Solving Pain from the Inside Out: How the McKenzie Method Transforms Musculoskeletal Care in DPC Transcript

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Introduction to McKenzie-based pain care

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Often, if there's a mechanical issue, We'll find that one of the legs is weaker than the other. We will position them, whether we do some McKinsey extensions or some Cobra poses, whether we need to move them from side to side, move them laterally.

We'll find the direction that will make them stronger. We will encourage them to move often that direction. We'll test them. If they stay strong, we will challenge it, move in the opposite direction.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello again, everybody. And thanks again for joining us on the my MD unscripted podcast.

I'm your host, Clint Carter. I'm a doctor at my MD select. And I have the honor and privilege of working with Chris Lambert. He's a nurse practitioner that was first a chiropractor.

And it's really awesome for us and our patients. And you know, what if solving pain, you know, What if 90% of the back and joint pain we see doesn't need imaging injections or surgery, but just the right movement?

Chris introduce yourself. Tell us a little about yourself and what's what exactly you're doing these days. I'm Chris Lambert. I'm a chiropractor graduated from chiropractic college in 1989. I went on to get a diplomat in chiropractic orthopedist in, in 1999. Followed that with getting my R in in 2007. I became a McKinsey certified practitioner back in 2005 and credentialed with the McKinsey Institute in 2006. I continued my education and got my nurse practitioner in 2013 and have been with Miami SELECT now for about two and a half years.

Chris Lambertu2019s background and training

You just never get tired of school, man. That's great. So we're going to, we're going to hit McKinsey method. We're going to talk about McKinsey quite a bit.

Why don't you give us an introduction into it? Cause you mentioned that a couple of times you're McKinsey certified and. Tell us what McKinsey method is first, and then we'll get a little more background.

The McKinsey method is a method of evaluating and treating patients typically with joint related issues. It's a way to mechanically diagnose and treat musculoskeletal problems.

It's been around for, I guess, about 40 years, and it is one of the most researched and you know, highly regarded physical medicine modalities out there.

Well, I, you know, I've had a couple of patients that are like, Oh, I'm familiar with that. That's only that's for neck and back things. Right. But I'm like, no, Chris uses it for everything.

So clearly it's more than just, you know, neck and back. So pretty much is any joint, any muscle scale, little pain. we can certainly assess most any joint and for a lot of different types of pain.

However, when you do hear McKinsey, a lot of people will describe, oh yes, I'm doing my McKinsey extension exercises, my low back exercises, thinking that one, there's one direction to move and two, that it'll only helps the low back.

Right, right. Well, okay. So let's take a step back from all that. What drew you to be in a chiropractor initially? Initially, I was a butcher. I was throwing around quarters of beef and I tweaked my low back.

That's not what I thought you were going to say. That's awesome. All right, keep going. I went to my family doctor and he said, I would be glad to treat you with some muscle relaxants and some pain killers.

However, if I give you those, you can't be working around the knives in this. I could refer you to a chiropractor who would be able to treat this without the muscle relaxants, without the pain killers and allow you to continue to work at your tolerance.

So that was the option that I chose. And from there decided to pursue that as a career as at the time I was going through school thinking I was going to go to PT school.

Okay. Right. Not, not too far of a jump. Well, okay. So you were going through school headed towards PT ended up chiropractor. Where did nursing school come from?

Nursing school came in from the fact that as a chiropractor in general, a chiropractor chiropractors were seeing about 7% of the population. Well, it works and it's effective and no matter how many people are out there, about 7% of the people go see chiropractors.

How the McKenzie method works

So going to a nurse practitioner program where we would be able to see 70 or 80% of the population that would choose to go the Western medical route, so to speak.

So it really just opened up the opportunity to see a wide variety of patients. All right. So you went to nursing school with the intention of going to the nurse practitioner school.

You didn't have the desire to work on the med search floor in the hospital as a nurse any more than you had to. Certainly that was not a long-term proposal.

