MAKING
YOUR
BAD BACK
BETTER

with

THE O'CONNOR TECHNIQUE™
HOW YOU CAN BECOME YOUR OWN CHIROPRACTOR

by

William Thomas O'Connor, Jr., M.D.

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WARNING – DISCLAIMER

This book contains information and instructions intended to alleviate spinal pain originating in the intervertebral discs. Judicious and reasonable care was taken, in good faith, to insure that nothing intrinsically dangerous was advocated and that the techniques discussed were both safe and effective. Since *The O'Connor Technique*™ is a self-administered method, the performer creates, precipitates, and has the full and ultimate responsibility for its effect and consequences. It is impossible for the author, publisher, or anyone connected with the distribution of this book to individually diagnose, or exclude as a diagnosis, any and all dangerous conditions that may result in an allegation of personal injury or harm and/or predict every possible ramification from practicing this method; therefore, before reading or practicing the techniques in this book, the reader of this book or practitioner of this technique must agree to assume any and all liability for any potential, real or imagined harm or resultant damages brought on by acting upon the information.

Nothing in this book is intended to substitute for or supplant an accurate diagnosis or proper treatment by a qualified medical practitioner. Nothing said in this book should be interpreted to dissuade the reader from seeking appropriate medical care elsewhere for their own individual problem. Due to the complexity of the human condition, the reader is encouraged to seek qualified medical advice prior to initiating or acting upon any component of the methodology described in this book to insure that to do so would be without risk of further damage or harm. To further understand the bulk of considerations attendant with practicing *The O'Connor Technique*™ the reader is instructed to read the introduction and all elements pertinent to the reader's problem in their entirety prior to attempting any physical actions.

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INTRODUCTION

THE MAGIC REVEALED

The O'Connor Technique™ is based upon the understanding that the overwhelming majority of back pain originates from spinal mechanical problems in which disc material has been physically displaced. *The O'Connor Technique*™ describes a method in which back pain sufferers themselves can identify the nature of the problem, relocate the displaced disc material, and prevent it from dislocating again.

In orthopedic jargon, the book's entire principle can be condensed into a few, concise, instructions:

First, demonstrate that the acute, recurrent, or chronic spinal pain's etiology is referenced to a specific intervertebral disc herniation via a partially weight-bearing diagnostic circumduction maneuver. Then, manually reduce the herniation by executing, in sequence, a flexion-in-traction contralateral to the area of pain reference, therapeutically circumducting in traction to effect an extension-in-traction ipsilateral to the pain reference area without contracting the paraspinal musculature, and re-weight-bearing while maintaining hyperextension. Thereafter, preserve this reduction by assiduously avoiding active and passive weight-bearing flexion, maintaining extension, and selectively exercising to hypertrophy musculature so as to dynamically alter the weight-bearing load on the affected disc.

There you have it! If you are as knowledgeable as an orthopedist, the "magic" is revealed. If you can accomplish the above without further elaboration or explanation, then try it and see what happens. In my clinical experience, the overwhelming majority of back pain sufferers successfully accomplishing this will achieve recognizably dramatic relief immediately or, at least, much faster than any other existing back pain management program available to date.

If you find it difficult to understand the above instructions, then I suggest you read this book and learn how you can regain the lost enjoyment of your life by making your bad back better in simple, easy to understand language and illustrations.

