

Get Going Again

A guide to the typical patterns of chronic back pain and musculoskeletal pain, and how we deal with them



Welcome to our ‘Get Going Again!’ Pain Patterns guide

This (e)booklet has been designed for you if you are troubled by pain or injuries, especially if you would like to get more active, but you are worried about making matters worse.

You may have a long history of back pain, or other joint pain or injuries, or you may have a more recent, or current, pain or injury problem. Or perhaps you have had problems in the past, or would simply like to know more about pain patterns.

“moving more
can ease pain
symptoms”

If you have been troubled by pain or movement problems, it’s understandable that you might worry about getting more active and fear that you might make matters worse.

But in most cases, it can be very beneficial to ‘move more’ and doing so can ease pain symptoms as well as improving your overall wellbeing.



If you have been suffering for a while, and especially if you have sought help to resolve your pain problems, but haven't been able to so far, this (e)booklet should help you to identify some new possibilities.

By giving you some new suggestions to address the causes of the pain we hope we can help you to take the first step towards your fitness or activity goals.

Our focus here is mostly on chronic (on-going) pain patterns: likely causes and approaches to dealing with them.

We are planning on issuing more (e)books covering:

- Acute (recent and current) pain patterns or flare ups
- Tips for rehabilitation, and exercising with an existing injury
- And reducing your injury risk

If you'd like to be notified when we release new (e)booklets, please let us know by emailing admin@coreclinics.co.uk.



Jargon buster:

Chronic: explains how long a problem lasts, rather than how severe or painful it is. We define chronic pain as pain that has gone on for at least 4 months (either constant or recurring, either now, or in the past).

Recurring: comes and goes.

Pain patterns: not all pain is the same! Not even all back pain or all lower back pain. As well as feeling different 'types' of pain, people feel pain in different combinations of places around their bodies. This is what we call 'pain patterns'. For example, some people only get pain in their back. Others get lower back pain and knee pain together. The list of combinations is endless and the way we would treat these different combinations varies a lot.

In an (e)booklet we can't cover every single type of pain and pain pattern so we are focusing on some of the most common: headaches, neck and shoulder pain, lower back and hip pain, and knee pain.

BMI: Body Mass Index is a common way of calculating whether you are under-weight, about the right weight, or over-weight for your height. Although it's not the only measure and it doesn't work for everyone (e.g. the calculations need to be changed for children, people who are very muscly or if you are pregnant) it's a good general guide. It's an important consideration for us as if your BMI is very low or very high it can really affect your pain problems and treatment (as well as your overall health).

Some important points about your Personalised Pain Pattern output

If you have completed a pain pattern questionnaire on our web site please bear the following in mind.

We have developed the pain pattern outputs based on our work with thousands of patients. In doing so we have identified a number of common patterns of pain and movement problems, and associated injury risks. These different problems and patterns tend to have different causes underlying them. Sometimes there is one main cause, sometimes there are a combination of causes (complex causes). Based on the combination of pain symptoms (the pain pattern) that you experience, we can make an educated suggestion about the factors that are likely to be causing them.

If the possible causes we suggest to you in your personalised pain pattern profile have not been suggested to you before or, if they have been mentioned, but nobody has told you what you can do about them (or you are not happy with the suggestions) this output should hopefully give you some pointers to consider, or talk to your healthcare providers about.

If you have any questions about your output or anything else in the (e)booklet, please get in touch with us at helpme@core.co.uk or via the contact forms on our website at www.coreclinics.co.uk.

If you would like to book a consultation with one of our experts to discuss things in more detail, we would of course be very happy to help.

Disclaimer: Clearly, on the basis of very limited information and without a comprehensive face-to-face assessment and conversation, the output and information given here should not be used in place of expert opinion and advice. If you have any concerns about pain or your health in general, you should always consult an appropriate healthcare professional.

The effect of BMI on Pain Patterns.

