PRRT: Missing Piece in the Puzzle of Pain Found

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Tension in your shoulders? You get a massage, which feels great, but the tension doesn't go away. Having muscle tension and tightness is common but not normal if your nervous system is balanced and functioning properly. Muscles should be supple when not being used. They should not be tender to the touch, even with deep palpation.

A revolutionary technique of pain relief is taking physical therapy and other disciplines which treat pain by storm. John Jams, MAPT, San Diego, CA developed Primal Reflex Release Technique (PRRT). Iams has developed a systematic approach based on sound scientific and anatomical principles gleaned from nearly four decades of research and treating patients. PRRT is a quick and effective method to evaluate how one's nervous system is regulating muscle pain and tension throughout the body. When the nervous system is out of balance, it can cause anything from tightness to severe pain, including back pain or headaches.

How does PRRT work? Usually treatment incorporates isometric holding of a muscle or tapping over a muscle of a certain tendon to elicit a certain reflex. It is a very gentle, nonforceful technique designed to influence learning in the nervous system. The goal is to try to encourage the nervous system to become engaged in the process of participating in the correction. PRRT allows the body to make corrections itself thereby making the corrections lasting. Results are amazing. There is an immediate difference in muscle tension, muscle pain, and ease of movement.

Our nervous system is a fascinating, elegant array of neuro — chemical circuitry. Reflexes are an integral portion of the "hardwired at birth" system. Two primal reflexes seem to have the greatest potential for problems of pain and motion limitation. The startle and withdrawal are the only two reflexes we've been gifted for survival. Until recently, little if any thought has gone into the reflexes' role in the pain cycle. Iams hypothesis is that the startle and withdrawal reflexes may represent a previously unrecognized source of pain. Mr. Iams has observed that these two reflexes are found to be overly active while running in the background in virtually all patients with musculoskeletal pain and tightness and has termed this finding the Pain Reflex.

PRRT evaluates influences of the Autonomic Nervous System (ANS) function. The ANS consists of two portions: Sympathetic and Parasympathetic. The Sympathetic nervous system is your flight or fight component. It's what keeps you on your toes. The Sympathetic nervous system is also catabolic, it breaks down tissues and organs if you're staying in that mode too often. Your Parasympathetic nervous system is the calming part and is the relaxing and anabolic (building up of tissue and organs) part of the nervous system. You should have more input from your sympathetic portion than from your parasympathetic, but it shouldn't be overwhelmingly greater. When the sympathetic is overpowering it will cause a hyperarousal or an upregulation of the Autonomic Nervous System. This will cause muscle tension, tightness, pain, stiffness, aching and weakness. Over time musculoskeletal dysfunction occurs, resulting in back, hip, neck or shoulder pain. Fibromyalgia, headaches… the list goes on, may also have a strong component of Sympathetic dominance. It appears that once an injury occurs, healing either progresses to full resolution or not. If not, the ANS may be having a detrimental influence on healing. PRRT is able to change that.

The evaluation process performed by a therapist trained in PRRT consists of performing a one - two minute exam looking for overly protective reflexes, which influence muscle function. The two main reflexes the therapist trained in PRRT looks for are the withdrawal and the startle reflex. Reflexes upregulate or make the muscle hyperaroused when they are not supposed to be working and should be at rest. Working correctly, muscles shouldn't be tender. Muscles should be relaxed enough so that if they are touched they don't cause the patient to jump or to have a reaction to the palpation. Finding the Pain Reflex response will be a surprise to the patient as these tender regions are frequently very distant from their perception of pain areas.

What makes the Pain Reflex finding so valuable is the frequent instantaneous change in tenderness as measured by the obliteration of the up-regulated two primal reflexes, startle and withdrawal. Treatment involves the Primal Reflex Release Technique to down regulate the two reflexes and moments later re-examination is performed by rescanning with the therapist's fingers. Usually only minimal tenderness remains, if any, thereby demonstrating a reduction in the reflex based pain. PRRT translates into instantly improved spontaneity of range and speed of motion.

PRRT, the gentle, non-forceful technique allows the body to heal itself causing an immediate difference in muscle tension, muscle pain and ease of movement. The revolutionary technique is causing a quicker, gentler end to pain.