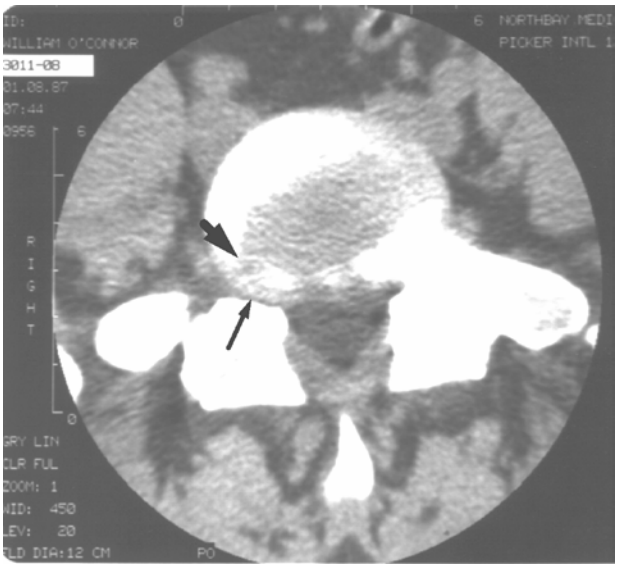
HOW THIS BOOK CAME INTO BEING

It could be that Nature's most efficient means of remedying a painful condition is to afflict a doctor with it. Speaking from experience, if I weren't a doctor, I might have been permanently disabled from my own "bad back," addicted to narcotic pain medicines, or have undergone a painful, dangerous surgery without any reasonable certainty that it would have solved my problem; and, ten years later, I statistically would have been no better off than not having had the surgery. Instead, I can lift heavy objects as well as most of my peers, play most sports, do physical labor, sleep comfortably, and I am not in constant, incessant, unrelenting, pain. Most people with "bad backs" would give almost anything to be able live that reality. In a sense, the development of *The O'Connor Technique*™ is more a personal triumph than an academic achievement because I can function for the most part without pain; and when pain occurs I can rapidly stop it. Retrospectively, this triumph is tinged with a paradoxical tragedy, in that, had I the knowledge I have now, years ago, when my back first started hurting, I sincerely believe I could have prevented the damage I have sustained through ignorance and significantly reduced the severity of the dreaded degenerative disc disease. However, this belief is predicated upon my assumption that I would have followed the appropriate advice if it had been presented to me.

It is difficult to prove whether I would have put forth the effort to sufficiently protect my back without first experiencing the grinding pain of a disc herniation. I believe I would have because I distinctly recall, in my teenage years, attempting to seek advice upon the best posture to prevent the discomfort I was already, by then, experiencing and can distinctly remember being told by nearly everyone:
"Keep your back straight," "Be sure to lift with your knees," "Don't rock back on your chair, sit up straight," etc. I did not, then, have the knowledge to understand that straightening the naturally extended curvature of the Lumbar spine is physiologically and anatomically disadvantageous, lifting with the knees is insufficient advice to prevent lifting damage, and rocking back in a chair actually helps unload the spine. Adhering to such traditional advice (as I did) served to aggravate the problem rather than alleviate it.

The triumph is that coming upon alternative knowledge, although late, has made my life much more pain-free and largely has prevented further damage and disability. This experience has at least convinced the skeptic in me that even the worst evil has a component of good. Since, had I not been stricken with this pain, I would not have been motivated to help eliminate this particular form of suffering.

I did not set out to write a treatise on back pain. The principle impetus for developing this technique came because I was in pain; and I discovered, to my dismay, that the pre-existing and currently widespread "state-of-the-art" back pain management methods were (and for the most part still are) woefully inadequate. I was forced by circumstance to self-apply the dictum: "Physician--Heal Thy Self." Having largely done so, in the writing of this book, I can share my hard-found ability to prevent pain and disability by educating people in the art of arresting back pain whenever and wherever it occurs, protecting, as well as strengthening their spines against future episodes.



The O'Connor Technique™ did not come suddenly in a burst of creative bathtub genius; rather, it is the product of a physician (myself) living with a radiographically defined disc herniation (See Figure 1, showing my actual CAT scan) for greater than ten years. I suffered debilitating pain after a flexion injury, was unable to gain any satisfactory answer as to the cause of the pain or a solution from my colleagues, and resorted to figuring out the problem myself by an intensive study of the spine and the existing available methods for reducing the pain.

In developing *The O'Connor Technique*™ and the mechanical solutions to back pain, I started from the basic anatomy and analyzed it as a mechanical problem rather than a medical one; then, through a combination of common sense, a study of what existing therapies were beneficial in myself, applied intellect, and good old-fashioned trial-and-error using my own back as an experimental model, I arrived at an elegantly simple, perfectly reasonable explanation of the source for what I discovered was a majority of spinal pain.

