An Interview with Jerry Hesch

Jerry Hesch is a Nevada Licensed Physical Therapist with a Masters of Health Science from the University of Indianapolis, Indianapolis, IN. He developed the **Hesch Method of Manual Therapy** over more than 30 years of clinical practice, describing numerous patterns of motion dysfunction.

Mr. Hesch has published several papers and has taught in more than 70 seminars since 1985, instructing clinicians in application of Hesch Method to assess and treat the pelvic, sacroiliac, and lumbar spine. He has also developed learning materials on his advanced body of work; which allows the clinician to apply manual therapy using a whole body approach. Mr. Hesch is currently involved in teaching and research, and is also accepting patients presented with complex motion dysfunction. For more details on Jerry Hesch, you may visit **http://www.heschinstitute.com**

Presented below are excerpts from an email interview with Jerry Hesch by Mukesh Nayak, Director, PHYSIOTIMES.

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1. Please share in brief what exactly is Hesch Method, how did you invent it and what are the major areas of body which can be dealt by the same and how does it differ from the other manual therapy techniques like Mulligan, Maitland, Cyriax etc.?

A. 1 It started as a way of understanding the pelvis as a structure with its own biomechanical rules that are relevant, and separately; the sacroiliac, the symphysis pubis joints and from there going out to the rest of the body and evaluating and treating it as an integrated and interlinked system. The traditional model of mechanics of the sacroiliac is actually more than 50 years old, and it is an incomplete system, because the pelvis and separately the sacroiliac etc., behave differently than described. I am finishing a detailed chapter on sacroiliac dysfunction, (SIJD) specifically on sacral torsion, and it also has a broad overview of the general SIJD problem. The problem with these structures should not be ignored, especially in women. However, last year I saw a 50 year-old male who had seen many top specialists for his vexatious back pain. In spite of that, no one had checked the symphysis pubis, perhaps because problems with that joint are rare in males. But they can and do happen, and it is a very dense structure which is not designed to be glided posteriorly by ¼", as it was with him. This created a positional instability in the sacroiliac, but the symphysis pubis needed the treatment, not the SIJ. Treatment took 5 minutes, a long time to get it to glide back where it belonged using a fulcrum.

So Hesch Method is several things, one of which is not being dogmatic and screening the whole body in several contexts, realizing that just like this man, their chronic pain requires a deeper look, not ignoring things that are rare such as pubic joint dysfunction. Yoga child pose is a very important and often neglected position to evaluate the spine because most injuries happen in flexion and you will find surprising restrictions in that position, especially in the SIJ, that are not apparent in the other postures.

Hesch Method recognizes patterns of linked joint dysfunctions and therefore treats the whole body. For example, a treatable varus fixation in the subtalar joint mandates a reflex rotation to the other direction at C1. Treating the C1 will never be lasting, one must get to the foundation of the problem. You cannot restore calcaneal eversion directly, you will compress the lateral facet, so you take it in a circuitous route and the results are dramatic. The C1 melts, disappears, or at the very least is much easier to handle. So, I know I am all over the place, trying to answer "what is Hesch Method," is a difficult question. Early on I recognized that dense connective tissue responded very well to small forces maintained for 2 minutes for some and 5 minutes for others.

It is a fundamentally different concept of joint mobilization. So the treatment is a change from tradition, and there is a deep respect for the fact that where the client feels pain (a compensation) may be far from the asymptomatic cause of the pain.

Again, it is a whole-body approach to treatment, and many musculoskeletal pain syndromes are effectively treated very quickly, say 1-3 visits, paradoxically, by taking more time to move the joints and and normalize dense connective tissue. I better move on, this could go on. *I developed it by having severe injuries early in life and seeking treatment that was effective, and questioning what was being done in traditional and alternative paradigms, and not being dogmatic.*

2. Are there any special materials, equipments or tools used in Hesch Method? If yes, could you describe in brief, what role each one of them play?

A.2 ***Very simple, skilled hands***. You can put boxing gloves on and still feel restricted motion in the pelvis and other joints, so this is a different type of sensation and it is a very important type of kinesthetic sensation that will guide care. I do use fulcrums such as foam rolls for example, to create a very gentle anterior glide to the ischium and then the pubic joint, and these are very effective. Again, hands, because diagnosis is everything.

3. Should a therapist have the knowledge of other manual therapy concepts to get the maximum outcome or would knowing Hesch Method alone in details be sufficient?

A.3) There should be no barrier to knowledge. As one explores different paradigms it is good to minimize dogma and maximize objectivity.

Is this working now in this specific client, am I what they really need? Can we fix this rather than coddle it along-forgive me. I think you understand what I am trying to say.

