Clear Passage
Physical Therapy • Physiotherapy
Hands-On Care with Proven Results

Guide to Services

Adhesions, Pain and Obstructions

- Post-Radiation Pain
- Small Bowel Obstruction
- Back, Hip and Tailbone Pain
- Neck, Shoulder and Jaw Pain
- Post-Surgical and Adhesion Pain
- Recurring Headaches and Migraines
Adhesions, Pain and Obstructions
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“Your work is a Godsend.”
Christiane Northrup, MD
- New York Times bestselling author of
  Women’s Bodies, Women’s Wisdom

“A safe and effective alternative to surgery.”
- Jacques Moritz, MD, Columbia Medical School

“You have perfected a technique to treat adhesions.”
- Leslie Mendoza Temple, MD, Northwestern Medical School
The Wurn Technique® and the Clear Passage Approach®

About this therapy
The Wurn Technique® (WT) is a unique hands-on physio/physical therapy method designed to decrease adhesions – the internal scars that form naturally when the body heals. Once formed, adhesions often remain in the body; they can cause significant pain or dysfunction later in life.

We first developed this therapy to treat our Director, physical therapist Belinda Wurn, when adhesions from surgery and radiation therapy left her unable to work, move or breathe without debilitating pain. Because surgery is a major cause of adhesions, she and her husband Larry, a massage therapist, spent over 25 years studying adhesions and how to rid the body of their powerful grip – without surgery.

Together, the Wurns took dozens of advanced courses, including study at a French medical school. A year later, Belinda was able to return to a pain-free life. Deeply moved by the experience, the couple decided to dedicate their lives to help others with debilitating or unexplained pain or dysfunction. Combining the Wurn Technique with other skills they learned, they developed, tested and published results on specific protocols that are effective for particular conditions. This expanded work is called the Clear Passage Approach® (CPA).

Over the years, skilled physical and physiotherapists, doctors, scientists and medical researchers joined their team, impressed by the results they saw in so many of their patients. Today, this network of clinical locations stretches throughout North America and into the United Kingdom.

This hands-on therapy can often feel like a deep massage. It has been shown effective in numerous medical journals, and is frequently used by patients and doctors as a replacement for surgery in conditions related to adhesions – such as post-surgical pain, recurring bowel obstructions, endometriosis, female infertility and menstrual pain. Their therapy has also been effective with chronic or recurring headaches, neck and TMJ pain, some hormonal conditions and female sexual problems.

The WT and CPA target adhesions in the body – from the most superficial to the deepest areas of the body – from head to toe. The focus of the work is to detach and deform adhesions within and between bodily structures, including organs, muscles, nerves and connective tissues. During a course of therapy, the body appears to return to an earlier state of pain-free function – one that existed before the adhesions formed.
The structure of adhesions

Adhesions are composed of small but powerful collagen strands that form naturally to help injured tissues heal. Resembling curtains, ropes, or balls of string, adhesions can occur after any trauma, surgery, inflammation, infection – or radiation therapy. Adhesions can remain in the body long after healing, binding tissues and organs that are intended to move freely. When this happens, pain and dysfunction frequently occur. The WT is designed to deform and detach the bonds of these tiny but powerful adhesions, and return the body to normal, pain-free function and mobility. This manual therapy offers results without the risks or side effects of surgery or drugs.

Our therapists treat the entire body with a focus on specific areas of pain or dysfunction. Sometimes, therapy can feel like a deep stretch as we work to deform the adhesions causing your pain; other times, the work can be very light, as it follows the subtle rhythm of the fluid that lubricates the dura – the connective tissue sheath that surrounds the brain and spinal cord, at the very core of the body.

Depending on the diagnosis and treatment area, your therapist may work to improve motility – subtle organ movements. At other times, she may ask you to flex certain muscles, or move in certain ways, to improve the body’s mobility, symmetry or function.

We recognize that you have lived in your body your entire life and regard you as an expert in your body, in many ways. Thus, we educate you about our work and encourage you to be as active a
member of your treatment team as you like. We find that we get better results when you are included in the team that is treating you. Thus, effective therapist-patient communication is key to maximizing results and helping you to achieve your goals.

**Our therapists**

We hand pick every therapist who works with us, based on their experience, skills and compassion. In fact, our therapists average 26 years’ experience. Each must demonstrate proficiency in over 200 manual therapy techniques described in our 600-page *Therapist Training Manual*. Each therapist must pass rigorous testing before she can be certified to treat our patients. The Clear Passage logo is your assurance that you are being treated by therapists who have received the specialized training required to provide this work.

During its decades of development, the Wurn Technique has helped thousands of men, women and children achieve their goals and reclaim their lives. Some people use it as a stand-alone treatment – others as an adjunct to their physician’s care.

Positive results of the Wurn Technique and Clear Passage Approach have been published in peer-reviewed medical journals and accepted into the U.S. National Library of Medicine. Citations about our work appear in WebMD’s *Medscape General Medicine*, *Journal of Clinical Medicine*, *Alternative Therapies in Health and Medicine*, and the *Journal of Endometriosis*. Physicians and scientists from our in-house research team and advisors from respected medical schools help us design studies and guide us through ongoing scientific inquiries.

“The journey with Clear Passage has been an incredible, eye-opening experience. From the moment I met my therapists and completed the comprehensive initial evaluation, I felt like a team of experts was intensely focusing on fixing my body of pain and adhesions.”

