

Barral Institute Case Study

Visceral Manipulation – Leg and Knee Pain

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Symptoms/Impairments: BZ is 71 y/o female with a month's history of R knee and R groin pain, especially with lifting R leg into the car.

Evaluation:

Lumbar ROM >50% restriction globally greatest with extension. R hip IR/ ER 50%/25% reduced compared to L in 90-degree flexion, R hip, and knee 1 full muscle strength grade decreased compared to L, both demonstrating deficits. GL from the head goes anterior to R lower quarter. Seated GL from sitting confirmed R lower quarter vs R leg. LL at RLQ draws towards cecum. Inhibition at the cecum significantly modifies GL. LL at cecum demonstrates restrictions in inferior medial, extended listening into the R ovary. The motility test at the cecum demonstrates a 75% restriction of lateral glide. Motility evaluation demonstrates restriction of cecum into expir and R ovary into expir.

Treatment and follow-up:

10/6/22: Induction of cecum in isolation, followed by double induction between cecum and R ovary. The patient was treated in supine. Following treatment pt demonstrates < 10% restriction in cecum and moderate improvement in cecal motility. New GL from head to central inferior pelvis. Motility was performed to balance the cecum with the R ovary.

10/12: Pt follows up reporting she has not taken any pain medication since the day after the first appointment for the first time in over a month. She notes a significant reduction of pain at the hip and knee and a significant pain decrease when lifting her leg into the car.

GL from head to anterior RLQ. LL at RLQ takes hand more medial between 25-50% depth. Inhibition at the uterus confirms listening to the uterus. Extended listening at uterus hand glides towards R pelvis and a little expansive suggesting R broad ligament. Pt placed in sidling with R side down for broad ligament direct stretch technique. The uterosacral ligament technique was performed while the patient was side-lying. Pt lumbar extension and R hip external rotation and internal rotation moderately improved.

10/21: Pt reports on follow-up continued improvement in pain. She only has pain with lifting her leg into the car and it's only 25% of the initial level and goes away immediately after completion of the task. She no longer has complaints of hip pain.

Outcome/Discussion :

Pt continued after this session with core stabilization and LE strength and endurance program to address strength and endurance deficits, pt pain did not return during the rest of treatment, and returned to her previous activities. Pain is suggestive of an entrapped genitofemoral nerve associated with a pathological tight R pelvic region with a focal restriction at the ligament of cleyet and R broad ligament.