THE MODEL HEALTH SHOW

EPISODE 1014

The 4 Things That Control Chronic Pain & The Real Reason Your Body Isn't Healing

With Dr. Chris Stepien

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SHAWN STEVENSON: No matter what we've been through, we can get better. Right now, millions upon millions of people are experiencing chronic pain and loss of function. And right now, we have a mission in front of us to change this paradigm. There have been entities that have swooped in to try to take advantage of this pain paradigm by looking to mask the symptoms of pain through things like opioids, and we've seen where that has led us.

Today is all about addressing the root cause of pain, and it's not one thing. This is one of the most important messages and takeaways from this incredible interview from today, is looking at these four very dynamic aspects of human life, physiology, psychology, where our pain can manifest from. And oftentimes, it's a patchwork quilt or puzzle that involves these four different things.

And you're gonna learn about today a very powerful treatment for pain, for chronic pain in particular, especially if you've experienced injuries or trauma, or, as you're gonna discover, even psychological injuries that can show up in our bodies. And I'm so grateful because I've actually had an opportunity to experience this treatment firsthand, and my experience blew me away.

And I'm gonna share it during this interview, but it was something that was so unexpected, something that was so even outside of my character, what I experienced. I'm just I'm still processing and putting it into words. And I'm so grateful because with this platform and with this community, we are all about sharing a model of what's possible and providing as many tools as possible to add to our superhero utility belt because life is dynamic.

Stuff happens, and oftentimes it isn't just this one-trick pony that's going to suddenly move this issue away. It's having access to different insights and different strategies and different tools as we go along so that we are well-rounded in helping ourselves to heal and to continue healing, because healing is a process.

And also being able to share these things with our friends and family, helping the people that we love to get out of pain as well, and to make this a normalized part of our culture, to have access and awareness of treatments when unfortunately so many people believe that their pain is the end of their story.

It's just their lot in life and there's nothing they can do about it, and nothing can be further from the truth. And so without further ado, let's get to our special guest and topic of the day. Dr. Chris Stepien is the founder of Barefoot Rehabilitation Clinic, a premier chronic pain clinic specializing in helping people who've had pain for over six months and have seen at least three doctors or therapists without notable relief.

With over a decade of active practice in the New Jersey-New York region and patients flying in from all over the world, Dr. Chris is a visionary advocate for his innovative approach to the treatment of chronic musculoskeletal injuries with his treatment system, Adhesion Release Method Let's dive into this conversation with the incredible Dr. Chris Stepien. Dr. Chris Stepien, good to see you, man. Thank you for coming to hang out with us today.

DR. CHRIS STEPIEN: Thank you for having me.

SHAWN STEVENSON: Of course. Man, we've got so much to talk about, and first and foremost, we were just talking about this before we even got rolling, that both of us are very passionate about addressing and supporting and helping to transform the landscape of pain.

And so many people, millions upon millions of people, are suffering in chronic pain every single day, and it's stealing our quality of life. It's stealing our aspirations, and many people are just feeling this cloak of heaviness. And the good news today is that there are solutions, and we were talking about, many paths to the goal.

But oftentimes, there are many paths that need to be taken. And people are coming to you when they've tried everything. When they've seen all the experts, when they've tried all the medications, and when they've almost lost all hope. And the stories, the transformations, the healings that I've been exposed to have blown my mind.

Yeah. And that's why you're here today. I wanna ask you, first and foremost, to talk about the landscape of pain because, again, I don't think unless somebody is suffering, they realize how severe the situation is and how many people are suffering because suffering tends to be something that's very isolating.

DR. CHRIS STEPIEN: Yeah.

SHAWN STEVENSON: Like we can feel like it we're in this by ourselves. So let's talk about the landscape of pain.

DR. CHRIS STEPIEN: When it comes to the landscape of all this, there are, in the United States, I think 60 to 70 million people in chronic pain. That's about 20% of the population. 17 million, or around 6%, are chronically disabled, meaning they can't do anything.

They can't work. They can't do the activities that they love. Chronic pain, by definition, is a problem that other people haven't been able to fix. And not only, I think those 20% chronic pain numbers in the United States is probably low because most people, my definition of chronic pain is even pain that goes away and comes back on some type of recurring state.

People think that chronic is just intense and all the time, but anything that comes back recurrently is something that is gonna continue to show up. I think it's a massive pandemic, if you will- And it's causing a lot of suffering, not only for individuals, but for their family, for their friends, for their work communities.

And I'm happy about some of the pathways and the solutions that are being opened up, and my hope, even in being here, I was thinking, "Why are you here, Chris?" My hope is that people the people at the top of their game who are thinking through these problems, the doctors, the scientists, the researchers, we need to start to work together more in order to solve some of these problems, because it's a massive problem.

SHAWN STEVENSON: You had an experience of pain yourself

DR. CHRIS STEPIEN: Yeah ...