Working on myself, experimenting by seeing which techniques worked and which ones didn't, I was able to design and refine the most successful methods of putting my own disc back in place. Later, when I was certain that the effect was not a delusion, coincidence, or some serendipitous result from random activity, I began testing the method on nearly every patient that fit the criteria for a disc problem in my practice. I soon began to achieve very gratifying results in others. People were being helped immediately. They would come into the office bent over, in terrible pain, and nearly unable to move; then, they would leave walking upright without the pain. Carefully selecting patients with disc symptoms upon whom I could test the technique and very carefully using my technique to re-position their discs, I became convinced that this

constituted a novel approach to the management of back pain that was predominately successful. As the technique evolved, more and more people were getting beneficial results. If one technique didn't seem to work, I re-examined the problem and altered the technique so as to be able to fine tune it to focus upon the specific areas of pain in the back or neck. I studied what motions and movements were successful in my own back and neck then utilized them whenever patients complained of the same symptoms.

I was understandably anxious in the beginning, after all, the fear of harming people was so much a concern that, at first, I was reluctant to try it on anyone except those who were exhibiting the least symptoms with the lowest probability of having a complete disc protrusion. The subset of patients in whom any manipulation might create an increased chance of nerve damage were carefully screened out from these early trials.

Later, I developed the means to avoid any active manipulations on my part. I was able to limit the clinical activity to those motions that the patients could reasonably have accomplished themselves with normal exercise-type movements. This insured that I did not induce any harm that would not have otherwise reasonably been assumed to have been inevitably occasioned by a return to normal activity. After I convinced myself that so many people were being helped and none were being harmed, I began to use it as a therapeutic trial. Persons with back pain were quickly assessed to rule out a neurosurgical lesion, then they were directed through what are later described in the book as "MANEUVERS." If they got relief, they could be assumed to only have had a disc as the problem because that was the only anatomical area being changed through motion. It came to be so successful and non-traumatic that, if it didn't give nearly immediate relief, I then had evidence to conclude that the problem was probably not disc-related; and I looked for an alternative source of pathology. Since the pain was so easily remediable by this method, which only works on the discs, I also soon found that an extraordinarily high percentage of back pain was attributable to disc pathology.

In both a literal and figurative sense, I may have figured out the "combination" to a "lock" that has kept countless millions of people imprisoned in pain over the course of centuries. I make no apologies for the manner in which I arrived at this revelation. For a time, I was both the researcher and the principal human subject.

The use of a single patient by an enquiring mind to scientifically study the anatomical and physiological responses of humans is certainly not without precedent in the history of medical inquiry. William Beaumont, an obscure army surgeon, took advantage of a rare opportunity to pave the way for the present understanding of the gastric process. He treated a gunshot wounded patient in 1822; but the patient was left with a permanent exterior opening in his stomach. He conducted a long series of experiments which he assembled in his classic work *Experiments and Observations on the Gastric Juice and the Physiology of Digestion.*[i] His findings pertaining to digestion made a great contribution to medical science and are just as valid and relevant now as

when they were first understood.

I also came to the conclusion that the relief couldn't be sustained without intentionally teaching the method to patients so that they could practice the principles on a continuous basis. If I didn't teach them--I had no way of confirming whether education could sustain the relief. After several years of personally instructing patients and observing the results, I was able to prove to myself that the method could be taught successfully to the average patient and keep them pain-free--it worked!

HOW THIS BOOK CAN BE USED

Do not be intimidated by the implied complexity of this book nor act under the assumption that its concepts will require too much new learning in the absence of a guarantee for absolute benefit. *The O'Connor Technique*™ is really not that difficult to understand; and, after taking the preceding test, if it sounds like yours is the type of pain being described, you shouldn't mind the inconvenience of learning something new because your probability of benefiting is so high.

Even for the "normal" back, this book can be of immense value in keeping it that way. Barring some unforeseen accident, anyone fore-armed with the knowledge of the spinal mechanical principles put forth in this book can expect to never suffer from back pain. However, if your back was normal you wouldn't have picked up this book in the first place; yet that does not limit the back pain sufferer who wishes to prevent the same fate from befalling their children or loved ones from passing this information on in a preventative manner. So, in the broadest sense, this book is potentially beneficial for everyone. Nevertheless, if you have proceeded this far, you can safely operate under the assumption that the probabilities are decidedly in favor of your pain and stiffness being relieved.

