A GUIDE FOR PATIENTS & CLINICIANS

PAIN-FREE Walking, Standing, Sleeping & Sitting

FREQUENT RELIEF IN 1-3 DAYS

Walking Well Again

NEUTRALIZE THE HIDDEN CAUSES OF PAIN

"Dr. Goldman's book is novel and revolutionary. I recommend this book as a common sense approach to pain management. At last, an author who ties together biomechanics & the important foot/ankle and spine relationship.

This is required reading!"

Mark Young MD

Fellow, American College of Pain Management

Co-Editor, *Secrets of Physical Medicine and Rehabilitation Edition 1,2 & 3*

Without medicine or surgery, get long term relief of symptoms associated with

Arthritis
Fibromyalgia
Spinal Stenosis
PseudoStenosis
Diabetic Neuropathy
Peripheral Neuropathy
Leg Length Discrepancy
Restless Leg Syndrome
Painful Swollen Legs
Poor Circulation
Poor Balance
Flat Feet
and more...

Dr. Stuart Goldman DPM, DABPS,FACFAS

A few letters in support of Dr. Goldman's writings and practice

"Dr. Goldman's book is novel and revolutionary. I recommend this book as a common sense approach to pain management. At last, an author who ties together biomechanics and the important foot/ankle and spine relationship. This is required reading!"

Mark A. Young MD, Fellow, American College of Pain Management
Physical Medicine & Rehabilitation
Professor, Dept of Orthopedic Sciences & Rehabilitation New York College of Podiatric Medicine
Editor, Physical Medicine and Rehabilitation Secrets Editions 1,2 and 3
Author, *"Women & Pain: Why it Hurts and What You Can do?"* (Hyperion)

"This book is a treasure-trove of insights and expertise from a master clinician. Dr. Goldman's approach to physical diagnosis changed the way I think about low back pain. Instead of resorting to medications, injections, or surgery, many people can benefit from improved gait mechanics. **This book is a step-by-step guide to identifying specific problems and implementing practical solutions. Your patients will thank you!"**

Beth B. Murinson, MD, PhD
Diplomate, American Board of Psychiatry and Neurology
Diplomate, American Board of Pain Medicine
Associate Professor and Director of Pain Education
Department of Neurology Johns Hopkins School of Medicine
Author, *"Take Back Your Back"* (Fair Winds Press, 2011)

"Dr. Goldman's work serves as a reminder that all medical progress starts with impeccable observation. **His presentation of the association of spinal stenosis, pseudo stenosis and peripheral neuropathy expands the traditional view and provides a new structure for practitioners to diagnose and treat disorders of the peripheral nervous system**.

This text provides clinicians and patients a novel vision for abetting suffering from these disorders by explaining precise symptom complaints, examination findings, treatments and testable outcomes. The patient case format allows accessibility for patients and reminds practitioners that we serve to holistically improve the lives of people by treating body, mind, and spirit."

Marian Lamonte, MD Chief of Neurology, St Agnes Hospital Baltimore.
Clinical Associate Professor, Neurology, University of Maryland School of Medicine

"Dr. Goldman's new book will be found illuminating to many doctors and patients alike. This book provides a delightfully written overview of techniques, many of which Dr. Goldman has developed himself. These approaches have often enabled him to resolve chronic or severe arthritis and neuropathy pain that had resisted prior care. Over the years many patients of mine have been the beneficiaries of his care. **Readers will take away valuable information that may lead to the same great improvement that so many satisfied patients have already.**

Successful implementation of this book will provide a path to living a more active life with much less pain for many people. I highly recommend it."

Julian Jakobovitz MD, Diplomate American Board of Internal Medicine
Associate Professor of Medicine Johns Hopkins University School of Medicine

As a surgical podiatrist by training who purchased Dr Goldman's previous practice, I am in a unique position to comment on his techniques. I was fortunate to spend time with Dr Goldman seeing patients. My skepticism on his unusual techniques proved unfounded as numerous patients told me that their pain had been relieved. I have been able to help quite a few people thanks to the time spent with Dr Goldman and, as a surgical residency director, I am proud to pass this school of thought on to my surgical residents.

Through this revolutionary book, the podiatry and medical community at large will be fortunate as I was to learn and implement these discoveries in their practices. **This book reveals the links between Spinal Stenosis / Pseudo-Stenosis and painful arthritis, peripheral neuropathy, and the many other medical conditions addressed in this book, and presents innovative paths for successful treatment.**

The timing for this book could not be better. The ART of medical practice is being lost. Too many patients have treatment failure based on tests and imaging, without thorough evaluation. An equally important message to take home from Dr Goldman's wonderful book is the imperative need to ask the right general and specific questions, to listen, to touch the patient, and to watch them walk! How else can we honestly attempt to help our patients with lower extremity pain, and to "Do no harm?"

Kyle J. Kinmon, MS, DPM, FACFAS
Director of Residency Training Podiatric Medicine and Surgical Residency
Bethesda Memorial Hospital Boynton Beach Florida

"I have had many patients over the years who have had the privilege of excellent diagnosis and treatment of their foot problems by Dr. Goldman. He has applied his insights and experience in treating peripheral neuropathies in the foot and illuminating their relationships to spinal stenosis. **All readers should benefit from his knowledge, as well as following Dr Goldman's holistic and common sense approach to help his patients."**

Allen Friedman MD Diplomate American Board of Internal Medicine

"I have known Dr. Goldman for many years and have shared many patients with him. He has a wonderful ability to help people with chronic pain of various etiologies with his non-invasive holistic approach. **He has save many patients from risky procedures and spared them from life with chronic pain.** I highly recommend considering his evaluation and treatment techniques."

Elliot Rothschild MD Diplomate American Board of Internal Medicine
CEO Baltimore Suburban Health

"Dr. Goldman has been taking care of my patients for years. **His diagnostic and therapeutic techniques are applicable for patients with arthritis of the spine, hip, knee, and feet as well as patients with spinal stenosis.** Dr. Goldman's research and resultant techniques have helped many of my patients with these conditions significantly reduce their suffering. The great majority of my patients achieved rapid improvement in their symptoms in an average of 1-2 days. Additionally, use of his therapies reduces cost, as more expensive imaging studies such as MRIs are not needed and referrals to other specialty providers are greatly reduced. I strongly recommend this book for both patients and practitioners."

Miguel Sadovnik MD Diplomate American Board of Internal Medicine

"I am a Geriatric Nurse with 38 years of experience who became crippled by spine and leg pain that was not helped by physical therapy, medicines, or injections, despite efforts by many specialists over 7 years.

Dr. Goldman rapidly relieved all of my symptoms without medication or therapy, and helped me to resume a normal lifestyle, including going back to work full time, without pain, at the age of 68! I recommend that anyone treating geriatric patients study his book, and use his original insights and approaches to Pain Management of Spinal Stenosis, Arthritis, and Neuropathy symptoms. Your patients will thank you!»

Francis Shultz RN BS Geriatric Nurse.

