

PREFACE

PERSONALLY-GENERATED JOINT AND MUSCLE PAIN

The **Clinical Diagnostic Assessment of Personally-Generated Joint and Muscle Pain** is a musculoskeletal fitness program, designed to provide individuals, workplaces, health and workers compensation insurers, medical, fitness and manipulative therapy practitioners with an assessment of the likely causes of lower back (and other joint) pain.

The Clinical Diagnostic Assessment is a general fitness assessment, not a specialist medical or physiotherapy assessment. It aims to determine

- which muscles are tight and have taken the skeleton out of alignment
- muscles are weak

and provide participants with a program of flexibility and strength exercises designed to get the skeleton back into better alignment, better supported by strong muscles – and pain free.

Radiological imaging is a limp and useless tool in determining causation. It tells you 'what is', not what's caused 'what is'.

Here are two of the most graphic examples of what tight hamstring and buttock muscles can do to take the skeleton out of alignment. At the time the photos were taken, these men were off work and on workers compensation because of their back pain.

1. an example of tight hamstring muscles,

I asked this fellow to sit up straight against the wall. He adopted this position. I said, 'Sit up straight.' He said, 'I am'!!





2. an example of tight buttock muscles.

This fellow hasn't a snowball's chance of sitting up straight with his hands clasped behind his back – without falling over.





The remedy is obvious. Loosen off tight muscles attached to the pelvis and get the skeleton back into better alignment. Problem solved. Pain gone.

Whilst the Clinical Diagnostic Assessment is not specifically a program for people who have suffered a traumatic event – it may be of benefit and help speed up the rehab process. If, prior to an incident/accident your skeleton was out of alignment and poorly supported by weak muscles, then a Clinical Diagnostic Assessment and the exercise flexibility and strength prescription that comes with it, may help speed up your recovery.

It's only after people have received a Clinical Diagnostic Assessment report, aimed at determining the likely cause of particular joint or muscle dysfunction, that an appropriate strength and flexibility training program can be prescribed to restore poor function to good.

Without the best possible diagnosis of causality, the rehab prescription is likely to be 'potluck', with the treatment frequently directed at the site of the pain and not the site of the underlying cause of the pain.

The Clinical Diagnostic Assessment comes with:

- the corrective exercise program designed to restore poor musculo-skeletal health to good
- the complete suite of Global Back Care ebooks.



- follow-up online consultations.
- the soon to be established network of Back in Alignment clinics.

With the Clinical Diagnostic Assessment and the exercise prescription that accompanies it, there's every likelihood that for 80% of people there's an 80% chance that they can get their musculo-skeletal system back to 80% of 'good nick' in 80 days - and pain free.

Global **BACK CARE**

Clinical Diagnostic Assessment of personally-generated joint and muscle pain

Sample Template © Miller Health Pty Ltd John Miller February 2022 7 Salvado Place, Stirling ACT Australia 2611 ABN 85 073 392 686

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It's a big ask expecting to be in good musculoskeletal health without having a regular and systematic strength and flexibility training program.

John Miller

1. INTRODUCTION

CLINICAL DIAGNOSTIC ASSESSMENT ONLINE

By taking part in the online version of the Clinical Diagnostic Assessment you'll able to gain a clearer appreciation of the underlying cause of your joint and muscle pain. You'll receive an exercise prescription and be taught a series of flexibility and strength exercises that are most likely to restore poor function to good.

This document illustrates the nature and scope of the assessment.

The clinical diagnostic assessment has been developed as a precursor to the fitness class based **Back in Alignment** strength and flexibility training program. It's a program designed to treat the cause of the problem by loosening tight muscles, strengthening weak muscles and getting the skeleton back into better alignment.

It's a prescription that you can 'take' yourself. In fact, it's only you, yourself who can administer it. That's why it's the cheapest rehab program there is.

Most joint and muscle pain is personally generated. In the case of lower back pain, tight muscles attached to the pelvis have taken the pelvis and the bones above it out of alignment. Only on the rarest of occasions is lower back pain caused by a lack of rubbing, crunching, heating, cooling, vibrating, strapping, electronic muscle twitching, hanging-up-side-down, gadgetry advertised on late night TV, doping, surgery...!

THE CATCH

There is just one catch. I can give you the program, but I can't do it for you.

What I will do is:

- conduct the assessment online using Zoom
- suggest and then teach you the exercises you need to do to get your skeleton back into better alignment
- provide you with the Global Back Care ebooks that provide a more details outline of your condition and the exercises designed to restore poor function to good
- arrange two Zoom follow up meetings to see how you're going.
- invite you to contact me by email seeking further advice.

You, the individual, can do more for your own health and wellbeing than any doctor, any drug, any exotic medical advice. US Surgeon General 1979

2. GETTING READY

Zoom

Download and install Zoom.

Set up your camera

Prior to the start of the Zoom assessment, set up your camera so there is plenty of room in front of the camera for you to adopt a range of diagnostic postures.