SHAWN STEVENSON: That was really a catalyst for changing your perspective. You going to a conventional university, and then moving on in your education, being a football player at a high level, and looking for solutions. So let's start there. What's your superhero origin story?

DR. CHRIS STEPIEN: Yeah. So one of piece of that is that I have suffered, especially emotionally, with largely depression and suicidal ideation, mostly from the time I was maybe 10 to 19 years old, and then maybe little windows of time in my 20s and 30s. And when you suffer emotionally in a really bad way, first you realize how heavy life can get, but then you also realize that once you come out of that, what else is there to do besides to help other people who are suffering?

And when I was younger, I thought I wanted to be either an American Gladiator, a professional football player, or a veterinarian. Those were my choices in second grade. And then in college, I was playing football, and I loved it, and I thought, I really wanna be a chiropractor so I can work with the New York Giants."

And when I was in chiropractic school, I already had some minor chronic pains from football and rugby, 'cause I started playing rugby after I couldn't play football anymore as a senior in college. And then I realized that adjustments weren't helping me I thought to myself, "If these aren't helping me, how can I serve people in a way, take their money, and continue to build a life out of that?"

I thought I was going to quit chiropractic school. I was exploring a lot of different options. My mentor, Dr. William Brady, gave one speech at Newark Chiropractic College at the time, and he said, "How many of you are being taught that you can fix everybody with chiropractic adjustments?" And we were being taught that.

Most of us raised our hands, especially in the philosophy-based chiropractic school. And he said, "I don't believe that, but I believe that you can help some people better than anyone else is helping them." And he was talking about the diagnosis and treatment of adhesions.

He treated my psoas and my belly.

My low back pain was better for a few months by then before I needed another treatment after that one treatment he gave me, and I was hooked. And I didn't look back after that.

SHAWN STEVENSON: Somebody very influential for me and somebody who I trust highly, and we have a, we just have a very strong bond because of the way that we think and our life experiences.

And, even if we don't talk for a year, it's just like as soon as we get together, have a conver it's just like we just, we don't skip a beat, and that's Mike Dolce. All right? Multi-time MMA trainer of the year. And he was suffering, to put it bluntly. Him being a fighter himself and all the years of abuse really, and, the, all the changes and the really high-pressure environments that he's been in.

He experienced a manifestation of pain that was so severe that as he shared with me, he had to crawl to get to the bathroom. And he did all the things. He knows so much, and what he said and shared with me about you was like, "I, Shawn, he's the first person to actually help me get out of pain. If it wasn't for him, I don't know where I would be."

And so that recommendation of itself really just opened my eyes to start to investigate and to look into this modality and how you're treating people. And before we get into this focus on adhesions, which everybody needs to know about. What you shared with me before treating me was that this isn't everything.

And that's where I was like, "Oh, he's a good guy." There are these four buckets. Yeah. Can you talk about those four buckets that can kinda create the puzzle pieces for an individual's pain? It isn't just this one thing. We tend to be very focused on one of the buckets, which is structural damage. But talk about those four buckets.

DR. CHRIS STEPIEN: Yeah. And I wanna come back to Mike's story a little bit because I asked him if I could just share a little bit, and he was like, "Please." But from our perspective as

adhesion release methods providers, there are four buckets that correlate to chronic pain, maybe even to all health. But it's structural, your joints, your bones, your cartilage, your ligaments.

Functional, that's your strength. And what we're trying to bring attention to is how much adhesion you have in your muscles, especially around peripheral nerve entrapments. Metabolic, what's the chemical, mineral state of our body? And then psychological, that's our emotions, our thoughts. Maybe we can put brain-type, when they talk about complex regional pain syndrome, those types of things in the brain stuff, that maybe can all go into that bucket.

All four of these buckets matter when it comes to somebody being in chronic pain. It feels important for people who are addressing chronic pain to have respect and appreciation for all four buckets. Part of what I am here to do is to bring attention to this aspect of adhesion as a contributor to chronic pain, and just how good and how specifically a provider can treat those adhesions.

But I hear of some people, especially in the pain science field, who say, "Okay, your MRI is completely messed up. However, there are other people who have completely messed up MRIs and don't have pain, so therefore your MRI doesn't matter." I don't think that's fair. I see other people saying, "You just need to strengthen because strength is important.

We just need to move around." Fully agree, we need to move as move around as much as possible, be as strong as possible, but that's an incomplete story. Mike Dolce being one, a good example of that. For three months, he could not work out. He didn't even He was scared to drive 90 minutes to see me because he said, "Chris, I don't even know if I'm gonna be able to be in the car," because of his neck.

And he's an example of four-time MMA trainer of the year. He could not work out through his neck pain. We need to be aware and respectful of all four of these cateries Yeah ... categories. And to the extent that we are respectful of all four categories, and we have good tools for each of the problems that can go into each one of those buckets, it feels like we have the best

possible chance to get as many people out of chronic pain as possible, which means that we're gonna be helping people who are suffering.

