PART 1

What You Should Know About the Fascia-Pain Connection

CHAPTER ONE

Introduction

The Body United by the Fascia

In 2003, National Basketball Association (NBA) star Jason Kidd injured his left knee. For five months, the New Jersey Nets sent him to various specialists, who all failed to help. Kidd was facing knee surgery at the end of the season. Then his agent heard about me and the Ming Method. Willing to try even a weird alternative therapy if it could save him from the knife, Kidd came to my office, just before play-off time. After one treatment session, his knee was 70 percent improved. After a second session, his knee was fixed, and he was back on the court.

Before this treatment, Kidd had been afraid his season was over. But, he said later, "With the procedures Ming used I was able to play and help my team in our play-off run that season. I had never experienced the things he did with me, and I know they were cutting-edge techniques. He really helped me."

Kidd then sent me New York Yankees first baseman Jason Giambi, who told the *New York Times*, "My legs felt really dead, and when I came out of there, my legs felt good." And when I healed *Men's Health* writer Lou

Schuler's shoulder problem—which dated back to a high school injury twenty-six years before—he claimed he'd been "both witness to and beneficiary of a miracle."

So am I a miracle worker? Not really. My work is based solidly in science. But I routinely heal injuries, aches, and pains that most medical professionals believe can be fixed only by medication and surgery. I do this by treating a little-known tissue that's almost completely ignored in medical schools and physical therapy training: a type of connective tissue called the fascia, which envelops every muscle, nerve, and organ in the body.

In fact, the biggest difference between what I do and traditional orthopedic medicine and physical therapy is that they *don't* address the fascia. As a result, countless injuries that could be completely cured through releasing contraction and tightness in the fascia are treated incompletely with pain medication, muscle relaxants, and surgery.

Not just physicians and physical therapists, but many other professionals who work with the body know little about the fascia. Most traditional chiropractors, for example, don't address it at all, which in my opinion is a serious mistake. Adjusting a section of the spine without first loosening up the fascia is actually dangerous, because whenever there's an injury, the fascia adheres to itself and to other soft tissues, and administering a sudden twist can cause all these tissues to tear. More modern chiropractors do prepare the fascia before making adjustments, and in that case the treatment is likely to be safer and more effective.

Most massage therapists understand the importance of the fascia. But in order to make the kind of changes in the body structure that can really heal an injury, the fascia must be actively stretched, and in massage therapy the patient doesn't move. Though massage can help stretch the fascia, on its own massage has only a limited effect. I see it rather as a perfect adjunct to the program this book offers.

Alternative-therapy techniques, such as acupuncture and shiatsu, open up the energy flow in the body but don't address contraction and tightness of the fascia. I believe that these treatments would work better if the fascia were released beforehand.

Since most personal trainers are unfamiliar with the fascia and thus unaware of the major role it plays in movement, their clients miss out on

the tremendous benefits of fully functioning fascia for both performance and injury prevention. And while yoga and Pilates training stretch the fascia, most instructors don't make this a focus of the practice. In any case, the work in yoga and Pilates generally is not detailed enough to address specific parts of the fascia, so there are many body problems that these disciplines can't resolve.

All these treatment modalities have value. But none create permanent change, since the fascia can be effectively healed only by stretching, proper nutrition, and being supplied with adequate water (hydration). Very few people have the skill of releasing the fascia specifically. It's an art form, so little known that it's almost uncharted territory.

But I was trained by the experts who created this art form. For twenty years, I've worked on all kinds of people and seen every soft-tissue injury known to humankind. I've successfully treated injuries whose causes ranged from weight lifting, jujitsu, and basketball to sitting long hours at a desk hunched over a computer—all through manipulating the fascia.

