

# PILLAR

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The concept of normalization in Eldoa extends beyond simple restoration of "normal" range of motion to encompass optimizing function within individual constraints. This nuanced view recognizes that theoretical normal values may not apply to individuals with structural variations, adaptive changes from long-term activities, or pathological alterations that cannot be reversed. Normalization through Eldoa involves identifying the optimal function possible given current tissue state and biomechanical reality, then working systematically toward that realistic goal rather than pursuing arbitrary standards that may cause harm.

The clinical application of normalization requires sophisticated reasoning about when to pursue change versus when to accept and work within limitations. An elite pitcher's glenohumeral internal rotation deficit might require management rather than aggressive correction, as the adaptation may contribute to performance while creating injury risk if extreme. A patient with structural scoliosis needs normalization of function within their curves rather than futile attempts at straightening. The elderly individual with age-related changes benefits from normalization that respects tissue fragility while maximizing available function. This individualized approach to normalization distinguishes experienced Eldoa practitioners from those rigidly applying protocols without considering context. The process typically involves progressive stages: first reducing pain and protective patterns, then restoring basic mobility where possible, followed by integration of improved mechanics into functional activities, and finally optimization within realistic parameters. Success comes from understanding that normalization means different things for different individuals, with the common thread being movement toward optimal function rather than theoretical ideals.

## Numeric Pain Rating Scale

The use of standardized outcome measures like the Numeric Pain Rating Scale in Eldoa research provides objective documentation of treatment effects while highlighting the need for more comprehensive assessment batteries. Studies reporting 40-60% reductions in NPRS scores following Eldoa intervention demonstrate clinically meaningful improvements that exceed minimal clinically important differences. However, reliance solely on pain measures fails to capture the multidimensional benefits practitioners report, including improved function, body awareness, and movement quality that may prove more important than simple pain reduction.

The limitations of pain-focused outcomes become apparent when considering Eldoa's proposed mechanisms. A technique that theoretically improves proprioception, motor control, and tissue quality might show minimal pain changes while creating significant functional improvements. Conversely, pain reduction without addressing underlying mechanical dysfunction often proves temporary. Future Eldoa research should incorporate comprehensive outcome batteries including functional measures specific to the population studied, objective assessments of posture and movement quality, psychological factors like self-efficacy and kinesiophobia, and physiological markers validating proposed mechanisms. The integration of patient-reported outcomes with objective measures would provide a more complete picture of Eldoa's effects. Current over-reliance on pain scales may underestimate benefits in some populations while failing to identify non-responders who experience pain relief without functional improvement.