

**Could Undiagnosed Foot
Abnormalities Be The
Surprising Cause Of Your
Chronic Muscle And Joint Pain?**



**A Special Report For
Rothbarts Foot Awareness Week**

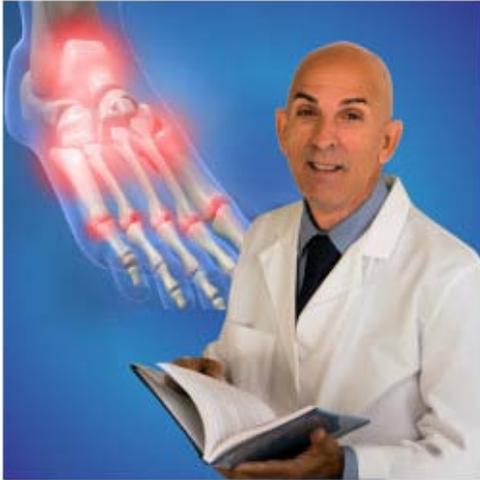
by Professor/ Dr. Brian A. Rothbart

This Special Report distributed during Rothbarts Foot Awareness Week draws attention to the work of Professor/Dr. Brian A. Rothbart and his discovery of Rothbarts Foot, which has been identified as a frequently overlooked cause of chronic muscle and joint pain.

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Special Report For Rothbarts Foot Awareness Week: Could Undiagnosed Foot Abnormalities Be The Surprising Cause Of Your Chronic Muscle And Joint Pain?

by Professor/ Dr. Brian A. Rothbart



Thank you for reading this special report. I'm Professor/ Dr. Brian A. Rothbart.

Rothbarts Foot Awareness Week draws attention to my discovery of Rothbarts Foot, which has been identified as a frequently overlooked cause of chronic muscle and joint pain.

Chronic pain is the number one cause of adult disability in the United States where approximately 50 million Americans report living with chronic pain. Worldwide, the figures are much higher.

My research and published clinical trials indicate that upwards of 80% of the people in the world are born with one of two abnormal foot structures, either the Rothbarts Foot or the PreClinical Clubfoot Deformity, which can cause chronic pain ranging from mild to severe throughout the entire body.

Because so few doctors are familiar with the symptoms or treatment of Rothbarts Foot, millions of people continue to go undiagnosed. It's my hope that the information in this report will help you, or someone you know that suffers with chronic muscle and joint pain, find the help they need and deserve.

With sincere wishes for your complete and total health,

Professor/ Dr. Brian A. Rothbart

<http://curingchronicpain.com>

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Chapter 1: Only those Who've Suffered With Chronic Pain Truly Understand It

When I interview patients for the first time, they usually relate stories of not being understood or not being believed by previous healthcare providers.

"No one believes my pain is as bad as I say it is," they often tell me. "They act like it's all in my head."

In one sense, pain really *is* all in the head. That's where the nerve signals transmitting pain are received. That's where pain is actually perceived.

That makes pain a very personal, internal experience, one that can't be seen or shared by others. And that can make it difficult for people to believe in or even relate to your testimony of chronic pain.

And as a doctor, I spent more than 40 years in clinical research, working to understand the source of chronic pain and how to cure it. Let me tell you my story:

As a child, my body was inflexible. By the time I reached my teens, my muscles became even tighter and stiffer. As I entered my 30s, this stiffness became worse and it was harder to stand for long periods of time without feeling achy in my low back. By the time I reached my 40s, I needed to sit in supportive chairs and sleep on hard mattresses to help ease the stiffness in my low back and now also in my shoulders and neck.

I ignored all these early warning signs because I wasn't yet in chronic pain.

Then my life took a drastic turn. On March 17, 1991, at 6:30am, on my way to work at the medical clinic, I was hit by a bus which took off the front end of my car.

I was diagnosed as having severe whiplash, placed in a neck collar and sent home with instructions to take a week off from work. After the collar was removed, I found that the stiffness in my neck and shoulders had become much more severe. I was prescribed pain medication and referred to a physical therapist.

My pain became worse and worse with each passing month. My entire body started feeling so weak that I no longer had the physical stamina to see my patients eight to ten hours a day and was forced to reduce my work schedule. My wife filed for divorce because I could no longer afford to maintain the lifestyle that she had become accustomed to.

I started having other problems. It was impossible to drive without experiencing excruciating low back pain. If I lifted my hands over my shoulders, they would go to sleep. I couldn't sleep at night because of the pain. I started having headaches.

