Twitter Thread by Laurence Badgley

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MYTH OF FIBROMYALGIA?

Idea that Fibromyalgia is a myth persists. In 2009, I published ("Practical Pain Management") announcement of cause. I sent Dr. Tennant, editor, a manuscripts entitled "Fibromyalgia-Finally The Cause".

Dr. Tennant chose to change title to, "Sacroiliac Joint Disorder"; I was a country doctor without academic credentials. The article continues on-line. Gratefully, Dr. Tennant did not change the article content. He sent me a note, something like, "you will help many".

I suspect the world medical community continues of one mind that the cause of Fibromyalgia is unknown, & that many doctors continue to question authenticity of such a disorder. Naysayers are simply ignorant.

At the 10th Interdisciplinary World Congress on Low Back & Pelvic Pain, Antwerp October 2019 (on line), I presented eight papers on my study of 50 people with Fibromyalgia. The lead paper announced the multifactorial causes of Fibromyalgia.

A sine qua non of Fibromyalgia is both lower & upper back pain. Non-refreshing sleep, daytime fatigue, depression, & cognitive disarray are common and all are symptoms resulting from non-restorative sleep; aroused by pain while trying to sleep.

Pain aroused while reclined is characteristic of pelvic girdle instability (sacroiliac joint subluxation); due to SIJ ligament injury/pain. Pain that is aroused by vertebral spine disorders usually remits when the patient reclines.

The pelvic girdle is a ring &, no matter where it approaches the mattress, ground forces translate around the ring to the most loose sacroiliac joint & whereat painful joint ligament stretch is evoked.

When lying against the mattress, the pelvis & shoulder girdles jut outward taking brunt of the mattress ground forces. It is no wonder that chronic shoulder pain, TOS, Cervicalgia, & low back/pelvis pain occur; as ligaments in these joints are torqued & stretched.

How is sacroiliac joint disorder & Fibromyalgia studied? Premiere tissues to study are in women with Hypermobility Disorder (est. 15%); have loose ligaments & incur SIJ instability via menial pelvic lifting & falling injuries; including childbirth; all

reported in med literature.

About 4% of women world-wide have Fibromyalgia (reported academically) & Fibromyalgia occurs trans-culturally; indicating that it is a human physical condition & not culturally or behaviorally determined.

About 20 years ago (as a Work Comp doctor), I studied the “Occupational Disability Guidelines” (ODG), & the Pelvic chapter described 16 clinical signs of sacroiliac joint subluxation. Precious few doctors (including Chiropractors) know most of these signs!

Fortunately, I learned these sacroiliac joint signs at a time I became aware of Joint Hypermobility signs (double jointedness) in women. Walla! Pained, fatigued, & depressed women had chronic low back pain. They also had measurable SIJ instability.

At the 8th Interdisciplinary World Congress on Low Back & Pelvic Pain, Dubai 2013, I presented first World announcement of a study showing SIJ subluxation. NASA spent $1M trying to show signs of sacroiliac joint subluxation (personal communication).

NASA chose standing position & fluoroscopy & missed the opportunity to evoke and image this phenomenon. The position they chose, standing, does not readily sublux the sacroiliac joint.

As I studied women with Fibromyalgia and sacroiliac joint disorder, I chose X-ray & the sitting position. As result of the mechanical vectors imposed by sitting, subluxation of the sacroiliac joint was able to be radiographically demonstrated.

Doctors who proclaim that Fibromyalgia has no clinical signs are wrong. Apparently, they do not know how to diagnose chronically painful soft tissue disorders. These exams are best performed by physical examination; not with X-rays & scans.

Diagnosis of painful chronic soft tissue disorders requires in-depth history taking, including mechanisms of injury, & sensitive touch of soft tissues as they function in space & in real time.

It is my regard that doctors harried by business masters who demand money, productivity, & electronic medical record slavery miss the opportunities to determine pain generators in most patients they encounter.

This is one of the reasons most doctors are hesitant to prescribe analgesic medications (opioids). They are unable to diagnose, with reasonable certainty, the reason why their patients are pained.

What a major modern-day medical paradox chronic pain has become. The authoritative figure is that 30 million Americans suffer from chronic pain. Doctors have become fearful to treat it! Bureaucrats caused this disconnect.

Super-Syndrome Fibromyalgia includes many Sub-Syndromes: Migraine, Cervicalgia, POTS, Panic Attacks, MVP, TMJ, TOS, Gastroparesis, Scoliosis, Chronic Shoulder Pain, IBS, IC, Chronic Sciatic, Patellofemoral Syndrome, Chronic Low Back Pain, etc.

Fibromyalgia patients I have examined universally have sacroiliac joint subluxations & physical exams can measure (reproducibly) the nutation & counter-nutation motions occurring within their pelvic sacroiliac joints; via a few minutes of exam in the clinic.

Many Fibromyalgia symptoms are dysautonomias related to joint subluxations that impinge autonomic nervous system (ANS) tracts that are contiguous to joint bony prominences. The upright body tower magnifies these subluxations via gravity.

All doctors know Autonomic Nerve Tracts (ANS) tracts & proximate bones/joints, but understanding physiologic consequences of these relationships requires histories taken & physical exams be performed to best diagnose dysautonomic disorders.

The lack of diagnostic equipment to show dysautonomic effects & the arousal of these effects by subluxing joints is why these relationships are commonly overlooked. Perhaps future inventors will develop such devices.

Therefore history, symptom timelines, & functional mechanisms of the musculoskeletal system are key to understanding how & why dysautonomias occur. Only in-depth examinations can discern these relationships.

There are defined symptom pattens for all Fibromyalgia disorders. There are also observable & reproducible physical examination findings for many of these disorders. No time for exams you say?

There are ways to show specific regions of chronic muscle spasm & constant body posture asymmetries attendant with & causal of widespread chronic muscle spasms in patients with Fibromyalgia.

Unfortunately, most doctors have neither time nor training to take in-depth histories nor to discover these signs; especially in clothed patients, which is the “modern” & contemporary way that doctors “examine” patients.

Soft tissues are radiolucent, & yet doctors rely on X-rays & scans to determine the status of body soft tissues. Diagnosis of pained soft tissues absent hands-on examination is an oxymoron.

CONCLUSION: Idea that Fibromyalgia diagnosis is elusive because there are no physical findings is a myth. Physical findings only exist if one looks for them. Patients with Fibromyalgia are replete with physical findings.

Twitter includes an app called “thread reader”. In my own library of thread reader unrolls, there are several essays that review many issues discussed in this current essay, which I will also turn into a thread reader unroll; readable as a continuous scroll.

@threadreaderapp unroll