Well, and then, you know, so you've got the chiropractor background. Now you're a nurse practitioner. You take care of all of my patients, you know, medical needs and when you treat, treat them.

But with that chiropractor background, how does the, how do the two disciplines compliment each other in your practice? Well, it is, it is nice if I have somebody who is.

resistant to the exercise. We can provide anti-inflammatories. We can provide muscle relaxants. We can provide short terms of pain medicine while we get them assessed mechanically.

And some people are not responsive to mechanical loading. So we have to choose the other options that are out there. Well, yeah, I mean, and we, I love having you as part of our practice because I've gotten spoiled now.

I just, someone comes in with a musculoskeletal thing. I look at it for a minute and I'm just like, Chris would do so much better with this than I am.

You know, even from the, even from the diagnostic standpoint, it's you're, you're making me lazy and spoiled. So when, when I tell them that you're a chiropractor and that you can help them, my patients that I see with their musculoskeletal complaints.

A lot of them are like, well, no, I'm scared of the chiropractor. I don't want to go to the chiropractor. I don't want

them to pop my neck, all that stuff.

And I'm like, no, no, no, he's using the McKinsey method. We don't do a ton of, you know, you're not going to come to our practice to see you for your bi-weekly adjustments for maintenance from a chiropractic standpoint.

The McKinsey method, while it can be used for maintaining health, we're using it a lot for diagnosis and treating acute, subacute, sometimes chronic pains.

How is it different from traditional physical therapy or even traditional chiropractic? The McKinsey technique really has an algorithm that you would follow based on does somebody's strength improve?

Does their range of motion improve? If we can improve the strength, if we can improve the range of motion, then most of the time the pain that they're having goes away.

Often we'll have to see them over about four visits to make sure that we're moving them the direction that is most beneficial for what their problem is.

But we will typically get them to at least notice pain relief and give them a specific set of exercises to do that first visit.

From chiropractic to nurse practitioner

So if they don't improve, they're welcome to get back with us sooner. And I've been surprised at what the movements are. You know, I'm learning so much about, you know, the posterior chain and all these things about, you know, where a lot of our problems are sitting at desks, our head forward, our hips forward, our pelvic tilt, all that stuff.

But like, you know, my daughter's heels were hurting and I thought, okay, you're going to do some sort of a. calf stretch, killy stretch, you know, front to back stuff.

And you had her lean sideways in a doorway and, you know, let her hip fall sideways. And I thought, well, this has nothing to do. And the next thing you know, like within two minutes, she was like, oh, it's all better.

I'm like, okay, you guys are just, you guys are just screwing with me now. That doesn't make any sense to me. So I'm really, I've always been, I warn my patients.

I'm like, it's not just like what you think he's going to stretch you on. It's, it's, it goes deeper than that. What do you find that this is surprising for your patients?

Is it what they're expecting? Are they, is it pretty easy? What's the experience for the patient? The patients normally are a bit surprised when we can feather out some weakness that they didn't know that they have and correct that weakness in office.

So essentially what we're doing is testing and retesting positions. So if I test a position and it's weak and I move the patient retested and it's strong, then I will move them the opposite direction to just make certain that that direction was in fact weak before we go back and correct it.

In part so that I know we're moving the right direction, but even more so so the patient knows that they're moving the right direction. That's hilarious.

Nobody wants to move a direction that's going to make them weak. Yeah. I don't want to be weaker. Come on. What little I work out. I want it to stick.

Okay. So when does this approach not work? So, you know, who's the wrong, you know, we're always, anytime you have a treatment modality, it's all about patient selection and finding the right patient, but who's the wrong

patient here?

The wrong patient is an acutely ill patient, a patient with a significant amount of inflammatory stuff going on. Sometimes what you would think is the wrong patient is the right patient.

I did have a patient with some neck and arm pain. And within the first visit, I was like, no, this, every direction we move you made you worse. And so let's get over to the Spine and Joint Hospital and get an MRI on that, on that particular segment.