I went to one of the finest surgeons in the state. He suggested surgical decompression of the nerves in my back and fusion of the vertebrae. Through my own medical training, I realized the risks and poor outcome of this type of surgery, so instead turned to alternative therapies to try and resolve my chronic pain.

Over the next 12-18 months, I saw over 15 different types of alternative healthcare providers and an occupational counselor to handle the impact that my injury was having on my career. The effect of all this was marginal. My pain continued to escalate. It became obvious that the only person who could help me overcome this nightmare was me.

Though I had already spent many years in chronic pain research, I was now motivated more than ever, in order to resolve my own personal suffering.

After years of hard work, persistence, determination and just plain stubbornness of not wanting to give up, I discovered a common source of chronic muscle and joint pain. With this information, I found a way to eliminate my own pain and then went on to develop a therapy which has permanently eliminated chronic muscle and joint pain in thousands of my patients.

When patients come to me, I know what they're going through. I know what its like to go from doctor to doctor, clinic to clinic, hoping to finally find appropriate care and concern.

I know the feelings of hopelessness and despair that accompany chronic pain, especially when people don't believe you or really listen to you.

People suffering from chronic pain are carrying enough of a burden. They deserve to be treated with respect, kindness and consideration. If you aren't getting that from your current healthcare providers, you have the right to demand it. Sometimes people, even doctors, need to be reminded that they're not treating just a back or a knee but a whole person with feelings and emotions.

If you have found some personal reality in my story, I hope that you will read further in this report and take hope that you can be helped to get your life back.

2. Has The Cause Of Your Chronic Pain Been Correctly Diagnosed?

Chronic muscle and joint pain is truly one of the most difficult problems for a doctor and patient to unravel. There can be many causes. And any one patient may have more than one issue causing his or her pain.

But all too often, when a doctor can't come up with a quick and easy diagnosis for the cause of pain, they slap on a cover-all label. Fibromyalgia, for instance, is a label that's often slapped on patients whose source of pain has not been identified.

The patient is then shuttled into a treatment program for fibromyalgia and if they don't respond, the blame is often put on them, not on an error in diagnosis.

The following email was sent to me by one of my patients. With her permission, I am passing this on to you.

"This afternoon, I was thinking about how many therapies I have tried, at great expense and to no effect. Each time, the doctor or therapist blamed me, one way or another, for the therapy not working.

I spent one year in therapy with a particular chiropractor, going two times a week. Week after week, she'd scold me, saying "You never hold the adjustment. What are you doing?"

Then we'd go over everything I'd done in the intervening days, and she'd say, "OH! You drank a margarita? Alcohol is a complete no-no. It totally negates the effect of an adjustment."

We went on like that, week after week, until I'm sure she was scrambling her brain looking for new excuses as to why her therapy wasn't working for me.

Another time, I was sent to a medical massage therapist that had spent years training all around the world. She was certified in more than 100 different modalities of massage therapy and was even going to China and Tibet once a year to teach. I remember thinking; Wow! If you can teach the Asians something about the therapy they developed, you must be good!

Again, I spent a year in non-productive therapy. And like the chiropractor, each week the massage therapist would grill me on what I'd done that week, pick out some seemingly benign activity and say, "Well, there you are. That's why you're in pain. You can't expect my therapy to work if you're going to do things like wash the dishes."

I now know that if a therapy isn't working, it's a clear signal that the doctor or therapist has failed to identify the real source of your pain."

Catherine D.

As a doctor, I'm embarrassed to say that what my patient recounted in her email, happens all too frequently to patients suffering with chronic muscle and joint pain. That is; if you, the patient, do not respond to the practitioner's particular therapy, they may assume that the fault is yours.

This misplacement of blame is much easier for the practitioner to accept, than the possibility that:

- they have not found the true source of your pain
- hence their therapy is not addressing your specific pain problem
- therefore their therapy is ineffective.

In other words; if the true source of your constant pain has not been identified, your therapy will be addressing something other than the cause of your pain. This means that the therapy will only be partially effective (or not work at all) and your pain will not go away. The end result may be ill-placed recriminations on the part of your practitioner and a lifetime of pain management for you, the patient.

Often my patients come to me in confusion as to why they receive so many different opinions and suggested treatments from their medical providers. They don't know who to believe or trust. My answer is that the doctor you see will look at your constant pain problem based on his training.