The work I did on Kidd and Giambi involved using my hands to release scar tissue in their fascia that prevented their muscles and nerves from functioning properly. But what I'll give you in this book is a self-therapy method that enables you to release your own fascia. You'll be doing the same program, minus the hands-on treatment. The Ming Method has seven components, all essential for maximal results:

1. Hydration: drinking enough water to fully hydrate the fascia
2. Anti-inflammation diet
3. Supplements to support fascial health
4. Spinal decompression stretches to separate the vertebrae, releasing pressure on compressed nerves so they can stimulate muscles to function fully
5. Fascial stretches to release individual contracted areas that cause pain
6. Strengthening exercises to make fascial releases permanent
7. Self-therapy techniques to do on yourself to facilitate stretching and strengthening

Using the individualized programs I provide in Chapter 9, you determine which stretches and self-therapy techniques you need for your particular problem. Then you can do them all in *only fifteen minutes a day*.

This self-help version of the Ming Method takes somewhat longer to produce results than if you were getting hands-on therapy, but it works for the great majority of injuries, even so-called serious problems such as a slipped disk and long-term problems that have resisted treatment for decades.

David's Self-Healing

It was David who first made me realize the Ming Method's potential as self-therapy. At thirty-eight, he was a highly successful real estate developer, lean and athletic, an avid jujitsu practitioner and kickboxer. Yet he had suffered from severe lower-back pain for ten years. Every day he lived with pain at a level of 4 to 7 on a scale of 10.

The pain prevented David from sleeping on his back. It increased with stress and when he intensified his workout. He was crazy to work out with that back, but being strong-minded, he persevered. He believed in that old chestnut "no pain, no gain," plus his martial arts trainer told him to train through the pain. So he medicated it with ibuprofen and iced his back every night. Meanwhile, he consulted three different doctors who diagnosed a bulging disk in his lower back and told him his only options were a pain-relieving prescription drug then and spinal surgery later in life when the pain got worse.

Then David heard about me from a colleague of his whom I had treated successfully. He showed up in my office despondent over the thought that back surgery lay in his future. In my eyes, he wasn't even close to that—he had at least ten options to try before even thinking about surgery. During his first session, I worked on him with my hands and then gave him a regimen to get his fascia in better shape. I instructed him to drink at least two quarts of filtered or bottled water a day. To decrease inflammation, he was to reduce his four to eight glasses of wine a week to two glasses and minimize his intake of sugars and foods containing trans-fatty acids

(e.g., cookies, cakes, and fried food). Finally, I gave him a list of supplements to support joint health, reduce inflammation, and soften up scar tissue. You will be doing this same preparatory program, described in Part 2 of this book.

By his third session with me, David's fascia was ready for the Ming Method stretches. I gave him three spinal decompression stretches and six fascial stretches, targeting specific areas, to do once every day. He could do light weight training at 50 percent of his previous level, but no kickboxing or jujitsu.

At that point, business took David out of town, and he couldn't come in for two months. He just continued with the stretches. By the fifth week, he saw dramatic change; the pain that had been at level 4 was now at level 1. After eight weeks, he was pain free.

Once his pain was reduced to level 1, David was ready to begin strengthening exercises. Now that his fascia and associated muscles were released, they had to be trained to increase their mass (the extra bulk would act as a shock absorber) and to make them strong enough to maintain correct posture. Over the phone, I gave him an exercise to strengthen his lower back as well as his gluteus (buttock) muscles and upper hamstrings (back-of-thigh muscles), the major stabilizers of the back. I told him to do 2 sets of 12 reps, three times a week.

After two weeks, David noticed that his posture was more erect, and he could bound up stairs with ease and a new sense of well-being. Strengthening was the final component that locked in David's healing, because it enabled his muscles to hold the released fascia in place. From this point on, his pain was essentially gone. He sometimes experienced a ghostly feeling of his old pain, but it never reached even level 1. And he stayed pain free because he stuck to his program of water, anti-inflammatory diet, and supplementation along with stretching two or three times a week.

For me, the "aha" moment came about six weeks into David's program. While still out of town, he went skiing. He fell down hard in the ski run, and his back went into spasm. He called me in a panic: "You're not here to fix me, what do I do?" I told him to take a bath with Epsom salts and just keep doing the stretches. He did, and the next day he was fine. Before the Ming Method, he'd have been flat on his back, his trip ruined.