As a Physician Assistant working in Internal Medicine, I see how many patients suffer from chronic neuropathic and degenerative, arthritic pain. Conventional treatment often provides limited or only temporary relief. Through sharing patients with Dr. Goldman, I have been fortunate enough to see many patients reap the benefits from his techniques, rapidly, with greater effect and duration than conventional treatment. **It is my opinion that the practices presented in this book should be considered in the primary care setting as an initial mode of investigation and treatment for neuropathic and arthritic pain, before pharmacotherapy.**

Rachel Richards, PA-C

PAIN FREE Walking, Standing, Sleeping & Sitting
Frequent Relief in 1-3 Days

Walking Well Again

Neutralize the Hidden Causes of Pain

A GUIDE FOR PATIENTS & CLINICIANS to
Abolish Symptoms Associated with

Arthritis Fibromyalgia Spinal Stenosis
PseudoStenosis Diabetic Neuropathy Peripheral Neuropathy
Leg Length Discrepancy Restless Leg Syndrome Painful Swollen Legs
Poor Circulation Poor Balance Flat Feet & other conditions.

Stuart M Goldman DPM
Fellow, American College of Foot and Ankle Surgeons
Diplomate, American Board of Foot & Ankle Surgery
Facilitation Press LLC

Walking Well Again
Neutralize the Hidden Causes of Pain

A GUIDE FOR PATIENTS & CLINICIANS to *abolish symptoms associated with Arthritis, Fibromyalgia, Spinal Stenosis, PseudoStenosis, Diabetic Neuropathy, Peripheral Neuropathy, Leg Length Discrepancy, Restless Leg Syndrome, Painful Swollen Legs, Poor Circulation, Poor Balance, Flat Feet, & other conditions*

Every effort has been made to ensure that the information in this book is complete and accurate. However, neither the author nor the publisher is engaged in rendering professional services or advise to the individual reader. The concepts, practices, and techniques are not intended as a substitution for consulting and receiving guidance from your clinicians. All matters regarding your health should include medical supervision. A clinician can help you rule out the possibility of underlying medical conditions and direct overall treatment, based upon your condition. Neither the author nor the publisher shall be liable for any loss, injury, or damage allegedly arising from any information or suggestion presented in this book.

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INTRODUCTION

You MUST read this first

Do you, or does someone you care for, have any of these concerns:

Spinal Stenosis	Low back pain or arthritis	Pain radiating from the back
Diabetic or Peripheral Neuropathy	Burning or tingling feet or legs	Numbness of the feet or legs
Poor circulation, causing symptoms	Claudication of the legs	Painful swollen legs
Improved walking with a grocery cart	Poor balance	Fibromyalgia
Arthritis of the hip, knee, ankle, or foot	Overall discomfort that persisted or got worse after joint surgery	Feet that are different from each other
Tendonitis of the ankle	Lack of success with orthotics	Restless Leg Syndrome
Leg cramps, day or night	Aching or tired feet	Inability to walk well
Inability to stand well	Inability to sleep well	Inability to sit well
Difficulty arising from a seated position	Difficulty bending over to pick things up	

If so, welcome to *Walking Well Again*.

Believe me when I say that this book is a labor of love. Whether you are a patient seeking help, a family member trying to help a loved one regain the pain-free living and mobility that he or she enjoyed in years past, or a medical professional investigating, welcome.

I am not an academician. I did not spend years in an intellectual ivory tower, hatching theories and testing them. The approaches shared on these pages that can rapidly conquer foot, leg, and back symptoms, were developed "in the trenches" of private practice. I was desperate to help people who were desperate to be helped. You might say that necessity was the mother of invention in the formulation of all my ideas, but I know that I have also had Divine assistance. The result? With these techniques, in the last 15 years, well over 3500 people have been freed of chronic painful symptoms and disability that had defied previous diagnosis or care.

Through the rigors of my private practice and by preparing many articles for publication, my ideas have been refined and improved, and their uses expanded. I now understand the basics of how these approaches work, although I'm sure there is still much to learn. The most important point is that they *do* work. For some conditions, these approaches are effective about *70% of the time*.

If they work, they always work within 1–3 days.

When you attend a live acrobatic performance or view one on TV, you might hear the announcer open with the disclaimer "Don't try this at home." In contrast, the goal of this book is to provide direction that may help overcome problems–and that often can be implemented without medical guidance–at home.

Before you try any suggested treatment, it is important to adequately understand the symptoms. People often do not know the details of the symptoms that cause so much of their suffering and limitation. Heroically struggling to cope, they do their best to ignore the pain. They resign themselves. They adjust. Some have almost given up hope of ever living pain free again.

For your own benefit, it is valuable to take stock of your symptoms first. Chapter 3 contains a questionnaire that you can fill out before and after treatment, allowing you to follow the status of your symptoms. The comparison will help you clearly grasp the benefits or limitations of treatment.

There are, however, circumstances under which you MUST obtain a professional evaluation rather than try the techniques I will share on these pages. While these techniques *might* be helpful for an acute flare-up of a long-standing problem, they are primarily designed to treat chronic problems, not new and sudden ones.

Acute problems involving the back or leg may be dangerous. An extreme but fortunately rare example is a condition called "Cauda Equina Syndrome." Symptoms include severe back pain that may radiate to the legs and may be accompanied by a loss of bladder or bowel control, constipation, and numbness in the genital or anal area. If such a severe change occurs, it's important to be seen by emergency room personnel as soon as possible, and *not* to try to relieve your symptoms at home.

A fracture of a vertebra (bone of the back), a slippage of a vertebra, an abdominal aneurism (enlarged artery), a spinal infection, a kidney stone, or even shingles can appear present with acute low-back pain, which may or may not radiate into the legs. If you have any such symptoms that develop suddenly, seek emergency evaluation as soon as possible. **With sudden or severe back pain, the rule is better safe than sorry. Get it checked out.**

Sudden weakness in a foot or leg could be a sign of a stroke. Coolness or coldness in a foot or leg could be a sign of a circulation blockage, which must be addressed quickly. Redness or swelling on a leg could be caused by an infection, a blood clot, a fracture or tendon problem, or a flare-up of a form of arthritis such as gout—all of which require immediate medical attention.

All sudden changes must be checked out by a competent medical specialist, and quickly. This book is not intended to replace that kind of care.

In contrast, *chronic* symptoms—whether constant or intermittent—in the back, thighs, knees, legs, or feet, can be investigated with the approaches described here. However, I repeat that before you try the approaches I provide, you should properly investigate and document your symptoms by filling out the questionnaire in Chapter 3.

Here ends the mandatory section of this introduction.

The remainder will help you better understand and use this book

By now, you may have noticed that I tend to repeat myself. This is intentional. There are four reasons for repetition in this book.

1. You might not read the whole book! I anticipate that many people will skip to the chapter focusing on their particular problem. Each chapter must therefore be able to stand somewhat independently. Throughout the book, I reinforce basic or essential ideas, as well as refer the reader to the relevant chapters for in-depth understanding.
2. It will help you really "get it." It is well known among medical professionals that important information must be repeated to ensure the best chance that the patient will understand and comply. A visit to the doctor's office induces a natural amount of stress, and if you are in need of help, you may also experience stress while reading this book. Under such conditions, people don't always remember everything they've been told or have read.
3. What I present here is very different from standard medical practice. Please consider the repetition of these ideas as a sign of my commitment to the approaches presented here. I do not make any recommendation frivolously. These ideas and approaches are the product of 14 years of investigation, contemplation, and successful use. Repetition is meant as a reinforcement of my commitment to them, and of my belief in the hope they hold out to so many long-time sufferers.