For example:

- If you go to a surgeon, they'll talk about managing your constant pain using a surgical intervention, such as replacing the knee or hip joint.

- If you go to a rheumatologist (doctor who treats arthritis); they will most likely recommend drug intervention to manage your pain.
- If you go to a chiropractor, they will recommend periodic adjustments to manage your constant pain.
- If you go to a podiatrist, they will probably recommend orthotic (insole) therapy.
- And if you go to an alternative physician such as a naturopath or acupuncturist, they will most likely recommend herbs, live supplements and/or acupuncture.

(Unless he/she is the developer of a new therapy), your physician can only advise you using the knowledge that they have and can only treat your problem using a therapy that they trained in. For these reasons, they will recommend a therapy based on their training.

But any therapy will most likely fail if the underlying **cause** of your constant pain is not correctly determined and treated. That is, the doctor must treat the cause and not the symptom (pain). Treating pain will only place you in a lifelong therapy of pain management.

And so, the first key to eliminating your pain is to find a physician who can find the cause of your constant pain. If they cannot provide you with an answer that fully explains why you are in pain (that is logical and consistent with your own personal experiences), find another doctor who can.

Once you feel comfortable with your doctor's diagnosis as to the cause of your pain, the next question is: How does he or she plan on addressing this cause? And will they be using a therapy that you are comfortable with?

Don't be surprised if it takes time and you have to go through many physicians to find a doctor who can provide you with answers that make sense to you. Do not be intimidated by the doctor's credentials; physicians are not infallible. And remember, that just like in other professions, different medical disciplines have different approaches.

When you are looking for a teacher for your children, you seek out someone who has the same values as you. When you want to have a new home built, you look for a qualified architect who understands your needs. You need to exercise the same good judgment, as well as intuition, when choosing a doctor.

When choosing a healthcare practitioner, first look for a professional who will If you have suffered from chronic muscle and joint pain for some time, had several labels applied to you but have not been returned to good health by any treatment, then there's a very real possibility that one of the abnormal foot structures I discovered is the real cause of your chronic pain.

3. What Is Rothbarts Foot?

4. Clues That You May Have Rothbarts Foot

The Rothbarts Foot is the first inherited abnormal foot structure that I discovered. With this discovery, I also found that this foot structure leads to chronic muscle and joint pain throughout the body. Unfortunately the Rothbarts Foot is relatively common. In fact, I have seen through years of practice and seeing thousands of patients, that about 80% of the world population has one of these inherited, abnormal foot structures.

What exactly does the Rothbarts Foot look like? To see the Rothbarts Foot, the foot must first be placed in its anatomically neutral position (this can only be done by a physician who is trained to do this). When placed in this position, the big toe is elevated relative to the first toe, but is not shorter than the second toe. The picture below shows a Rothbarts Foot that has been placed in neutral position.



The Rothbarts Foot is explained in detail with diagrams and even website animations in my book [*Forever Free From Chronic Pain*](#). Included is a reference to physicians on how to place the foot in neutral position.

One of the tell-tale signs of a person who has a Rothbarts Foot or PreClinical Clubfoot Deformity is the way that the heels on your shoes wear out.

If the heels of your shoes wear down, you will most likely end up in chronic musculoskeletal pain. Let's look closer.

Take out a pair of your older shoes and look at the heels. If the heels are worn out (consumed) on the **outer** side (See Photo 1), this is an indication that you have an inherited, abnormal foot structure known as the Rothbarts Foot. This common foot structure predisposes you to chronic muscle and joint pain.



Photo 1 - Heels worn out on the outer side

If your heels are worn out on the **inner** side (See Photo 2), this is an indication that you have an inherited, abnormal foot structure known as the PreClinical Clubfoot Deformity. This foot structure, which is more severe than the Rothbarts Foot, can predispose you to a lifetime of debilitating chronic pain.



Photo 2 - Heels worn out on the inner side

How does this happen?

Both the Rothbarts Foot and the Preclinical Clubfoot Deformity are foot structures that have not completed their development. As a result, if you have one of these two foot structures, your feet will twist from the moment you first start walking as a young child. This twisting motion causes the foot to land either hard on the outside of the heel of your shoe (if you have a Rothbarts Foot) or hard on the inside of the heel of your shoe (if you have a PreClinical Clubfoot Deformity).

To find out if you may have one of these abnormal foot structures, take my [Rothbart Questionnaire](#).