SHAWN STEVENSON: Whether it's from injury, age-related wear and tear, or even chronic diseases and infections, our stem cells have to kick into action to help us heal. There's a specific compound that's been identified in turmeric that's getting a lot of attention right now for its impact on our stem cells. This compound is called ar-turmerone.

In a study cited in the journal Stem Cell Research and Therapy details how our neural stem cells proliferate 50 to 80% faster when exposed to varying levels of ar-turmerone The study concluded that, quote, "Ar-turmerone thus constitutes a promising candidate to support regeneration in neurologic disease."

Unquote. How powerful is that? In addition to the remarkable power of ar-turmerone, turmeric has many other phytonutrients that support stem cell function. A little-known reality is that stem cells act upon inflammation, and many people are experiencing a chronic state of systemic inflammation that's literally draining their body's supply of stem cells.

One of the most notable anti-inflammatory compounds ever discovered comes from turmeric too. That nutrient is called curcumin, and curcumin is shown in numerous studies to reduce inflammation, including in a meta-analysis cited in the journal Frontiers in Pharmacology. Plus, a randomized placebo-controlled trial conducted by scientists at UCLA found that curcumin appears to reduce inflammation in the brain and even improve memory and attention span.

And of course, we could take this advice and start adding more turmeric to a variety of dishes, including curries, to scrambled eggs, or whatever the case might be. But keep in mind that the results seen in these studies are from therapeutic amounts of turmeric that would only come in supplement form.

And the turmeric supplement that I've been using for years is certified organic with no binders, no fillers, and has an outstanding money-back guarantee. It's the Turmeric Complex

from Paleovalley. And right now you're going to get 15% off of their incredible Turmeric Complex when you go to paleovalley.com/model.

That's P-A-L-E-O-V-A-L-L-E-Y.com/model for 15% off. I absolutely love their Turmeric Complex. It's always there on my superfood shelf for whenever I need it. So definitely head over there, check them out, support reducing inflammation, support your stem cells, and even support your cognitive health with the Turmeric Complex.

Go to paleovalley.com/model for 15% off. And now back to the show. Man, wow, thank you so much. And I'm so grateful because I had the opportunity Not only did you come to see me, but you offered for me to do this treatment. And, of course, I wanna speak from experience and, just at this current time, I wasn't in any noticeable pain.

I'm just doing my thing and living my life. But, a little over a year ago, I had a psychosomatic flare-up of an old injury, right? I didn't, quote, "do anything", but I share with you, a lot of stuff was going on in my life, a lot of conditions, people close to me passing away, a lot of life changes.

And I went and, I went and did a blood draw, and that was like enough for my system to be like, "Oh no, he's under complete threat" and kinda had this referral pain to where an old injury from rupturing a disc years ago was just lit up And, I went and did physical therapy. I did this kind of standard of care stuff that I know, and I got better, but it was still lingering until I happened upon some work that dealt with the psychosomatic side.

And it was like I read a certain page, and I woke up the next day, and the pain was gone, right? And so I know that psychological piece, and that's one of those things where I'd be way more skeptical about, if I didn't experience it firsthand. And so just knowing that nerve pathway is there, right?

And so that's why I was more open to it of I know that there's something that I just kinda activated out of the blue one time. And so you went, you tested me. You went and you found these spots. Ex- you knew exactly where once I told you about my my symptoms from back in the day

And after you did the treatment, I got off the table, and I was experience some experiencing something. And you asked me, "Are you experiencing anything emotionally right now?" When I got off the table, I was so mad. I was mad. Yeah. And it just came out of nowhere. I was so angry.

But I was freaked out, the fact that you asked me, am I experiencing anything emotionally. Because I don't think my body I was looking mad. But I wanted, when I got off the table, I wanted to punch through the wall.

And that's just not my personality to do something like that.

And we talked about that, and we talked about ... And this was, like, a psoas treatment that you were doing, which is connected to, the whole pathway with the lower limbs ... and all this stuff. And and I shared with you what was going on around that time where I had that referral pain

DR. CHRIS STEPIEN: Yeah

SHAWN STEVENSON: and all the mounting things that I was carrying. And feeling like a little bit of I'm taking everybody else's mess, and I'm helping to keep everybody going. Yeah. And I wasn't giving my self space to be angry, to be upset, and my body was just holding on to it. And not only did you address the nerves, the sciatic nerve and stuff like that, but just getting in there in the psoas, which again, I had no idea that I was that tender

In those areas. And I feel, to tell you how I feel right now, I feel lighter I feel like I'm breathing a little bit better.

And I don't wanna punch through a wall. Good. And there's lots of walls in here. I just feel, I feel more enlightened.

A more, I feel a little amused by it.

You know what I mean? So

DR. CHRIS STEPIEN: Yeah ...