4. The fourth and final reason is specifically for medical professionals. Repetition and the large numbers of stories included here may induce a new way of investigation and management of the many conditions addressed in this book. Repetition may help clinicians internalize and easily access the approaches I find so helpful.

The ideas and techniques presented in this book are exactly as used in my day-to-day practice. The communication style presented is the kind I employ in my office as well—casual, but hopefully clear and convincing. It is my job as a doctor to make sure the patient understands the potential benefit of my suggested treatment, to the point where he or she is willing to comply with some behavioral changes. It is therefore essential to communicate well enough to bring the patient on board. I hope that in your case, I will succeed.

By writing and sharing this book, I am not claiming to be a world expert in biomechanics, neuropathy, or arthritis. I do not have all the answers. What I do claim is that the information and guidelines shared in this book can help both patients and clinicians get a better handle on the cause of many common symptoms, and can provide guidance on how to improve symptoms rapidly—with a high likelihood of success.

Meet My Website

On my website, WalkingWellAgain.com**, you'll also find interviews of over 120 people who have benefitted greatly from the techniques in this book, many of whom were interviewed both before and after treatment.** I hope you also take pleasure when you see the great changes that these people have experienced. You may find encouragement in their stories, many of which are shared in the relevant chapters of this book.

WalkingWellAgain.com is also a way for you to communicate with me. Writing this book, as well as writing the articles I've published in medical journals over the years, has been a lonely and time-consuming process. One shares information but rarely knows if it accomplishes the desired goal. Please share your story with me. I always enjoy hearing of successful cases. These stories strengthen my resolve. As such, they are a real contribution to my work.

In addition, I may add new recommendations through this site that I could not otherwise share.

Eventually, on the website, I will share many of the ideas in this book, presented as videos, as if we were together in my office. **Because some people (especially the elderly) learn better by listening than by reading, the website may help them better understand their symptoms, and may motivate and guide them to undertake the treatment best suited to provide the relief they crave.** However, since this book has been written in my "free time," I am not sure when that project will be completed.

StoryTime

Throughout the book the phrase ***StoryTime*** introduces a story that shares important details and lessons learned or confirmed by the treatment of one of my patients. Detailed stories of over 85 patients are included in this book. Those patients identified by their first name and the first letter of their last name also have interviews shared on the website. Not all ***StoryTime*** stories will be found on the website. Some occurred prior to my obtaining a video camera to record the interviews. Some stories included information that I felt might be embarrassing to either the patient or the clinicians who treated them. Those individuals are identified only by first name.

How This Book Was Written

When patients walk into my office, they want to know what can be done to help them with whatever concerns brought them there.

The problem presented may be something simple, such as a foot problem that came up a few days ago, or it might involve a severe walking limitation that has been present for years or even decades. I listen to the description of the symptoms, ask a number of questions, and then conduct a physical examination. During the course of the exam I often identify additional concerns that can be addressed and hopefully resolved.

Occasionally I need some sort of testing—such as circulation or nerve testing, blood tests, X-rays, or spinal imaging such as MRIs or CT scans—to diagnose and treat. Although much of the medical establishment here in the United States regularly employs such tests, I find that with age (mine!) and experience I order tests less frequently than I used to. In the great majority of cases, a focused discussion with the patient and a thorough examination are all that are necessary to make the probable diagnosis, and to allow direction of the proper treatment. As long as the treatment relationship is established for the sole purpose of helping the patient get better, rather than for research purposes, that's what is really important: **getting the right working diagnosis and guiding the patient to the desired improvement**.

That's the way this book was written, with the expectation that you have purchased it in order to receive clear direction for your particular situation, leading to a treatment plan that will help relieve your symptoms. I begin by focusing on the symptoms themselves, based on the diagnosis that you believe is causing the problems. I then try to help you (the patient, caregiver, or physician) confront and understand the true nature of those symptoms.

One must then address symptoms that may be caused by spinal nerve compression. By eliminating the symptoms that arise from Spinal Stenosis and what I have dubbed "PseudoStenosis" (to be explained in depth in later chapters)—something that is often astonishingly easy to do—it is then easier to understand which symptoms stem from other conditions. Direction is provided for addressing remaining symptoms.

The book is divided into four sections.

Section 1 includes three chapters that introduce the concepts of the book and that guide you to understand your symptoms.

Section 2, Chapters 4–14, presents a detailed understanding of both Spinal Stenosis (SS) and PseudoStenosis (PS) and mechanisms for evaluation and treatment of these conditions.

Section 3, Chapters 15–26, addresses medical conditions or activities that either SS or PS can mimic or impact. Details are provided on each particular condition or activity, and on how to identify and manage the possible SS/PS component contributing to the symptoms.

Section 4 includes just two chapters, one presenting interesting cases and more lessons learned, and one that summarizes, entitled "Final Thoughts."

For better or for worse, reading this book is quite a bit like speaking to me in person. My wife says that she can hear me saying the words as she reads them. This is how I communicate, and I believe that it is an important key to the success of the approaches I use.

Because of the effort I put into questioning and evaluating my patients, they perceive that I am trying my best to understand and guide them to the right approach. Once a patient knows that his doctor is committed and dedicated, he becomes more willing to cooperate. An old saying has it right: "Patients don't care how much you know until they know how much you care."

This book is directed to patients as well as medical professionals. I deliberately chose editors with no medical background to ensure that the most essential information I provide does not require a medical education to be able to follow.

I have taken certain liberties in format. I make liberal use of modified fonts, having certain phrases in **bold** or *italics*, to draw attention to them. I capitalize certain conditions, testing protocols, and treatment protocols to draw attention that I treat the capitalized phrase as a specific condition or protocol, and not just a description. One such example is "Positional Testing," which is a very specific set of behaviors. I believe that use of the capitalization will help patients recognize these terms as distinct names, which must be understood to be properly addressed. I use spelled-out numbers some **one hundred times**, but also numerals over **100 times** to attract attention to certain

details. The way I have done it may not always be grammatically or stylistically correct, but I sacrifice that ideal in order to make the book more readable for the lay public.

In a similar vein, the pictures of this book are not of professional quality, as they were not done by a professional! Similar to the 120-plus videos on my website, they were primarily taken by me in the office, to try to clearly present the details contained in the picture. Some pictures have too much clutter in the background, and some are not of great quality. I ask that you tolerate the imperfections of the pictures in order to allow them to do their job—to convey information and ideas. I hope that the end result justifies the means.

For the Clinician and the Very Curious

Some sections of this book go into greater detail and will be most useful to clinicians, but they may be of interest to anyone looking for a deeper understanding. I try to present them in layman's language, even though they are primarily for clinicians. These sections are often identified in advance as "For the Clinician and the Very Curious," so if you are not interested in such detail, simply skip those sections.

Be aware that much of the practical information in this book is completely original. Some of it I have already published in peer-reviewed journals. These journals, including the research journals of the American Podiatric Medical Association, the American Diabetes Association, and the British Diabetes Association, as well as the *Journal of Family Practice*, are strict about the data and observations that they publish. Some of the observations and techniques that allow me to help people have not been previously published, in part because of a lack of controlled data. **My observations and suggestions must therefore be taken "with a grain of salt."** Though the treatments presented have proved helpful for some 3500 patients, this treatment has taken place within private practice and not within the parameters of research that has been clinically documented well enough to publish.