This twisting motion in the foot not only affects your feet, it affects your entire body. That is, as this abnormal foot twists, 'receptors' on the bottom

of your feet send distorted signals to your brain. The brain responds by distorting your posture. Over time, your bad posture causes stress and strain on your joints and muscles. The end result is inflammation and pain.

For some people the pain starts earlier in life, for others it begins later. But if you have a Rothbarts Foot or Preclinical Clubfoot Deformity your pain will most likely become chronic.

This downward spiral of bad posture, inflamed muscles and joints and a lifetime of chronic pain start when you take your first step. But this disabling experience can be arrested in its tracks when you know and effectively treat the cause of the problem, which is in your feet. Why not take off your shoes and check your heels now?

Again, worn-down heels can be a telltale sign of a person who has a Rothbarts Foot or PreClinical Clubfoot Deformity. But, for various reasons 'heel wear' is not always visible.

Below is taken from a letter from one of my patients who told me why, initially (before having an Initial Phone Consultation with me), she was not sure that she 'fit the profile' of a person who has an abnormal foot structure, because she did not see heel wear in her shoes.

Dear Professor/Dr. Rothbart,

"There was one thing in the Rothbart Questionnaire self assessment that stopped me and made me think that I probably did not have the Rothbarts Foot or PreClinical Clubfoot Deformity. It was the question about 'uneven heel wear'. Because my shoes have never had uneven heel wear, I did not think I fit the profile. In fact, over the years, I have had various chiropractors and podiatrists remark that they were surprised that I did not have uneven wear on the heels of my shoes.

Last Sunday, I was going to throw away a pair of slippers I received for Christmas. They have thick 'memory foam' inside and at first they were very comfortable. But after a month and a half, it was so painful to walk in them that I stopped using them.

I was holding them, wondering what had changed to make them so uncomfortable, when I noticed that they were completely broken down on the inside edges. The memory foam on the outer edges was still 1 inch thick, but on the inside edges it was flat as a pancake. There is no way I could have walked straight and upright with those slippers on!

I went back and looked at the shoes I've worn for years. The heels are even on both sides. There is no difference in the wear pattern from side to side, or from shoe to shoe.

The difference is that all the shoes I've worn since 1973 are 'Earth shoe' types. They have extremely thick and durable soles that last forever. I would never have noticed the uneven heel wear if I hadn't been given a very cheaply made pair of foam slippers."

B.B.

The following is my response to this patient:

"A person could have a Rothbarts Foot or a PreClinical Clubfoot Deformity and still not have uneven heel wear. The reason is that there are several factors that play an important role in whether or not there is uneven heel wear in your shoes.

One factor that you mentioned is the durability of the heel material. Most shoes manufactured today, cut corners by using inexpensive material like PVA for the heels. This material compresses quickly and so it is easy to see the uneven heel wear patterns develop. However, there are a few shoe manufacturers who do use harder memory-retention materials that take a much longer time for the uneven heel wear patterns to become apparent.

Also, if you are not on your feet all day using the shoes, and only walk for short periods of time (because of pain when you are on your feet), the heel wear patterns may never become visible.

There may not be any wear on your heels because perhaps you don't walk using a heel to toe motion. That is, some people walk by placing their full foot flat on the ground (all at one time) and so the heel of their shoes will not wear out. A few people even walk mainly on their toes.

No one factor by itself is meaningful. It is a combination of the patterns of signs and symptoms that allow me to determine whether or not the chronic pain sufferer has one of these abnormal foot structures (the Rothbarts Foot or Preclinical Clubfoot Deformity)."

You, the pain sufferer, may have completed the Rothbart Questionnaire, read my book, *Forever Free From Chronic Pain*, read my patient website and the *Curing Chronic Pain* blog and still will not know for certain whether or not you 'fit the profile' of a person with an abnormal foot structure, or whether I can help you. This is understandable. The reason you still have questions is

because written information cannot be specific to each and every person's specific and varied chronic pain symptoms.

Because there are so many factors involved in determining whether or not a pain sufferer has a Rothbarts Foot or a PreClinical Clubfoot Deformity, it is necessary for me to talk with the person and ask specific questions regarding their individual chronic pain problem. In most cases, during the Initial Phone Consultation, I can tell with reasonable confidence if the pain sufferer has one of these foot structures. However, to be absolutely sure, and also to determine WHICH of the two they have, I must then run a series of proprietary computer analyses.