- Rebecca
Adhesions, Pain and Dysfunction

Adhesions - Difficult to Diagnose, Cause of Major Problems

What are adhesions? Do I have them?
Adhesions are internal scars that form to help the body heal. They are composed of strong, microscopic collagen fibers attached by powerful bonds called cross-links. Together the collagen and cross-links create curtains, ropes or blankets of tissue to contain injured areas of the body. These structures form naturally as the first step in the healing process, whenever the body recovers from tissue damage. From a simple fall onto the tailbone or a scraped knee to a major accident or surgery, adhesions form in everyone. Unfortunately, the body has no natural way to dissolve adhesions. Once formed, adhesions can remain for a lifetime, creating permanent physical evidence of healing events in the soft tissues of the body.

Adhesions may be filmy or coarse, thin or thick, and can form anywhere in the body. They may be so large that they bend the entire body forward after a surgery or so small that they are virtually invisible, even under laparoscopic surgery. They can bind together organs, nerves, muscles and neighboring structures in a strong, glue-like strait-jacket, with a strength approaching 2,000 pounds per square inch. Pain and dysfunction caused by adhesions become chronic and frustrating. Dismay can grow when doctors fail to diagnose them – because adhesions do not appear on diagnostic tests. Adhesions cause 60% of bowel obstructions and nearly half of all female infertility1–3.

Adhesions and pain
Nerves that are bound by adhesive cross-links often cause pain. We find adhesions and cross-links to be the most common cause of chronic, recurring or unexplained pain in our patients. Surgery can be a life-saving event, but adhesions form as the nearly inevitable consequence of healing from surgical repair.4 An infection, inflammation (such as appendicitis) or injury (fall, accident or abuse) can also cause adhesions to form as a natural part of the healing process.1 Years after the body heals, these adhesions can pull on nerves or delicate tissues, causing pain during normal daily activities.

Adhesions and dysfunction
Adhered organs and muscles cannot function normally. Adhesions can cause any number of unwelcome symptoms, including:

- digestive and bowel problems
- difficulty breathing or sitting, difficulty sitting straight
- recurring back, neck or tailbone pain
- severe or recurring headaches
- unexplained pain or dysfunction
We find adhesions to be a major cause of unexplained pain, pain or dysfunction occurring long after surgery or trauma, and small bowel obstruction in our patients.

**What causes adhesions?**

The short answer is “healing causes adhesions.” Adhesions form as a natural part of the healing process following: 

- surgery
- infection
- inflammation
- injury or trauma
- radiation therapy
- chronic poor posture

Surgery is a major cause of adhesions. An extensive study published in *Digestive Surgery* reviewed post-surgical outcomes spanning several decades. The study noted that over 90% of patients developed adhesions after major abdominal surgery and 55% to 100% of women developed adhesions after pelvic surgery.\(^1\) The study concluded that “small-bowel obstruction, infertility, chronic abdominal and pelvic pain, and difficult reoperative surgery were the most common consequences (of surgery).”\(^2,3,12,13\)

Injury, abuse, infection and inflammation also cause adhesions, as do radiation therapy and chronic poor posture. Common causes of adhesions in our patients include:

- Any abdominal or pelvic surgery
- Physical trauma (e.g. vehicle accident)
- Back, hip or tailbone injury (e.g. fall)
- C-section, abortion, or D&C
- Pelvic inflammation or infection (bladder, vaginal, yeast, etc.)
- Pelvic inflammatory disease or STD
- Abdominal inflammation (appendicitis, gastritis, colitis, etc.)
- Organ repair or removal
- Trauma, surgery or inflammation of the digestive tract
- Intrauterine device (IUD)
- Physical or sexual abuse

A major focus of the Wurn Technique and the Clear Passage Approach is to deform and eliminate adhesions, without surgery. In doing so, many patients find that we relieve their longstanding pain, and we increase their function gently, naturally and permanently, without surgery or drugs.
Post-Surgical Problems

Surgery: A Valuable Procedure Can Cause Long-Term Problems

Physicians may suggest surgery to help diagnose or repair internal problems. Via laparoscopy or laparotomy (open surgery), the surgeon must cut through several layers of the body’s superficial tissues in order to access internal structures. Once inside, the surgeon can view, cut, burn or repair structures that are causing a problem. Surgeons often cut adhesions in areas that have become glued together to free their collagenous bonds. Most tend to avoid areas they could injure, such as the delicate tissues of the bowel or reproductive structures. In some cases, adhesions are so thick that the surgeon is reluctant to cut them, concerned that he may inadvertently cut and damage organs located beneath. While surgery can save lives and return quality of life, it can cause additional problems, as adhesions form to help the body heal from the surgical procedure. For example, surgery is cited as the primary cause of life-threatening bowel obstructions.3,13–15

Muscles, bones, nerves, blood vessels and connective tissues are intimately involved structures within the body. When any area undergoes a surgical procedure, part of the surgeon’s challenge is to repair the structures without damaging nearby tissues or organs. Post-surgical adhesions and scars are a natural and necessary part of recovery; they form as the first step in the healing process. Tiny cross-links, the ‘building blocks’ of adhesions, rush in to begin the repair process. These microscopic but strong fibers create powerful bonds that can last a lifetime and cause pain or dysfunction that traditional medicine fails to address without surgical interventions.