SHAWN STEVENSON: thank you for that. Can you talk a little bit about that experience? Because that's something that's common, which again, I saw multiple testimonial videos and Yeah ... treatment videos, and I'm just like, "Why are these people so emotional?" Yeah. Talk about that a little bit.

DR. CHRIS STEPIEN: Yeah. I think there's something to people's language when they say, "You're getting on my nerves." Specifically in there, I was treating your femoral nerve. And right above the spot that I was treating, I was probably around L4, L5, it was swollen. I don't know if you remember I told you that it was swollen and thick.

When a nerve is swollen or irritated, it can get two to four X as thick as it would be at another spot. So when people say, "Getting on my nerves," it's interesting to me the correlation with anger. But there's something about nerves and the storing of emotions. And part of me treating that spot, and also the psoas is some area, whether it's because the root sacral and solar chakras are in the area.

And when people have wounds or traumas from an Eastern philosophy perspective, fear usually gets stored in the root. Guilt usually gets stored in the sacral. Shame or self-worth stuff usually gets stored in here. But also anger is closely tied to the sacral chakra because that's where desire and boundary- Boundaries

can be tied into. From an emotional standpoint, there are what happens with the chakras, but there's also the fact that when we have Traumas, the body keeps score. What's the Bessel van der Kolk's book? That gets stored in different areas, and you either push on something in a certain area, bringing attention or awareness, or when somebody gets really still or does some deep breathing, it can allow the body to have, some space in order to release or to let go or relax something.

And it's not a bad thing. It's great that you've released that anger. Sometimes people feel a certain way like, "Oh, I shouldn't be doing this." And no, the opposite. Whatever you're feeling

is completely valid and true, just like we're supposed to do with our children, and just let it go. Let it out.

Trust your body to do what it's doing. We are finding different ways for the body to release that stuff.

SHAWN STEVENSON: Yeah.

DR. CHRIS STEPIEN: We treat your femoral nerve in your belly, and that's when you got up and you were feeling a certain way. We also treat your sciatic nerve a little bit at your butt cheek, which was inflamed in your hamstring.

But we didn't wanna do that today 'cause I didn't wanna overload your nervous system. But what was also great was the the way that you were releasing and focusing on your exhales as you were being on the table. You did a great job grounding your energy in that space in order to process it as well as you could, which I really appreciate, too.

'Cause not everyone has a good regulation system to be able to do that.

SHAWN STEVENSON: Yeah. I think part of this, in that regulation system and acquiring these these, the skillsets, has really helped me to perform at the level that I have despite what I've been through.

And again, functionally I'm able to do all the things, but there are these little kind of weak points

or breaks in the... But I can train around, and I could, strengthen. But what if we just remove the cause of with our body trying to compensate, right? And a lot of these compensation patterns are unconscious. The body- ... we adapt- ... and we just keep going. But at some point you'll probably find that you break down.

And so you're addressing something that is under-communicated, under-educated-

...

SHAWN STEVENSON: In addressing these nerve adhesions. Yes. So talk more about that because, again, this is something that is emerging in the science. We do have some evidence, but it's one of those things where the evidence is still emerging.

However, the anecdotal data is massive as far as treatment and patient relief-

DR. CHRIS STEPIEN: Yes ...

SHAWN STEVENSON: complete remission of pain, and the list goes on and on. Talk about nerve adhesions and why you're treating that specifically.

DR. CHRIS STEPIEN: Adhesion is made of fascia. It's connective tissue that surrounds the body, surrounds the muscles, ligaments, organs, tendons, nerves, all that stuff.

It's healthy tissue. And through either overuse or trauma, it gets thickened up and glued up in different areas. It's kinda like spider webbing. That's how I picture it. That's how it feels to me. It's thick spider webbing that pulls on different things. There are plenty of manual therapists who do myofascial work or Rolfing or different types of techniques in order to treat the fascia.

What we are doing with our system, Adhesion Release Methods, is bringing way more precision to that treatment. Instead of doing an entire Rolfing session on somebody's belly, I wanna find the little BB or marble-sized spot of adhesion that is gluing the nerve. Because when I go to the nerve and I push on it, it should be able to move a quarter of a, quarter of an inch, a half of an inch.

When it's stuck by adhesion, it'll feel glued down and stuck, and then there will be pushback on the adhesion when I'm going to treat it. It is very different than a trigger point or a knot. From my perspective, treating trigger points or knots will allow a client to leave great leaving for 24 hours, and then typically the symptoms will come right back.

Now, there will be people on Instagram who will message us and say I got my trigger point treated. My pain went completely, went away." Great. Very happy their pain went away. Most of the time, people say that getting their trigger points or knots treated will not be effective or work. Going back to the adhesion aspect We believe that adhesion is the most common pathology, musculoskeletal pathology in causing chronic pain in 30 to 60-year-olds, especially when somebody has had pain over six months and seen at least three doctors or a therapist without relief.