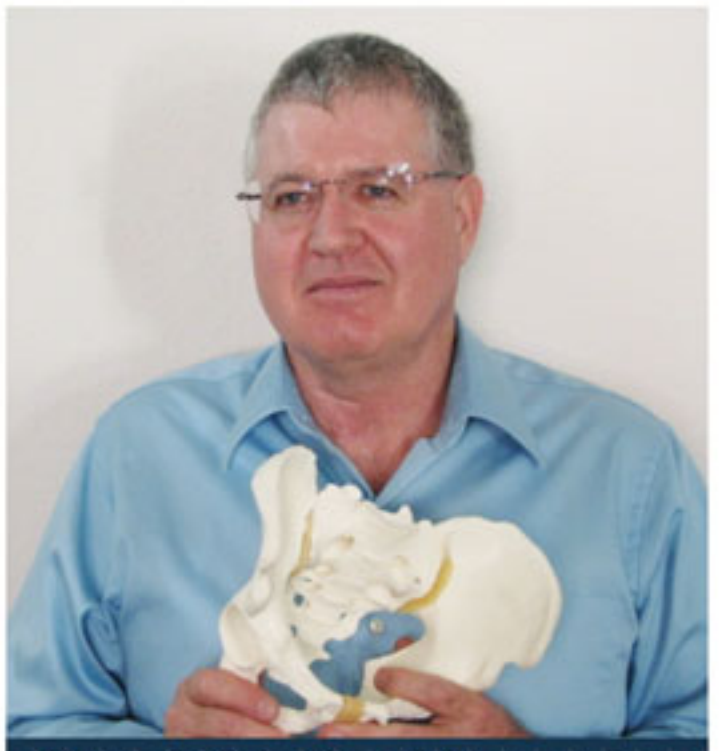
Plumb the depth of various schools, techniques, treatment paradigms.

4. You conduct workshops and training on Hesch Method regularly in the USA at various places. If physiotherapists in India want to learn about Hesch Method, what are the options available to them? Is there any distance learning facility available?

A.4 We have a distance learning program and perhaps with some help we could come teach in the region. We are a small organization. The market likes it if you are big. I hope to train therapists to help with the teaching, and the help of good committed clinicians will lighten the load.

5. Of all the conditions that you have treated so far using Hesch Method, which one do you think is a condition, where a therapist can get the best and long lasting results?

A.5 Dense connective tissue and joints that have a lot of ligaments such as the foot and ankle, the sacroiliac, the hip, the rib joints, the upper cervical, first rib, etc. These are some joints that generally have more complexity and yet an elegant and simple treatment can make functional gains rather quickly. An example, the first rib moves in 6 ways, not just up, and is very rewarding to treat. The AC joint can have a frequently overlooked fixation that neck pain and of course affects shoulder pain.



Hesch Method is not a gross movement screen, it is a refined evaluation of the viscoelastic properties of the joints and dense soft tissue.

We are very thorough at the sacroiliac, the foot and ankle. The mystery? There are patterns in those structures in which several joints need to be treated in a predictable, sequential manner, for example the most common pattern of SIJ dysfunction is 7-10 restrictions in the hip, pelvis, SIJ, symphysis pubis, and lumbar spine. It is not just a singlemovement impairment. So treating all is very thorough. You treat one thing, then move on to the next predictable pattern.

Many of these restrictions resolve, so no home program needed. Others do tend to recur, and a simple self-treatment a few times a week suffices.

6. Though I am sure there would be many, is there any remarkable event or experience you have had while practicing Hesch Method, which you might like to share with our readers?

A.6 A pattern I see surprisingly frequently is a sacrum that is stuck posteriorly, and the ilia are both stuck anteromedially. In stance the center of mass is posterior and they have obligatory hyperextension at T3-4 which is also reflected in a lack of mid-body spring at the sternum. They are especially hyperextended at Occiput-C1, this often contributes to HA and fatigue. I mobilize the sacrum and ilia once for 15 minutes. They then stand with quicker and more stable response to balance testing, they feel "grounded" because they now weight-bear normally on their heels whereas previously most of the weight was in the forefoot. They feel lighter. They feel like they have better peripheral vision, but Optometry test is the same, why? That small early rotation at Occiput-C1 and C1-2 is significantly freer. Treating the neck indirectly, by treating the foundation of the spine,first is relevant.