BMI less than 18: Having a BMI of less than 18 usually indicates that you are under the recommended weight for your height. Being underweight may seem like a good idea from the point of view that it may put less 'strain' on your joints. However, because our bodies develop and strengthen under stress (not all stress is bad!) being underweight often means that our bones, joints and tendons are weaker and will injure more easily. In fact, being underweight has a direct impact on bone density and is linked to osteoporosis (brittle bone disease). It may be better for your health (not only your bone and joint health) to increase your weight. However, we would recommend that you seek professional advice regarding how to achieve and maintain a healthy weight, combined with a balanced diet and exercise.

BMI 18.1-24.9: Your BMI is generally considered to be within the 'normal' or 'healthy' range. From our point of view this is good because it probably means you're not putting too much (or too little) stress on your joints because of your weight.

However, BMI is only one measure, which helps you, and health professionals, to assess and look after your wellbeing.

Fat weighs less than muscle (for the same volume) and sometimes a fitter and healthier person can weigh more than a relatively unfit person who is 'naturally' thin. So it's not enough just to look at your BMI to understand your true weight and health status. Healthcare professionals can check what your body-fat composition, cholesterol levels, and blood-pressure variables are, and help you to make sense of it all! (blood samples and urine samples will need to be taken to do this)

BMI 25-29.9: This BMI score indicates that you may weigh more than is recommended for your height. You may actually score like this because you are athletic and heavy on muscle (in fact some of our patients are so big on muscle they would score as "obese" even though they are athletes). But chances are that you're actually carrying a few pounds you would probably be better off without. Experts agree that the best way to lose weight, and improve your health, is by combining healthy eating with 'moving more'.

If you are in pain and that is making you reluctant to move more in case you make it worse, it should reassure you to know that in most cases a bit of exercise can help to relieve pain as well as helping with weight loss or control.

BMI 30+: This BMI score is generally considered to be very high, and often labelled as ‘obese’. Unless you know there is an underlying reason for this, and you are getting help to deal with that, the cause is almost certainly a combination of diet and life-style.

It would almost certainly be beneficial to your health, and specifically to any pain problems you have, if you could lose some weight.

Although many people whose BMI is in this range will comment that they are perfectly happy with their weight, studies have shown this is often not true. Being very overweight is often associated with depression and low self-esteem (both as a cause and consequence).

However, the important point to appreciate here is that being told to “lose some weight” is not going to cut it. People need real support both from experts and family and friends, sometimes including psychological support as well as practical advice and maybe treatment. Experts and supporters can help set goals with you and slowly guide you along the path of feeling really in control (maybe for the first time) of your weight and health. Doing so is a huge achievement you will enjoy and be proud of yourself for.



Age and its effect on Pain Patterns

Under 18:

People aged under 18 who suffer from chronic pain problems like back or joint pain should always consult an expert as the causes are generally unique to younger people. Soft-tissue injuries and afflictions of tendons and cartilage are the main causes of symptoms in the under 18's.

Often there are developmental issues, which most often affect the knees and hips, but occasionally the growth phases can be badly affected, and joints can develop wrongly which can be difficult to 'put right' and can lead to ongoing problems.

Seeking help sooner rather than later can help to achieve an improved outcome.

18-25:

This is a very interesting age group, because this is still a relatively young age to be experiencing such chronic pain patterns, and people who do have often grown through developmental problems (often affecting the knees and hips) but their symptoms might only show, or might increase, as they become more active in early adulthood and put a lot of stress on these pre-existing problems.

People in this age-group often come to us with tears and shearing of muscle and tendons as well as tears in cartilage.

We can do a lot to help with the rehabilitation of these injuries, but we need to investigate further to discover the underlying causes of the injuries (which have often started earlier in life) and address them in order to stabilise the injuries and prevent repeated problems occurring.

25-45:

Typically people in this age group start experiencing minor injuries or low-grade pain problems which they may not see as 'connected' and may take a while to progress to a level of real concern, at which point they seek help.

Often what we are seeing here is not really a 'new' problem, but the escalation of smaller underlying problems that actually started earlier in life but only now are starting to take their toll after years or even decades of cumulated micro-injury.

