

PILLAR

particular stress in hyperlordotic postures, making targeted decompression at this level essential for symptom relief. Long-term management focuses on providing movement options rather than forcing specific alignment, recognizing that functional capacity matters more than achieving theoretical ideal curves.

Low Back Pain

The application of Eldoa to low back pain reveals both the technique's strengths and limitations through comparative effectiveness research. The 2022 study comparing Eldoa to McKenzie extension exercises for chronic non-specific low back pain found McKenzie significantly superior across all measured parameters, with statistical analysis revealing $F(7,34)=55.12$, $p<0.001$, and an effect size strongly favoring the established method. This finding challenges simplistic claims of Eldoa superiority while providing valuable insight into appropriate patient selection. The results suggest Eldoa works best for specific pathologies rather than non-specific pain, positioning it as a complement to comprehensive treatment rather than a standalone intervention.

However, when applied to specific conditions like lumbar disc protrusion, Eldoa demonstrates remarkable effectiveness. The comparison with mechanical decompression showed Eldoa achieving pain scores of 1.13 ± 0.72 versus 1.75 ± 0.57 , with even more dramatic differences in disability scores. This specificity of effect aligns with Eldoa's theoretical mechanisms—creating targeted decompression at identified segments works well for mechanical problems but may offer less benefit for complex non-specific pain involving central sensitization, psychosocial factors, and learned movement patterns. The clinical implication suggests careful assessment to identify patients most likely to benefit: those with specific segmental dysfunction, clear mechanical patterns, and preference for active intervention. The integration of Eldoa with established approaches like McKenzie method may provide optimal outcomes by combining the benefits of both approaches.

Lower Crossed Syndrome

The characteristic pattern of muscle imbalances known as lower crossed syndrome creates predictable dysfunction that Eldoa addresses through integrated protocols targeting both shortened and lengthened tissues. This syndrome features tight hip flexors and lumbar erectors crossed with weak gluteals and abdominals, creating anterior pelvic tilt, increased lumbar lordosis, and altered movement patterns that perpetuate the cycle. Traditional approaches often focus on strengthening weak muscles and stretching tight ones, but Eldoa's unique contribution involves addressing the fascial restrictions and joint dysfunctions that maintain these patterns even after muscle balance improves.

The Eldoa approach to lower crossed syndrome recognizes that simply stretching hip flexors rarely provides lasting improvement when lumbar spine and sacroiliac dysfunction perpetuate protective muscle guarding. The L5-S1 and sacroiliac protocols prove particularly relevant, as