If you think that you may have a Rothbarts Foot or PreClinical Clubfoot Deformity, but feel that maybe you don't fit the entire profile, this does not necessarily mean that you do not have one of these abnormal foot structures. It simply means that you are lacking sufficient information to make a clear decision. At this point, speaking with me during an Initial Phone Consultation will clear up many of the questions that you may have.

5. How the Foot Can Create Muscle And Joint Pain In The Entire Body

You may be surprised to learn that about 80% of the people in this world are born with one of two abnormal foot structures (the Rothbarts Foot or the PreClinical Clubfoot Deformity) which can cause pain (ranging from mild to severe) throughout the entire body. Pretty astonishing, isn't it? No wonder so many people hurt!

If you have tried everything to eliminate your muscle and joint pain, but nothing has permanently resolved your problem, there is a good possibility that you have a Rothbarts Foot or a PreClinical Clubfoot Deformity and no one has identified and correctly treated it.

Sometimes it's hard for people to understand how these foot structures can cause such pain throughout the entire body, so I'd like to explain:

- All feet have mechanical receptors on the bottom, which are stimulated through touch, as in standing or walking. This stimulation produces a signal which is sent to the brain.

If the foot structure is normal, correct signals are sent to the brain. The brain acts on these correct signals by maintaining good posture.

If the foot structure is abnormal (such as in a Rothbarts Foot or PreClinical Clubfoot Deformity), distorted signals are sent to the brain. The brain acts on these distorted signals by maintaining bad posture.

Posture affects the health of all the weight-bearing joints and muscles in your body (e.g., the neck, back, hips, knees and ankles). If you have bad posture, your joints become misaligned. This can lead to joint and muscle inflammation, which results in pain throughout the body.

If your bad posture is not permanently corrected, your muscle and joint pain can become severe and chronic.

If you have a Rothbarts Foot or PreClinical Clubfoot Deformity, the only way to permanently correct your posture (and thus eliminate your chronic pain), is by correcting (normalizing) the distorted signals coming from your feet.

You may be asking: How does one correct these distorted signals?

After many years of research, I developed a therapy which does just that! Rothbart Proprioceptive Therapy corrects the distorted signals coming from a Rothbarts Foot and PreClinical Clubfoot Deformity. Your brain receives these corrected signals and automatically improves your posture.

Through a series of postural corrections, your posture becomes straighter and straighter, allowing your weight-bearing joints to re-align into their proper position. As a result, the chronic inflammation in your joints and muscles can now heal and so the musculoskeletal pain in your entire body is eliminated for good!

6. How Chronic Pain Resulting From The Rothbarts Foot And The PreClinical Clubfoot Deformity Can Be Eliminated

If you are suffering from chronic pain, you may have one of the two inherited, abnormal foot structures that I discovered, and which predispose you to chronic muscle and joint pain. An estimated 80% of the world population has one of these two foot structures. They are known as the Primus Metatarsus Supinatus (the Rothbarts Foot) and the PreClinical Clubfoot Deformity.

The symptoms resulting from the PreClinical Clubfoot Deformity usually occur earlier in life and typically are more debilitating/disabling than the symptoms resulting from the Rothbarts Foot. None the less, chronic pain resulting from both of these foot structures can be permanently resolved.

To understand how an abnormal foot structure creates muscle and joint pain, we must first look at the function of your feet. All feet have mechanical receptors on the bottom, which are stimulated through touch, as you stand or walk. This stimulation produces a signal which is sent to your brain.

Your brain acts on these signals to maintain your posture in an upright position.

If your foot structure is faulty or abnormal (such as in a Rothbarts Foot or PreClinical Clubfoot Deformity), distorted signals are sent to your brain and your brain responds by distorting your posture. Your posture affects the health of all the weight-bearing joints and muscles (such as the ankles, knees, hips and back), if you have bad posture; your joints and muscles can become inflamed. This inflammation causes pain!

If the cause (source) of your chronic muscle and joint pain is a Rothbarts Foot or Preclinical Clubfoot Deformity, the only way to eliminate your pain is by improving your posture. And the only way to permanently eliminate chronic pain that comes from the Rothbarts Foot or the PreClinical Clubfoot Deformity is to permanently improve your posture.

The only way to permanently improve your posture is by correcting the distorted signals being generated by your foot structure. In doing this, your brain now receives corrected signals and adjusts your posture to a straighter position. The approach I use to accomplish this is called Rothbart Proprioceptive Therapy.

