

# **Barral Institute Case Study**

## **Visceral/Neural Manipulation - Hip Pain**

### **Barbara LeVan, PT**

#### **Patient Age / Gender**

Michael D., last date of treatment 5/1/09, age 57

#### **Patient Symptoms**

Left hip pain localized for 1 year to anterior aspect of Left hip with worsening of symptoms 1 month prior to initiating treatment with new functional limitation of standing after sitting for any length of time. Referring M.D. ruled out inguinal hernia and past treatment of stretching exercises given 1 year earlier by physician did not result in any change in symptoms. PMHx: Significant for acute LBP and "severe" upper back pain and sciatica 20 years ago, L shoulder surgery 2001.

#### **Evaluation / Treatment**

Postural alignment symmetrical in crest, shoulder heights with symmetry of iliac positioning. Lumbar spine and sacrum positioned in Left rotation with increase in this with flexion of lumbar spine. Trunk AROM: restricted in Lumbar and L-S flexion to 80% normal ROM, Left side bending and Left rotation to ~70% of normal ROM Hip PROM: Limited on left to 125' (10" less than uninvolved R) with increase pain Hip external rotation PROM 45' bilaterally with more restriction noted in FABER than with hip flexion combined with ext rotation. Internal rotation pain free & WNL Left hip abduction and extension limited to 1/2 normal range with increase pain. Strength: 5/5 throughout all major mm groups of L.E.'s except FHL 4/5 Reflexes: +2 bilat at knee and ankle Flexibility: Poor in HS, piriformis bilaterally, gastrocs on Right only. Pain increased with testing piriformis Palpation: Tenderness in Gtrynfelt's space, Visceral fascial restrictions primarily in Mesenteric root, Sigmoid colon leg 2 Neural restrictions: Right tentorium, Left and Right sciatic nerve, Left Femoral nerve, spinal dura G. L. at time of Initial eval: FB/SB to left LQ with + IBT at sigmoid. # treatments; 5 Treatment consisted of Visceral fascial release to sigmoid colon. PPP, mesenteric root, descending colon Neuro-meningeal manipulation to Tentorium R, both sciatic nerves, Left Femoral Nerve.

#### **Outcome**

Patient discontinued PT after last visit May 1, 2009 due to significant improvement, no functional restrictions with sitting or standing after sitting and able to return to long car rides. He had discontinued all anti-inflammatory meds that had been taken for 4 weeks prior without relief. Objective gains: Normal alignment of Lumbar spine and sacrum positioning with gain in pain free mobility in Lumbar Lex, Extension and SB/Rot to at least 90% normal throughout.