Some time later, I met Danny, a young trainer at my gym. Danny was an amateur boxer with a lot of fights under his belt, ready to turn pro. But he had chronic, incapacitating lower-back pain, severe enough that he couldn't train, even though he took large doses of prescription painkillers and anti-inflammatory drugs. A doctor had diagnosed a narrowing between two vertebrae at the base of his spine, which caused the pain by compressing nerves there. The doctor said Danny would need back surgery in a couple of years, threatening his dream of being a great fighter. I taught him four stretches and told him to drink a gallon of water a day and take fish oil, an anti-inflammatory supplement. I never laid a hand on him—but within two days, his back was 40 percent better. Two weeks later, his pain level was down to 2. Six weeks later, he was completely pain free and remained that way after six months. His career was saved.

David's and especially Danny's experiences showed me that the stretches could work on their own, without hands-on treatment, as long as the person kept up the hydration, diet, and supplementation along with them. It made sense, since the stretches create the same type of release that I perform manually. And you don't need a gym or equipment—they're with you wherever you go. So I decided to offer them to everyone.

Where did these magical stretches come from? They originally were created by Guy Voyer, a brilliant French osteopath, specifically to release the fascia. In my eyes, Dr. Voyer is the world's foremost expert on fascia. Some of the stretches in this book are his (offered to you with his kind permission), while the rest are my own invention, based on myofascial principles.

Origins of the Ming Method

The Ming Method has its roots in my own experiences. I was born and raised in Brooklyn, New York, the only Chinese-American boy in my neighborhood, and I was constantly getting picked on by other kids. Then in 1977, when I was fourteen, I saw a picture of Arnold Schwarzenegger in the book *Pumping Iron*, by Charles Gaines and George Butler, and it changed my life. I said to myself, "Wow, if I looked like that, I'd never get picked on again!"

Bruce Lee was also popular back then. He was Chinese-American too, and he fought people with his fists. So I thought, what better way to protect myself than to build up my muscles so people would fear me and I wouldn't have to fight them? I started to train. By the time I was sixteen, I had gained 40 pounds of muscle, and all the tormenting stopped. Suddenly I had new friends—the same guys who used to attack me—full of questions about training. And I never had to fight anyone.

I became a bodybuilder and won many titles, including Mr. Teenage New York, Mr. New York, and Mr. Empire State. I was ranked nationally and featured on magazine covers.

In 1984 I graduated from Columbia University with a chemistry degree. Initially I planned to go to medical school, but I realized that my passion was to work with my hands on people's bodies. Bodybuilding had given me a good understanding of how the human body worked. I was intrigued by the body and wanted to make it stronger and better. So I went to New York University Physical Therapy School and in 1987 began working as a conventional physical therapist. But all the time I knew in my core that something was missing.

In 1991 I retired from bodybuilding. My next idol was Renzo Gracie, a Brazilian jujitsu black belt and no-holds-barred fighter, and I started training under him in 1996. While trying to escape an arm bar (a submission hold) during a competition, I twisted my left shoulder and injured the rotator cuff so badly I thought it was irreparably damaged. I had standard physical therapy for it, but the results were terrible. My arm was so weak I could barely move it. I had pain in the front of my shoulder, I couldn't sleep on my side or lift weights without pain, and I was pretty depressed. I tried ultrasound, electric stimulation, ice packs, and ibuprofen—exactly what doctors recommended and what I advised my patients to do. But nothing worked. At the time, I didn't know any better.

Eight months after the injury, I visited a friend in Toronto. He introduced me to a chiropractor who said, "I can help your shoulder in a few sessions." Naturally, I laughed. I believed my doctor, who had said I needed surgery. But I let the chiropractor give me two twenty-minute treatments. In two days, the shoulder was significantly better—an improvement I hadn't been able to produce myself in all those months.