This is how I practice in my office; my patients reap the benefits of real-life experience and empirical knowledge. It is my hope that you, the reader, will do the same.

Some of the information presented in this book is not original. A number of ideas and articles have been published by others over the years, which has helped me greatly in developing the protocols that I present here. I share these protocols the way I use them, and I fully acknowledge that I stand on the shoulders of giants in the fields of biomechanics, orthopedics, physical medicine, and other specialties. Specifically, some of the guidance provided in Chapters 12 and 19 is based upon great information I have learned from literature or lectures—much of which, unfortunately, has not yet become integrated into mainstream medicine. In the *Appendix* at the end of the book here is a list of excellent resources.

Why This Book Was Written

In my opinion this information is necessary for the optimal practice of not only podiatry, but also primary care, geriatrics, vascular medicine, orthopedics, rheumatology, neurosurgery, endocrinology, neurology, physiatry, sleep medicine, cardiology, chiropractic, and physical therapy. All of these fields commonly deal with individuals who have Lumbar Spinal Stenosis or PseudoStenosis. Both conditions greatly affect a patient's quality of life, in recognized and, quite frequently, unrecognized ways.

The approaches shared here allow easy, inexpensive, safe, and rapid identification and management of Lumbar Spinal Stenosis and PseudoStenosis for so many people, that I am convinced they should become part of standard medical practice. This book is meant to provide an ordered set of answers to the questions that could be asked in all of the medical fields listed above.

The information contained in *Walking Well Again* has the potential to help millions of Americans as well as millions of others around the world. For many years my practice has enjoyed good-to-excellent improvement in approximately 70% of our patients with Spinal Stenosis and PseudoStenosis, but closer to a 50% success rate with individuals suffering from many of the other conditions addressed in the later chapters. These figures are in part

based on small, retrospective, in-house studies, some of which I have published, and they are reflective of the overall success seen in my practice. **As I will repeat throughout this book, almost all patients who improve with these methods do so in just 1, 2, or possibly 3 days.**

I have tried many times to get universities and top researchers to partner with me in investigating some of my approaches, so far without success. The lack of randomized controlled studies of these approaches is not because I am avoiding them, but rather because I cannot conduct them without help, and as of today—December of 2015—I have not yet been able to obtain that help.

My lack of success in the research end of this endeavor stands in glaring contrast to the incredible and frequent success I've seen in my clinical work. Such success obligates me to share this information. That obligation, I hope, is fulfilled with this book.

How do I know these things that other doctors don't? I certainly do not claim to be smarter than the next doctor. However, because of my family upbringing and time spent with some wonderful, sincere physicians, I try to approach every patient with a deep desire to help him or her. As I became known for putting in the time and effort to try to solve long-term problems, more patients with similar problems came to me, often referred by their physicians, family, or friends. Their desperation, combined with their expectation and hope that I would be the one to help them, drove me to think—and, at times, obsess—about the common, unresolved problems that I saw repeatedly in my practice.

I hope the reasons why this book was written are now clear. I believe that the insights and techniques I use can guide clinical improvement for millions of people. I have worked hard at understanding—not as a researcher, but as a clinician who pays attention to details and strives to help my patients. Theory has followed practical success, as much as the other way around. I firmly believe that Heaven has helped me greatly in the areas that have brought about the greatest success. To date, I believe that I have helped bring about dramatic improvement in the quality of life of some 3500 people with the techniques presented in this book.

My hope is that this book results not only in individual success stories and in clinicians being brought on board to make use of the information I've presented, but also in the beginning of the sort of medical research, thus far lacking, needed to support this approach. I hope that any such investigation will be embraced by top-quality researchers and will not be held back because of its humble beginnings or the limitations of its originator.

* * * * *

On a personal note, allow me to share something that still amuses me, 39 years after the fact. While I never aspired to write articles or books, I've always enjoyed dabbling in music. In my first year of podiatry school, impressed by the intensity of the studies that were meant to prepare us completely as medical professionals (for which I am grateful), I wrote a song called "The Finals Lullaby," patterned after Tom Lehrer's "MLF Lullaby." One of the verses went as follows: "A doctor is a doctor; / You must know it all. / One day you'll have to help / The neurologist down the hall."

And so, with that unwitting prophecy fulfilled, welcome to *Walking Well Again*.

Stuart Goldman, 2015

SECTION 1

Confronting the Challenges of Individuals

CHAPTER 1

Walk Well, Stand Well, Sleep Well, and Sit Well

I smiled in welcome, as I've done every day for over thirty-three years in my podiatry practice, and said, "Tell me why you're here today."

The woman sitting opposite me was a new patient, aged 45, referred by her internist. I saw from the history she'd filled out that she'd been suffering from Lupus for the past three decades.

"Well," she began, "my right heel has been hurting for several months."

I looked at her feet for a moment, and familiar warning bells went off in my head. I nodded encouragingly. "Anything else?"

"My feet and legs really hurt when I walk."

Knowing the potential of her particular problems to cause other symptoms, I asked another question—a common one. "Any back pain, neck pain, jaw pain, or headaches?"

She hesitated. "I know you're a foot doctor, so I didn't think to write it down . . . but my back aches something awful when I walk, too. And my jaws hurt—TMJ."

"Actually, that's not at all uncommon. And I'm interested in *all* your symptoms." I leaned forward. "Approximately how long after you start walking do you have to stop because of the pain?"

"After just a few minutes usually." She grimaced. "And it gets worse as the day goes on. By midafternoon," she said with simple resignation, "I can barely walk at all."

"Really? How do you get around the house?"

She looked me right in the eye, resigned to the pain, but seeming to be relieved to be finally discussing it. "Afternoons and evenings, I get up the stairs . . . by crawling."

The picture she painted made me wince. "How long has this been going on?"

"Almost 5 years now."

I asked some other questions, and then examined my patient carefully. Afterward, she listened intently as I outlined my plan of action.

Within 3 days, she was Walking Well Again. Everywhere. All day long. Up the stairs and down.

A miracle?

Not at all. Just good, solid medicine.

* * * * *

At least several times each week, someone comes into my office with symptoms that have held them back from enjoying life, often for many years. Each of them describes difficulty walking, standing, and even sleeping, usually associated with foot, leg, or back problems. After I treat them, these symptoms, which may have been present for a long period of time—and which, interestingly, are often not even the reason the patient came to my office in the first place—are usually much improved within a few days, and often as early as the next day.

The positive results that I've had by combining original insights and techniques with methods I've learned from other practitioners and publications have become the impetus for this book and the corresponding website. For years, I have actively sought out patients who were unable to find relief elsewhere. And with most of them, I've had a very high success rate—as I hope to share on these pages.

Welcome to *Walking Well Again*.

The Art of Investigation

The first thing I do upon meeting a new patient is ask what brought him or her to my office. I listen attentively to the complaint that impelled them to make the appointment. Then, after hearing the patient's initial concern and conducting a brief physical examination, I ask a few simple questions: Do you have any other problems with your feet and legs? Do you have difficulty standing or walking? How far are you able to walk before you have to stop for any reason?

Sometimes it is difficult for patients to open up. If they are especially hesitant, I ask them to humor me. "Pretend that all your problems can be solved, if only I could get a clear description of them." With this encouragement, I am usually treated to a narrative that includes a great many additional woes. Many of my patients have been suffering with their symptoms—which cause difficulty not only in their walking, but also in their ability to stand or even sleep—for months, years, or even decades.