The result of Rothbart Proprioceptive Therapy is a global correction in your posture. That is, your weight bearing joints re-align into their correct position. This process is done step by step so that your body can adjust to each postural correction. This series of postural improvements allows your inflamed joints and muscles to heal on their own. The end result of Rothbart Proprioceptive Therapy is the dramatic reduction or permanent elimination of musculoskeletal pain throughout your entire body.

7. Curing Chronic Pain

In my years spent doing original research, I have made seven key discoveries that have led to the elimination of chronic muscle and joint pain.

1. I was the first person to demonstrate that chronic muscle and joint pain could be eliminated, not just managed.
2. I demonstrated that changes in how the foot develops in the womb, result in abnormal foot motion, which leads to poor posture and chronic pain.
3. I discovered, demonstrated and documented how the foot is linked to the knee, pelvis and low back.

4. I discovered two distinct, previously unknown inherited foot structures, which I linked to the development of chronic muscle and joint pain.
5. I invented a novel approach to resolve chronic pain by improving muscle function, using proprioceptive stimulation underneath the foot.
6. I was the first person to link abnormal foot motion to changes in the occlusion (bite) and stress patterns in the cranial bones.
7. I was the first to link abnormal foot motion to the development of Scoliosis.

My original research led me to identify two inherited, abnormal foot structures that cause chronic muscle and joint pain.

From seeing thousands of patients all over the world in my clinic, I have found that about 80% of the world population has one of these two abnormal foot structures.

I developed a therapy, called Rothbart Proprioceptive Therapy, which addresses and effectively treats chronic muscle and joint pain originating from these common foot structures.

If you come to me for therapy, you will find me to be not only a committed specialist but a caring partner in your road to recovery. Because I lived with chronic pain for over 10 years, I know exactly how it feels. This experience has shaped my philosophy in how I treat my patients.

Because I spend much time in research and because my therapy requires a great commitment to each and every one of my patients, I only accept up to 20 patients at any given time. For this reason I do not limit your appointments with me to fifteen minutes. During each appointment, I take whatever time is necessary to answer all your questions regarding the treatment I will be giving you.

As my patient, you will be listened to and understood. I do not believe in the old adage that the doctor knows everything about the patient's body and the patient knows nothing. After all, you have been living in your body your entire life and no one knows better than you as to what you are experiencing. For this reason, you will take an active part in your therapy.

In the past, you may have been treated symptomatically (i.e., painkillers, which numb the pain or chiropractic treatment, which adjusts the joints), but treating symptoms does not permanently eliminate pain because it is not addressing the source of the pain.

I do not treat symptoms. I only treat the source of your pain. If you have one of the two common inherited, abnormal foot structures which I

discovered, this may well be the source of your chronic pain and this is what will be addressed and effectively treated.

Because I am not in the business of pain 'management', I'm not interested in retaining you as my patient for the rest of your life. There is no shortage of chronic pain sufferers and so no shortage of patients that seek my help. My job is to get you pain-free in as little time as possible, so that you can go on and live the rest of your life free from doctor visits and expensive pain medication.

I currently reside in Spain, but thanks to advancements in digital software and communications, I, like many specialists, can now diagnose and treat patients all around the world.

This means that if you have one of the two abnormal foot structures I work with, I can help you, no matter where you live.

If you feel you may be a candidate for my therapy, the first step is to make an Initial Phone Consultation. During this appointment, I will determine if you have one of the two abnormal foot structures that cause chronic muscle and joint pain. For information on making that first appointment, go to my patient website at <http://RothbartSite.com>

You may have tried everything. You may have been told that there is no answer to resolving your pain, that there is no help. This is simply not true.

I can help.

Treating those who have already tried **everything** is my 'specialty'. If you have one of the two foot structures that I work with, I **can** permanently eliminate your chronic muscle and joint pain and help you to get your life back, once and for all.

If you would like to find out if you have one of these abnormal foot structures that may be causing your chronic muscle and joint pain, complete my questionnaire: [Rothbarts Foot Questionnaire](#)

If you want some technical information on the Rothbarts Foot and the PreClinical Clubfoot Deformity, visit my [research blog](#).

Professor/Dr. Brian A. Rothbart

[Chronic Pain Elimination Specialist](#)

Discovered the Rothbarts Foot and the PreClinical Clubfoot Deformity

Developer of Rothbart Proprioceptive Therapy

Inventor and Designer of Rothbart Proprioceptive Insoles

Founder of International Academy of Rothbart Proprioceptive Therapy

Author of *Forever Free From Chronic Pain*