

# Is the Site of Pain the Site of the Problem?

By Dr. Derek Conte

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A very pleasant woman of senior age came into the office recently complaining of intense pain from her low back and sacroiliac joints. Her exam showed significant weight imbalance when standing on bilateral scales, difficulty extending her legs to the rear without pain, and substantial loss of range of motion in the hips and sacroiliac joints. The leg lengths were grossly unequal in the prone and supine positions.

It would seem reasonable, even obvious, that the low back and the sacroiliac joints were the main problems. But continuing the exam we found pronounced postural distortion, head tilt, and head rotation to one side. Yet there was no complaint of any neck pain.

Upon palpation of the entire spine and pelvis, the only areas of pain were in the low back and sacroiliac joints. But there was a very palpable malposition of the patient's Atlas bone, the top bone in the spine holding up the base of the skull. That's why it is called "The Atlas".

The Atlas was clearly out of line yet touching it produced no pain. However, the Atlas is a very important bone, as it sets the attitude of the head and, if out of alignment, forces the entire spine to re-balance itself underneath. This produces compensations below that, over time, can cause global movement restrictions and increased wear-and-tear effects on far-away structures including shoulders, hips, knees, ankles and feet.

Think of balancing a broomstick in your palm. You watch the top of the broomstick but you make corrections to maintain its balance at the opposite end and never even glance at the handle of the broomstick.

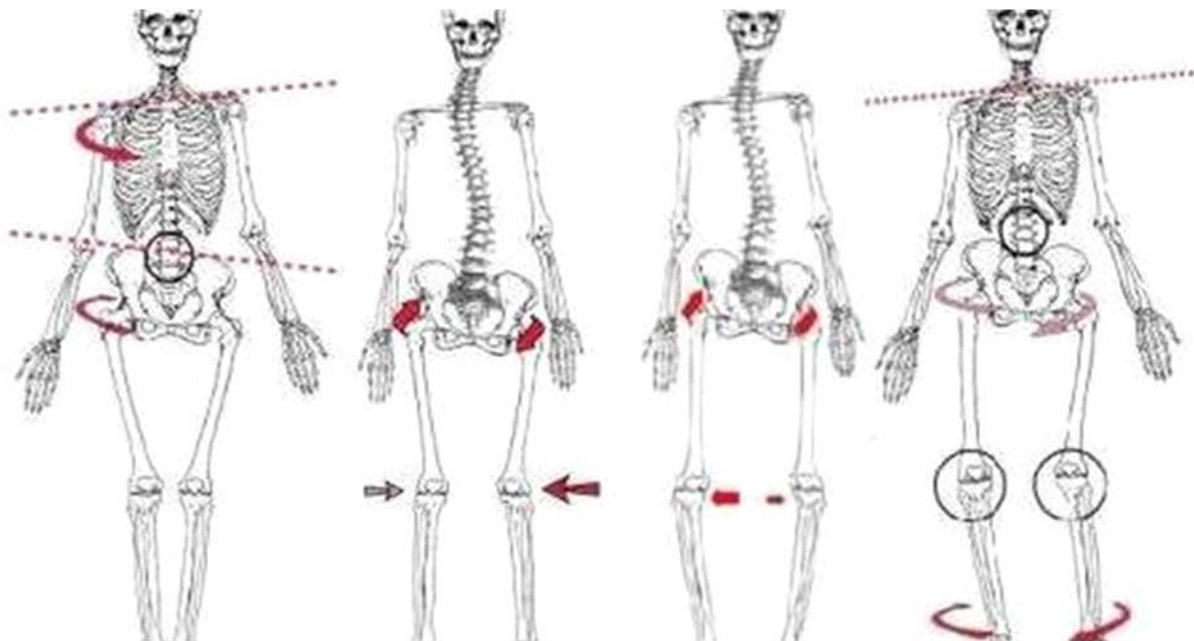
While the site of a patient's pain may truly BE the site of the problem, I find it not unusual that the key to restoring balance to the system is actually geographically far from the area of complaint.

The very first adjustment on this patient was done to the Atlas in the supine position (face-up) using gentle, sustained pressure applied by my third

finger. Just a few ounces of pressure were all that was needed. After a minute, I re-checked her leg length. They were perfectly even. I had her lay prone (face-down) and her legs were also now perfectly even.

Pressure applied to the low back and sacroiliac joints no longer produced any pain and her ability to extend her legs to the rear was normalized. As she walked around, she immediately felt relief. Her weight distribution had evened out as well. Her low back and sacroiliac joints were not adjusted that day.

It is important to pay attention to the WHOLE system and resist hasty judgment on the “apparent” cause of pain. Everything must be checked in the exam. Listening and really “seeing” the whole are vital.



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