Over the years, I've become a bit smarter, incorporating additional questions into my patient history form. Here is a sequence from that form:

Chief complaints or concerns at this time:

*1.*_____ *2.*_____
*3.*_____ *4.*_____
*5.*_____

Duration of problems:

1. _____ *2.* _____ *3.* _____
4. _____ *5.* _____

Have you been treated for this by another clinician? *___No ___Yes*

Prior Treatment: _____

Please circle current concerns:

Bunions	*Burning feet*	*Morton's Neuroma*	*Foot or leg pain of unknown cause*
Hammertoes	*Arthritis of:*	*Ulcers or infections*	*Difficulty:*
Tendon pain	*Foot Ankle Knee*	*Walking limitations from foot or leg pain*	*Standing Sitting Getting up*
Corns & calluses	*Hip Back Neck*	*Foot or leg pain or cramps at night*	*Poor balance*
Ingrown & fungus nails	*Flat Feet*		*Spinal Stenosis*
Skin growths	*High-Arched Feet*		*Back pain*
Neuropathy	*Heel & arch pain*		
	Diabetic foot care		

Other _____

Call me a medical detective. Through these and other questions, and by taking the time to encourage and build upon the answers and doing a detailed but specific physical examination, I investigate the symptoms that have been afflicting my patient for a very long time. I "attack" each case as if it were a fascinating medical mystery—which, indeed, it often is. By eliminating possibilities and peeling away irrelevant or erroneous conclusions, I usually come to the crux of the matter—the source of the patient's pain or discomfort that is hampering his or her ability to walk and live well.

Only when the mystery has been solved does it become possible to properly treat the problem. Using the insights and techniques presented in this book, I can usually reduce or eliminate the symptoms within a matter of days.

The Kinds of Symptoms and Problems Addressed

Here is a smattering of case histories, each presented in detail later in this book, many of which seem hopeless at first glance. In my office, such cases are frequently resolved on a daily basis.

- A 74-year-old woman with diabetes, whose severe leg and foot pain prevented her, over a period of 14 months, from walking for even a few minutes, and who was told that her only option was Spinal Stenosis surgery (which had a good chance of failing).
- An 82-year-old woman with severely swollen legs from Lymphedema, for years unable to stand or walk for more than a few minutes without pain.
- A 90-year-old man who experienced a burning sensation in his feet every night in bed from idiopathic neuropathy, as well as difficulty walking—all this for over a decade.
- A 25-year-old woman with foot and leg pain, knee pain, hip pain, back pain, and headaches dating back to her junior high school days, and who had not improved with anti-inflammatory medication, physical therapy, acupuncture, or chiropractic manipulation.
- A 48-year-old man with burning, tingling, and aching in his feet and legs for 16 years, attributed to neuropathy caused by either HIV/AIDS or the medication used to control that condition.
- A 22-year old woman with moderate foot and leg pain but worse neck and shoulder pain that had bothered her for several years.
- An 80-year-old woman diagnosed with Diabetic Neuropathy, who for more than 5 years suffered severe foot pain in bed at night and while walking, and who did not improve with medicine.
- A 16-year-old high school runner who for 18 months suffered back and leg pain brought on by running and even extensive walking.
- A 70-year-old man who suffered hip and back pain for 25 years despite extensive medications and physical therapy.
- A 70-year-old man with balance problems that had developed gradually over the prior 2 years, with no help from neurology or physical therapy management.
- A 60-year-old man with difficulty walking because his legs got tired, often after only one block. He was told his problem was due to poor circulation and that surgery was not an option. He became inactive and gained a great deal of weight during his years of a forced sedentary lifestyle.
- A woman in her 40s diagnosed with Fibromyalgia, suffering back, leg, and ankle pain for over 15 years, causing difficulty standing, walking, sitting sleeping, with an inability to pick things off of the floor.
- A 68-year-old woman with severe Flat Feet, who underwent surgery with perfect-looking results by a world-class foot and ankle surgeon—but who continued to experience the same foot pain she'd had for the previous 10 years.

- A 68-year-old man suffering back pain that radiated down his left leg when he was sleeping, who, as a result, had slept very poorly for more than 5 years.
- A 68-year-old woman with chronic back and knee pain that caused difficulty walking or standing for even a few minutes, despite knee replacement surgery and a total of 20 spinal and knee steroid injections.
- A 74-year old woman who suffered a minor stroke, and subsequently experienced back and leg pain that prevented her from standing or walking for more than 5 minutes, and from climbing stairs at all—all this for 1½ years.
- A 49-year old woman who had back and leg pain frequently present while sitting or lying down, and who had back and leg stiffness that usually lasted for several minutes when she arose from sitting or sleeping.

And, of course, there was our 45-year-old woman with Lupus, who'd been forced to crawl upstairs every day for 5 long years.

Each of these patients saw dramatic improvement in his or her symptoms after just one or two visits to my office. In each case, a simple treatment protocol proved far more effective than the medications, injections, therapies, or surgeries they'd had in the past. Even more importantly, each patient maintained the improvement once it was achieved. **I believe this was because we addressed *the cause of the problems*, rather than simply using something to *mask the symptoms.***

This book is dedicated to providing some new insights and combining them with medical information that is published but underutilized, to help patients, their families, and their physicians understand, recognize, and solve these kinds of problems. This chapter will serve as an introduction, outlining the basics of what this book will do, and how, and why.

The Value and Challenges of Walking

Walking has many benefits. As we age, walking is, for most people, our primary form of exercise. Whether a person remains strong, grows weaker, or regains lost strength is to a great extent determined by his or her pattern of walking. Walking well—or, for many, Walking Well Again—is the gateway to independence, work, good health, and the ability to fully enjoy life.

I'm not suggesting that people who cannot walk well are doomed. Many people who are unable to walk well, or at all, still lead rich and full lives. They work, have families, and may live either with loved ones or independently. Many have learned to cope in remarkable ways, to their credit and to the credit of those who help them.

And yet the ability to walk well is an integral part of living. The loss of this vital ability can have a host of negative effects. The root of this loss of mobility—which may include back pain, foot or leg pain, arthritic pain, neuropathy symptoms, poor endurance, overall weakness, poor balance, and even Shortness of Breath—can quickly or gradually change so many aspects of the life that many of us regard as normal. Losing the ability to walk well, for a person accustomed to walking well, may lead to depression, weight gain, increased inflammation in the body, loss of strength, loss of self-esteem, diminished thinking ability, and even loss of independence. Inability to walk also reduces an individual's ability to combat chronic illnesses, such as heart disease and diabetes.

In the recent past, dozens of scientific articles have documented the enormous physiological and psychological values of active walking. For this reason, striving to keep that ability, and taking advantage of methods aimed at maintaining or regaining it, are key components to aging gracefully, successfully, and independently.

I am belaboring this point to encourage all my readers to take full advantage of what this book has to offer. My approaches are certainly not typical, nor are they standard, facts which may lead some people to resist them. By emphasizing information that most of us already know instinctively, but which has also been validated in numerous medical studies and scholarly articles, I hope to encourage you to open yourself to a whole new set of approaches.

Approaches that work. Approaches that will hopefully lead you, and a great many others who pick up this book, to resume Walking Well Again.

