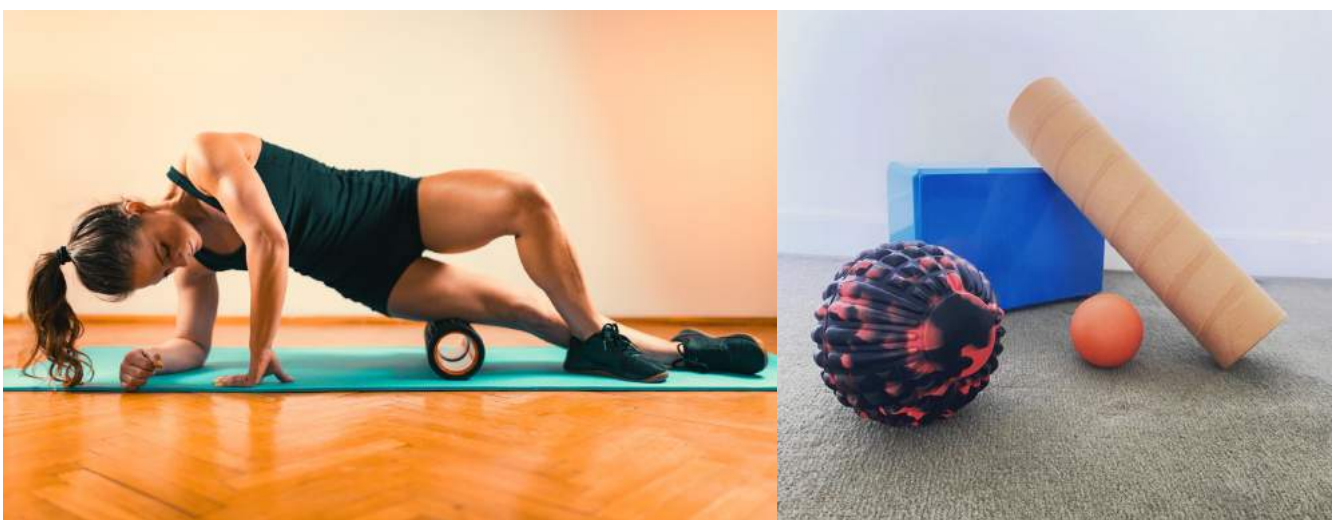
There is this magical feeling in myo called the 'release.' It is the moment where the pain suddenly subsides, perhaps you'll also feel some twitching as the muscle fights you till the bitter end. Once the tissues release under the blunt force, you'll feel them soften and the localised pain will disappear. This is generally around the 90-120 second mark. If you have not felt a release by this point, give that spot a break and come back to it a bit later.

#4 - You don't need any fancy contraptions or another person to help

Myo is fantastically easy with no physical exertion or a helping hand required. All you really need to do is lay on a pipe or ball on the areas that hurt for just over a minute. It truly is quite simple.

The best tools you can use are a PVC pipe and a lacrosse or tennis ball. There are a couple of other useful tools as well. I'll put a picture of my MFR kits here so you can get some inspo or purchase one to save the hassle of accumulating all of the items you'll need. Email me at brisbane@functionalpatterns.com and I'll send you one heavily discounted.

As you can see, this technique is different to general 'rolling out' and therefore most conventional tools are too soft or the wrong shape/size unfortunately.



WHY GETTING TOLD TO 'JUST TAKE PANADOL' IS A REAL SLAP IN THE FACE

This statement pains me for a number of reasons. Firstly - adequate pain relief is a basic human right.

Secondly, being told to learn to live with the pain is a gross injustice for so many chronic pain sufferers that could indeed be helped massively or fixed completely.

You would be astounded at what our clinic has been able to successfully treat or assist with - advanced scoliosis, sciatica pain, immobility post back surgery, cerebral palsy, parkinson's disease, pain from disk herniation, pain from trauma, years of extreme back pain, chronic hip and joint pain.. You name it!

Most of our patients try EVERYTHING before finding us and are at the point of believing the lies that chronic pain is a life-long commitment. In our extensive experience, chronic pain almost always has a cause that can be linked to poor, dysfunctional biomechanics.



Chronic pain and lumbar spasm with basic hinging motions, to no pain with advanced dynamic exercise. Improved longitudinal decompression, scapula/neck positioning, more neutral pelvis and rib cage, better joint stacking -> PAIN FREE



Pain in her lower left side of back and hip, left quad soreness, neck pain from the sling worn for 7 weeks straight as a result of a left shoulder surgery that was in chronic pain pre and post surgery -> PAIN FREE

CAN YOU AVOID SURGERY AND LIVE PAIN FREE?

Many people who I treat, your fellow chronic pain sufferers, have come across the question of surgery at one point or another.

It is seen as the last resort for many with curved spines, chronic pain, sciatica, radiculopathies, and the list goes on... for a concerning amount of time.

Bends, curves, compressions & injuries can all be assisted without surgery.



Growing surgery lists show that more people are turning to the knife to help with their extreme ailments, and I certainly do not blame them.

It also shows that more and more people who could be treated without surgery are increasing the amount of time waited by those who genuinely need it. And it very well could be you who genuinely needs it.

A major goal of mine is to decrease the number of people who go through the traumatic and expensive process of surgery. Before it gets to that point, please look into Functional Patterns.

We are completely result driven professionals. Take a look at our before and afters before continuing down the dark path of either 'learning to live with your pain,' or undergoing surgery.

The above information may not be suitable to all conditions and you should consult with an FP specialist before undergoing self-treatment.