Cross-links, adhesions and scars all describe the same product of healing – a glue-like substance that can form after surgery:

- in tissues that were cut to access the surgical site(s)
- wherever the surgeon cuts, burns or stitches tissues on structures that require repair
- on structures mistakenly cut or burned
- on tissues that become inflamed by adhesive pulls

Surgical recovery

In an ideal recovery, surgical adhesions and scars help repair sites that were cut and go no further. But in some cases, post-surgical adhesions spread beyond the surgeon’s initial focus. These additional adhesions may bind neighboring structures that are designed to move independently. Because adhesions cannot be seen on diagnostic tests (MRI, CT, X-ray), post-surgical adhesions and scars can create pain or dysfunction that confound both patient and physician. We frequently treat patients who have undergone multiple surgeries and want to be freed from a spiraling cycle of surgery-adhesions-surgery, with no end in sight. Many tell us that their quality of life decreases with each successive surgery.
Adhesions after open surgery, repeat surgery

Adhesions that form after open surgery (laparotomy) are a major concern for patients and their physicians. This problem was highlighted in a study from *Lancet: The British Journal of Surgery*, which reported that 35% of all open abdominal or pelvic surgery patients had to be re-admitted to the hospital an average of twice more to treat post-surgical adhesions after their surgery. Many follow-up surgeries (22%) occurred in the first year after surgery, and hospital readmissions continued steadily over the next 10 years.

Adhesions after laparoscopy

Even modern, minimally invasive laparoscopic surgeries, such as those that treat the delicate tissues of the female reproductive organs, can cause problems. The Geneva Foundation for Medical Education and Research reports that “adhesion formation and reformation are an *unavoidable event* in reproductive pelvic surgery in spite of the variable skills in microsurgery, endoscopic or laser surgery.”

Radiation therapy adhesions

At Clear Passage, we understand radiation therapy from personal and professional experience. We began to develop the Wurn Technique® in the 1980s, to treat the adhesions that formed in Clear Passage Director Belinda Wurn’s body after she underwent surgery and extensive radiation therapy to her pelvis for cervical cancer. The radiation helped cure her cancer but left her with severe adhesions that caused pain and organ dysfunction in various areas of her body.

Radiation therapy, frequently prescribed to treat cancer, can cause extensive adhesions and a lifetime of pain and/or dysfunction. These adhesions act like a very strong glue, adhering the irradiated tissues to nearby structures such as organs, muscles, bones and connective tissues. Where these adhesions occur, organs and muscles can bind together, lose their ability to function...
normally and cause pain. Symptoms sometimes appear far from the site of the irradiated tissues. As collagenous crosslinks tighten, adhesions can spread into neighboring structures.

**Adhesion surgery (lysis)**

Simply put, despite the skills of the finest surgeon, adhesions tend to form as a natural byproduct of tissue damage after surgery. When adhesions cause pain or dysfunction, physicians may recommend a follow-up surgery called lysis to clean out the adhesions. Lysis involves cutting or burning adhesions under general anesthesia. While lysis of adhesions can be effective, it has the same drawbacks as other surgeries:

- risk of infection
- risks from anesthesia
- additional adhesion formation as the body heals from surgery
- unintentional damage to other structures in the body’s tightly packed anatomy

Until recently, surgical lysis was the only choice medical science offered to treat adhesions. Despite elaborate efforts to reduce or prevent adhesions, their formation remains a frequent occurrence after abdominal or pelvic surgery.\(^3,4,17\) Research points to the increased risk of adhesion formation with each subsequent surgery and exponential increases in the probability of subsequent bowel obstructions.\(^12,18,19\) With no alternative treatment, many patients feel trapped in a cycle of surgery-adhesions-surgery – with no end in sight.

― Karyn

“I want to express my gratitude to Clear Passage for what you were able to do for me. The wonderful work you perform deserves recognition. I am a woman who has had four surgeries. For me the surgery caused adhesions that became extremely painful. If it were not for Clear Passage, I would be contemplating another surgery for obstruction in my bowel caused from adhesions. I am hopeful that one day the medical doctors will prescribe this therapy to all patients who suffer from adhesions.”
Treating Adhesions Without Surgery - The Wurn Technique®

We know adhesions well. We faced this situation in 1984 when the National Director of Services of Clear Passage, Belinda Wurn, PT, developed severe adhesions after pelvic surgery and radiation therapy for cervical cancer. Unable to work due to pain and having seen the devastating and debilitating effects of adhesions in her own patients, she was determined to find a non-surgical way to treat adhesions.

Belinda and her husband, massage therapist Larry Wurn, completed several thousand hours of continuing education to study the etiology and biomechanics of adhesion formation. They found that the chemical bonds that attached the small but powerful collagen fibers to neighboring structures appeared to permanently deform when they applied specific combinations of force, direction, depth and movement. Combining knowledge from their education with their copious experience, they developed the Wurn Technique® - a unique hands-on physio/physical therapy protocol designed to deform and detach the bonds between the cross-links that comprise adhesions and to return the body to pain-free function.