* * * * *

If you are a patient, reading this section will reinforce the value of walking and the importance of regaining your ability to walk. It should urge you to seek the relief available, even at the cost of a little inconvenience. The effort will be more than worthwhile, if it results in your being able to walk well again.

If you are a clinician, this initial chapter is designed to accomplish two goals. First, it is a reminder of the importance of being able to walk well and of the effect walking ability has on the life and lifestyle of your patient. **Second, it stresses the vital need to routinely and aggressively investigate certain details.** As we will discuss in Chapter 5, taking a thorough and exacting walking and Positional History—learning the details of how well your patients walk, how far they walk, what assists them in walking, and what limits them—is essential to helping the patients to the best of your ability. By asking these questions and following up on the details, you will identify a great many people who have previously unaddressed walking difficulty—most of whom can be helped easily. This book provides the necessary information for you to help the great majority of these people.

For both groups, *Walking Well Again* will introduce you to techniques that I use on a regular basis with my patients, techniques that have already helped thousands of people.

* * * * *

Despite its title, this book deals not only with walking, but also with the associated areas of standing, sleeping, and even sitting. Though I will touch on various other issues, these are the primary focal points.

Before addressing the main point of this chapter, I'd like to lay some groundwork.

Let me share something that all clinicians know: medicine is an art as well as a science. The diagnosis of the cause of specific symptoms is often unclear or uncertain. When practicing medicine, even the most sincere and dedicated doctor does best with a correct diagnosis upon which to base his treatment. Unfortunately, sometimes a doctor is presented with a previous diagnosis of a condition that is incorrect. At times, the diagnosed condition is not really present at all. Frequently, the condition *is* present but is not the primary cause of the presenting symptoms.

Again, a correct diagnosis is essential for treatment success. Having the right antibiotic for the wrong bacteria does not work. Similarly, the right treatment for the wrong diagnosis in the area of walking difficulty is not likely to provide more than partial and temporary help for the patient.

Some causes of difficulty walking *(not a complete list)*

Alcoholic Neuropathy
Anemia
Arterial insufficiency (ASO)
Arthritis, tendonitis, or bursitis
Cervical Myelopathy/ Stenosis
COPD causing Shortness of Breath
Congestive Heart Failure causing Shortness of Breath
Dermatomyositis
Demyelinating Peripheral Neuropathy such as CIDP or MGUS
Amyotrophy
Diabetic Peripheral Neuropathy
Equinus (tight leg muscles)
Flat Feet
Fibromyalgia
Hypothyroidism
Lymphedema
Lumbar Spinal Stenosis
Muscular Dystrophy
Multiple Sclerosis
Myopathy
Normal-Pressure Hydrocephalus
Obesity
Old Age
Peripheral Arterial Disease (PAD)
Peripheral Neuropathy
Parkinson's Disease
Pernicious Anemia
Poor conditioning
Popliteal Entrapment Syndrome
Polymyositis
PseudoStenosis
Sickle Cell Anemia
Stroke
Spinal Stenosis
Venous insufficiency
Vitamin B_{12} deficiency

There are many conditions that are diagnosed as the cause of walking difficulty. Any could possibly be associated with a significant reduction in a patient's ability to walk.

The Challenges of Standing and Sleeping

Standing is an essential skill, an effort requiring endurance and balance that we take for granted from the time we are very young. With age, or after an injury or illness, standing can become a chore for many people. They find themselves shifting from side to side, needing a cane for balance, or having to sit down frequently for no apparent reason. This sort of thing is not necessarily addressed in standard medical practice. Yet an inability to stand is a trap, because it prevents a person from feeling secure when walking, and it retards the independent performance of those daily activities that may give life meaning.

Some causes of difficulty standing *(not a complete list)*

Alcoholic Neuropathy
Anemia
Arthritis, tendonitis, or bursitis
Baker's cyst
Lymphedema
Cervical Myelopathy/ Stenosis
Deep Vein Thrombosis
Inner ear disorder
Multiple Sclerosis
Muscular Dystrophy
Myopathy
Orthostatic Hypotension
Parkinson's disease
Peripheral Neuropathy
PseudoStenosis
Spinal Stenosis
Venous insufficiency

Some causes of nighttime foot or leg symptoms *(not a complete list)*

Arterial insufficiency (ASO/ PAD)
Arthritis, tendonitis, or bursitis
Baker's cyst
Charley horse (leg cramps)
Electrolyte imbalance
Fibromyalgia
Growing pains
Hypothyroidism
Restless Leg Syndrome
Peripheral Neuropathy
Polymyalgia Rheumatica
PseudoStenosis
Sciatica
Sleep Apnea
Spinal Stenosis
Venous insufficiency

There are many factors and conditions that are diagnosed as the cause of difficulty standing. Any of these conditions could possibly be associated with a significant reduction in a patient's ability to stand.

Perhaps you have been diagnosed or the person you seek help for has been diagnosed with one of these conditions as the cause of the difficulty in walking or standing. That diagnosis may be either totally correct, partially correct, or completely incorrect.

The third symptom we will look at is the inability to sleep comfortably and effectively. As a podiatrist, I was never taught to address this issue, and yet it has become something that I frequently address in my patients. This will be addressed in Chapters 21 and 22.

There are many factors and conditions that are diagnosed as the cause of difficulty sleeping. Any of these conditions could possibly be associated with nighttime foot or leg symptoms that make it hard to get a good night's sleep.

Of course, Sleep Apnea is well recognized as a common cause of sleep pathology. As we will see, this can actually have a strong relationship to lower-back and lower-extremity symptoms.

The Twin Culprits: The Common Hidden Causes of Pain

You will note some overlap on the above lists. Several conditions appear in all three lists and can interfere with a person's ability to walk, stand, and sleep well. **It is my opinion, and a major emphasis of this book, that one certain pair of conditions is the primary culprit.** Understanding this is the key to helping improve the health of millions of Americans and saving our wonderful country $10 billion or perhaps even $20 billion in health care costs each year.

Spinal Stenosis and PseudoStenosis

A great many people are told that the difficulty they have walking, standing, and sleeping is caused by one of the many conditions listed above—when the actual sole cause, or a strongly contributing cause, is either Spinal Stenosis

or PseudoStenosis. When a diagnosis is incorrect or incomplete, the resultant treatment plan is most likely doomed to failure.

Similarly, a great many people are told that their difficulty walking, standing, and even sleeping is caused by Spinal Stenosis, when the real cause—or a strongly contributing one—is what I have termed "PseudoStenosis." **I feel strongly that every Spinal Stenosis patient should be investigated for possible PseudoStenosis.**

Traditional treatment for Spinal Stenosis, such as physical therapy, epidural injections, and surgery (including implants, laminectomy, or even fusion), may provide a patient with only temporary or incomplete relief because PseudoStenosis contributes to the problems, making the original diagnosis either erroneous or incomplete. **PseudoStenosis, as we will see, is a fairly deep and involved subject, but it is often easy to identify and treat.** Sometimes it can even be treated at home by the patient, without professional help.

Even if the diagnosis of Spinal Stenosis is indeed correct, extensive research has shown that standard treatment often provides incomplete or temporary relief, and that even invasive treatments such as injections or surgery may provide only limited help. There is therefore a great need for successful conservative treatment for true Spinal Stenosis.

