

FREE GUIDE

INTEGRIX HEALTH

Functional Medicine & CCEP Chiropractic · Moorhead, MN

Why Your Chronic Pain Isn't Going Away

5 Root Causes Your Doctor Hasn't Tested — And What to Do Next

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If You're Reading This...

You've probably been told your labs are "normal." You've had X-rays that came back "fine." Maybe you've tried anti-inflammatories, physical therapy, or even a specialist referral — and you're still dealing with the same pain, fatigue, or dysfunction that brought you in the first time.

If that sounds familiar, you're not imagining it. And you're not alone.

The problem isn't that you haven't tried hard enough. The problem is that conventional medicine is built to identify and manage *symptoms* — not find and fix *root causes*. When a symptom doesn't fit a clean diagnosis, the system doesn't dig deeper. It cycles you through the same options and hopes something sticks.

This guide is different. In the next few pages, I'm going to show you the five most commonly missed root causes of chronic pain and dysfunction — the ones that standard diagnostics routinely overlook — and what a root-cause approach actually looks like.

By the end, you'll know exactly what questions to ask, what tests are worth running, and whether what we do at Integrix Health is the right next step for you.

“The definition of insanity is doing the same thing over and over and expecting different results.” If your pain management plan isn't working — it's time for a different kind of evaluation.

— Dr. Paul M. Bekkum, DC, CCEP

Founder, Integrix Health · Moorhead, MN

Why Conventional Medicine Keeps Missing It

Conventional medicine excels at emergencies and acute injuries. It is not designed for chronic, multi-system, root-cause investigation. Here's why the gaps exist:

- **Standard labs use population reference ranges — not optimal ranges.** Your TSH can be “normal” at 3.5 and you can still have every symptom of hypothyroidism. “Normal” and “optimal” are not the same thing.
- **Imaging only shows structure, not function.** An MRI can miss peripheral nerve entrapment, fascial restriction, and movement-pattern dysfunction entirely. If the structure looks intact, most providers stop looking.
- **Specialties are siloed.** Your cardiologist doesn't talk to your gastroenterologist. Nobody is looking at how your gut, your joints, your hormones, and your nervous system interact with each other.
- **Symptoms are treated in isolation.** Chronic pain + fatigue + brain fog is not three problems. It's usually one upstream problem — manifesting in three places.
- **Time constraints prevent deep investigation.** A 15-minute appointment is not enough to trace a complex pain pattern to its source. Root-cause medicine takes time, history, and pattern recognition.

None of this means your doctors didn't try. It means the system they work in isn't built for your kind of problem. A different framework is required.

ROOT CAUSE #1

Structural & Extremity Dysfunction

The problem may not be where the pain is.

What it is:

Most pain management focuses on the spine. But your shoulders, elbows, wrists, hips, knees, and ankles are equally complex joints — with their own nerve supply, joint mechanics, and failure patterns. When an extremity joint is restricted, hypermobile, or subluxated, it creates compensatory patterns that radiate pain far from the actual source.

Why it gets missed:

Conventional care often treats the site of pain rather than the source. A patient with chronic wrist pain may have a thoracic outlet problem. Knee pain may originate from hip or ankle mechanics. Without board-certified extremity assessment, these connections go unmade.

How we assess it:

As a Certified Chiropractic Extremity Practitioner (CCEP), Dr. Bekkum performs a comprehensive extremity assessment on every patient — evaluating joint mechanics, neurological load, and movement compensation patterns across the entire kinetic chain, not just the area of chief complaint.

Warning signs this may be your issue:

- ✓ Pain that moves or shifts location over time
- ✓ Multiple joint involvement without clear diagnosis
- ✓ Pain that worsens with specific movements, not just rest
- ✓ Previous extremity injuries that were treated but never fully resolved

ROOT CAUSE #2

Peripheral Nerve Compromise

Nerves don't just get compressed at the spine.

What it is:

Peripheral nerves travel long distances through tight anatomical tunnels, muscles, fascia, and joints. Any of these sites can become a source of nerve irritation, compression, or traction — producing numbness, burning, tingling, weakness, or deep aching pain that mimics many other conditions.