A large part of this therapy focuses on reducing or eliminating adhesions, cross-link by cross-link. This mechanical process appears to be effective even when the cross-links formed years or decades earlier. Moreover, it does not appear to matter whether the adhesions are attaching muscle, bone or organs, nor whether the adhesions are large or small, thick or thin. Adhesive cross-links can form anywhere in the body. Given the Wurn Technique’s documented ability to open tiny blocked fallopian tubes deep in the pelvis, it does not seem to matter how small, deep or inaccessible the adhesions are; this therapy appears to deform them. In the process, most our patients' bodies return to an earlier, improved state of mobility and function accompanied by a significant decrease in pain.

The Wurn Technique has been shown in peer-reviewed medical journals to deform adhesions and decrease pain without the risks of surgery or drugs. Our patients include men, women and children (accompanied by a parent or legal guardian) who travel to one of our locations from nearly every continent. They come from every walk of life, including many physicians and other health care professionals. We listen deeply to our patients in order to understand their goals and help them achieve success. We encourage patients to become active members of their therapy team and educate them about their long-term care – both important aspects of therapy.
Small Bowel Obstruction: A Life-Threatening Condition

“Post-surgical adhesions are considered the primary cause of bowel obstructions.”
- Belinda Wurn, PT

Surgery and bowel obstruction
Surgery save lives daily, but no matter how skilled the surgeon, adhesions that form after surgery can cause pain and life-threatening small bowel obstructions (SBO). The problem is profound, and the evidence is overwhelming. Post-surgical adhesions are cited as the number one cause of small bowel obstructions, causing over 60% of all bowel obstructions.3,12,15,17,18,29–32

Because SBO accounts for 20% of all acute surgical admissions in the U.S.,33,34 and adhesions form so often after surgical repair, many patients find themselves in a continuously repeating cycle of surgery-adhesions-obstructions. In fact, nearly one in five SBO surgical patients is readmitted to the hospital within 30 days after bowel surgery.35

In short, SBO is a life-threatening condition, generally caused by adhesions. Surgery to repair obstructed intestines requires hospitalization, weeks of recovery and often causes adhesions and more blockages. Serious drawbacks of SBO surgery include:

- risk of infection deep within the body (peritonitis) from spillage of bowel contents into the abdomen from the cut intestine, requiring direct administration of antibiotics and a risk of repeat surgery
- risk of unintentional damage to nearby structures in the tightly packed abdomen
- additional adhesion formation

The fatality rate after SBO surgery approaches 7% (1 in 15), according to U.S. government statistics.36

“When I left Clear Passage, I told them they saved my life, for I really believe they did. I was given a healthy body to use and I feel great. That body was slowly taken from me because of adhesions, but I now have it back.” - Mae

Clear Passage and bowel obstruction
Clear Passage has over two decades of experience treating the adhesions that cause obstructions, without surgery. After we published a study in 2008 showing our success with opening blocked fallopian tubes, patients began asking us to clear intestinal adhesions that were causing them
debilitating pain and digestive problems. These patients came to us with partial and even total bowel obstructions. Results to date have been promising and exciting, including:

- **A woman who had undergone six SBO surgeries was scheduled for a seventh surgery**, just 12 weeks after her sixth; she came to Clear Passage instead. Before therapy, she had lost 18 pounds and could only ingest liquids. By her fifth day, she was eating solid foods at every meal. She cancelled her surgery and has not had an SBO surgery since – now six years later.\(^{28}\)

- **A man arrived with a history of SBO surgeries that started at birth and continued throughout his life.** Pre-therapy radiology showed a stricture (narrowing) and obstruction in his lower bowel. He reported bloating, nausea and inability to eat normally. Following therapy, he had no further bowel symptoms; his radiology report showed resolution of the stricture and clear bowels; and he has had no further surgery since therapy.\(^{28}\)

- **A woman arrived with a total obstruction; her only nutrition was intravenous (IV).** She was afraid to travel for fear of being away from the hospital. After therapy, she had the IVs removed from her arms, could eat normally and took a vacation to Cancun with her husband.\(^{22}\)

The above cases have been published in medical journals, available via Internet search on the National Library of Medicine website, or in the Research section of our website. Other success stories are available in video format on our website.

We use no surgery or drugs to treat small bowel obstruction. We use our hands to deform adhesions, clear blockages and instruct you in self-treatment techniques to help you avoid future obstructions. The following chart compares our results to data from the U.S. Department of Health and Human Services (HHS) and other medical sites.

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<table>
<thead>
<tr>
<th>Treatment</th>
<th>Average Days in Hospital</th>
<th>Fatality Rate</th>
<th>Average Cost</th>
<th>Recovery Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Passage</td>
<td>None</td>
<td>None</td>
<td>$6,000</td>
<td>1 week(^2)</td>
</tr>
<tr>
<td>Surgery</td>
<td>14.2 days(^1)</td>
<td>6.75%(^1)</td>
<td>$114,175(^1)</td>
<td>8-12 weeks(^3)</td>
</tr>
</tbody>
</table>

1. US Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality, 2010
2. Based on Clinical Data
3. Various hospital websites; time increases if patient develops post-surgical infection, which is not uncommon
Recent data, including our published studies, indicates that recurring bowel obstructions can be reversed using the Wurn Technique®. Thus, the need for surgical repair may be totally eliminated or significantly delayed with this non-surgical therapy.