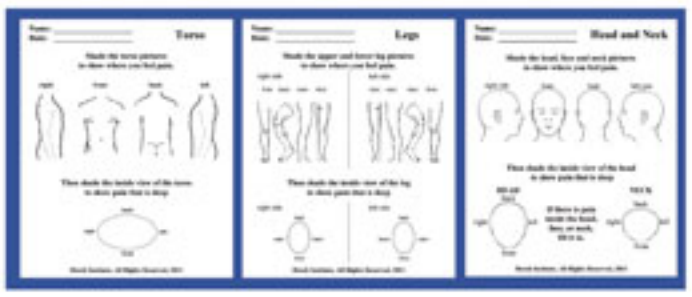
7. What is the amount of research done so far and the current evidence available in favor of Hesch Method?

A.7 There is some, we need so much more. **"Absence of research does not mean absence of effect."** I read studies on posterior glide of the talus gaining a few degrees of dorsiflexion, I typically gain 10 or more. So technique is very important.

You must engage the calcaneus which in turn mobilizes the talus in rotation, and the dome of the talus is curved, it moves through a large arc. The posterior glide is nominal. We need new treatment techniques.

8. I have come across your 3D Pain Drawing on your website. Very fascinating approach. How did you come up with this tool and how far does it help in the management of pain?

A.8 So simple a concept. Patients should be able to draw deep pain in their bodies to help the early diagnostic process.



I cite a few examples where it can be helpful. There are some areas where the pathway of a peripheral nerve is deep and superficial, such as the ilioinguinal, pudendal and C3 nerves. C3 has a very broad and deep expanse in the face, head and neck, and C3 neuropathy / radiculopathy can mimic TMJ syndrome.

9. Limb length discrepancy has been the most neglected issue, at times left unnoticed! How does Hesch Method help in it?

A. 9 I correct the fibula at both ends, if stuck inferior will cause varus, and does not have to hurt. Joints can lose motion but still function, sometimes functioning very stiff. I would correct any motion restriction in the foot and ankle, same for knee, hip, pelvis, sacroiliac and then consider leg length inequality. Especially the treatable rearfoot - varus, that can mimic a longer limb.

10. When you say that "I let the body speak for itself", what exactly you want to convey by this in relevance to Hesch Method?

A.10 I do not if you will – tell it how to behave based on biomechanical norms, but rather screen to see how it is functioning within the context of this body type, this type of connective tissue. I try to remain open-minded during the course of care, very often rescreening moment to moment. This past week I saw something in a client I had not seen before and the response to treatment was dramatic, ***the discovery came by playing detective instead of playing "expert".***

11. Is Hesch Method's usage limited to USA or has it spread across the world. Which all countries have started using the concept and how do you plan to take the legacy of Hesch Method further?

A.11 We are a very small company, I live a simple life. If this has merit, others need to step up and help, and I am serious. Watch the website, again just launched the 3D pain drawing, seminars, lectures, and I am most anxious to do some research on unique presentations. Help is needed!

12. Thirty years back in time, what made you choose physical therapy and more so manual therapy as a career? Was it by chance or by choice?

A.12 My injuries and my dissatisfaction with the care received from many disciplines. You might guess that I have a body-type with dense connective tissue. Good for some things, say wrestling, not so good for car wrecks, motorcycle wrecks, these things an unwelcomed empiricism.

13. Who are your role models in physical therapy as well as Manual therapy?

A.13 Too many to mention, but I better mention Gregory Grieve, Phillip Greenman, DO, many others whose works I have read, Leon Chaitow who is brilliant and I borrowed his term "palpatory literacy".

14. Currently, what does your typical work day involve?

A.14 I see some tough cases and they come in from afar. I spend 2 hours with them day one, see them 3 days in a row, give a summary DVD of pre- and post-findings and response to therapy, a DVD summarizing everything I did to them, and everything I want them to do for themselves. ***I am very happy when I solve a problem for someone. As an empathic synesthete, I feel their suffering, not their pain, but the impact it has on their lives. It is a bond of fellow pain sufferers, though I happily report that fortunately, I left the club.***

15. What is the most challenging part about your job?

A.15 Marketing, it is a difficult sell, a very different concept of care. Economics.

16. When you're not working, what do you like to do?

A.16 Read, time with grandchildren, glass art. Play tic-tac toe with manhole covers. I won, I won!... Ouch!

17. What resources would you recommend to the young and the growing Physical therapists and/or Manual Therapists to refer and update themselves regularly?

A.17 Books, journals, mentors and you must own a real 3-D skeleton with moveable joints, really.

18. What advice would you give to the young Manual Therapist who are looking to excel and choose manual therapy as a career?

"Go, go, go, and don't become dogmatic, be scientific but artistic. Go beyond the "it isn't researched" paradigm. Like any other field manual therapy is not static, it is dynamic, mutable, and there are things in the body that are not in the textbooks, journal articles, so listen to the body."