Despite the potential long history of contributing causes, the symptoms we see in this age group are not significantly more complicated to recover from than they would be for younger adults - provided that the underlying causes are addressed correctly. More so than with younger adults, this can often mean addressing behavioural patterns as well as physical movement patterns. Over time certain behaviours can become habitual so we may need to work on psychological and motivational issues in order to help people overcome unhealthy habits (like poor posture, etc.).

Unfortunately, it is often only when people are starting to feel they have repeatedly failed to recover from injury or pain problems that they become willing to see all their problems as connected and to address them collectively. What a shame!

45-70.

People in this age group often start to experience new or escalating pain symptoms and tend to initially put it down to 'getting older'. That is partly true, in the sense that they have had quite a few years in which to put stress on any underlying weaknesses or old injuries, and so this is often the life-stage at which pain or symptoms really start to become problematic.

Often people will come into us with one 'problem' but on further investigation we discover that they actually have other pain problems or injuries which may come and go, and sometimes be forgotten entirely. It is only by testing and looking into all sorts of contributing factors – from unresolved injuries, to small structural and mechanical problems (e.g. a gait problem or occlusion problem meaning 'how you stand' and 'how your jaw moves') that we can start to build a full picture of the problems and start to deal with them.

While it is true that this age-group may adapt and heal more slowly than younger people, they can still achieve fantastic results when treated correctly. Also, we find that people in this age-group are often more committed to improvement - they mean business and want to make the most of the new lease of life given. Very satisfying!

70+

With younger people, we can realistically do more to re-train old patterns of movement, and heal pain and injury, than we can in older people.

The over 70's have had many years in which to build up strains on their bodies – including old injuries, surgeries, periods of weight gain or loss, varying levels of fitness and so on.

Chronic pain in this age group is therefore often caused by a whole variety of factors, some of which are long-standing and some more recent. We will likely find some arthritis, extensive scar tissue build up, and need to take account of conditions such as osteoporosis which tend to increase with age. However, although we can rarely reverse or remove underlying causes, there is a great deal we can do to give comfort and improve quality of life.

Pain relief and comfort are actually relatively straightforward to achieve because most of the pain that is experienced is actually due to chronic straining of the musculature, rather than the actual joint or cartilage deterioration in itself. We have developed all manner of interesting techniques to help people in this age-group regain mobility and that is after all a key to longevity!



THE COMMON PAIN PATTERNS



Headaches (only)

The causes of headaches (not accompanied by other pain) can be many and various, and are particularly difficult to diagnose without a full examination and medical history.

Even if you suffer with severe, frequent or constant headaches, the causes may still be relatively simple (like not drinking enough water, or needing new glasses). But headaches can also signify much more serious problems.

If you have not already done so, we strongly advise that you contact your GP in order to rule out any serious underlying causes.

If you have already seen your GP, and / or other healthcare professionals and you still haven't resolved your headaches, there may be some other causes that we can help you with.

For example, sometimes, if your jaw is even slightly mis-aligned (perhaps after dental work or the loss of a tooth for example) this can really affect the muscles of your face and jaw, which can result in head pain. If this is the case for you, this is something we can help you to overcome with treatments including specialist vocal and laryngeal massage, chiropractic adjustments and temporary dental devices or dental treatment.

Patient Nicki Fogarty writes:

“The first consultation with Stefaan was awe- inspiring! The intense headaches I had suffered with continuously for the past 7 months reduced immediately under his care and then stopped completely – what a fantastic feeling!

Stefaan was professional, thorough, knowledgeable, passionate about his work & caring; everything you could want from a medical professional but so rarely get.”



Neck / shoulder pain (only)

Neck pain is very common, and often, but not always, combined with headaches.

Neck pain without accompanying headaches is usually linked to problems at the base of the neck, which are often flexion-extension injuries (“whiplash”). Very commonly there will also be shoulder pain or discomfort underneath the shoulder blade.

Sleeping becomes uncomfortable or requires multiple pillows to try and push the head forwards into a more relaxed position. However, this can actually make matters worse and eventually, even buying special pillows will not help anymore.