“Session after session, day after day…my body was slowly and methodically worked on. As each hour passed, my body was loosening up and moving with less effort, and with less and less pain. I slowly began to eat soft foods and soups. On my fourth day of treatment, my 50th birthday, I enjoyed baked salmon and mashed potatoes! It was the best meal of my life!

I have shocked my surgeon! He wanted to know what was done and how it was done. He had tears in his eyes and was so happy for me. He truly did not want to cut into me again. My husband is just so happy to see me out of pain and to have his wife back. I truly feel like I had a full body renovation from the tip of my toes to the top of my head.” - Reese
Chronic Pain

Chronic pain can affect all aspects of a person’s life. Pain that lasts longer than three months is considered chronic. As pain persists, the patient may take compensatory postures to avoid the pain. The ongoing struggle and compensating postures can create adhesions, as collagen rushes in to assist the tight or strained areas. As time goes on, adhesions can spread into neighboring organs or support structures. Thus, the pain remains the same or worsens throughout life. Even with medications, it never seems to improve for long.

The Wurn Technique® was born from a profound need to decrease chronic pain – first in our National Director of Services, Belinda Wurn, PT, and then in our patients. Over the decades, many patients came to us with moderate to severe chronic pain in one or more areas of their body, and left pain free or with dramatic improvements that gave them back their earlier quality of life.

Mechanical causes
Modern medicine is generally effective at diagnosing disease and hormonal problems. Pain that does not fall into these categories tends to be mechanical in nature. If disease has been ruled out, adhesions are the perpetuating factor in most of the chronic pain cases we treat.

Chronic pain caused by adhesions is sometimes labeled *idiopathic*, meaning “no known cause.” Problems diagnosing adhesions stem from two general areas:

- It is very difficult to diagnose the chronic pain from adhesions without exploratory surgery (which can create more adhesions). Adhesions do not show on diagnostic tests such as blood tests, x-ray procedures, CT scans, MRIs and ultrasound.
- Even with surgery, it can be impossible to view adhered tissues and cross-links that form between cells deep within muscles or organs and cause pain.

Because of the difficulty diagnosing adhesions or treating them with surgery, many patients are told “there’s nothing there,” “there’s nothing I can do” or “it’s all in your head.” The frustration that follows these words can be confounding, disempowering, deflating and exhausting. For many of our patients, it initiated a multi-year journey from specialist to specialist in search of help. In the end, they found that adhesions were the culprit but were not offered any assistance beyond the diagnosis of “adhesion pain” and the advice “you’ll have to live with the pain.” With the Wurn Technique, many patients find the answer they have been looking for.

In general, adhesion-related chronic pain develops in one of two ways:

- adhesions form directly at the site(s) of traumatized tissue
- larger adhesions pull structural elements out of their normal orientation in the body, causing pain in areas remote from the original healing event.
Adhesions that attach directly to injured areas
When a person experiences a fall, injury, infection or surgery, he or she may experience pain from the direct tissue damage. Areas that hurt immediately after such an event can remain painful or pain can recur months or years later. In these cases, adhesions that formed during the healing process have often attached to pain-sensitive structures. The adhesive pull that formed after healing can cause pain in the injured area or in nearby tissues, even long after the healing event occurred.

Adhesions that impose on the body’s symmetry or mobility
After the body undergoes an injury or surgery, it can bend to favor the area that hurts. Adhesions may form to assist muscles that are working overtime. These adhesions tend to form in some of the strongest structural areas of the body, such as the back, neck or legs. Once formed, they can pull bones, muscles and connective tissues out of their symmetrical, functional alignment and cause chronic pain. Adhesions in the back, pelvis, hips or abdomen can then affect areas further up the spine.

Back, hip and tailbone pain
Back, hip and tailbone pain can be debilitating, significantly decreasing a person’s quality of life. Part of the problem is the degree of pain; another aspect is its chronic nature. Patients tell us “I always have pain. This pain has become a part of who I am.”

Trauma, injury, surgery or years of poor posture can cause the body to form adhesions in response to inflammation and bind structures that should be mobile. Once the inflammation has passed, these adhesions remain in the body like an internal strait-jacket – a permanent byproduct of healing.

Pelvic ligaments can be shortened by adhesions, causing chronic back or hip pain.
Unless the pain is caused by a disease, we find most pain cases to be mechanical in nature. Symptoms may include back, hip or leg pain when standing, walking or sitting, or prolonged morning stiffness. Some people report concurrent or independent sacroiliac and tailbone pain.

The pelvis is the main mechanical element of the low back and hip. It creates the foundation for the spine and the transition point between the hips, legs and torso. To provide a stable foundation for the back and hips, pelvic structures need to be balanced and level. When structures become adhered, the bones of the pelvis and low back can be pulled out of alignment by adhesions, causing a host of symptoms.

The pelvis is balanced by an intricate support network of ligaments. When the body undergoes a trauma or surgery, some of these ligaments can become shortened by adhesions. The resulting imbalance can cause chronic or recurring back and hip pain. While chiropractic adjustment or massage therapy may help temporarily, the pain often returns unless the adhesions are cleared.

Clear Passage therapists are experts at locating, deforming and decreasing adhesions. This has been the focus of our work for over two decades. As we decrease the bonds that pull the pelvis and low back out of alignment, mobility returns and pain generally decreases significantly. Freed of the glue-like adhesions, most patients find that they can move as they did years ago, before the onset of pain.