What the chiropractor did was treat my fascia using a method called Active Release Techniques (ART), which had been created in the mid-1980s by a Colorado chiropractor named Michael Leahy. ART is a form of myofascial release, a category of bodywork that targets the fascia. It dawned on me that myofascial release was the missing link I'd been seeking. It was a real epiphany: I saw that the worst thing that ever happened to me was actually the best thing that ever happened, because it opened my eyes to the benefits of myofascial therapy.

For the next ten years, I studied with Dr. Leahy and practitioners of other forms of myofascial therapy, and I still study it. I dropped ultrasound, electrical stimulation, ice, hot packs, and Thera-Band exercises in favor of myofascial release techniques targeting specific areas of the body. When I was doing just physical therapy and patients got better, I was never sure whether they improved because my work cured them or simply because time, rest, and nature did their own healing. But once I began practicing myofascial release, the changes were so dramatic, taking only one to four weeks and sometimes less than a single session, that I knew it was my work that was so effective. Over the years I've modified what I do to the point where it barely resembles what I was originally taught, but my work still follows the basic principle of releasing fascia. I'm confident that it can fix almost all injuries.

Discovering Dr. Voyer

How did I get from the hands-on techniques of ART to a set of stretches that anyone can do on their own?

During the year that followed my introduction to ART, I had a number of treatments from Dr. Leahy and other ART practitioners. My shoulder improved to 70 percent. It was quite functional, but it wasn't perfect, and I never stopped searching for an elusive something that would heal it completely.

Then the magic happened. Over the years, Guy Voyer's name kept popping up. I'd be at a gym and someone would ask, "Did you work with Dr. Voyer? He fixed one of my trainees whom no one else could fix." So I signed up for one of his seminars. Halfway through it, I knew I had found what I was looking for.

What really attracted me to him, however, wasn't all the stories of miraculous healing. Rather, I sensed he was a genuine healer, gifted with his hands. I was also impressed by his credentials as a sportsman. He's not only an osteopath and specialist in sports medicine and manual therapy but also a black belt in judo. To me, that's the mark of a true, well-rounded healer who can understand the body as no mere M.D. can. A degree is just a piece of paper saying you went to school, but a high level of athletic achievement combined with the degree signals a person who deeply understands the inner workings of the body. In fact, this is the model I aspire to. I've always wanted to blend many disciplines and come up with a wonderful technique, and Dr. Voyer embodies that ideal for me.

Learning the concepts of myofascial stretching completely transformed both me and my work. I used the stretches for my shoulder and experienced another jump in function and strength. The shoulder is now between 90 and 95 percent and does almost anything I want. It acts up periodically, so I do my stretches and it gets better. Remember, doctors told me that my shoulder was permanently damaged. So I'm pretty happy, but not happy enough: I'm still intensely focused on getting it to 100 percent.

I've added stretches of my own to my practice and modified many of the originals. All my patients now get a stretch program as homework, which has really boosted my cure rate. I tell everyone they are their own best therapist, not Ming Chew. A doctor's attitude is, "I will fix you with this surgery," but for me it's about empowering patients with the knowledge that they can cure themselves, even if I'm not around. I believe that if everyone followed my program of hydration, supplements, diet, stretches, and strengthening, half of the injuries that bring patients to see me would never happen. I also believe that the Ming Method can make 40 to 50 percent of orthopedic surgeries unnecessary. There's a huge void in orthopedic medicine right now, which this book intends to fill.

Are you aware that surgery itself is an injury? It creates scar tissue, which is exactly what my stretches mean to get rid of. Scars naturally contract toward their own center, pulling the surrounding tissues with them. If these tissues include a nerve or joint, the result is pain and restricted movement. That's one reason why surgery often fails to resolve pain and can even make it worse. Surgery should always be your *last* option.

The Ming Method Helps Everyone

Every lifestyle, ranging from high-level athlete to complete couch potato, has characteristic body problems that the Ming Method can relieve. Especially if you're a baby boomer beginning to feel creaky and restricted, or already have a painful knee, hip, shoulder, or back, my program will restore your youthful ease of movement.