Despite this book's length, *The O'Connor Technique*™ does not purport to be a cure-all for all forms of back pain, nor does this book describe all the information I have acquired or that is available on spinal pain. Such would be beyond its scope and my intent, not to mention making a dry subject even more exhaustive and tiresome. Let's face it, back pain literature doesn't lend itself to enjoyable reading. Too, it is not intended to be the final word or an all-encompassing academic and research-oriented treatise on the spine. There are other medical textbooks that cover the general subject of back pain more fully and several back pain books available for non-medical people that lead the reader to believe that they provide such a service. None of them contain the presentation you will read herein.

This book was designed to provide a simple, yet competent description of what has previously been regarded as a mysteriously complex problem. When understood, any reader of

average intelligence should be able to perform this physically manipulative method, on themselves, to improve their own back pain. These physical manipulations are called "MANEUVERS" because that is the classic term used in Western medicine to describe any intentionally planned movement which represents an alteration of human anatomical position

The length of the book relative to how much you actually must read is misleading. A person can realistically satisfy their own necessity by reading only a relatively small portion. You may be relieved to know that much of the actual instructions in this book (the maneuver sections) are dedicated to specific regions of the spine that are painful for one set of patients yet are probably normal in others. If a reader's particular pain is located in the low back, that should be the area of pertinence that the individual need focus on, to the exclusion of the exhaustive descriptions of how to perform maneuvers on other regions of the spine. After all, if you don't have neck or thoracic pain, pouring over those areas' details is not an efficient use of time.

The extent of maneuver directions mostly satisfies my need to provide as maximally accurate a description as feasible of what movements and positions the reader needs to accomplish with precision; so, it is often repetitive. This is intentional. It was not meant to be read like a novel; and no one is expected to read every part, unless they have pain in every region of their spine. Nonetheless, it can be read from cover to cover by those who intend to put the principles to work as educators or practitioners.

Additionally, if you find one maneuver is successful, you needn't learn all the other maneuvers dedicated to the same spinal region unless you wish to increase your armamentarium. Many patients of mine are satisfied with simply learning one maneuver because their back pain events are so few and far between. Others, whose pain episodes are frequent or whose discs are particularly damaged need to learn a repertoire of maneuvers for "all occasions." If, after performing the first maneuver in the particular series proves unsuccessful or you wish to expand your ability to manage more frequent events in different settings and different manners, then it is recommended that you should learn more.

Feel free to skip through sections of the book. Simply because the most important sections, the "maneuvers" sections, fall in a particular order, do not feel that you have to read the book like a mathematics course from start to finish. If you have only low back pain, you can overlook the thoracic and cervical sections. If your pain is located only in the low back, you can feel free to go directly to the section of chapter five on lumbar (low back) pain maneuvers; and, if you choose, simply elect to try a maneuver pertinent to your particular condition immediately. If it works for you and relieves your back pain, then that technique may be the limited extent to which you wish to engage spinal pain mechanics and all you really need.

The first maneuver of each section was placed at the beginning due to its intrinsic ease balanced against successfulness. For neck pain, one can go directly to the section dedicated to cervical (neck) pain maneuvers in chapter five; and do the first neck maneuver. For chest pain

related to the back, go to the section on **THORACIC (CHEST) PAIN MANEUVERS**. If relief is instantaneous and you are satisfied with that, you needn't pour through the whole treatise. If you can do the maneuver effectively, you needn't bother with all the theory, mechanics, or anatomy unless you wish to gain a deeper insight into your back pain and the reason why the maneuver worked. As expected, if you are unfamiliar with some of the terms you encounter, you can always back up to the sections in the book that cover those topics. I wrote it in a manner that accommodates that style of reading, assuming that if i relied upon the reader's mastery of the antecedent nomenclature too heavily the practical value of the work would be lost to the average, non-physician, reader.