A very specific approach to the movement of the vertebrae of the neck and the upper back is key to getting rid of neck pain - although sometimes it will also involve the jaw or scar tissue in the shoulder muscles, which we can also help with.

Great care must be taken, but results are normally very good.

There is a risk of some arthritis having set in the neck area over time when it has been ignored for a long period (3 years or more) so we recommend seeking advice sooner rather than later.



Hip / low back pain (only)

People with persistent hip pain often have a tricky combination of problems underlying.

The most common combination is that of a pelvic problem combined to a leg length difference (one leg shorter than the other, even by a mm or two) or your problem may be related to your foot arches, or possibly an old ankle injury.

In some cases there is scar tissue in the hamstring muscle from a tear or strain.

Very often the hip flexors are also involved and people with these symptoms may also experience tummy pain when they have been working out or walking long distances.

We can address pelvic problems with techniques including adjustments, and resolve leg length or foot arch problems using podiatry (which involves wearing special inserts called orthotics or heel raises in your shoes).

Patient HD writes:

“My consultation was very thorough and Marie informed me of the benefits as well as any complications that may occur.

From the time you enter to meeting the receptionist, to being taken through to have treatment is and has been very pleasant.

Other back specialists I have been to have not taken as much care.

I would be very happy to recommend Core Clinics.”

Knee / lower leg pain (only)

The knee is obviously a very important ‘hinge’ in our walking and standing – and like any hinge it can be overloaded by repeated stress. Knee and lower leg pain is one of the major reasons for people to reduce their level of daily activity and exercise, as walking (let alone high-impact exercise) can become very uncomfortable.

Recurring problems in the knee often actually originate either in the ankle, or the hip and pelvis, or as is most commonly the case, a combination of both.

Often, knee problems recur even after surgery. The reason for this is that when the problem which caused the pain is not addressed, the knee (which is under a whole lot of stress from the upper body) will just re-injure.

If you suffer with knee pain, even in spite of surgery, we may well be able to help you by dealing with ankle and / or hip issues which have not been addressed so far.



David Hibbert formerly of Peterborough United FC

'In 2010 I suffered a horrific injury to my left knee while playing for Peterborough United. Initially I had an operation that didn't work, so I was referred to one of the top surgeons in the world who performed an operation which involved micro fractures, total reconstruction of the medial collateral ligament and a lateral release. I was told there was a strong possibility I wouldn't play again and this was eventually what happened.

In November 2012 I was forced to retire from professional football. I was told the only thing to do was rest for a 6 month period, which I did.

During this period I was put in touch with Stefaan. Initially I was sceptical about going to see him due to all the false dawns I've had in the past but from day one he was positive about my injury and totally honest, firmly believing he could help.

I was suffering with huge swelling which he has helped disperse with techniques I haven't come across, despite receiving the supposed best rehab available. 4 months after meeting Stefaan, I was training hard with a personal trainer who Stefaan put me touch with and feeling strong doing things that I was told I wouldn't be able to do again. Hopefully a return to football at some level is just around the corner which I thought was never going to happen'.

Headaches AND neck / shoulder pain

This pain pattern is most often linked to a neck injury which also involved a facial injury (and most often, an injury to the side of the face or the jaw). People who play contact sports such as rugby are likely to experience this type of problem following injury.

Very often the headache is experienced on the same side as the neck pain. That is no coincidence!

The headache may prove to be resistant to treatment unless the problem with the neck or jaw is properly resolved - as this is often the problem which “tips it over the edge”.

This is important because headaches can become “habitual” meaning that once a pattern of headaches is established, it can take less and less strain to trigger the next headache- making them more intense or more frequent over time.

If your headaches have become habitual it means that unless you also resolve whatever is causing the neck pain, it’s unlikely you will resolve the headaches in spite of various different attempts.

We have a number of techniques that can help address headaches accompanied by neck pain.