As I explain in the next chapter, the fascia unites all the structures of the body. It's the one tissue that touches every single organ, nerve, joint, and blood vessel. That's why whatever your problem is—arthritis, worn cartilage in your knee, stiff neck—stretching the fascia helps. The fact that the fascia connects all the parts of the body explains why the stretches often focus on an area far from where you feel pain. Jason Kidd's knee hurt, his doctors diagnosed a knee problem, and his knee was what they treated. But I examined him and decided his problems were actually in his neck, right hip, and left lower back. So I treated those areas and hardly put my hands on his knee at all. He was skeptical, but that didn't last long, since the results spoke for themselves: within two weeks he was out there helping his team make the NBA play-offs.

If you look in Chapter 9 for the stretches you need to fix your problem, don't be surprised to find that they target body parts remote from the area that's bothering you. First read about the fascia in Chapter 2 and how the Ming Method works in Chapter 3; then give the stretches a try.

Protecting the Weekend Warrior

I've treated scores of weekend athletes. They sit in front of a computer all week; then on the weekend they want to play basketball. I tell them, "You expect not to get hurt? Of course, you'll get hurt!" All that sitting compresses the nerves running from the lower spine into the legs, reducing the ability of these nerves to stimulate the leg muscles. Since the leg muscles can't fully contract, the legs are weak. Then during the game the players jump around on those weak legs and wind up with lower-back or knee pain. I recommend doing the stretches on Friday night before playing on Saturday, and then again after the game to wipe the slate clean. If they follow this advice, they're fine.

Golf presents an excellent example of the vulnerability of the weekend warrior; this game poses great dangers to the body. Golf is a "fast-twitch" sport, meaning it uses powerful fast-twitch muscle fibers designed to contract rapidly during high-intensity activity. If you're moving fast, the chance of getting hurt increases exponentially. José Reyes stealing a base for the Mets goes from a dead standstill to an all-out explosive run; if his fascia is tight, he risks hamstring pulls and lower-back pain. Weekend warriors are much more vulnerable than professional athletes, because they're generally not in such good shape.

The average golfer is between forty and sixty years old, works in an office, is slightly out of shape, doesn't drink enough water, and eats sugar—factors that combine to produce tight, contracted fascia. This golfer is very likely to get hurt. Think about it: the golfer goes out on the course with tissue that can't move freely, doesn't warm up, and then swings a club that accelerates from 0 to 120 miles per hour in one second. The body explodes into action, twists the torso, and then must decelerate the club. If you play eighteen holes, that's a lot of swings.

Typically golfers develop neck, shoulder, elbow, hip, and lower-back problems. Lower-back problems in turn lead to knee and ankle problems. But I've found that three spinal-release stretches plus five fascial stretches keep most golfers playing without hurting themselves. If you've already had an injury, these same stretches will not only relieve your pain and enable you to keep playing, but also even improve performance: you'll have increased endurance and more precision.

Running is another problematic activity. It's a great form of exercise, but too often people do it with tissue that isn't prepared for the stresses that running puts on the body. Many runners have tight muscles deep inside the hip, which shorten their stride and cause their feet to flop out to the side. The calf and thigh muscles may be contracted, too. And often their feet are rigid, so each foot slaps down on the ground as a single unit, instead of bending flexibly. If you run on legs and feet like this (and often one side is tighter than the other, which means you're running imbalanced as well), you're setting yourself up for plantar fasciitis, ankle pain, inflamed Achilles tendon, and knee, lower-back, and hip pain. Runners really need to release their leg and hip muscles *before* doing any kind of serious running.

Women in particular should be alert to this issue. In my experience, many more women than men tend to overdo their cardio practices—not only running but also aerobics, step classes, treadmill, and dance classes—because they see these activities as effective calorie burners. But all that jumping up and down compresses the spine in the lower back, reducing the nerve signal to the legs. Jumping on weakened legs leads to the same consequences as running on them: pain in the lower back, hips, legs, and feet.