In some postures you'll be standing, in others you will be seated or lying on the floor.

Camera assistant

For the assessment to go smoothly, it is probably best that you have someone assisting in moving the camera so that it can follow you around as you adopt the various diagnostic postures. A tablet is an ideal piece of equipment.

What to wear

It is recommended that you wear shorts, tee-shirt, socks and sandshoes. I suggest mid-length socks. You may need them in the super buttock and thigh flexibility assessment.

Equipment

For the assessment of knee function, if possible have a high/bar stool in the room.

An ottoman or chair would be useful in the hip function assessment.

Privacy Policy

I am committed to maintaining your privacy.

I am the only person who has access to any information you provide. I do not share any information with other people or organisations. You have my assurance on that matter. Your personally identifiable information is kept secure.

If you have any questions, queries, comments, concerns or complaints about our privacy policy you may contact me at john.miller@millerhealth.com.au and 61 424 391 749

John Miller





3. OUTLINE YOUR ISSUES OF CONCERN

First, tell us why you're seeking a musculo-skeletal health clinical diagnostic assessment.

Tell us which parts of your body are causing you concern – i.e., which joints and muscles are painful. Some areas maybe extremely painful, some just niggles. Give us a good description.

Let us know what you think is the cause of the problem(s).

Be as expansive as you wish.

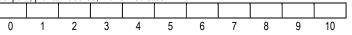
Keep in mind that despite the fact that this assessment is designed to provide people with lower back, hip, knee, neck and shoulder pain, clues as to the likely cause(s) of the pain.

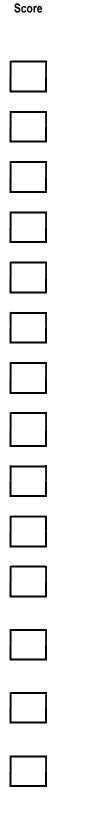
The Clinical Diagnostic Assessment is a general fitness program, not a medical assessment. Its focus is on providing you with clues as to which muscles are responsible for taking your skeleton out of alignment and giving you clues as to whether you skeleton is being well supported by a strong musculature.

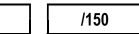
Your comments:

4. SPECIFIC JOINT CONDITION ASSESSMENT

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5. TEN POINT MUSCULO-SKELETAL RISK SCREEN

Below is an outline of the tests in the Risk Screen. Complete the risk screen on the next page.

1.	Current condition This is a subjective assessment of how <i>you</i> perceive your current, overall level of musculo-skeletal health. Take into account aches and pains and limited mobility and function compared with when you were 'at your peak'.	
2.	Body composition . How close are you to your ideal weight? You can estimate the number of kilograms over your ideal weight. In a clinical situation we'd use percent body fat.	132 275 •••
3.	Lower body strength – squat How many squats can you do 'til exhaustion? Your bottom must reach the crease at the back of your knees.	
	If you've got sore knees either don't proceed or proceed with caution.	- And
4.	Abdominal strength – sit-ups with feet 'til exhaustion.	
	There is evenly divided conjecture about whether it is safe to do situps with feet held. I believe the exercise is safe. Many people cannot do 1 situp without their feet held. Proceed with caution.	If it hurts, stop doing it
5.	Upper body strength – press-ups 'till exhaustion, men on toes, women on front of thighs.	a parta
	If you've got painfully sore shoulders either don't do this exercise or proceed with caution – and don't do too many.	All of Ca
6.	Flexibility – sit and reach Sitting on the floor, with feet outstretched in front of you, see how far down past your toes you can reach with your fingers. Keep your knees straight.	
7.	Ability to sit up straight with legs crossed With legs crossed and hands clasped behind your back, see if you can sit up straight without falling over backwards.	
8.	Shoulder function – wall test. Stand with your back to the wall. Place your hands in the surrender position with elbows, forearms, wrists and fingers flat back on the wall.	
	Score 10 if you can do this with ease. Score low if you have difficulty getting into this position or lower still if, when your forearms are vertical, they are a long way from the wall.	0360
9.	Strength training behaviour Number of times a week you train	
10.	Flexibility training behaviour Number of times a week you train.	

6. POSTURAL ANALYSIS OVERVIEW





1. Standing up straight front on

2. Standing up straight side on



3. Sit up straight



4. Sit and reach



5. Right buttock function



7. Hip crossover to the left



9. Right hip function



6. Left buttock function



8. Hip crossover to the right



10. Left hip function



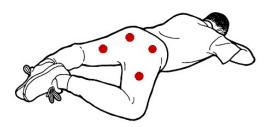
11. Super thigh and buttock flexibility - left



13. Feet over head – general mobility.



12. Super thigh and buttock flexibility - right



14. Prone frog adductor flexibility





15. Right knee function



17. Knee and ankle joint function



18. Shoulder function





16. Left knee function



19. Neck function



Read more about the forthcoming Back in Alignment Clinic http://www.johnmiller.com.au/back_in_alignment/index.html