Why it gets missed:

Most neurological testing focuses on the spine. Standard nerve conduction studies are designed for late-stage pathology. Electrodiagnostic assessment using the Integrix CCEP framework evaluates nerve function at multiple sites along the peripheral pathway — catching compromise that MRI and standard EMG routinely miss.

How we assess it:

Dr. Bekkum applies an advanced electrodiagnostic framework — integrating nerve conduction principles with clinical soft tissue and joint assessment. This identifies peripheral nerve dysfunction before it becomes permanent structural damage, and guides targeted intervention at the actual site of compromise.

Warning signs this may be your issue:

- ✓ Numbness or tingling in hands, feet, or extremities
- ✓ Burning pain that doesn't respond to anti-inflammatories
- ✓ Weakness without clear structural cause
- ✓ Symptoms that are worse at night or at rest
- ✓ Diagnosis of "neuropathy" with no explanation of why

ROOT CAUSE #3

Systemic Inflammation

Inflammation is the fire behind most chronic pain.

What it is:

Inflammation is not just swelling around an injury. Systemic low-grade inflammation circulates throughout the body — sensitizing nerves, degrading joint tissue, impairing recovery, and driving chronic pain at a biochemical level. Standard labs often fail to detect it because the markers tested (like standard CRP) only catch severe inflammation, not the chronic, low-grade variety.

Why it gets missed:

A standard metabolic panel won't show inflammatory cytokine activity. Functional lab panels — including high-sensitivity CRP, homocysteine, oxidative stress markers, and food sensitivity panels — reveal the inflammatory load driving your symptoms.

How we assess it:

Our functional lab workup identifies your specific inflammatory drivers: food sensitivities, gut permeability, environmental triggers, and metabolic markers. We then build a personalized anti-inflammatory protocol using targeted nutrition, supplementation, and lifestyle modification — not just ibuprofen.

Warning signs this may be your issue:

- ✓ Stiffness that's worse in the morning and improves with movement
- ✓ Diffuse pain across multiple body regions
- ✓ Joint swelling or redness that cycles in and out
- ✓ Chronic fatigue alongside chronic pain
- ✓ Pain that responds inconsistently to treatment

ROOT CAUSE #4

Gut-Brain-Immune Disruption

The gut is the control center you never knew you had.

What it is:

70% of your immune system lives in your gut. When gut permeability increases (“leaky gut”), partially digested proteins and bacterial fragments enter systemic circulation — triggering immune activation, inflammatory cascades, and neurological effects that manifest as pain, fatigue, mood changes, and cognitive dysfunction. The gut-brain axis means that gut dysfunction directly affects nerve signaling, pain perception, and recovery capacity.

Why it gets missed:

Gastroenterology looks for structural GI pathology (ulcers, polyps, IBD). It doesn't routinely test for gut permeability, microbiome dysbiosis, SIBO, or the downstream systemic effects of gut dysfunction. If you don't have GI symptoms, most providers never look there — even when it's driving your pain.

How we assess it:

Using the IFM (Institute for Functional Medicine) Matrix framework, we assess gut function as a core input to every patient's presentation. Functional testing for gut permeability, microbial balance, and food reactivity guides targeted gut restoration — which often produces dramatic improvements in pain, inflammation, and neurological function.

Warning signs this may be your issue:

- ✓ Chronic pain alongside any digestive symptoms (bloating, irregular bowel, reflux)
- ✓ Brain fog or mood changes alongside physical pain
- ✓ History of antibiotic use or chronic NSAID use
- ✓ Autoimmune diagnosis or family history
- ✓ Pain that fluctuates with diet or stress

ROOT CAUSE #5

Hormonal & Metabolic Imbalance

Hormones regulate pain, recovery, and tissue repair.

What it is:

Cortisol, thyroid hormones, sex hormones, and insulin don't just control energy and mood — they directly regulate tissue repair, nerve function, inflammation, and pain sensitivity. Imbalances in any of these systems create a biochemical environment where healing is impaired and pain is amplified. This is especially common in patients over 35, those under chronic stress, and anyone with a history of metabolic dysfunction.

Why it gets missed:

Standard hormone panels use broad reference ranges and often test only a fraction of the relevant markers. A TSH in the “normal” range can still reflect insufficient thyroid function. Cortisol is rarely tested for daily rhythm disruption. Sex hormone panels are rarely included unless reproductive symptoms are the chief complaint.