Even if you're flexible, you may still have tight areas in your fascia. No doubt you think of dancers as very flexible, and they are, but although dancers' joints move quite freely, there are pockets of restriction throughout their fascia. For example, dancers often have tight external rotators, muscles deep in the outer hip that turn the leg outward. If these muscles are not released, jumping and turning on them leads to injury.

Each type of athletic activity takes its characteristic toll on the body. (For the effects of some, see the sidebar.) But before you start rethinking your whole athletic life, just remember: no matter what injury your sport may cause, the stretches can prevent or fix it.

Keeping Yourself Safe at Work

Almost any occupation uses the same set of muscles over and over. Assembly-line workers are the obvious example, but I see repetitive stress injuries in people who do all sorts of work. An architect I treated was always bent over his drafting board. He had nerve pain from his neck to his drawing hand. Sculptors develop arm and neck problems, too, as well as back pain. Dentists work with the elbow lifted higher than the shoulder for long periods, so they also get neck problems. The same is true of hairdressers and makeup artists.

Even if your job keeps you tied to a desk, and your greatest exertion all week is going to the refrigerator to grab a beer, you're at risk for injury. With the advent of computers, occupational injuries among office workers surged. So-called carpal tunnel syndrome, which now causes more days away from work than any other disabling condition, has become a household word, but it's not the only injury the desk worker faces. When that person stands up, you're likely to see a permanently rounded upper

What Is My Sport Doing to My Body?

- Cyclists have shortened hip flexors (the muscles in the area where the thigh meets the torso that bend and raise the knee) and often tight necks.
- Jujitsu fighters have short hip flexors plus contracted abdominals.
- Kickboxers develop contractions in the muscles at the side of the buttocks, as well as lower-back pain.
- Tennis players are vulnerable to tennis elbow, shoulder injuries, and lower-back pain.
- Contact sports (e.g., wrestling, football, hockey, and basketball) are particularly destructive. They cause bruising when players crash into each other and cause overstretch injuries when they react to each other's moves. I've seen pockets of inflamed tissue and kinked fascia in every body part. Wrestlers who lift and throw opponents torque their backs and wind up with back pain.
- Yoga practitioners are often urged by overzealous instructors to push farther into the postures than is good for their body. If a stretch doesn't focus on specific tight areas, but instead stretches the body generally, the areas that are less tight get overstretched, while the restricted areas remain restricted. The disparity between them increases, so the body grows more imbalanced, not less. The result: overstretch injuries. I see yoga practitioners with groin pulls, wrist strains, and hamstring pulls.

back, with a head that juts forward and a concave chest. What you can't see are the contracted muscles at the front and side of the neck, the shortened biceps (both factors in carpal tunnel syndrome), forearms chronically in spasm from typing, tight hip flexors, compressed nerves in the pelvis, and buttocks with impaired blood circulation. Did you know that when you sit on your butt all day, your gluteus muscles stop working? The glutes are not just something to sit on; they're major muscles that you need to stand erect, jump, and walk up stairs.

Put all these consequences of sitting at a computer together, and you've got lower-back pain, neck pain (usually on the side where you hold your mouse or phone), pain between your shoulder blades, migraines, a painful jaw (TMJ, or temporomandibular joint, syndrome), and, of course, numbness and tingling in the forearms and hands from carpal tunnel syndrome. Certainly, the office worker inhabits a very dangerous place. That's why

you'll find my special office worker program in Chapter 9 that addresses *all* these issues at once. If you spend any significant time at a desk, you can't do without it. If you're not an office worker, but you sit for long periods doing anything else, you need it too.