Unfortunately, we did find that there was a large disc problem and she needed to have surgery. So, however, it was, it was all done in within one week.

So yeah, as opposed to waiting around or trying different medications in that this was a clear indication that this is not as an easy mechanical problem.

Combining medical and mechanical treatment

Well, it's fun that it's a, I love the diagnostic value when I send people over to you, you know, it's, it's all of a sudden, you know, hip pain becomes a very specific diagnosis and knee pain becomes a very specific diagnosis, you know, and I can, you know, not to minimize, I can diagnose, you know, different joint pains to some degree, but it's always, it's not to the level of detail.

It's not to the level of. you know, prediction that yours are. So it's really my patients, our patients are starting to get spoiled as well. And you know, the, you know, to let for our patients in the Tyler area, Chris works most of the time for us at an outside clinic inside an employer's plant.

So we actually got jealous and pulled him over here two half days a week. And so you're, you know, if you want to see Chris, you're, you're a week out from seeing him, unless we, Chris has kind of got, he'll, he'll, he'll squeeze you in somewhere too, but.

Talk with us about a typical case is you know pick one that sticks out in your mind something that that would be classic for you know for the listener out there is like oh yeah I did that last week last month last year something like that.

pretty typical or low back issues with patients bending forward, lifting, sitting too long, you know, just things that will cause low back pain, sometimes some pain in the leg.

And when we bring them in, we will just assess their range of motion, make sure their straight leg raise is good, make sure the strength in the legs are good.

Often if there's a mechanical issue, We'll find that one of the legs is weaker than the other. We will position them, whether we do some McKinsey extensions or some Cobra poses, whether we need to move them from side to side, move them laterally.

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If they go weak, then where I am and the patient are both confident that we did make a change that was physiologic that they that they could grab hold of and feel it.

So why are they weaker? What's going on there? The weakness is likely a neurologic reflex really coming from the brain because nothing else is going to make changes as quickly as that.

If this was an inflammatory process, it would take some time for the inflammation to alleviate to make the changes. So this is a brain spinal cord nerve root issue that We get a response or reflex from the brain that will allow them to

get strong.

Once we, once we put them in the proper position, how long does it take them?

Patient expectations and diagnostic testing

So they go home. They've got some exercises to do at home. I guess they now know which direction to be moving. You said you want them to do it frequently, some certain number of times a day, kind of show them how you want to see them back.

He said, maybe it takes four weeks to be sure that we're for sure in the right direction. That kind of thing. What's what kind of timetable are we looking at for short-term and long-term improvement?

Short-term improvement, I'm looking for before they come back the next week. And then the number of times that we exercise or that we put somebody in their preferred position, with the spine, it's typically every one to two hours.

With the extremity, we'll normally do those positions three to four times per day. Well, I can tell you that my girls, my, my daughters have had some back stuff and they are not doing their exercises every two hours.

I promise you that. But you know, doctors, kids, well, kids in general, and then the poor, poor doctors, children, they just, they're under, they're under treated.

Okay. So gosh, what's the, so I guess that brings up the patient's role, right? So if you've got an adult who wants to get better faster, heck, a teenager with some, with, you know, is trying to get back to sports or whatever it is.

So it's just a matter of doing their homework and following up and making sure this thing's going right or what? Making sure they're doing the exercises appropriately and make sure that we follow up because the direction that we have to move them may change.

So especially if you're moving somebody in the lateral position, we almost, almost always come, come back to the sagittal plane to, to fully correct their issue.

Meaning if left was the initial improvement, eventually less left moving. Less left and more typically extension because You know, we live in a world of flexion, be it our computers, our sitting, our forward bending, doing the dishes, washing the dishes, doing the floor, feeding the dogs, everything.

Driving the car. Yeah. Okay. Yeah. So our hips are forward, our hamstrings are tight, our hip flexors are tight, our backs having to do this extra lumbar curvature to make up the difference, sets us up for some failures, some disc disease, short-term, long-term.