Tim Stimpson, former British Lions, England and Leicester Tigers

“Sport is a team effort, and so is staying fit. Stefaan and the team at Core have looked after me and my family for a few years now and I regularly refer my sporting and business associates to them if they are suffering. All of them have benefitted.”

Headaches AND hip / lower back pain

This is not a common pattern of pain that we see - but it is a very important one to investigate, as it is commonly associated to wear and tear of the hip, which could potentially lead to severe pain and to the requirement for a hip replacement.

Headaches are usually, but not always, experienced on the side opposite to the hip pain in this pattern.

This is seen in people who have a very special combination of flat-footedness (often due to a bad ankle injury) along with a leg length discrepancy (one leg shorter than the other).

Very often people who suffer with this pain pattern have had significant injuries to their leg (for example, in horse-riding or motorbike accidents).

Early consultation can help to significantly reduce the escalation of hip pain due to wear and tear, and can postpone or may even avoid the need for surgery.



Headaches AND knee pain

This is a relatively uncommon pattern of pain, most often associated with slightly older patients. However, it is a very important pattern to investigate, as it is commonly associated to 'wear and tear' of the knee which could potentially lead to severe pain and to the requirement for a knee repair surgery.

As with headache and hip pain combinations, headaches are usually experienced on the side opposite to the side of the knee pain in this pattern.

The causes of this pattern can also be similar to people who experience hip pain with headaches: people who have a very special combination of flat-footedness (often due to a bad ankle injury) along with a leg length discrepancy (one leg shorter than the other).

Very often people who suffer with this pain pattern have had significant injuries to their leg (for example, in horse-riding or motorbike accidents)

Early consultation can significantly improve the wear and tear on the knee and potentially delay or avoid the need for surgery.



Neck / shoulder pain AND hip / lower back pain

This combination of neck and hip pain is almost always seen in people between the ages of 20 and 40.

Rather than the neck pain and the hip pain being related to a common cause, they are often unrelated – in other words, one thing causes the neck pain and another thing causes the hip pain.

Very often people with this combination of pain also have poor posture - with the head tilting forwards - and their pain may be particularly experienced in certain positions like when driving or sitting at a computer for any length of time.

However, if both types of pain have been experienced simultaneously or for some time, it's likely that you will have started to hold and move yourself awkwardly to try to deal with the pain. This can then create a “locked-in” situation where your muscles are used to moving in an ‘adaptive’ way.

In order to improve matters we therefore have to address BOTH the cause of the neck / shoulder pain, and of the hip / back pain and help you to ‘retrain’ the muscle patterns that have become habitual.

Patient MG writes:

“I have had an excellent experience at Core Physiatry in Warwick. The atmosphere is very friendly and relaxed, whilst being very professional. I have a very positive experience with my clinician who has listened and given me a very comprehensive diagnosis of my spine and neck problems, due to fibromyalgia. I have had pain reducing treatment, relaxation techniques, dental and podiatry aids.

During the past seven weeks I have gained confidence that my neck and back are much improved, as my overall health. This is my first experience of a chiropractic clinic; Core has improved my condition more than physiotherapists or osteopaths ever have.

I have recommended the treatment I have received at Core to my friends and colleagues as I have more movement and less pain.”



Neck / shoulder pain AND knee / lower leg pain

This is an uncommon pattern and one that is most often seen (when it is seen as a single pattern) in people between the ages of 16 and 25.

There is also usually has a history of groin pain (a year to 18 months prior to the knee pain developing, often dismissed as “growing pains”).

Very often the pain is made worse when the person is under significant stress, and is associated to grinding of the teeth, which in turn causes discomfort in the jaw, and alongside the inside edge of the shoulder blade.

When this pattern is seen in people over the age of 25 it is usually associated to a postural problem with some sort of hip discomfort or clicking of the hip and a tendency to roll the foot out. When this is the case there may be a leg- length discrepancy (one leg shorter than the other) which should be solved with the correct ‘raise’ being inserted in the shoe.

If this left untreated it can lead to worsening of the problems and the development of back problems.