If regular sitting is bad for the body, sitting on a plane is worse. Anyone who flies extensively for business needs the Ming Method. The dry air in the plane dehydrates you. Sitting for long periods in a confined space leads to lower-back, knee, and ankle problems. If you fall asleep, your head dangles, which shortens the front neck muscles, overstretches the back of the neck, and contracts the chest muscles. Fortunately, the spinal and fascial stretches reverse all this. The next time you come off a long, terrible flight, the minute you get into your hotel room, drink a quart of water, take some anti-inflammatory supplements, do four or five stretches, and take a shower. This will wipe the slate clean as though the plane flight never happened, and you'll feel invigorated. I tell all my business patients to do this, and they say it absolutely works.

Undoing the Effects of Excess Weight

If you're as much as 40 or 50 pounds overweight, your fascia likely is affected by the lifestyle factors that generally accompany extra weight: overeating, underexercising, and a diet high in sugar and trans-fatty acids (both of which promote inflammation) and low in anti-inflammatory food such as fish oil and raw green leafy vegetables. An overweight person's fascia also reacts to the extra weight by growing thick and inflexible. The combination of a large body, inflamed tissue, and thickened fascia equals little range of motion. Is there any reason why this person wouldn't get injured?

For you, my preparatory program is a must to reduce inflammation and hydrate your fascia. Then you can do the stretches to regain your strength and flexibility.

Strengthening for Elderly People

The spinal and fascial stretches can do wonders for elderly people. They're often reluctant to drink adequate amounts of water, and many take

diuretics for high blood pressure. As a result, they're likely to be extremely dehydrated, and their fascia tends to be unhealthy. If they're not active, their muscles are weak and shrunken. Since plain old weakness is a big contributor to muscle aches and pains, older people really need stretching *and* strengthening.

Doing my stretching program—especially the spinal stretches—initiates a strengthening process that restores muscle function. Then strength training locks in those gains and improves on them. In fact, studies have shown that it's possible to increase muscle mass at any age. That's why I can't emphasize enough the importance of strength training for older people. And don't worry—anyone can do it!

Someone who's not used to active movement and has trouble getting around may feel overwhelmed at the thought of stretching, let alone lifting weights and doing push-ups. But I've designed both parts of the program to include very gentle levels that anyone can manage. Frail older people begin by doing easy versions of the spinal and fascial stretches while sitting in a chair. At first, they can hold for just a few seconds and increase the hold time as they gain strength. They can then do the strengthening exercises in a low-level, gentle way, as described in the instructions.

I've seen elderly people gain tremendous benefits from the Ming Method. They find they can walk and get up and down stairs more easily, their joint mobility increases dramatically, and they can negotiate in and out of cars and chairs without assistance. It all amounts to a huge boost in their quality of life. Plus, as I'll explain in Chapter 3, some evidence indicates that gaining muscle power can actually increase longevity.

The MRI Is Not the Last Word

As I said, I'm not a miracle worker, and the Ming Method won't magically repair tissue that is fractured, torn, or badly worn down. But I've found that you can't always tell how severe the damage is, even with an MRI. I've had patients whose MRI showed a torn muscle or ligament, and I healed them. I've had others whose MRI showed no problem at all, yet I couldn't heal them.

David's MRI

In treating David (whose story appears earlier in this chapter), I determined that his kickboxing was the cause of his back pain. But the actual problem wasn't in his back—it was in his right hip. Since David kicked more with his right leg, his right hip flexor (the muscle that raises the leg) was incredibly tight. Another muscle at the top of the right hip, whose function is to raise the hip, was also in severe spasm. Though the tightness was on the right side, it caused back pain on both sides.

It may seem peculiar that pain on one side can cause pain somewhere else—same side, both sides, or opposite side. But here's how I envision it. Take a pair of pants and lay them on a bed. Grab the right hip side of the pants, pull them, and twist them. The entire pair of pants gets pulled to the right, causing all sorts of distortions in the top and both pant legs. In the same way, a restriction in the right hip can give rise to all kinds of weird pains elsewhere in the body. It doesn't really matter where the pain is, because if you find where the restriction is and remove that, the pain will disappear.

