

**GUEST COMMENTARY**

**Mechanical Care Everywhere 2017: Peru**

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The inaugural Mechanical Care Everywhere volunteer trip, organized by Jason Ward, took a group of six devoted MDT clinicians from six different locations to Peru in August 2017. Our recently assembled team of one McKenzie Institute Faculty Member, two Diplomates and three Credentialed MDT Clinicians hopped on multiple, long flights to reach the historical city of Cusco, 11,152 feet above sea level, and treat patients in a foreign language. Armed with knowledge, donated books and little else, we joined forces with a local crew, including Spanish and Quechua translators. On Monday and Wednesday, we treated patients in the village of Ccorca outside Cusco. On Tuesday and Thursday, we saw patients in a hospital outpatient department in Cusco itself. MI Faculty member, Colin Davies gave an introductory presentation on MDT our first evening, and we were able to provide some hands-on education to the hospital staff and even treat a few of the local crew members. Of course, sightseeing was built into the itinerary, and many a car/van/train trip and meal were spent discussing various aspects of patient care as well as MDT's role. We also had an impromptu treatment session: One evening, Colin treated a hotel clerk as Jason Ward facilitated and filmed. (Others of us had some wine and enjoyed the show!)



Frequency of flexion and poor sitting posture are not unique to the developed, technological world we know. Many women, men and children in Peru painstakingly farm and raise livestock without the assistance of machinery that we are accustomed to in North America. This means hours of planting and harvesting potatoes, as well as heaving, lifting and carrying sacks, not to mention miles upon miles of walking mountainous terrain. And? You guessed it! This daily routine involves very little spine extension. In the small mountain village of Ccorca, most residents are farmers and there are no physical therapists. (In the city of Cusco proper, physical therapists exist, though the ones we met performed treatments focused on massage, electrotherapy and heat.) The importance of assisting the patient in becoming self-reliant has rarely been so evident. What better system is there besides MDT (based on an assessment and subsequent education of the patient in self-care) to assist the Ccorca residents with their musculoskeletal problems? What better system for the public worldwide?

**Lynn recounts:**

"It was amazing to see how small the world is becoming and how many similarities we have. Cusco and New Orleans are both Roman Catholic cities and share many similar customs - masks, celebrations, Catholic school uniforms, even a second line parade following a funeral that reminded me of home.

After having traveled hours to get to our makeshift clinic in Ccorca, patients lined up waiting to see us. Some women could not wait patiently in line and would do their best to interrupt my evaluation to insist that I see them by tapping on my shoulder or thrusting their intake forms into my view. They were desperate for help! While many people were expecting pain medication based on their prior treatments, they were so grateful to find non-pharmaceutical methods to manage their symptoms. Numerous patients had tears in their eyes as they thanked us for the time that we spent assessing them and giving them tools to self-manage.

I had an 85-year-old woman who carried a pack who had walked two hours to seek care and had to rush back to take care of her animals before dark. Extension in standing over a table abolished her painful symptoms in minutes. There were tears in both of our eyes as we hugged each other after the assessment. Was this something she could do? Yes. Was this something she could do on her own?

Yes. No need for endless visits to the clinic, something that is not a possibility in this culture anyhow.

I remember reading many years ago that Robin McKenzie wanted to reach as many people as possible to allow them to have the tools to treat their own pain. Colin reminded us that this was indeed part of his mission and that he would be proud of our efforts in Peru. I am proud to have served and hope to do more in the future.”



**Betsy writes:**

“Early on in the week, my confidence in my MDT skills was tested. Our first day treating patients in Ccorca was my first opportunity to treat patients with limited access to healthcare and I was eager to help. One of my patients with neck pain that day had

been injured in a taxi accident one month beforehand in which the vehicle rolled several times. X-rays had shown five cervical fractures. He was hospitalized for three days, but apparently no further treatment was offered, not even a neck brace to wear home. As I interviewed him that day, he rotated his head side to side while the translator interpreted, “They told him not to do that.” Asking him the dizzy/tinnitus/nausea/swallowing questions prompted him to report worsening vision in one eye. Lots of red flags were popping up in my own field of vision.