“Halfway through the week, I ate breakfast and I didn’t get sick afterwards. I had lunch later and I didn’t get sick either. I can’t tell you how unusual that was — I virtually always got sick after eating when I had a blockage. I couldn’t believe they had broken down the adhesions that had caused my blockage, but there it was — I could feel the results in my body!

By the end of treatment, it just felt like everything was the way it should be. Before CPT, the tightness in my abdomen pulled so much that sometimes I felt like I was being pulled over. After therapy, I could stand straight and everything felt looser.”

– Teena
Tailbone pain (coccydynia)
Tailbone symptoms can range from being a nuisance to completely debilitating. Treatments vary, with no consensus as to the most appropriate care. Physicians generally encourage using the most conservative therapy first for all conditions, i.e. therapy before drugs.37

Our approach is among the most effective, conservative and minimally invasive therapies for tailbone pain. We have had success in patients with no prior therapy and with complex cases of persistent pain despite injections and surgery. Medications often produce little or no benefit for those with tailbone pain. Surgery may provide relief or a lifetime of debilitating pain – often worse than the original problem. Several patients have come to us using narcotics, such as morphine several times a day after unsuccessful tailbone surgery. We help most of the tailbone pain patients we see to reclaim quality of life.

A tailbone that is pulled forward can cause constipation or pain with sitting or intercourse.

Through its pull on the dura, which covers the spinal cord, it can cause recurring headaches throughout life.
Muscles of the back, shoulders, neck and jaw are intimately related. We need to address the whole area, to achieve optimal, pain-free function.

Headache, neck, shoulder and jaw pain (TMD)
Chronic head, neck, shoulder and jaw pain rob patients of their quality of life. We address these structures in two ways:

- we review patient history for direct trauma (e.g. falls) to the areas of pain
- we regard these areas in relation to nearby structures and to larger elements further down the body (e.g. hip, back, legs, abdomen and pelvis).

A history of trauma or healing below the neck can create an imbalance at the foundation of the spine, eventually causing pain in the upper torso, neck or head. Thus, we find it useful to regard the entire body and its lifetime history of traumas, surgeries and healing events. In most patients, we find that postural conditions, trauma, surgery or healing events cause or contribute to chronic pain in these areas.

Unprotected by the ribs and supporting a heavy head, the soft tissues of the neck can suffer whiplash injuries when kids or adults fall. Athletic and auto injuries also contribute to neck traumas.

Professionals who hold their arms forward without support for long periods of time, such as dentists and hairdressers, can suffer more as cross-links form throughout these areas – due to spasm and adhesions forming from poor postures over the course of years.

The strong fascias of the back must be symmetrical in order to support the spine. These fascias have strong attachments at the neck, head and tailbone. Any asymmetry in the back or pelvis creates an even greater imbalance in the structures above -- the shoulders, neck, head and TM joints.

The neck, head and TM joints suffer from this forward head posture, causing pain or dysfunction. Treatment generally must address all of these lower areas to fully resolve symptoms in the head, neck and jaw.
Forward head posture and adhesions

Ideally, the head should balance on the torso. When standing and viewed from the side, a vertical line should pass through the center of the ear, then the center of the shoulder, hip, knee and ankle joints. In this position, the muscles of the neck can relax as the spine supports the head, which weighs 10 to 12 pounds. Unfortunately, modern lifestyle can deter this natural alignment from a young age, creating problems.

When seated at a school desk, forward head posture requires the muscles of the neck, shoulders and upper back to fire constantly to keep the head from falling forward. Through years of school, these muscles stiffen as collagen cross-links, the building blocks of adhesions, form to assist the overtaxed muscles. This pattern often continues into adulthood when a surgery or long hours at a computer pull the head and shoulders further forward over time.

Collagenous cross-links at the neck and at the base of the skull can bind the neck, head or jaw in adhesive straitjackets, causing recurring headaches and neck or jaw pain. Over time, the shoulders or interscapular areas may become involved as cross-links form to assist the neck muscles. In some cases, cross-links can form at the front and top of the chest, pulling the shoulders forward. These can bind to the ribs or diaphragm, pulling the torso forward and decreasing the ability to breathe deeply.
Chronic and Migraine Headaches: Often a Mechanical Problem

“Unexplained headaches occur due to cranial asymmetries, adhesions after an earlier trauma or poor posture over years. In some cases, the cause is much further down the body.”
— Belinda Wurn, PT

Headaches rob our lives of precious quality time – for hours or days. Nearly 45 million people in the U.S. live with chronic or migraine headaches; seven million people report debilitating headaches at least every two days.\(^{38,39}\) Unable to treat the cause, Americans spend over two billion dollars on pain relievers to treat recurring headache symptoms each year.

Rather than treating symptoms, our work treats the cause of the pain, without drugs.\(^{40}\) It has returned a pain-free quality of life for many patients with migraines or chronic headaches. Most searched for relief for years before finding us. Many consulted multiple physicians and visited the emergency room regularly due to recurring, debilitating headaches. For most, the search for relief ends with our full-body evaluation and treatment.

We find that headaches without a clear medical cause (e.g. disease, infection, tumor) generally stem from ‘mechanical’ problems, characterized by unusual adhesive pulls on pain-sensitive structures in the head and neck. Adhesions form to help the body heal from tissue trauma. When they form at the delicate bones and tissues of the cranium, they can cause significant pain that is nearly impossible to diagnose.