Hip / lower back AND knee / lower leg pain

This pattern is quite common in people who are very active and try to exercise regularly. Usually the intensity and frequency of the pain goes up over time and is almost invariably associated to a leg-length discrepancy (one leg shorter than the other) and frequently associated to some sort of trauma to the pelvis.

If left untreated it tends to progress into more severe back pain.

This happens because the body is trying to compensate and over time it goes from stiffness to 'spasming' of the muscles in the back, often with pain in the back of the leg, starting in the 'bum-cheek'.

Most often the knee pain is either on the inside of the knee or the patellar ten- don (the bit underneath the knee cap)

By treating the combined causes we can both alleviate the existing pain pattern and prevent or reduce the progression to more severe back pain.

F.C writes:

"I cannot believe how much this course of treatment has worked. After being in so much pain in my left knee with the osteo-arthritis and limping so much because of this I was considering going to see my GP for a referral back to a consultant to see about knee replacement.

After seeing you on one of my regular consultations for my back and then you putting the magnets on my knee, I was so amazed at how much relief I felt when walking around the room after getting off the couch. Walking was so much easier and hardly any pain.?

Friends and family are so amazed to see me now walking with considerable ease. Thank you so much.

Neck / shoulder pain, hip / lower back pain AND knee / lower leg pain

This combination of neck, hip and knee pain is almost always seen in people between the ages of 20 and 40. Rather than the different pain areas being related to a common cause, they are often unrelated – in other words, one thing mainly causes each pain.

However, if all types of pain have been experienced simultaneously or for some time, it's likely that you will have started to hold and move yourself awkwardly to try to deal with the pain. This can then create a “locked-in” situation where your muscles have got used to moving in an ‘adaptive’ way.

In order to improve matters we therefore have to separately AND simultaneously address the different causes of the pain (for more detail, you might want to look back through the individual pain area pages) and help you to ‘retrain’ the muscle patterns that have become habitual.

Although this pain pattern may seem complex, provided we break down and address the cause(s) of each type of pain symptom, we can make significant improvements.



Amanda Shirtcliffe, Team GB Para Dressage Rider

“My competitive career kicked off in the show-ring, but my heart was always galloping flat out across country and soaring over fences! Over the years I’ve had a few near misses; a particularly nasty rotational fall caused significant damage to my spine resulting in months of rehabilitation, but this never deterred me and I was back hurtling over ditches and hedges as soon as I was able.

In 2012 I was diagnosed with Dystonia, an incurable neurological movement disorder. Both of my legs and my right arm are affected, as is my balance, co-ordination and motor skills. As the disease progresses my body is a lot less obliging than it used to be; getting back in the saddle and regaining my balance is something I’ve had to work hard at. Most people in my position would be content at just being able to ride, but for me it’s not enough. I miss the electrifying buzz and nervous energy of a competition arena.

Stefaan Vossen is a spinal genius; his regular treatment sessions form a fundamental part of my healthcare and without him I wouldn’t be able to stand upright, let alone sit in the saddle and continue riding. He literally keeps me on my spasming feet and I am forever grateful that he has so far kept me walking – albeit in my slightly wonky fashion!”

Headaches, neck / shoulder pain AND knee / lower leg pain

This pattern (when linked) is most often seen in women between the ages of 30 and 50 of slighter build.

The combination of headaches and neck pain is very common and often is due to a simple neck problem which the body is trying to protect by tensing the muscles in the base of neck and skull.

Less commonly there will also be knee pain alongside the head and neck pain.

When this is the case, the knee pain almost certainly has a different cause to the head and neck pain.

However, in some cases, we will see these pain patterns together due to an abnormal posture. This can result in the head being held badly, resulting in neck pain and headaches, and can also cause the knee to be pushed out - causing it to become swollen and painful every so often (particularly when having done a lot of walking or exercising).

By addressing all the causal factors we can achieve a significant improvement in both the knee pain and head/neck/shoulder pain symptoms.



