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The ghost in the machine – Is musculoskeletal medicine lacking soul?

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## The Ghost in the Machine – Is Musculoskeletal Medicine Lacking Soul?

### Abstract

In recent times there have been, concurrently, increasing volumes of research questioning whether biomechanics have any relevance at all to musculoskeletal medicine; and a blossoming field of Pain Science identifying that perception of, and context for, pain is often more important than the tissues generating the pain in the first instance. From the academic world to social media, much excitement has been generated in supporting this new direction. However, most of the great work arising from the Pain Science arena is focused on pain itself and on the patients' conscious beliefs around their pain. A redirection of focus toward function beyond the pain, and awareness of how *unconscious* behavioural programming accounts for the majority of lifestyle habits and perceptions, may facilitate more effective outcomes. Other unconscious processes which are known to contribute to persistent pain, yet are still largely unacknowledged in musculoskeletal practice, are those involved in central sensitivity. A plethora of systemic and visceral conditions are known to contribute to central sensitivity yet are barely considered in typical clinical screening or management. The more that is understood about the complexity of these and other interacting factors in pain, the more the inadequacies of our prevailing research and clinical methodologies are exposed. The question posed is, are unconscious processes the next key field of exploration and "harvest" in musculoskeletal medicine and, if so, how can we most effectively address them?

### Introduction

Choosing a career in musculoskeletal medicine brings with it the privilege of working directly with human beings. This privilege is not to be underestimated. For many years, medicine as a whole has focused its sights on one aspect of human function; its machine nature. The physical actions of Newtonian principles such as biomechanics, forces, planes of motion and the body's manifestation of these in the shape of ranges of motion, length-tension relationships, and spinal angles have, understandably, been a core focus of musculoskeletal medicine. In recent years, however, there has been a growing recognition of the limitations (Christensen & Hartvigsen 2008, Maziak 2015, Siegel 2010) of this approach, in particular with the expanding evidence base and emerging field of *Pain Science*.

One result of these advances has been a countercurrent away from the "old" mechanical way of viewing patients' conditions (Lederman 2011, O'Sullivan 2011). In parallel with this, a positive trend toward a focus on evidence-based, epidemiological practices in favor of clinical experience and more intuitive approaches has moved musculoskeletal medicine toward increasingly objective findings and practice. However, this welcome re-direction brings with it its own limitations.

What we propose here is that the apparent breakdown of the biomechanical aspects of musculoskeletal medicine only highlights the importance of the influence of myriad factors holistic approaches have proposed as causative for decades. We are at a unique vantage point, now, where it is no longer conjecture that these factors can be etiological. In short, we suggest a post-complexity systems approach, incorporating biological, psychological, sociological and transcendent factors in patient care.

### The Human Experience

The human experience is one of polarities. Goodness, truth and beauty must be complemented by badness, inaccuracy and ugliness in order for the experience of life to not fall into a flatland of nothingness.

Due to their unique capacity to project forward and backward in time beyond the scope of their individual life, humans have a tendency to ask, "What came before?", "What comes after?", "If I am to die, what is the meaning of life?", in short, because of their level of self-consciousness, humans

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