And by the way, this is how all of our providers market to people on social media and everyone else. We want everyone to try chiropractic, strengthening, acupuncture, any of the things that are simpler because people typically need to walk that road to really see where they might have an adhesion problem.

And usually, when they've seen five, 10, 20 doctors or therapists, they're gonna be more open to the fact that maybe adhesion is causing my issues. And within that, 80% of the treatment we do is gonna be for peripheral nerve entrapments. That is nerves outside the spine, in my chest, in my armpit, in my arm, fingers, glute, belly, thighs, feet, wherever.

That nerve is gonna be glued down and stuck to the tissue that's nearby. And when it's glued down and stuck, people will typically be aware if they have numbness or tingling, then yeah, I have a nerve symptom. And if the nerve is really messed up, their nerve conduch- nerve conduction velocity test or EMG test will be positive.

But that happens when the nerve is way damaged and obvious anyway. One of the things that we wanna educate people on is when they have restricted ranges of motion or tight tissues. For example, I got a stinger when I was playing football 21 years old here, and one of the things that happens when my overuse comes back, and I get adhesion in my scalenes right over here, it just starts to feel like somebody's starting to strangle my neck.

And when I get treated, I'll be good for a couple months, and then I won't have that symptom. So when people have chronic tightness, that stretching is not making them better, not making them more flexible, that is usually a nerve entrapment that has not been identified.

There is a researcher named Jeffrey Bove who has, I think, three or four rat studies where they had rats overuse their forearms for four months or so, and then they broke them down into different types of groups, control groups, rest group, manual therapy group.

This isn't our technique. This is just manual therapy, and what they found is that providing manual therapy for the rats after they did this overused better than rest helped reduce the fibrosis and the inflammation around the nerves better than rest. This is mostly preventing adhesion before the injury has allowed to become really chronic.

But what it speaks to me is that first, when people have symptoms, there is a tissue pathology effect that happens. They found all these inflammatory markers, inflammation, decreased nerve conduction velocity, macrophages. All this stuff happened from them overusing their little forearm paws, and the median nerve was compromised, and stuff got better with rest, but not as better as when they added manual therapy to the rest.

And I think that's really important because a lot of people say that nothing is wrong with the tissue. That doesn't make any sense to me.

Yes, there's stuff in the head that's going on. Yes, people need to be strong and move around. Yes, there's also something wrong with the tissue

SHAWN STEVENSON: In the study you're referring to, which again, there's multiple, but one of them was published in the journal Pain, and this was in 2019.

And again, the data is emerging, and this is why it's so important to, really focus on outcomes. Results really do speak for themselves. And just the fact of, knowing that the nerve can be inflamed and thicker as a result at certain spots, which again, for me walking around, I don't see that I have any symptoms.

Yesterday for example, on some long flights, I just spoke at an event across the country. I came back feeling pretty good, and, this particular spot, and it's not the same on the other side, but this this particular spot, you knew exactly where it was, and it's just ...

And you could tell that nerve, when you touched it, is, it is noticeably different from the other nerve.

And so again, this is so important and why I wanted to have you here today. We deserve at this point to have access to a variety of tools, and this information should not be reserved for the few. There are solutions to our pain. And as you shared, we've got those four buckets though. We don't wanna get it twisted.

Yeah. Chances are you're gonna have a percentage of these different things, and you broke that down for me as well, which I was grateful for, because we tend to put all of it into one bucket. This has gotta be the thing. And so what I wanna do is make sure that people have access to awareness about this treatment and access to practitioners. Yeah. Which there are more and more that are emerging. I just met

DR. CHRIS STEPIEN: Yeah ...

SHAWN STEVENSON: one of your colleagues today, Veronica. Yeah. Shout out to Veronica Yeah ... in Temecula. Yeah. And where can people get more information, number one, about seeing you, your clinic, and also the network of practitioners who are utilizing this therapy?

DR. CHRIS STEPIEN: Yeah. My mentor, Dr. Brady, retired in 2020. I evolved it in January 2023. Bajos helped me develop the whole system. And I did not want to see the way that Dr. Brady from Integrative Diagnosis developed this evolution of treating adhesions. Adhesion release methods since January 2023, we're three and a half, four and a half years in or or so.

We have about 42 providers across the world. The reason why I bring this up is it's not nearly enough, and we have patients flying in from all across the country. I've had patients flying from Georgia, in Europe, from Puerto Rico, from Canada, from Russia. There's one provider in London. There's one provider in Australia.

There's one provider in Spain. I have people in India DM'ing us all the time, "Where do I go?" I share because we are desperately in need of really hardworking, intelligent manual therapists

who are open to the possibility that adhesions can be treated and removed, and we know it because we can feel it immediately after it's gone, and the nerve is now moving a quarter of an inch and a half an inch when I bow it.

