

# Balance And Perception

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I've found myself considering the concept of "balance" a lot recently - not so much in the "maintain a vertical posture in space" realm, but more so with regards to "muscle imbalance". The idea of muscle imbalance isn't what causes me great consternation so much as the perceptual reality defined by someone who has "it".

Allow me to explain.

Patients will generally come into our offices with three primary issues - I am in pain, I am unable to move as I normally would, and I have lost some level of function because of one (or both) of these issues. At this time, the perspective is essentially one of "help me understand this problem so I can move on with life".

Then we as clinicians get our hands on the patient and, suddenly, they have a number of issues that have (apparently) developed over time, perhaps predisposing them now to a dastardly muscle imbalance which, if left untreated and unattended, could perhaps alter their course of being forever.

The patient comes in with one problem - and effectively leaves with several. Is this "creating solutions" or "more problems"?

My thought in all of this is that hanging a diagnostic "syndrome" on someone - which is, by definition, simply a cluster of clinical signs and symptoms that happen to occur in the same time and space - is, in effect, fostering a dependent environment.

"But how can you say this when we teach the patient what to do to solve their problem?" ... the cry rings out from the masses, as clinicians around the globe denounce my observation.

"Patient education" and "patient compliance" are misguided concepts. Creating an environment in which a person is well-educated and takes responsibility for their self-care is very different from "you're in my office and I am teaching you". I remember countless classes in which I was the victim of a learning environment that was structured for the presenter and not the benefits of the recipient. I was passive. I wasn't actively involved by the instructor in the process of learning. Oftentimes, I didn't see any cause and effect between what I was doing (or reading) and what it would mean to me later in the course (or life).

And so goes our clinical experiences. There isn't any difference in many ways between the classroom of our youth and our clinical spaces of today - it's just the roles that have changed. Do any of these phrases sound familiar?

"I want you to do such-and-such before I see you next time."

"You need to do this-and-that for your problem."

"Just stop doing what you're doing and it will get better."

All are phrases that essentially remove active learning from the process. It's all about "me" telling "you" what to do. The

recipient is then left to wonder - what's in it for me? Even the best of us are guilty of using these phrases - daily.

There is a different "spin" (using some political jargon of the day) that can be put on all of this which avoids much of the disablement mentality and fosters an environment that is healthy, constructive, and positive.

Instead of "you need to do this to fix this long-standing problem", perhaps it should be more about ...

... "if you can see the relationship between your symptoms and your limitations, then you can make a choice of whether or not you see a value (for you) in addressing it" ...

... followed closely by ...

... "and if you so desire, you can put yourself in a much better place (in your normal activities, sports, etc) if you learn to implement certain strategies" ...

... followed finally by ...

... "and if you choose to do so, I can mentor you in the process".

Perhaps it's just semantics - but I don't think that's the case. It's truly about perception: the patient's perception of their current reality, and the therapist's perception of their role in the care of the patient - as a guru, educator, fixer, healer, or mentor.

Perception is reality - and our realities, the patient and the clinician, are not the same. We all have balance to begin with - we just need to use it wisely.

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