

# **McKenzie Newsletter Editorial**

Happy New Year and what a good way to start a new year with a bit of controversy. Louis Gifford has written two powerful articles criticising the McKenzie system. The main thrust being 'a belief built around 20 years of propaganda based on the disc derangement model....which has led to an unprecedented therapist fear of flexion'. A large section of this newsletter has been devoted to the debate that is currently taking place between Louis Gifford, Peter Ward and latterly Stephen May. It raises some very important issues for us all to consider and deliberate. Please turn to pages 5 -17 for the full story.

It has given me a lot of food for thought, some of which I wish to share in this editorial. I have heard Louis speak on several occasions and have benefited greatly especially in terms of my understanding of pain physiology and the value of 'graded exposure'. It would be an understatement to say that I was a little taken aback by the vehemence of his 'attack'. His criticism of an approach that has been my first and foremost principle of managing musculoskeletal problems, provoked in me a number of reactions, ranging from anger to anxiety.

My initial concern was that I was obviously living under an illusion. It was unlikely that I was helping any of my patients, especially if I was advocating the use of extension exercises. Although I thought that I was getting some excellent results with patients who have radicular symptoms, I was really causing untold damage to nerves, in addition to causing fear avoidance of flexion.

In the past on hearing Louis' thoughts on extension not being 'nerve friendly' and cases he reported of patients referred to him that had been treated with 'McKenzie extension' and ended up with worsening radiculopathy, I questioned my practice and its' efficacy. It took me a while to regain my confidence with patients with radicular symptoms who I felt had a directional preference to extension. Sending them off with new found trepidation to do their extension exercises. I was much relieved and delighted on their often dramatic reduction in symptoms with this 'nerve traumatising' exercise!

Undoubtedly there will be some patients who have inappropriately been given extension exercises and have been made worse. This may be due in part to those lacking experience and competence in the utilisation of the principles. (There are a fair number of physios who just attend parts A and B and feel that they know enough and do not need to complete the whole package). Some of these patients may well seek help elsewhere and may have turned up on Louis' doorstep. The majority however that have responded well to extension, won't need to go off and seek help elsewhere, so he won't get to see those. Unfortunately it is a fact that at times we do unfortunately make a few of our patients worse (as Louis himself owns up to).

This also works the other way round. I am sure that we have all seen patients who have had their nervous system mobilised to bad effect whilst a few extension exercises have resolved the 'ANT'.

Another concern for me was that Louis seemed to favour flexion exercises for a lot of his patients, whereas I definitely favoured extension. How could we both be right? Maybe not all patients that we think have a directional preference, have one and may respond to general movement, especially if we can take their fear of pain away. In respect of inducing fear of flexion, my practice has changed to address this issue, has yours?

Louis has often shown slides in the early days of his career of patients being put into contorted positions to assess the tension in their nervous system. This was used to demonstrate how his practice had changed and that he no longer goes to such extremes as it is now not deemed helpful. How many physios are still using some of those postures if they have not kept up to date with changes in practice, especially if they attended one of the early 'ANT' courses? Louis seems to be unconvinced that the way MDT is taught on the courses has changed since he was a student on a McKenzie course.

It is up to all of us to keep abreast of the changes, which are evident when reading the new extremity textbook. In addition the long awaited new edition of the Lumbar textbook is due out early this year. Although the philosophy remains the same, advance previews promise a textbook that has been brought up to date with a strong evidence base.

As clinicians it is important that we should continually review our practice and not be frightened to challenge ideas and the way we do things. We all have comfort zones and feel unhappy to be moved out of them, but often gain rewards when we do.

Let's try and use the principles of MDT and not seek recipes. If Robin had ignored the effect that extension had on Mr Smith and continued to do the same things that he had always done, where would we be now?

Read the debate reflect and act accordingly. Perhaps ask your self the following questions:

- Do you think that you help or hinder your patients using MDT?
- Do you make your patients fearful of flexion?
- Do you keep yourself as up to date as you can and adapt to change?

Perhaps I should return to my old ways pre-McKenzie and rescue the Pulsed Short-wave from the cupboard and get my knitting needles back out of retirement?! Enough from me, let's hear from you. Time to climb down from my soapbox and have some well needed liquid refreshment.

*Julie Shepherd*