We're in desperately in need of more people. So one place people can go if they're a manual therapist and they want to get better results for chronic pain, charge more money, make more income, is adhesionreleasemethods.com. And then for people who are looking for help, our practice is Barefoot Rehab in Denville, New Jersey, and we're Barefoot Rehab on Instagram.

Or if they don't live near New Jersey and you wanna see where one of the 42 providers are, it's www.findanadhesionprovider.com, and you can type in your zip code and we'll bring up the closest provider. And I feel bad that we don't have more providers across the world, and I feel myself constantly apologizing to people who, the, a patient will have a friend in this place, and they won't have the resources to be able to fly or travel, or we don't have people everywhere.

But my hope is that, and I'm very grateful to you, Sean, for having me out here because I need to get this work out to more, not only the people in pain, but really the providers. I need the the really good manual therapists to want to take their care to the next level. That's the one of the most important limiting factors right now, where this piece of the functional bucket, treating adhesions, is so that when strengthening is not working, we treat the adhesions first, and then they can go back to strengthening, and all of a sudden, all the movement and the strengthening is gonna work.

But we need to remove the adhesions first.

SHAWN STEVENSON: Yeah. Yeah. I wanna share with you something that's transformational for not just our appearance and beauty, but for our healing and performance A double-blind randomized placebo-controlled trial published in the Journal of Phytochemistry and Phytobiology took 76 patients with notable wrinkles and treated half of their face with red

light therapy, near-infrared therapy, or both, while other patients received a fake light treatment that was used as a placebo.

Participants received two light therapy treatments each week for four weeks. Here's what happened. Within just four weeks of treatment, participants had up to a 36% reduction in wrinkles and up to a 20% increase in skin elasticity. Phenomenal in just four weeks. Obviously, red light therapy is changing the game right now when it comes to beauty and appearance, but it is so good for reducing pain and healing.

A meta-analysis published in the BMJ sought to see if red light therapy could reduce pain in people with osteoarthritis versus a placebo. The study included over 1,000 people and found that red light therapy significantly reduced knee pain in study participants. But not only that, the results appeared to have lasting effects, with benefits seen up to three months after the treatment.

The researcher stated, quote, "The positive effect from red light therapy seems to last longer than those of widely recommended painkiller drugs." Unquote. Yes, red light therapy is phenomenal, but it's critical to make sure that we're getting our devices from a reputable FDA-registered source to make sure that we have both red, which is the 660 nanometers light, and near-infrared, which is the 850 nanometers light.

This is the same irradiance seen in these studies, and this is something that we could do from the comfort of our own homes. The wavelength and irradiance needs to be verified in third-party labs, and the red light therapy devices that I use meet IEC safety standards and EMF safety standards. The only red light therapy devices that I use meet the key IEC safety standards for electrical and EMF safety. They have the number one red light therapy mask in the world, and I'm talking about the incredible team at Bon Charge.

Go to boncharge.com/model, and you're going to get an exclusive 15% off all of their red light therapy devices. I personally prefer the Max and Super Max red light therapy panels to do more of a whole body treatment. Because if I'm going to get the treatment for my skin

health, for my face, why not get some healing when it comes to my recovery from exercise, or pain, or injuries, things like that?

Just really helping to stack conditions. So they have these large panels as well, and also small, portable, handheld red light therapy devices too. They've got so many different iterations that can fit our lifestyles. So head over there, check them out. Again, all FDA registered, and really checking off those boxes for performance, and irradiance, and safety.

Go to boncharge.com/model. That's B-O-N-C-H-A-R-G-E.com/model and use the code model at checkout for 15% off. Now, back to the show. What's so cool about this time right now is that we have more access to education than we ever have, if we're asking the right questions. And so part of this is seeing is believing, and part of the seeing is first seeing, right?

And so you have social media channels. You have millions of people collectively who are following you and subscribe. Your YouTube channel I think has almost a million subscribers, which is crazy.

DR. CHRIS STEPIEN: No, it's 900. 900.

SHAWN STEVENSON: 900,000?

DR. CHRIS STEPIEN: Yeah.

SHAWN STEVENSON: Oh, no big deal. Just 100,000 off. But, same thing on, Instagram and that kind of stuff.

People can follow you and check out, hear some of these testimonials. Get education. That's another great thing about it is you're sharing education. You're some, sharing some of the why Yeah ... behind it as well. But if you can for people who are not familiar with this at all, can you share just a little bit about How this works, because you had Veronica was assisting you today with treating me, for example, and putting me in these certain positions as you were working on those particular adhesions. Can you talk a little bit about what's going on there with the tissues?

DR. CHRIS STEPIEN: Yeah.

SHAWN STEVENSON: And, yeah, let's

DR. CHRIS STEPIEN: Yeah ...

SHAWN STEVENSON: Break that down for me.

DR. CHRIS STEPIEN: Sure. First piece to this is somebody's pain typically has to be better or worse with a movement or posture.