By reading the section of the book dedicated to the principles common to various maneuver actions, you will understand what is happening during the maneuvers and better understand the actions relative to what is happening to your back when you make certain specific movements. However, it is not absolutely necessary that you understand them, you can still perform the maneuvers without this underlying justification. Largely, the supportive information is provided for those readers who are assisted by theoretical concepts and logical understandings during the learning process.

Too, assuming that the reader's time is valuable, an efficient, time-and-effort conserving means was provided to give the reader an opportunity to determine whether they want to expend the effort to read the whole work. You may think that it is too much of an inconvenience to read a book attempting to teach you something that appears so complicated that you may never understand it; but you shouldn't feel intimidated. It really is not all that complicated; and it was designed to be as understandable and readable as possible for lay persons. If some of the maneuvers seem overly complex at first, go slow and pay attention to the pictures. For the descriptive text, it may help to have someone read it to you while you go through the motions. Of course, this should be someone who legitimately cares about your welfare or has a vested interest in "making your bad back better."

Rest assured, it probably will not be necessary for you to attempt to master all or a majority of the maneuvers, although it is recommended that one read the entire maneuver description before attempting it. One maneuver usually does the trick if it is the right one for your particular problem. Chances are that the first maneuver in the section that concerns you will work; however, if one doesn't work, you can try the next. Similarly, if you can't perform one maneuver for some reason, there are multiple other options given. No expensive devices are needed.

I understand the necessity for this strategy because i got a dose of reality when one patient i had wasn't getting relief despite my repetitive description of maneuvers designed for a bed or couch. Despite being well-dressed, urbane, and articulate, it turned out that he had lost all his furniture when he had to quit work due to his back injury; but was too embarrassed to reveal his

new level of poverty. As I instructed him in one maneuver he could do on the floor, an audible movement of the disc material was heard, he obtained instant relief during the demonstration, and left the office tearfully joyous and grateful.

In designing this book, I felt compelled to give as much a reason for why the method works as I was to teach the reader how to make it work; but that doesn't mean you have to know or memorize it. If the reasoning *why* this method works and the anatomical nomenclature is not of interest to you and all you care about is "the bottom line," you can elect to pass over the majority of the beginning chapters of this book. If you later run into something you don't understand, you can go back to the section in the book that deals with that subject and acquire whatever information you need to understand the process. There is usually a chapter heading for every concept with which the average person can be assumed to be unfamiliar.

In practical application, when I have a patient in pain, I usually give a brief description of the injury, pain, and resolution mechanism, then I teach them how to do the most appropriate maneuver. Usually that is sufficient, and it only takes me about thirty minutes to educate them in how they can get themselves out of pain. They do not need to be articulately educated as to the anatomy and physiology of disc units to understand how to solve their problem.

Just as my patients with low back pain needn't learn about the neck, it is inefficient to spend the time teaching them those maneuvers or waxing poetic on the supportive theory and mechanics. However, if you have the time and penchant, learning a little extra never hurt anyone. By gently trying a maneuver intended for another not particularly painful region of the spine, you may find a stiffness relieved that has been present so long that it no longer is recognized by the mind as a problem, yet when the maneuver is accomplished, you may recognize a new, more comfortable, feeling and an increased range of motion that you never realized you had previously lost. Among other things, this book does serve as an excellent user's manual for the spine.

If you are experiencing back pain for the first time or are in a particularly painful period, it would behoove you to go directly to the section on acute pain management strategy for the immediate management of a back injury or acute exacerbation of pain.

Performing these maneuvers is in no way dangerous nor inappropriate for a normal, non-painful, disc or spine. There also exists a rational understanding encompassing the damaged spine that, if your spine is so damaged that it cannot do simple, non-forceful maneuver-type movements that would reasonably be expected to be accomplished in a normal lifestyle, then you would probably be harmed anyway or caused to have surgery when you unconsciously made equivalent movements during your activities of daily living.