How we assess it:

Our functional hormone assessment uses comprehensive panels and optimal (not just normal) reference ranges. We look at hormone rhythm, not just single-point values. The goal is a metabolic environment that supports healing — not just hormone replacement.

Warning signs this may be your issue:

- ✓ Fatigue that doesn't improve with sleep
- ✓ Weight gain or loss without dietary change
- ✓ Cold hands and feet, hair loss, or slow recovery from exercise
- ✓ Pain that dramatically worsened after a major stress event or life transition
- ✓ Morning stiffness alongside low energy and mood changes

What Makes Integrix Health Different

Most practices treat one system. We assess the whole person.

Dr. Bekkum holds two credentials that rarely exist in the same clinician: **CCEP (Certified Chiropractic Extremity Practitioner)** and **Functional Medicine training through the IFM**. This combination allows us to assess structural, neurological, and biochemical root causes in a single integrated evaluation — instead of sending you to four different specialists who never talk to each other.

	Conventional Care	Integrix Health
Evaluation focus	Site of pain	Full kinetic chain + biochemistry
Lab interpretation	Normal vs. abnormal	Optimal ranges + pattern analysis
Extremity assessment	Rarely done	Full CCEP evaluation every patient
Gut & hormones	Only if GI/hormone complaint	Core to every intake
Treatment plan	Protocol-based	Individualized to your root causes
Follow-up	Symptom check	Functional outcome markers

8 Signs You Need Root-Cause Care

- 1 Your pain has lasted more than 3 months without clear improvement
- 2 You've been told "everything looks normal" but you feel anything but
- 3 You have pain in multiple locations or that moves over time
- 4 You've been through PT, medications, or injections with temporary or no relief
- 5 Your symptoms include fatigue, brain fog, or mood changes alongside physical pain
- 6 You have a diagnosis but no explanation for why you got it
- 7 Your pain is worse with stress or changes with diet
- 8 You've been to multiple specialists and still don't have answers

If 3 or more of these describe you, a root-cause evaluation is your logical next step.

What to Expect at Your First Visit

Your first visit at Integrix Health is a deep dive, not a quick screen. Here's how it works:

Step 1 — Comprehensive History Review

We start with a full intake — not just your chief complaint, but your entire health timeline, prior treatments, labs, and how your symptoms pattern over time. Most patients say this is the first time a provider has actually listened to the full picture.

Step 2 — Functional Movement Assessment

Using Kinetisense AI movement analysis, we assess your full kinetic chain across 10 movement patterns. This identifies structural compensation, movement asymmetry, and neurological dysfunction that a static exam misses entirely.

Step 3 — CCEP Extremity Evaluation

Every patient receives a board-certified extremity assessment — evaluating joint mechanics, nerve tension patterns, and soft tissue quality at every relevant site, not just the area of chief complaint.

Step 4 — Lab & Functional Workup Discussion

Based on your presentation, we'll identify which functional labs are indicated and build a testing plan that investigates your specific root cause candidates.

Step 5 — Root Cause Framework Review

We map your findings to the IFM Matrix — connecting upstream drivers to downstream symptoms. You'll leave with a clear explanation of why your pain exists, not just a label for it.

Step 6 — Individualized Care Plan

Your plan integrates structural correction, targeted supplementation, nutrition modification, and functional rehabilitation — built specifically around your root causes, not a generic protocol.

Ready to Find Your Root Cause?

The Discovery Session is your first step. We review your history, explain what we're looking for, and determine whether Integrix Health is the right fit for your situation. There's no pressure and no obligation.

[Schedule Your Discovery Session](#)

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About Dr. Paul M. Bekkum, DC, CCEP

Dr. Paul Bekkum is a board-certified chiropractor and Certified Chiropractic Extremity Practitioner (CCEP) practicing at Integrix Health in Moorhead, Minnesota. He combines advanced extremity and structural assessment with functional medicine — including IFM-trained root cause investigation, Kinetisense AI movement analysis, and comprehensive functional lab workup — to identify and address the underlying drivers of chronic pain, neuropathy, and musculoskeletal dysfunction.

Integrix Health serves patients from Moorhead MN, Fargo ND, and across the region, with telehealth functional medicine available throughout Minnesota and North Dakota.

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