Or if it's a chronic pain that goes away for large parts of time, but it comes back at certain, when somebody does a certain thing, that's a good indicator that their pain is musculoskeletal, less of the psychological, emotional bucket, less of the metabolic bucket, more of the musculoskeletal structural, excuse me, and functional buckets.

So that's really important. Then our providers are trained to do a history, and we get seven first-order data points, and after get those seven first-order data points, they come up with a diagnostic hypothesis for what tissue has what pathology. I share all of this because this is really important to our process.

I said to you a couple times, you even said it earlier today, this adhesion work is awesome. If you told me I couldn't get adhesion work every few weeks or every month, I probably wouldn't be treating patients within three months. I'd probably be out of the game. I'd be done. The adhesion work is awesome.

That doesn't mean that we fix everybody. I've probably referred three or four people to surgery in the past three or six months. Sometimes people need to see a psychotherapist. Refer people to functional medicine. We, a part of our job is reality matching. Yeah. Here's what I think the different pieces of your problem are.

Are we ready to address the adhesion piece now or later? What's the sequence of this gonna be? Then after we decide that we're gonna go this route, we do the exam, we get our

provocative tests, our ranges of motion, how the tissue feels, we communicate expectations, and then when we start treating the adhesions, we basically shorten the tissue We put our fingers right where the adhesions are and create tension right in a dime-sized spot of where that adhesion is, maybe even smaller than that.

And then we use an assistant to lengthen the tissue so that the adhesion, like glue or taffy or spider webbing, is being stretched out, and then we apply our thumbs most of the time, sometimes we use that little metal grip bar that I gave you or radial shockwave, to create tension going in the opposite direction to tear that spider webbing off.

And we will typically do four to eight treatment passes per visit. Some of our newer providers are doing 30-minute visits. Some are doing 20-minute visits. Mine are 15 minutes visits long. If people are traveling three or four hours away or flying in, sometimes I'll do a double visit for that day. But we do a test or a range of motion.

They bend backwards, and they have six out of ten pain, or they go to touch their toes, how tight is their hamstrings? Five out of ten. Treat one or two spots, recheck it because it will be immediately better if we're removing something that is a problem. Now, somebody comes in two or three days later, I expect some regression in their progress, two steps forward, one step back.

Not two steps forward, two steps back every time, because then there is no permanent sustained relief. The idea with this treatment is that people should have weeks to months to years of lasting relief when massage or adjustments or acupuncture were only giving them a few days. By removing the cause of what's overloading that specific tissue, that specific pathology, we are allowing people to have twenty, thirty, forty percent sustained relief for days, weeks, months, years, and the better we target what is overloading that tissue, the better, the longer of a window of relief that they're gonna have.

And most of the treatment is not for the actual tissue that is pissed off or that is overloaded or screaming out. Most of it is for the tissue that is causing That muscle, that nerve,

whatever, to be overworked. And I think that's really important because a lot of treatment is for I'm gonna massage that muscle that's hurting.

I'm gonna give nerve ablation to this nerve. I'm gonna kill that nerve that's pissed off, even though it's other stuff that's causing it. Or it's that disc, L5, S1 is ruptured. We're gonna do surgery on that disc. But the thing about mechanics is that it's all of our holistic body that's doing the things that we're doing.

A lot of the relief we're getting for people on that tissue is by treating other stuff, and we will eventually get to the cartilage in the knee or the low back or the hip or wherever it is. But what's cool is if you can get relief on a tissue without touching that tissue, you know that you're restoring mechanics, increasing capacity, and taking stress off of what is being overworked.

SHAWN STEVENSON: This is putting me in the mindset of phantom limb pain.

Because again, having a... This is well-established, well-established in medicine. Having a limb that is no longer there and yet experiencing just chronic pain We can address, for example, like you mentioned, it might be an L5, S1, disc herniation, and then somebody has, sciatic pain as a result.

You go in there, chop that piece of the disc off or, do a fusion, and yet maybe you get some relief. But most people find that those symptoms still come back, right? So down the chain. And this speaks to truly it's not just this one spot. If that one spot is now gone, like a phantom limb, you can still have pain that's radiating in other places, or a sense of pain.

Your nervous system can still be channeling through certain pathways even based on just the belief that it's supposed to be there. And if you're not addressing the real root, and also sometimes it's not just the root cause, it is addressing some of the little streams that have broken off here or there.

And so really being aware that, like you said, you can piss a nerve off, right? Something can

get on your nerves down the chain, and yeah, you can go ahead and do something upstream, but what about where the real pain or the inflammation is taking place, or the nerve getting inflamed?

DR. CHRIS STEPIEN: Yeah.

SHAWN STEVENSON: And you do nothing, and it just, that adhesive phenomenon happens. And so you're really looking at how can we help this person to feel better as a whole person Yeah ... and not just treating this one isolated thing, and that's what I really appreciate about you. And if you could, as we wrap things up, we're, we've already, we've mentioned, chronic neck pain.