There is an advantage to understanding and applying all the concepts in this book. You can expect to become a "back pain mini-expert" in your own right. You may be able to "play doctor" by instructing others in the techniques, or do parlor tricks and be the "life of the party." Above all, don't part with this book once you are out of pain. There is a good chance you will

need it again in the future. Even if only your low back is a problem, there is a very high probability that you will eventually have disc pain return later (long after you have forgotten the maneuver directions) or develop it at other regions of the spine. In that event, you can turn to those particular maneuvers for relief and understand why I included them all in the same book.

If your particular pain is not helped by *The O'Connor Technique*™ or if indeed it is aggravated or the pain is increased, by all means, stop performing the maneuvers or acting upon the assumption that your individual back pain originates from a source that is remediable from the information in this book. This book is designed to help the majority of back pain sufferers; it cannot hope to help everyone. In the event that your pain is worsened, be certain to seek medical consultation. If you have any doubt, even before engaging in any exercise program, consult with your own physician. He/she may understand something about your particular problem that would require a modification or discontinuance of the method.

Of paramount importance, don't continue doing anything that increases pain. The old adage "no pain--no gain" or the demand that one "work through the pain" not only makes no sense but can result in serious injury if taken to the extreme. To reduce the possibility of doing further damage to your already damaged spine, especially if you have sustained a significant injury or have symptoms that result in weakness in the upper or lower extremities or burning or electrical like pain that shoots down the legs or arms, go to a doctor, get an examination, and have him/her give an opinion as to whether mobilization or exercise is safe or not.

The most accurate means to assure that exercise is safe is by obtaining an NMRI (Nuclear Mass Resonance Image) to determine if the disc material has escaped the disc's capsule and is impinging upon a nerve. If such is the case, performing any movement, including the maneuvers elaborated in this book, has a potential probability of not working; and the activity may theoretically be equated with the induction of further harm. Unfortunately, an NMRI costs over $1000. In lieu of sustaining that economic burden, you can acquire the clinical experience engendered in this book which will give you the prerequisite knowledge necessary to diagnose and treat yourself.

If the maneuvers are done correctly as described, there is little or no opportunity to cause additional harm because the forces generated are not greater than those which are generated in predictable normal activity anyway. Common sense also comes into play here. If something hurts more when you do it--you stop. The maneuvers taught in this book should only change the character of the pain, not substantially increase it. Any marked increase in severity of pain requires further diagnostic exploration before proceeding.

Don't get anxious or immobilized by fear. When I speak of the fear, I suspect that in most instances it emanates from fear of increasing the pain and/or fearing that through incompetence you will make it worse. Addressing the first concern, you need not fear increasing the pain

because this is not some entity that you have to rise up and confront with an all-or-none throw of the dice. *With The O'Connor Technique™*, you are able to try a certain movement, test it to see if it causes a problem, if no harm is done, you can go on and test it further with little increments at a time to reassure yourself that no greater pain will be experienced.

Many people legitimately fear that they will be caused pain for no certain benefit. It is this attitude that keeps people from participating in everything from chiropractic to the best state of the art University level medical care--FEAR OF PAIN. There is no reason to look upon this method in that light. You can gradually approach this method with non-forced trials and ease into it without any fear that you will "go too far" and hurt yourself.

This brings us to the second concern: fear that through not knowing what you are doing, you might end up hurting yourself more. Dispel that fear with your intellect. Too many people today are programmed to believe that they are incompetent to make decisions or take actions related to their own bodies and health. Just as many people make decisions that are not based upon knowledge but upon faith. This book neither asks nor expects you to do either. It only encourages you to understand your fear and overcome it by your own individual scientific method. You test a particular movement, if it hurts--you stop. You substitute your anxiety with the testing of hypotheses. You will ultimately decide if it is safe and effective by your outcome.

All things considered, the spine is a pretty tough structure. It takes substantial forces to truly damage an intact spine. It is unreasonable to believe that you would come to any greater harm by gently trying a few movements you probably would have made anyway during the course of your future. So, it makes better sense to try the movements in a controlled atmosphere wherein you can easily modify any circumstance that would otherwise be capable of causing you harm.