Headaches, neck / shoulder pain AND hip / lower back pain

The combination of headaches and neck pain is very common and is often due to a simple neck problem which the body is trying to protect by tensing the muscles in the base of neck and skull.

Less commonly there will also be hip pain alongside it. When this is the case, the hip pain almost certainly has a different cause than the head/ neck problem.

However, in some cases we see these symptoms together due to an abnormal posture. This can result in the head being held badly, resulting in neck pain and headaches, as well as the hip being pushed out, causing the buttocks to become painful every so often (particularly when having done a lot of walking or exercising). This can also occasionally be accompanied by leg pain (often mistakenly diagnosed as “sciatica”).

When these pains are experienced in combination, they can often cause people to ‘crane’ their neck forward. This in turn makes it difficult to keep the head up high and stand tall – this can in turn commonly cause shoulder pain (usually on the side opposite to where the hip/lower back pain is).

By addressing the different underlying causes of the different pains, we can make a significant improvement to your overall symptoms.



Headaches, hip / lower back AND knee / lower leg pain

This pain pattern is most often seen in men over the age of 40, who carry a little more weight than perhaps they should.

Although carrying weight is relevant, it is in itself not the cause of this pain pattern, but is the thing that puts additional stress onto the body resulting in this peculiar combination of pains.

Very often the knee and hip problem are associated - usually the knee pain started first, followed 6 to 12 months later by hip and buttock pain.

Very rarely, the headache starts from the same problem (a problem which starts in the pelvis and causes torsion in the hips and knees and which is compensated for in the upper body and shoulder girdle, leading to neck and shoulder tension which cause the headache!)

Most often the causes of the two problems (upper body and lower body) are separate, but to be successful both need to be treated. Particularly, the headache may prove to be resistant to treatment unless the problem with the hip is resolved, as this is often the problem which “tips it over the edge”. Or, to put it another way, the headache is made a lot worse by the hip problem (or more accurately, by the way the hip problem is making you hold your shoulders).

This is important to note because headaches can become “habitual” meaning that once established, it can take less and less strain to trigger the headache again, making them more intense or more frequent over time. When headaches have become habitual it means that failing to resolve whatever is causing the hip pain is also likely to mean that the headaches will persist.

By addressing the causes of each of the pain areas, we can significantly improve your overall pain experience.

Headache, neck / shoulder pain, hip / lower back pain AND knee / lower leg pain

We see this pattern most often in people between the ages of 28 and 45 years of age, mostly in men.

People who have this pattern of pain distribution often have a number of different things contributing to the problem - we call it a complex problem (which means it has various causes, not necessarily that it is complex to deal with).

If you are suffering with this pain distribution it probably feels like there is more and more wrong with you or that just as one thing seems to improve another thing can 'flare up' so you never feel good.

This can make people feel "old" when they are really far from it!

Typically, this pain pattern is caused by a combination of 1) A (small) leg length discrepancy (one leg is slightly shorter) 2) a pelvic injury which has taken hold over the years and 3) a problem with the jaw alignment (often linked to a recent filling or the loss of a tooth).

Although this pain pattern can feel very overwhelming and is considered complex, by addressing each of the contributory factors, we can make a significant difference to each of the symptoms and the combined experience of pain.

We hope that you have enjoyed this (e)booklet.

Disclaimer: Clearly, on the basis of very limited information and in the absence of comprehensive face-to-face assessment and conversation, the output and information given here should not be used in place of expert opinion and advice. If you have any concerns about pain or your health in general you should always consult an appropriate professional.

If you have any questions or comments about the (e)booklet or your personal pain pattern [profile please email us at admin@coreclinics.co.uk](mailto:admin@coreclinics.co.uk), call us on 01926 801111 or complete a contact form on our website at www.coreclinics.co.uk. You can also contact us at admin@coreclinics.co.uk if you'd like us to update you when we issue more ebooks or other information that may be of interest.

If you would like to book a consultation with one of our team we would be delighted to help.

If you have found this (e)book useful and think that others might too, please forward the link on!

Thank you, wishing you the best of health, and hoping you have less pain as you Get Going Again!