I was relieved to remember that other clinicians with a gold mine of knowledge and experience surrounded me. I consulted with Jason and Colin. Jason reminded me of the red flag 5 D’s / 3 N’s. Colin calmly stated, “Oh yes, this sounds like a patient I had at a course I was teaching in India. Not much to be done with that.” After finding a convergence loss in one of his eyes, I could only recommend posture correction and encourage an ophthalmologist visit, if possible. That encounter certainly taught me a deeper appreciation of the built-in red flag screening questions on the MDT assessment form.

I was also taught a valuable lesson about humility that week. I was embarrassed that I had panicked with the neck trauma patient that first day, but later in the week Colin spoke about two “McKenzie-isms” that resonated with me. First, Colin said that, “Mac was a truly humble man”. He never stopped learning from his patients. He was never satisfied that he knew it all, or knew enough, even at the end of his career. And second, that whatever Mac did with patients was motivated by a desire to find answers. He was curious. He made mistakes. He had successes, but he kept on learning. I internalized that perspective and became determined to carry it back home with me.

Fortunately, I was able to help other patients that week, from classic spine Derangements in several farmers, to a Wrist Derangement in an itinerant dentist. I learned important aspects of MDT care from all the people I met. The reach of MDT went “further, further, further” in Peru that week, and in my own heart and mind as well.”



**Colin remarks:**

“What did strike me was how six people who never really knew each other before could so quickly form an effective and harmonious team all driven by the same purpose of putting the patient’s needs first. Robin would indeed have been proud. Also striking was the irony that the people in Ccorca were better off not having what passes for therapy in Cusco.”

**Laura relates:**

“Among the many successful patient encounters I had in Peru, an especially memorable case was a male patient around 60-years-old who presented with complaints of left knee pain with walking on hills and with squatting. Testing demonstrated several objective deficits in his knee and lumbar spine. We used squatting as his primary baseline test. It was, indeed, very painful for his left knee, which also buckled at the bottom of the squat, forcing him to push on a table with his hands to return to standing. Repeated movements in the sagittal plane for the spine had no effect on squatting, nor did repeated movements of the left knee (sagittal

and transverse planes). I did not enjoy continually asking him to retest squatting, but that information was crucial, especially considering I would never see him again. I could sense he was growing frustrated as well since, after movement upon movement, squatting remained quite torturous. It wasn't until we performed supine rotation in flexion that squatting proved better. With repetition, his squatting ability continued to improve. He now had no knee movement loss, no knee pain with overpressure and no hip flexor weakness. You could see the excitement on his face! The translator conveyed that the patient was happy and appreciative. I taught him how to perform the maneuver at home and am optimistic that he will be walking and squatting better in the future. I can't think of a system outside MDT that would have given me the opportunity to help this gentleman in one visit and expect continued improvement solely with self-management."

**Lee comments:**

"The awesome landscape/scenery never hurt, but everyone was just awesome! Like minds, MDT *and* the goal of helping those less fortunate brought us together. After 23 years of physical therapy, it never gets old helping someone who has had chronic pain for years when no one else could - in any language! This is why I am still extremely passionate about MDT today. Robin McKenzie was a genius ... and Jason is a star!"

**Jason shares:**

"This exploratory trip with a group of mechanically-trained clinicians provided many learning opportunities regarding what is key for success and what does and doesn't work well when delivering MDT in a remote, short-term mission setting. Those who joined me showed such devotion and commitment to the system and to genuine goodwill, so common of many within our ranks. The trip confirmed my belief that there is great utility of MDT even in isolated locations, across unique and different cultures, through communication made



possible only with translation, without extensive clinic equipment or set-up, and with finite patient encounters. The members of this preliminary trip were mostly unfamiliar with each other but were all connected through a common persuasion that our assessment method could do so much good. And, as is usually the case, we were all positively impacted by helping those less fortunate. While working alongside each other, the team learned valuable clinical lessons and came away with a collective feeling of being inspired by working together for a great cause."

This endeavor, indeed, happened because of Jason's vision and determined commitment. Contributions from supporters, including a generous donation from Alistair, Joy and the rest of the McKenzie family, also helped make this a reality. We sincerely thank everyone who gave their time, money, and supplies to the effort. This pilot trip is just the start of what we hope will be a platform through which clinicians from all over can share their expertise and skills with well-deserving but under-served people the world over. More trips are in the planning stages, and if you want to learn more and identify your interest you can do so at [www.mechanicalcareforum.com/mce](http://www.mechanicalcareforum.com/mce).

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