The opportunity for being helped dramatically with *The O'Connor Technique™* is so great that it is worth taking an exceptionally small risk, if one exists at all, especially when you consider that, if the damage to the back is already so severe as to be increased through these non-traumatic maneuvers, you most likely would have to resort to surgery regardless of what you did or didn't do. It is highly unlikely that you are going to break anything unless it is already too broken to make much of a difference in the overall outcome. The vast numbers and percentage of people who, over the years, have reassured me that the method works in the absence of any damage attributable to this method, encourages me to relegate the possibility of further damage to the realm of the theoretical. I mention the remote possibility of further harm not only for completeness sake, but to legally protect myself in these litigious times. I considered not publishing this information out of fear that someone will be harmed and attribute the damages to me in a lawsuit. However, the amount of benefit far overshadows any perceived risk of harm; and to not publish would lead to much more suffering.

Like all aspects of life, employing *The O'Connor Technique™* is not without risk. So is

getting out of bed, swinging with your head upside down on a swing, or riding an amusement park ride. We do not live in a perfect world. Of course, doing the maneuvers haphazardly, too rapidly, or attempting to violently manipulate a damaged disc could result in further damage.

There are obscure anatomical conditions that may make this method unsuccessful and even problematic for some individuals. Sometimes a person, especially if elderly, can be caused to pass out when their neck is stretched. This is probably related to the tension placed on the vertebral arteries that pass through the first cervical vertebrae.[ii] So, there are an exceedingly small number of persons who may get light-headed when they attempt the method on their necks. Of course, the solution is to stop doing it if light-headedness occurs. It is common sense--if a particular MANEUVER or position described in this book causes a problem (such as a change in sensation or strength distant from the site of pain), don't persist, and consult a physician.

Also, there are a certain very low percentage of people in the population born with separations in the bridge-like bones that connect the front portion of the vertebral bones with the back portion called spondylolisthesis or spondylolysis. This method may not help their back pain and could aggravate it.

I have no illusions that this particular method of back pain management will help everyone because there are an assortment of back pain causes that will probably not be helped by this method. There are various musculoskeletal conditions to which anyone can fall prey such as Spinal Stenosis (a condition where scars or bony growths close in the canal where the spinal cord or nerves travel), Sacro-ileitis (an inflammatory condition of the joint between the pelvic bone and the sacrum), Ankylosing Spondylitis (an arthritic condition that fuses the vertebral bones), Good old fashioned arthritis (Osteoarthritis) of any source, Bursitis, Myositis (muscle inflammation), Tendinitis (Inflammation of Tendons that join muscles to bones), Fibrositis or Fibromyalgia (an inflammatory condition that affects soft tissues surrounding and between muscles accompanied by fatigue, muscle aches, and morning stiffness), and last but not least--Fractures.

All of the above could mistakenly be confused with disc herniation disease; however, most of these pains are routinely handled by the medicines you will be taking for inflammation anyway so they, too, will serendipitously be helped by the complete method I describe. But don't let the sheer number of these conditions scare you into believing that a major undertaking will be necessary to figure out which one you have. By far and away, the most common source of back pain and the highest percentage of it is caused by herniated disc disease. Just because a whole panoply of conditions can cause back pain, that doesn't change the reality that most probably you are dealing with a herniated disc condition by virtue of the preponderant statistical probabilities.

There are other conditions that are the uncommon causes of pain that appear to be spinal in nature but are not true spinal pain. They don't relate to musculo-skeletal causes but fall into a

separate category both due to their rareness and not really being associated with spinal tissue, per se. A partial list includes: Abdominal Aortic Aneurysm (a breaking down and expansion of the largest artery in the abdomen), Kidney Stones, Kidney infections, Inflammation of the Pancreas, Stomach Ulcers, Infections of the Uterus or fallopian tubes, Ectopic Pregnancy, Prostate Inflammations, Pleural Effusions (Fluid in the Lung Spaces), Colon Obstructions, Tumors or Cancers of the bone or tissues contiguous with the back. So uncommon are they, that I can't recall being fooled making these diagnoses in the past 10 years despite thousands of patients. In most cases, these diagnoses are so readily obvious to me, that I think most people with common sense, when they consider the absence of and presence of other associated symptoms, will figure out for themselves that the pain doesn't really originate in the spine.