"Spinal Stenosis" refers to a condition in which there is narrowing of a pathway within lower spine structures that can cause local or referred symptoms. "PseudoStenosis" is a term I have selected for a condition in which lower-extremity dysfunction causes the spinal canal to function as if Spinal Stenosis is present.

This book will aid you in differentiating these conditions from each other and from other conditions, help you understand their effect on the spine and on a variety of lower-extremity symptoms—and will direct treatment that often provides relief in 1–3 days.

Most important, by identifying and addressing the fundamental problem of either Spinal Stenosis or PseudoStenosis, we can usually achieve the goal: ***a sustainable fundamental alignment****, that allows the person to heal, and maintain the improvement long term.*

What is needed is a protocol that is safe, rapidly effective, and inexpensive. A protocol that does not interfere with other possible treatments and that can help clarify the diagnosis. **After experiencing success with over two thousand patients over the last thirteen years, I have developed just such a diagnostic and treatment protocol for true Spinal Stenosis.**

* * * * *

How do you arrive at a proper diagnosis? How do you separate the causes of symptoms in patients suffering from multiple problems? How do you test to see if your suspicion is correct? If your diagnosis is validated, how do you treat the condition? How can you guide the patient to long-term management to prevent or address recurrence of symptoms and to eliminate the need for additional expensive and disruptive tests and treatments?

For patients with difficulty walking (or standing, sleeping, or even sitting), as well as for the clinicians and caretakers of such individuals, this book promises to provide some answers. In the next chapter, we will discuss how the use of symptoms as "clues" can serve as a basis for suspecting and differentiating the different conditions that may cause the lower-extremity symptoms that interfere with walking.

Seeking the Best Options

There are many ways to skin a cat. While I find that my methods are frequently effective, quick, and safe, and that they help differentiate the causes of the symptoms, there are, of course, other ways to treat those symptoms. If the root of the problem is Spinal Stenosis, standard treatments may be successful. However, in my experience, physical therapy often provides only limited and temporary relief and often requires weeks or months and thousands of dollars to bring about even this limited success. Epidural injections often provide real relief, but their effect is usually temporary. Surgery often helps, but it has its share of failures and complications.

The most insidious interventions, perhaps, are the medications used to treat pain. According to a report published by the American Gastroenterological Association, each year the side effects of NSAIDs (non-steroidal anti-inflammatory medication)—including aspirin and ibuprofen—hospitalize over 100,000 people and kill 16,500 in the United States, mostly due to bleeding stomach ulcers. Many sources report that use of NSAIDs increases risk of stroke or heart attack. Many articles report that narcotics and antidepressant medications significantly increase the likelihood of falls in senior citizens.

I am not condemning the use of medications when necessary, but merely stressing that they come with common risks and side effects. In my opinion, they are warranted only if a successful outcome cannot be obtained with safer, readily available treatment.

The approaches described in this book can help millions of people achieve significant clinical improvement without the risks, costs, and ongoing demands of the other treatment options, including medications, therapy, injections, and surgery. These approaches need to be given full clinical-research evaluation. Until that happens, I encourage patients and clinicians to use the information provided on these pages to the best of their ability.

Relief in 1–3 Days

An essential point: Any positional or mechanical management that I describe in this book, when effective, will provide relief of symptoms within 1–3 days. The intervention should never be physically uncomfortable.

To see if you will benefit from these approaches, it is best to undertake the following steps:

1. Understand your symptoms.
2. Document your symptoms.
3. Investigate whether you may have Spinal Stenosis or PseudoStenosis contributing to your symptoms.
4. Try treating the symptoms, usually with the appropriate Mechanical Testing or Positional Testing.
5. Follow up based on the results of testing, and deal with your remaining symptoms, guided by the appropriate chapters.

The following chapters will start you on your journey.

Supplemental Information

Throughout the book, you will often find a summary or supplemental paragraph at the end of a chapter, or even at the end of an individual section. Its purpose is to reinforce or emphasize important points or to qualify a point to prevent any misunderstanding. Here are a few points that I'd like to make right now, to wind up this initial chapter:

1. I want to be clear on expectations. **In my practice, we achieve good (50%–74%) to excellent (75%–100%) improvement in about 70% of patients with either Spinal Stenosis or PseudoStenosis, usually within 1-2 visits, with success within 1–3 days of proper treatment.** I believe that the guidance provided in this book can help clinicians, and often even individuals, achieve similar improvement. Bear in mind, however, that *only* about 70% of such patients will be quickly helped by treatment, and not 100%. In addition, although these techniques have helped many people with "Failed Back Syndrome," in which pain persists despite spine surgery, the success rate for this group is lower than in those who have not had back surgery.

   In addition, symptoms associated with other conditions such as neuropathy, or circulation or swelling problems, or lower-extremity or spine arthritis, are helped less frequently with these approaches, closer to 50% of the time, also within 1–3 days of appropriate treatment. You may be able to treat yourself with the techniques I provide on these pages, or you may require follow-up with a good podiatrist or physician. However, even if you need to seek help from a professional, success may be far more likely when their efforts are combined with information from this book.

2. **More than 85 stories are presented in detail in this book.** They make up an interesting variety of case histories and give both patients and clinicians an insider's view of the great results I enjoy. Over 55 of these people are identified by name, and sections of interviews they gave are available **on the website, WalkingWellAgain.com**. They are among the 120-plus patients whose interviews are also shared there. These are not interviews recorded in a studio, rather in my office—with my patients talking to me and the camera during office visits.

   Many people gave multiple interviews, sharing their stories and symptoms at the initial visit, and then reporting on their improvement days, weeks, or months later. In most cases, I have follow-up confirming persistent success.

   Lesley J, the young woman whose story is found at the beginning of this chapter, has interviews from her initial visit and three subsequent visits shared on WalkingWellAgain.com.

3. **This book is not a substitute for medical care but a supplement to it.** I communicate with my readers the same way I do with patients in my office. Nevertheless, patients should continue overall management of their condition with a qualified clinician.

4. **This book is not meant to address significant or sudden changes.** If sudden, significant changes in spine or lower-extremity symptoms occur, they might signify a major problem in the spine (tumor, fracture, infection, etc.) or in the circulation (blood clot, arterial blockage, etc.), or they might signify other problems that need to be addressed by a medical or surgical specialist. Please discuss this sort of development with your primary care provider and seek emergency help if recommended.

   With these points understood, on to the journey.

CHAPTER 2

Symptoms: Understanding Them and Using Them

Symptoms are actually a double-edged sword. On the one hand, pain, burning, or numbness can drain away a patient's quality of life. These symptoms can make it hard to stand or walk, hard to sleep or sit, and hard to concentrate. Sometimes they prompt people to take pain medications that may have serious consequences. As such, the symptoms can truly take the wind out of the sails of a person trying to lead a normal life.

On the other hand, pain and other symptoms are often important warning signs. After all, a child only learns to avoid touching a hot stove because the heat causes pain, which can serve to prevent any real harm from being done. Pain, unpleasant as it is, is an essential part of life in that it frequently stops people from seriously damaging themselves.

Nevertheless, as useful as pain is, we often spend a great deal of effort and money—sometimes taking dangerous medications or submitting to difficult surgical procedures—in our effort to avoid it.

It's important to understand the difference between pain that serves as a warning signal and pain that develops because of an illness or other pathology. Obviously, we want to retain the "warning signal" kind of pain that prevents us from damaging ourselves. We also want to eliminate the discomfort that keeps us from our normal activities. Reducing or even eliminating chronic pain by addressing the root causes is a primary goal of the protocols presented in *Walking Well Again*.

