

# CLINICAL MASSAGE THERAPY

A Structural Approach to Pain Management



**CHAPTER 2**

**Pelvic Stabilization—  
The Key to  
Structural  
Integration**

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## Treating Low Back Pain, Hip Pain, SI Joint Pain and Sciatica

- This presentation will address the treatments of acute and chronic low back pain and sciatica .
- Revolutionary hip capsule adhesion release techniques will be highlighted.
- The majority of clinical conditions such as pain from spinal stenosis and bulging and ruptured discs do not require surgery, if the muscles and joints are balanced out, and normal muscle firing orders are restored.

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**Figure 2-3: Examples of Disc Problems.**




Lumbar vertebrae

Degenerated disc  
Bulging disc  
Herniated disc  
Thinning disc  
Disc degeneration with osteophytes  
Normal disc

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**Figure 2-9A: Iliopsoas.**



Psoas minor  
Psoas major  
Iliac  
Iliopsoas  
Greater trochanter  
Lesser trochanter

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**Figure 2-9B: Iliacus.**



Iliacus  
Iliopsoas  
Lesser trochanter

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**Figure 2-10: Assessment for Hip Extension.**



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Figure 2-11: Neutral Position Pelvic-Hip Flexor and Joint Capsule Mobilization



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Figure 2-12B: Internal Joint Capsule Release



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Figure 2-12A: External Joint Capsule Stretch



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Figure 2-11: Neutral Position Pelvic-Hip Flexor and Joint Capsule Mobilization



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Figure 2-12: Traction Hip Side Releasing Joint Capsule Adhesions



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Figure 2-16: Elbow Extension (Head Placement)



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Figure 2-18: Psoas Release (Hand Placement).



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Figure 2-20: Inferior Iliac Capsule Release.



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Figure 2-22: Assessment for Hip Extension.



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Figure 2-23: Quadratus Lumborum.



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Figure 2-24: Pelvic Side Crease.



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Figure 2-25: Pelvic P322.



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Figure 2-26: Multidirectional Friction, Brecker's QL



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Figure 2-27: QL/Smaller Cross-Fiber Sliding Strokes



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Figure 2-31A: Muscle Breakdown Tool, Right QL



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Figure 2-32: Multidirectional Friction



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Figure 2-33B: QL/Smaller Muscle Contractions (Pulses)



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Figure 2-33: Right QL Stroke



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Figure 2-106. Deconditioned Lumbar Spine



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Figure 2-122A. Evaluate Internal Femoral Rotation. If there is a "hinge" and feet do capsule work instead of stretching the deep hip rotators.

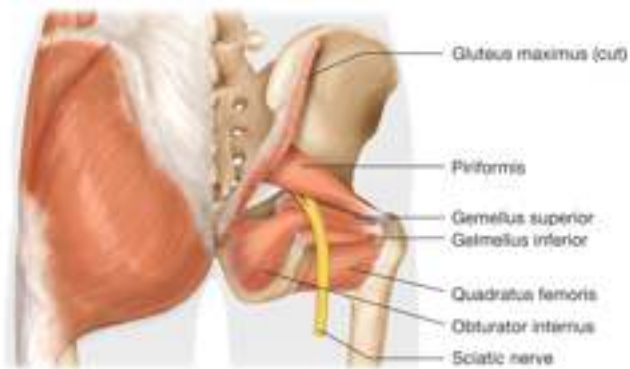


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Figure 2-108A. Sciatic Nerve



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Figure 2-108B. Sciatic Nerve May Run Through Piriformis.



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Figure 2-111. Neutral Position Femur-Hip Flexor and Joint Capsule Mobilization



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Figure 2-122B. Evaluate External Femoral Rotation. If there is a "hinge" or "bump-out" and feet do capsule work again instead of stretching the internal hip rotators.



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Figure 2-84 Lower Dorsal Six Exercise Continuation



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Figure 2-85 Access for Mass, Model (H) Kneaders



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Figure 2-86 Myofascial Release Up Quadriceps



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Figure 2-87 Myofascial Release Up Rectus Femoris



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Figure 3-31 Iliotibial Band Compression



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Figure 3-32 ITB Myofascial Release



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Figure 2-62 Muscle Strengthen is critical to diaphragm stabilization prior to treating susceptibility knee pain.



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Figure 2-63 Correcting an anterior/inferior rotated tibia to eliminate lateral torsion of the knee joint. This also reduces low back, including gluteus, pain and upper back/neck.



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Figure 2-77 Myofascial Release, Hamstrings.



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Figure 2-78 Hamstring Exam.



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Figure 2-76 Hamstring Muscle Body Relax Tech.



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Figure 2-87 Elongate Strain (Start).



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Figure 2-88: Hipflexor Stretch (Front).



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Figure 2-89: Right QL Stretch.



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Figure 2-90: Lateral Hip Rotator Stretch.



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Figure 2-91: Quadriceps Stretch.



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Figure 2-92: Tibial Nerve Stretch.



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Figure 2-93: Dorsal Hamstring Stretch (Knee).



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Figure 2-96. Glute Hamstring Stretch (Yoga)



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### DVDs , Seminars, and Product Sales

All of the images in this presentation are used throughout every DVD produced by The Center for Pain Management. The DVD series takes therapists looking inside of the entire body to match each technique to the underlying pathology of each clinical condition. Each one includes detailed Orthopedic Assessment, Multidisciplinary Manual Therapy Treatments and Specific Remedial Exercises for each clinical condition.

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### Quiz Questions

1. Most patients with spinal stenosis and bulging discs of the low back will eventually need surgery. T/F
2. The primary cause of SI joint pain is from the following:  
A. Iliopsoas tension  
B. Tight facilitated Iliacus/ Rectus Femoris & Weak Glut Max.  
C. Tight Hamstrings  
D. Tight Gastrocnemius
3. The primary muscle causing Sciatica of the deep six hip rotatores is  
A. a. Piriformis  
B. b. Hamstrings  
c. Quadratus Femoris  
d. Rectus Femoris

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### Quiz Questions

4. A " Bone on Bone Like" End Feel indicates there is a problem with:  
A. Hip capsular patterns  
B. Internal Hip Rotatores  
C. External Hip Rotatores  
D. Iliopsoas
5. What is the proper firing order for Hip Extension?  
A. Glut Max, Hamstrings, Opposite Erector Spinae, Same Side Erector Spinae  
B. Hamstrings, Opposite Erector Spinae, Same Side Erector Spinae, Glut Max  
C. Same Side Erector Spinae, Opposite Erector Spinae, Hamstrings, Glut Max  
D. It does not matter.

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### Quiz Questions

6. Cross fiber friction re-aligns scar tissue. T/F
7. You should only stretch tissue if there is what type of end feel?  
A. Soft  
B. Bone on Bone Like  
C. Hard  
D. Springy
8. Pressure on the discs of the lumbar spine can be reduced, by working which muscle?  
A. Soleus  
B. Iliacus  
C. Gastrocnemius  
D. Psoas

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## Quiz Questions

9. No pain. No gain is a good concept in manual therapy? T/F
10. Unresolved Hip capsule problems are a major contributor to compensatory knee pain. T/F