In fact, the pain they cause is so different and readily distinguishable from disk pain (by both non-affirmative answers to the test given at the start of this book and by the method I describe under the heading of "**SELF-DIAGNOSING YOUR DISC**") that the distinction is usually obvious. I can even go one step further to say that if you don't get relief from *The O'Connor Technique*™ then you may reasonably suspect that the pain is from some other source and go searching for an exact diagnosis through the usual and customary medical channels. However, again, the majority of spinal pain originates from disc related causes so don't assume that your best bet is to just let a doctor manage it. Read this book and practice the techniques, if they don't work, you can, therefore, reasonably rule out mechanically treatable disc disease; and, then, the application of other diagnostic modalities and expensive imaging studies are more likely to be cost-effective and productive.

On the other side of the coin, oftentimes doctors make diagnoses that attribute the pain to muscle strain, arthritis, ligament tears, etc. when in reality a herniated disc is really the ultimate source. Too, a herniated disc can cause muscle spasm and the doctor is not technically wrong when making the diagnosis of muscle spasm. However, frequently, the underlying origin of the problem is the disc and until that mechanical pain is solved, little or no relief can be expected. The practical message here is that even if you have been given an alternative, inadequate, diagnosis, in my experience, you still could probably be suffering from a herniated disc. In light of that reality, trying *The O'Connor Technique*™ can provide the relief you seek in spite of a previously made, incorrect, diagnosis.

Far too many of the patients who come to me already have other diagnoses yet, in reality, have disc disease as the source of pain. I prove that contention by "fixing" them right then and there in the office, but rarely do they go back to the previous doctor to educate him/her.

This book and these maneuvers are directed to the majority of intervertebral disc pain sufferers whose damage is not so extensive as to require immediate surgery or so degenerated as to not have any functional disc remaining. In fact, once a person has been examined by a doctor and surgery is ruled out, there is little other hope for reduction of mechanical pain except by

mechanical solutions. This book provides those mechanical solutions.

Once you have mastered the mechanical solutions, you may, at first, as I found necessary, have to use them on a constantly repetitive basis to get out of pain; but that small inconvenience is vastly preferable to constant pain. With time, however, you most likely will discover that you require exercising the pain-stopping maneuvers less and less. In my case, unless I "overdo it" by too much lifting or sports, I only occasionally have to perform the maneuvers to stop the pain. Over the last several years, my Lumbar disc pain has drastically been reduced in frequency and severity. It is my assumption and belief that my spine has responded to the intentional alterations in movement and mechanical forces by re-molding into a more stable and pain-free configuration. I suspect my autopsy will be the only means of proving that contention--a prospect that my inevitable critics will relish.

Lastly, I feel the need to explain that the illustrations in this book are not always intended to be anatomically exact representations of human tissues or bio-mechanical actions. As the reader will learn, a few millimeters of distance at the level of the disc can mean the difference between pain and non-pain. The whole spinal disc unit is so small that it can be easily grasped in the palm of the hand. It is very difficult to represent comparisons between diagrams that differ only by a few millimeters of change. Therefore, some exaggeration of anatomy (especially distance and angles) is often necessary to convey an adequate understanding of the physical properties being discussed. I accept that knowledgeable medical professionals may be critical of these anatomical representations; but the book was not predominately designed for their use.

The bulk of the illustrations were drawn by myself, in part because these are new concepts that have never before been represented and the time and cost of employing a medical illustrator to give physical form to my concepts would have been prohibitive. The truth will out, I am not a world class artist; however, it is my opinion that it is more important to get the idea across rather than to stand on anatomical exactitude. However, this revelation by no means implies that the drawings do not accurately reflect physical reality because they, to the best of my understanding and ability, are intended to do as great a service to reality as to the readers' back pain.

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i. Lyons AS, Petrucelli RJ, *Medicine An Illustrated History*, 1987; Abradale Press, Harry N. Abrams, Inc. Publishers, New York:504.

ii. Pelekanos JT, et al, Neurology, 1990;40:705-07.