David's doctors only looked at his lower back, and they diagnosed a bulging disk because that's what they saw on his MRI. His case demonstrates how MRIs can be misleading. An MRI will show the position of the disk, but it doesn't tell you the quality of the surrounding fascia. The doctors believed he needed surgery because they paid attention only to the disk, not the tight surrounding tissue on the right side. But when I released that tight fascia, I relieved the compression in his spine that was squeezing the disk and thereby relieved his pain.

I have no absolute proof that David's problem was not the bulging disk, though I suspect that even if it was bulging, it wasn't bulging enough to cause his pain. All I know is that after I treated the tight fascia in his hip, whatever problem he had stopped ailing him—and I've had this experience countless times. Trying the Ming Method before opting for drugs and surgery was certainly the right choice for David.

Bottom line: an MRI is not the last word on whether you need surgery, for its results are subject to human interpretation. I once treated a dancer whose MRI showed a torn ligament inside her hip joint. She had intense pain at the front of her right hip and was unable to jump. Her doctor told her the injury could only be treated surgically and had already scheduled the procedure when a friend convinced her to come see me. After some hands-on therapy, she did the stretches and strengthening exercises, and within

three weeks she was virtually pain free. After another couple of weeks, she was back dancing full force and told me she'd never jumped higher.

I can tell you for certain that if that ligament really had been torn, she would not have been able to dance, Ming Method or no Ming Method. So I concluded that her surgeon did not interpret the MRI correctly. My conclusion is supported by a number of research studies reporting that diagnoses based on MRIs are indeed frequently incorrect. A surgeon and a radiologist often interpret an MRI differently, but since it's the surgeon who decides whether to perform the procedure, the surgeon's interpretation is the one that rules. A study published in 2006 in *Clinical Orthopaedics and Related Research*, for example, found that 37 percent of knee operations that had been performed after MRIs showed significant damage in the knee were actually unnecessary. In response to these results, Helene Pavlov, M.D., chairman of radiology at the Hospital for Special Surgery in New York City, said that orthopedic surgeons should not be the main interpreters of MRIs. Based on my own experience, I believe a patient should get a second opinion from a specialist radiologist (ideally, two second opinions) in addition to the orthopedic surgeon's opinion—and should give at least equal weight to the radiologist's opinion.

Reprioritize!

Once you begin the Ming Method, you'll know pretty soon whether it's effective for you. If it is, after about four weeks your body starts talking to you, giving you hints that things are improving. Perhaps you find yourself popping out of bed in the morning without the aches and pains you're used to. Maybe the peak intensity level and the frequency of your pain have diminished. When this happens, you know the program is working.

A great benefit of the Ming Method is that it can save you from unnecessary drugs and surgeries and their painful or dangerous side effects. People are so used to the medical model of healing that the minute something hurts, they run to the doctor. Patients with hip or knee problems have told me that their friends and family took for granted that they'd be getting a

joint replacement and were actually disturbed when the patients explained that they were taking a very different path. With the Ming Method, you'll get a good idea of how damaged your tissue really is. You then can make an intelligent decision about whether to progress to drugs or surgery.

Therefore I urge you: lose your old assumptions and reorder your priorities! Instead of thinking "medicate and cut," start off with the Ming Method. Give it an honest try: do the entire program thoroughly for six weeks. If your problem isn't resolved or much improved, consult a practitioner of myofascial therapy (to find one, go to activerelease.com/providersearch.asp or guyvoyer.com/eng/index.htm). Once the therapist has done his or her best, see if you can get further improvement from strength training. The step after that is medication. Only as an absolute last resort, if nothing else has worked, should you begin to think about surgery.

You made a good investment when you picked up this book, because unless human physiology suddenly changes, the information here will last you forever. A lot of people protest to me: "I'm too tight (or too fat, or too old) to stretch!" And I respond: "Not true!" Because these are the people who *have* to stretch. No matter how tight or how old your tissue is, you can *always* create some improvement. The truth is, there's hope for everyone. It's *never* too late.