

Left Buttock Pain and CranioSacral Therapy

By: Lisa Desrochers

Patient history: (5/13/02)

Amy is a thirty-four year old female self referred to PT with c/o left buttock pain. She is twenty-six weeks pregnant. She reported the onset of the pain 5/2/02. She relates a gradual onset of this pain while walking more than usual for school field trip with her child. The pain worsened over course of the day.

Social History: She is married and does not work outside the home. She has three children ages 7, 4, 2. They live in single story home. She is non-smoker and does not exercise regularly.

Medical/Surgical History: She has had three previous normal vaginal deliveries. She suffered a severe left ankle sprain 12/2001. She reports ligaments were tom but doesn't know which ones. She was treated with a below knee walking cast WBAT for five weeks.

Subjective Symptoms: Amy reported posteromedial left buttock pain. She reported that at the onset she experienced an initial sensation of "pulling" in the left buttock after walking for approximately three hours. Over course of next two hours, while continuing to walk intermittently, buttock pain increased to a "constant ache". The aching continued into the evening. She took Acetaminophen (OTC dosage) at bed time and awoke the next morning pain-free. By afternoon of the second day, the pain returned and worsened over course of the evening. At the time of evaluation she reported that the pain was worse in evening and better in morning. It was aggravated with walking or running and eased with rest ("getting off feet"). She described her pain as deep aching in the left buttock near the sacrum.

Medications: Meds for current condition: OTC Acetaminophen prn
Meds for other conditions: Prenatal vitamins

Relevant Initial evaluation findings:

CranioSacral: Evaluation of the cranial rhythm revealed decreased amplitude with a sluggish quality in the left ankle and lower leg. Amplitude at the sacrum was also diminished. What was felt to be a significant and very large fascial restriction was identified deep in the left lower leg with fascial glide and an energy cyst was found in the same area. Compaction was noted at the LS junction and the cranial base. Dural tube restrictions were noted at C6 and 7 centrally and at L1 on the left. The L1 segment was facilitated. Cranial mobility was some of the best I've encountered, but an energy cyst was noted deep and central within the cranium. Another energy cyst was noted in the stomach. It was no surprise to find restrictions within the pelvic floor and respiratory diaphragm.

Posture/Gross symmetry: WNL

Weight: 142 pounds (gain of 16 pounds in last three months due to pregnancy)

ROM:

Left hip AROM: flexion 120, IR 20, extension 35 and produces "pulling" buttock pain, all others WNL

Left ankle AROM: DF 3, all others WNL, all painless

Left ankle PROM: DF 5 with capsular end-feel, all others WNL, all painless

SI assessment:

Pelvic landmarks were noted to be symmetrical. SI compression and posterior shear test reproduced left buttock pain.

Gait analysis:

Ambulates with left hip ER in stance and decreased left ankle dorsiflexion in midstance. Rolls off medial aspect great toe at toe off. Slight decreased step length right

Neuro:

No neurological deficits noted.
Negative neural tension signs.

Clinical Impression: Restriction of the left interosseous membrane causing talocrural limitation. Resultant left SI inflammation due to altered mechanics of gait causing abnormal soft tissue loading superimposed on ligamentous laxity of pregnancy. Numerous energy cysts.

Course of treatment: Primary focus of the initial three treatment sessions was on the fascial restriction within the left interosseous membrane. This was treated with joint mobilization myofascial release and direction of energy. Excellent release of the fascial restriction was noted with this treatment and improved ankle ROM and gait were achieved. This decreased Amy's left buttock pain slightly, but her pain was still significant, especially in the evening after being on her feet. The focus of treatment then shifted to treatment of the energy cysts. With direction of energy to the energy cyst within the stomach she began a whole body unwind. As this progressed she began sobbing from her belly. I started some dialogue and realized immediately that I was talking with the baby. She (the baby) expressed fear because the doctor had told her mother that she was in danger of going into premature labor and should be on bed rest. The mother wasn't able to do this because of her (the baby's) siblings. She knew she was not ready to be born yet and was very scared. Over the next four sessions, through dialogue, the baby was able to negotiate with Amy, who finally agreed that she needed to be more careful. Amy decided she would ask her sister from New Jersey to come out and stay with her to help with the kids until the baby was born. The next session Amy reported that she was still having some pain until the evening prior when she called her sister and her sister agreed to fly out. She said the pain was gone instantly and had not returned. She was seen for one final session in which she reported some general aching in her low back, but that the acute left buttock pain seemed to be gone.