Okay, man, I love it. So I love having, you know, having you here, advancing what kind of care we get, you know, the access to, you know, physical therapy is, is great, it has its place.

But this is sort of, it's quicker, it's diagnostic for me, it's free for our patients that are members. it's it's i love sort of this the quickness of it we're able to avoid certain unnecessary imaging certainly we don't have a lot of.

When McKenzie treatment is not the right fit

Narcotics anyway but certainly comes back on the amount of medications the patients are having to take referrals to the specialist but. you know the other thing is that like you said if we're on the right track and we're doing the right things and we're getting worse or the testing looks bad you know at the start or it's not getting better like you think that's where our relationships with our specialists come in and the imaging comes in and we kind of take it one step at a time gosh you know, that it saves time, it saves money, but ultimately it's about the patients and about the patient result.

Is it, so I happen to know that that's one of your favorite things to do, even as a nurse practitioner, as fun as it is to treat diabetes. I know that you like a good manipulation where you can come in and take care of someone and get them feeling better right away.

Uh, the place where we have you is there's a lot of line workers. And so there's no shortage of opportunities to, uh, have a little correction for their posture or overuse injuries, that kind of thing.

How is practicing there in that population and having the ability to do that? You find that it's well received. How are they liking it? So from initially coming in and doing family medicine and seeing essentially very minimal musculoskeletal things, I would say that I'm probably close to 50-50 the number of people that I see for musculoskeletal complaints versus family practice.

Yeah. Yeah. It makes it much easier for them to get in and to see me and get back out on the floor. And so it's convenient for them. It certainly saves the company time.

It saves the patient from having to leave the facility, go drive somewhere, sit somewhere for a long time and get seen. And it saves them from having to go to the PT three times a week and really lose a lot of time that way.

So it's been very rewarding for me and it seems to be well received here. I think it's very well received. The word is out, man. The word is out. So, okay.

So we have a listener right now. They're dealing with some pain, you know, low back, knee sciatica, something. What can they do right now? What, what, you know, obviously this generic advice, uh, not, you know, not patient centric advice, but what in general would our listeners start?

How should they be thinking? What should they be doing?

Typical low back and leg pain cases

So in looking at the mechanism of what the McKinsey functions do, you can get the treat your own back and treat your own neck from Robert McKinsey that show some exercises to do.

They can support their low back. About 68% of people with low back and leg pain will respond well to the Cobra pose or the lumbar spine extensions. And about the same number will respond to cervical spine retraction.

Those are the two things that I would start with just as a general measure until they can see somebody and get the full mechanical assessment. But in general, that's going to treat you better than ibuprofen and Aleven.

agreed sitting in your recliner with some ice just hoping it gets better right on right on well you know and as in our clinic you know it's direct primary care we are our patients are members they they there's unlimited visits it's hour-long wellness visits it's Same day, next day, sick visit.

So obviously we're loving the ability to get people seeing quickly for their needs. It's almost like, Hey, sorry, Chris isn't here till next week. You know, should have got hurt on Monday, not Friday, but, or told us about it then, but you know, as a direct primary care team, we can, we can vouch for having, for having this as a part of our clinic.

I know there's. The push is the movement is largely getting multidisciplinary. So, you know, direct primary care is not only for primary care, there's direct specialty care as well.

I know there's, there's entire ortho groups that are trying to go this way. It's harder because they've got hospitals and, and, you know, trying to avoid insurance in the surgery role is a different thing, but having, having a part of our practice has been.

Just awesome. It's been so fun. And quite frankly, my employees are much happier. If you, if God forbid you have an extra two minutes before you leave, someone's going to grab you.

Tell me about, I don't know, a favorite, a favorite success story of yours, something that comes up off the top of your mind that, that makes you smile that, that you remember, you know, specifically above all of them.

Probably the gentleman that came in about three months ago with knee pain resigned that he's going to have a knee replacement on the left. And. had some crepitus, had some very significantly reduced range of motion, and we've worked with his knee and with his back, and we have the gentleman out running on soft ground.