Many patients who come to us with chronic or migraine headaches leave reporting profound relief. Part of the reason is that we take a full-body approach when evaluating and treating chronic headaches. In doing so, we find that headaches generally stop or decrease significantly. At the same time, we provide our patients with instructions and tools to keep the headaches away, without drugs.

Biomechanics of the head, neck and spine

The cranium has 28 bones that articulate with each other, like continental shelves on the earth’s surface. Some bones define the surface of our skull, while others traverse the brain. Delicate nerves, blood vessels and glands are contained within this structure. Tiny joints between the bones of the cranium allow for small or important movement of these delicate structures. The cranial bones are designed to be symmetrical for maximum function and pain-free mobility. We often find that asymmetry of the cranial bones accompanies recurring headaches and migraine symptoms in our patients.

Support structures in the neck, shoulders, back and even tailbone attach into the cranium and can cause or contribute to headaches. In essence, the head must adapt its position in space according to the position of the much larger structures below it – the spine, back, sacrum and pelvis. Thus, chronic or recurring headaches are often the result of sustained muscle contraction, compensatory postures, fascial pulls or joint restrictions further down in the body. For this reason, cranial imbalances may occur from structural imbalances at the pelvis, sacrum, lumbosacral junction or the base of the skull.
Falls, infections or surgeries that pull the tailbone forward often create a significant pull on the tissues at the base of the skull – and into the head.

“In 20-some years, I had seen nearly a dozen medical “specialists” yet none could ascertain the cause of my headaches. Things changed when I met Larry and Belinda Wurn at Clear Passage. Simply observing my posture, they could tell something was not right. The muscles in my back were contracted in a manner that put excessive pressure on my neck – the basis for the unbearable headaches.

Incredibly, I felt relief after the first treatment. Soon, the headaches reduced to a point where I no longer needed medication. Today I am nearly headache-free. When they occur, nothing more than aspirin is needed to relieve the pain. In all those years, doctors never suggested such a simple solution to what is a relatively common problem. I’m very thankful to Clear Passage for their resolution of this debilitating health issue. I strongly recommend this very effective therapy to anyone in a similar situation.” - Greg
Frequently Asked Questions

What is Clear Passage?
We are a network of physio/physical therapy clinics. We use a unique manual therapy (the Wurn Technique®) and protocol (the Clear Passage Approach®) to treat chronic pain and dysfunction, including post-surgical pain, small bowel obstruction and female infertility. Our therapists receive exclusive training, certification and licensing to provide the Wurn Technique. None of our treatments involve drugs or surgery.

Patients come to Clear Passage locations from around the world and from all walks of life. Many have conditions that have not resolved after traditional therapy, medications or surgery; some want to avoid future surgery. A number of our patients are healthcare professionals. Our therapy has shown positive results in published studies and is completely natural.

What is the Clear Passage Approach?
The Clear Passage Approach is a unique hands-on therapy, developed over 25+ years of study and clinical research by Belinda Wurn, PT and Larry Wurn, LMT. Our focus is to deform the bonds that attach collagenous cross-links, the building blocks of adhesions. The protocol includes over 200 individual techniques, including the Wurn Technique, designed to reduce and eliminate the adhesions that form wherever the body heals. As a manual therapy, it works without the risks or side effects of surgery or drugs. Studies on the effectiveness of this work, published in peer-reviewed medical journals, show success treating conditions previously treated only by surgery or drugs.

Why is this therapy unique?
Every body heals differently after injury, surgery or trauma. Physical therapists certified in the Wurn Technique are trained to evaluate and treat the entire body. This holistic view, coupled with extensive patient history and feedback, helps us understand the physical forces preventing patients from leading the life they envision. Our focus is to decrease the powerful adhesive pulls that cause pain or dysfunction – no matter where they occur in the body.

Our therapy is different from other manual therapies for several reasons:

- **We have lived the experience.** Our work was born in 1986 from the need to find a non-surgical answer to treat debilitating pain in our founder, Belinda Wurn, PT.

- **Our background is broad; our focus is logical and methodical.** We studied rigorously with top manual physicians and physical therapists in the U.S. and abroad. From that strong foundation, we worked hard to develop a therapy to effectively treat the adhesions causing Belinda’s pain and dysfunction. After Belinda was able to return to work, we continued to refine our work to treat others with pain and dysfunction.
• We test our work and publish our results. Independent physicians and scientists measure the results of our therapy. Positive results of the Wurn Technique and Clear Passage Approach have been published in peer-reviewed medical journals and accepted into the U.S. National Library of Medicine. Citations about this work appear in WebMD’s Medscape General Medicine, Contemporary Ob-Gyn, Alternative Therapies in Health and Medicine, and the Journal of Endometriosis. Many health care providers call our work pioneering.

• We rigorously train and test our therapists for knowledge and clinical skills. We base their certification on strong manual and palpatory skills, and on test results after several weeks of study and training. Each must demonstrate a thorough understanding of the material in our 600-page Therapist Training Manual written by Belinda Wurn, PT and her training staff.