We've mentioned chronic back pain and sciatic pain. What are some of the other things that you guys have found success with? And I've seen so many of these success stories, but what are some of the other things that you can help people with Yeah ... in dealing with pain?

DR. CHRIS STEPIEN: And any musculoskeletal pain, so anywhere that muscles, ligaments, nerves, tendons, and bones live is within our wheelhouse.

Fingers, wrists, forearms, elbows. I forgot to treat your elbow. I'm sorry. Your shoulder, toes, ankles, knees, hip joints, chest, ribs, neck, headaches, skull, TMJ stuff. All of this has tissue that needs to lengthen and stretch. And if it's okay, if I could just share this, too. I think this is an important data point.

Nerves need to be able to stretch Nerves need to be able to stretch and floss. And if a nerve stretches more than 6%, it starts to lose blood flow and become compromised. If it loses 12% blood flow, it starts to completely shut off. So that's important to know that the body will protect nerves more than it will protect anything else.

And like I was mentioning to you earlier today, the deep gluteal syndrome surgery, you can search this on YouTube, deep gluteal syndrome surgery, where you they have adhesions connected to the sciatic nerve in the butt cheek. And there are surgeons who will show you and say, "Hey, there's no there's no blood in the sciatic nerve here.

Let me cut these fibrovascular bland- bands with the scalpel." And then immediately they'll see blood start to come and perfuse through that sciatic nerve because the nerve is no longer being stretched and it now has slack in the system. I have a degenerated hip joint, and when my femoral nerve or lateral femoral cutaneous nerve in the front of my hip start to get adhesed and stuck, I start to limp.

And then when I get those adhesions removed there, the limping will immediately go away, and it will stay away until one or two months later when those, when the adhesions start to come back. And then the body is protecting the nerve over my degenerated hip joint. And this is happening everywhere throughout the body.

SHAWN STEVENSON: Amazing. Man, thank you so much for sharing this. Listen, if we don't wake up to this and again, add this to our superhero utility belt, we're really gonna miss out on a huge opportunity for healing. And, I love the reference point of somebody getting on your nerves or life getting on your nerves.

Truly, we tend to focus so much on these isolated things when it comes to our health and when it comes to pain, right? And so we're just trying to always mask things or manipulate certain spots instead of really looking at the whole person. And when we're talking about pain, what's often left out of the conversation it, again, it depends on your framework, but, we really attribute it to tissue, right?

When, and when we do that, I think that we tend to lean into the muscles, right? And our nervous system is so important in this equation. It cannot be overstated. Yeah. Our nervous system is what is actually controlling what's happening with our muscles, and the data going back and forth from your brain to those spots.

And so we've gotta focus on having a healthier nervous system. Having healthy nerves and nerve expansion, this beautiful web this incredible system. I think about, the circulatory system. We got the nervous system. We've got the lymphatic system. We've got all these dynamic, amazing points of expression and access and communication spread throughout our bodies.

And all of it needs love. There isn't a part of us that's just operating in isolation. And so yes, checking off the boxes of the basics and making sure that we're moving around. Yeah. And you've already mentioned that our nutrition, our sleep quality But also what do we do when things go wrong?

And being aware that this is another really important factor, and there are solutions. So I appreciate you so much. Can you share where people can, again, follow you? What's the Instagram, YouTube, all that good stuff?

DR. CHRIS STEPIEN: Yeah. For people in chronic pain, Barefoot Rehab on Instagram. Adhesion Release Methods on YouTube, or if they're a manual therapist, a pain doctor, a chiropractor, a PT, acupuncturist, osteopath who's potentially interested in learning this stuff, Adhesion Release Methods on Instagram or Learn Adhesion Release Methods on YouTube.

And then also if people are interested in the little myofascial tool, that's definitely the best myofascial tool on the market. It's gripbar.co. And people can treat their hands, their forearms, their knees, their shins, their feet. I do myself every week or so because I just wanna keep my hands and my feet healthy.

SHAWN STEVENSON: Keep those tissues healthy.

DR. CHRIS STEPIEN: Yeah.

SHAWN STEVENSON: My guy, thank you so much for coming and hanging out with us today. It's truly an honor.

DR. CHRIS STEPIEN: Thank you so much for having me. It means a lot, Shawn.

SHAWN STEVENSON: Yeah. The one and only Dr. Chris Stepien, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this.

If you did, you already know what to do. Share this out with the people that you care about. You can send this directly from the podcast app that you're listening on or share it out on

social media. Take a screenshot of the episode. Tag me, I'm @ShawnModel on Instagram, and tag Dr. Chris as well. And listen, we got some amazing master classes and world-leading experts coming your way very soon, so make sure to stay tuned.

Take care, have an amazing day, and I'll talk with you soon.