How long did it take to go from, I need a knee replacement, to running? About two and a half months. That's crazy. And as he said, it's not crunchy anymore, so it means that we're kind of moving the right direction.

And, you know, in our practice, we've got some, we've got an InSculpt Neo device that can help with some rehabbing of some muscles and joints and that kind of thing.

You know, having a multidisciplinary approach is, is, is great, but that's, that's kind of miraculous, man. I don't, I won't ask you who that is. That's fun.

And then give us, you know, give us a takeaway in our listeners, you know, pain is, is, you know, it's universal in our, in our society. We're all, we're living older, we're more sedentary, you know, we've already talked about the cars, the computers, the sitting.

Home exercises, movement, and recovery

So there's a lot of chronic pain out there. What's one takeaway that our listeners should get from this or even the providers that are listening, taking care of this population.

What's a, what's a good. take away for someone struggling with chronic or recurring type pain? Movement is medicine. Movement is going to be what people need.

It is best if it's moved the precise direction that it needs to move, but any movement is better than no movement. So if it hurts, don't do that. But you know, there's one thing I tell my folks about the physical therapy is that they'll try to do their home physical therapy.

I'm like, okay, great. But the physical therapist roles to tell you when it's okay to push through the pain and when you should stop. And in this case, you know, the McKinsey provider is telling you which direction to go.

And then, you know, if it's okay to push through that or not, you know, for me, our patients, they're kind of spoiled. They get, they get the right direction to go.

But for someone who's, Not in the Tyler area. Couldn't come by and be a member of our practice. You know, there's probably a way to find, you know, a McKinsey provider or a chiropractor that, that enjoys McKinsey or a physical therapist that enjoys McKinsey.

But what, you know, is it just kind of get moving in the motions that hurt a lot? Don't do those at first or how would you think that way? I would say get moving.

Okay. And if it hurts, if it's a sharp pain, back off of it a little bit. But if you need to hurt a little bit to have some symmetry, hurt a little bit to get some symmetry.

But how do you know if you're hurting in the right direction? If you're hurting in the wrong direction, If the pain goes away from the spine, you need to back off.

If the pain is there, but it's coming toward the spine. So if you start out with a sciatica that goes to the calf and after you've done something, it comes to the knee, we're moving in the right direction.

If it goes mid-calf and you do something and it goes to the foot, you're moving the wrong direction. So what we

want to do is centralize the pain. So as much as you can centralize it, the better off you're going to be.

It will typically eventually go away if you keep moving in the direction that centralizes it. I love it. Thanks, man. Like, you know, my brother is a chiropractor who does activator therapies and more traditional chiropractic alignments.

And, you know, that puts, that puts me in a specially fun position to be able to have you in my practice have Cody down the street at Hembree chiropractic to have the ability to.

Success story and final takeaways

reach into the functional medicine world, still looking for root causes, but here we're looking for root causes of, you know, musculoskeletal things as well.

You know, there's other reasons for inflammation that can lead to that, but ultimately treating the root cause of the leg pain by doing a back, you know, exercise is pretty freaking awesome.

Thanks, man. Appreciate it. Thanks for your time. I hope you're having a good day out there at the plant and that you're looking forward to a good weekend, but any, any last thoughts, any, anything else I need to ask before we go or just about ready with this?

Oh, I appreciate the time, but. Knowing that 15% or so of the people that call family practice are coming in from musculoskeletal complaints, it's nice to have a good close relationship with somebody who knows how to treat them.

Hopefully, decrease the number of images and keep them out of the injections and the surgery as much as we can. keep them out of the ER, keep them out of the urgent cares as much as possible and avoid as you can avoid some of the consultations.

That's great. It's great. And all the primary care guys that are listening and, and, and docs and providers that are listening know that it's pain, pain, pain, pain, pain all day long.

And so this is, this has been great, Chris really appreciate it. I hope you have a great time and I'll look forward to seeing you soon. All right. Thank you.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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