What kinds of pain and dysfunction are caused by adhesions?
Adhesions can cause chronic, unexplained or recurring pain anywhere in the body. Frequent pain complaints we treat include post-surgical pain; long-standing back, hip and neck pain; frequent debilitating headaches; pelvic and abdominal pain or cramps; pain from endometriosis; pain with menstruation, ovulation or intercourse; full body or unusual pain patterns; head, neck and jaw pain; and tailbone pain. Functional problems include restricted mobility, poor digestion, constipation, loose bowels, irritable bowel syndrome (IBS) and small bowel obstruction (SBO), and infertility.

What does therapy feel like?
Sometimes, therapy can feel like a deep stretch; other times, the work can be very light, as it follows the subtle rhythm within the connective tissue sheath that surrounds the spinal cord and brain. Depending on the diagnosis and treatment area, the therapist may work to improve motility – subtle organ movements. During therapy, we may ask the patient to flex large muscles or move in certain ways to improve the body’s symmetry and function. We continuously communicate with patients throughout treatment to ensure they understand our intent and findings, and maintain their comfort level. We educate our patients in self-help techniques to prevent reinjury and to maximize the results of therapy.

Who may benefit from this therapy?
The best candidates have any of the conditions in this Guide to Services or histories indicating possible adhesion formation. These histories include:
• radiation therapy
• a fall, trauma, accident, physical or sexual abuse
• surgery in the pelvis, abdomen, back, hip or neck
• infection or inflammatory process (e.g., endometriosis, appendicitis, PID)
Who may not be appropriate for this therapy?
Applicants with the following conditions may need to obtain physician clearance prior to scheduling therapy or may not be appropriate for therapy.

- HIV
- IUD
- Hernia
- Lymphedema
- Active infection
- Endometrial cyst(s)
- Cancer in the last 5 years
- Surgery in the last 90 days
- Cardiac or kidney dysfunction
- Blood clotting disorder or abnormal bleeding
- Immune disorder (e.g. lupus, rheumatoid arthritis)
- Active inflammatory process (e.g. Crohn’s, celiac, colitis flare)

How do I arrange a personal consultation?
We are glad to review medical history questionnaires from applicants interested in our therapy and provide telephone consultations at no charge. After we thoroughly review your reported medical history, we can provide information that is specific to your situation. Our therapists will gladly answer your specific questions by phone or e-mail. This will give us both a realistic sense of whether our therapy may help you meet your goals. Please call for more information.

Who can perform this treatment?
The Wurn Technique is unique. It is only performed by staff trained and licensed by Clear Passage to perform our work. These designations ensure you receive the specialized therapy that has been developed and researched, with published results, for over two decades.

Where and how can I get this treatment?
We have locations in the U.S. and abroad. While local patients may choose to spread therapy over several weeks, most patients visit Clear Passage locations from out-of-town or other countries, and receive our full 20-hour therapy program over five days (e.g. Monday-Friday). Patients with extensive history of surgery or adhesions may benefit from additional therapy. We try to save a few hours the following week to accommodate patients need to book additional hours.

From the initial evaluation through therapy, discharge and follow-up, every aspect of treatment is thorough, private, respectful, and focused on each patient’s individual needs and goals. Please call
our Headquarters in the U.S. at 1 (352) 336-1433 or visit www.clearpassage.com to learn about our clinic locations.

**Does the medical community accept this work?**
Due to published studies on our therapy, physician acceptance of our work is growing steadily. At this printing, our Advisory Council consists of doctors from Harvard, Columbia, UCLA and Northwestern Medical Schools, as well as the Founder of the Endometriosis Association.

Physicians recognize that physical therapy is a conservative approach. Since there is such a low risk of complications, most physicians encourage patients to attend or to make their own decisions regarding therapy. Patients with recent onset of pain should be screened by their physician for the few conditions that would prevent treatment, such as active infection, cancer or abnormal cysts. We are glad to consult with your physician to explain our work or discuss your case.

**Will my health insurance cover treatment? (U.S. patients)**
While you will pay us directly for our services, your insurer may reimburse you for part or all of your therapy. You may wish to contact your insurer to clarify your benefits before you schedule treatment. Ask them about your “out-of-network, outpatient physical therapy benefits for adhesions and/or pain.”
We provide you with copies of your initial evaluation, daily notes, progress report and a statement noting all charges, payments, provider information, diagnosis and procedure codes to support your claim for reimbursement.

Our procedure codes are defined and approved by the American Medical Association, and include these common physical therapy codes for our patients in the U.S.:

- 97001 evaluation
- 97110 therapeutic procedure
- 97112 neuromuscular reeducation
- 97140 manual therapy
- 97530 therapeutic activities to increase function
- 97535 self care instruction

Ask your insurer if you need pre-authorization and a physician’s written referral. If so, have your physician write on his prescription pad “physical therapy for treatment of abdominal and pelvic adhesions (or pain).” If you are coming for the five-day program, it should specify “20 hours of manual physical therapy over five days.” S/he should sign, date and give you the referral slip.

Twenty hours of physical therapy per year falls within the parameters of most insurers in the U.S., but some limit therapy to one hour per day. Explain that this is a special case and that this is one of the only clinics in the country that treats adhesions non-surgically. Ask to speak with a supervisor, if necessary. Record the name, time and date of every person with whom you speak and what they tell you.

Upon request, we are happy to provide you with a letter that you may forward to your insurance company.
company. This document provides advice regarding our specialized therapy program and notes your pre-treatment diagnosis codes, based on your reported medical history.

References