Medication: Friend or Foe

One problem with strong pain medication is that it can block warning pain from being perceived and thereby prevent people from knowing when they're harming themselves. Another problem, more common, involves the complications that can be caused by taking such medications. Anti-inflammatory medications can cause gastric ulcers and increase likelihood of heart attack or stroke. Narcotics, antidepressants (such as Elavil or Cymbalta), and anticonvulsants (such as Neurontin [Gabapentin] or Lyrica) can also lead to problems—the most serious of which, for older patients, might include loss of mental function or loss of balance, which can lead to falls, fractures, and other serious complications.

While I *occasionally* use such medications in my practice, I strive to avoid them just as I strive to avoid surgery. Instead, I attempt to deal with the **cause** of the symptoms whenever possible, to obviate the need for medications that can cause such severe complications.

Use of Medications as You Evaluate Your Symptoms

In this stage, as you are evaluating your symptoms in order to understand and treat them, there *may* be value in reducing your use of medication for a few days. Here are some thoughts on this matter.

If the medication is blocking all or almost all of your symptoms and your goal is to reduce your use of the medication, then it may be necessary to stop the medication before evaluating your symptoms or trying any treatment. Why? If medication is blocking your symptoms, then you will not know what your symptoms currently are, and will not be able to perceive any improvement with treatment.

If, however, the medication for symptoms provides only limited help and you are still aware of details of symptoms, you will be able to perceive improvement with treatment. If this is the case, you can wait to decrease your use of medication until after you see improvement with the treatment.

That is the basic approach I use in my office.

One qualifier: Medications such as anti-inflammatory medicine or narcotic painkillers can usually be stopped and resumed without significant risk. Some other medicines used to treat pain need to be dosed carefully and reduced gradually to prevent complications. For example, incorrectly stopping anticonvulsant medications such as Neurontin (Gabapentin) or Lyrica may cause seizures. Other commonly used medications, such as antidepressants, or the pain medication Tramadol (Ultram), may require gradual changes or close monitoring. **Therefore, talk with your doctor before adjusting your prescription medication.**

Paying Close Attention to Symptoms: Is That Giving In?

Many people, striving to maintain their independence, do their best to ignore their symptoms. I must confess that I find this heroic. Such patients live with arthritic or neuropathic symptoms or weakness and do whatever they can for themselves, struggling mightily not to be a burden on other people.

Just as there is heroism (all too infrequently recognized) in the everyday lives of people who work to support their families, parents who take care of their children, children who take care of their parents, and individuals who volunteer to help others despite their own challenges in life, there is also heroism in living with symptoms believed to be untreatable with a minimum of fuss and complaint. These heroes of everyday life cope valiantly with the challenges that come with their reality. For those who struggle to maintain their ability to be active and independent despite significant symptoms—hats off to you!

The sad thing about this is that symptoms once believed to be untreatable often *are* treatable—a vital fact that was the impetus for this book.

Although I applaud the heroism of a stoic attitude and recognize the logic in trying to ignore symptoms while going about your lives, in this chapter I ask you to change your approach, at least temporarily. While many of you have struggled to ignore your symptoms in an effort to keep them from affecting your quality of life or the scope of your activities, **I now ask you to pay close attention to the details of your symptoms**.

In the following chapter, you will find a scale developed for the specific purpose of identifying as completely as possible all the symptoms present in the lower extremities and back that affect your ability to stand, sleep, walk, or perform everyday activities of almost any type.

At first, this new approach may feel like a burden. It may seem draining or un-heroic to pay attention to your pain and limitations. However, there are very important reasons for doing so.

The Importance of Details

It is important for both the patient and the physician to be able to track improvement in specific symptoms in order to judge the success of treatment. A person who initially reports severe foot pain seven nights a week—a "10" on a scale of 1–10—while trying to sleep on his back, has a clear picture about the intensity of his symptoms and their effect on his quality of life. If, after treatment, he still experiences symptoms, but his pain level is now only a "2" on a scale of 1–10 and occurs only a few times a week, we understand that there has been an excellent but not

perfect improvement. The fact that there are still symptoms present would not mean that the treatment was unsuccessful and should be terminated; it just means that the improvement has been great but not perfect.

I have occasionally had patients come into my office and express dissatisfaction because they were still symptomatic. However, when they reviewed their own evaluation of their symptoms before treatment, they realized that the treatment had brought about significant improvement and was worth continuing. The best way to successfully track improvement in symptoms is to clearly define the level and type of symptoms before treatment begins. This is a primary reason for the detailed questionnaire that I share in the next chapter.

Details can guide the doctor's understanding of the symptoms' underlying cause. Many people present with foot, leg, or back symptoms that derive from multiple causes. If a patient reports a level-9-out-of-10 burning pain in the feet after standing or walking for more than 5 minutes, and suffers level-2-out-of-10 pins and needles in the feet when sitting, these symptoms would strongly suggest that the burning pain is caused by Spinal Stenosis or PseudoStenosis, while the pins-and-needles sensation could be caused by neuropathy. If, after treatment for the spine, all the burning is gone, but the pins-and-needles sensation lingers, then I would suspect a separate condition and try to treat that in its turn.

In other words, if after treating one condition there is excellent overall improvement in terms of eliminating or reducing one set of symptoms, it is likely that whatever symptoms remain are due to a second condition. This is the approach that I have used so successfully in my practice and which I would like you to be able to use successfully for your own symptoms. For this reason, I believe it's important to have clarity about the symptoms before any treatment is started—and then again after each treatment is implemented.

Understanding the particulars of your symptoms can be very helpful for you and your relationship with family, friends, physicians, and caregivers. Once you've filled out the questionnaire, the people in your support system will be better able to understand your symptoms and how they affect your quality of life and independence. While I hope that the recommendations in this book will help relieve those symptoms and turn back the hands of time, understanding the symptoms you have had and whatever symptoms remain will enable the people in your life to understand you better, and to help you better as well.

I believe that many people with the symptoms addressed in this book do not receive the support they need—in part, because there is often no obvious physical deformity present. If you had a broken ankle or severe arthritis, people would understand your pain and limitation. But pain or discomfort stemming from Spinal Stenosis, PseudoStenosis, or neuropathy is not accompanied by obvious deformity, so most people do not grasp the extent of your symptoms. Using the questionnaire will help those who love you do just that.

I therefore strongly suggest that before you begin any treatment protocol you complete the symptom questionnaire in the following chapter. It may be quite helpful to fill it out again after trying the different treatment protocols outlined in this book or after treatment by another physician. In this way, you will truly understand your symptoms and be better prepared to overcome them.

The next chapter is divided into three sections. After the introduction, there is a shortened LuSSSExt questionnaire that deals with overall limitations, without specifying the location of the symptoms. For those with limited or straightforward symptoms, this may be enough to give you a feel for where you are starting from.

Next is a section on how to move forward once you are armed with that basic information. PLEASE read that section for guidance.

Finally, the chapter concludes with a more complete questionnaire that deals with symptoms in much greater detail. Originally designed for research, it provides greater insight into which symptoms need to be addressed. For those with extensive symptoms affecting multiple parts of the body, this section can provide direction for you as well as for your doctor. I hope you find it helpful.