Abstract: A case study of a 74 year old female suffering with Low Back Pain and L hip pain that resolved using treatment techniques of visceral and neural manipulation.

Key words: visceral manipulation, neural manipulation, LBP, hip pain, PNF prolonged holds for stability.

Date: 5/24/16
Diagnosis: pain 74 y.o. female
History: Past medical history includes HTN, left TKA 2013, tubal ligation 1972, hysterectomy 1982, left elbow surgery 1971, two thumb surgeries 1990 Medications include hormone replacement therapy. She began having LBP and L hip pain that began 9 months ago and have been progressively worsening. She reports no specific onset but has a history of more than 4 falls before she had her knee replaced in 2013. Aggravating factors include sleeping supine, changing positions, standing more than 5---10 minutes, walking more than 5--10 minutes, driving more than 20---30 minutes. Some relief by massage and injections helped somewhat temporally. Test results X-rays negative. No changes in bowel or bladder.

Objective Assessment:
Posture slight trunk flexion, guarded with transitions, increased weight bearing on R LE and lacked innominant extension on L in gait.
General Listening: L lower posterior abdomen
Local listening: L kidney Manual Thermal: L kidney
Pre Treatment pain 9/10. Unable to lye supine with legs straight, had to have left leg bent up or back pain increased.
Standing Functional UE NTT: R=85° and L=70°.
Standing Thoracic/Lumbar Rotation R=10% L=0%. Trunk flexion=80% Ext=10%
Extension Slump Dural tension test R=---25° L=---45°
Flexion Slump Dural tension test R=neg L= neg.
Hip PROM IR R=28° L=12° and ER R= 30° L=28°
Strength testing of core diagonal R=1/5 L=2/5. Psoas R=3+ L=2+
Restrictions in fascia around left kidney, endopelvic, left lumbar plexus and left hip neural structures. Left appears to be in Kidney 2° ptosis.

Procedure/Treatment: Patient was seen for an initial evaluation and treatment session that lasted 75 minutes and four 60 minute follow up sessions over a 8
week period. Treatment techniques for L kidney release off psoas fascia linked with L ureter to bladder endopelvic fasica, added hip flexion and heel slide as
functional long lever with kidney fascial release off psoas, left lumbar plexus, left femoral nerve above and below inguinal ligament, release LFCN, obturator nerve, sciatic nerve below piriformis, at ischial tuberosity, left coccyx deviation correction, left innominate PA correction, release to left sacrospinous and sacrotuberous ligament, left pudendal nerve below piriformis and at Alcock’s canal, Hip IR/ER PNF re--ed and given HEP of PNF prolonged holds for deep transverse abdominus and psoas stability.

**Reassessment post treatment sessions:**
Posture more upright, able to walk 45--60 minutes, standing and sleeping no longer flares her up, she has had several days of 99% pain free. Pain level at last session was 0/10. She is able to lye supine and transition without pain.
Standing Functional UE NTT: R=180° and L=180°.
Standing Thoracic/Lumbar Rotation R=60% L=60%. Trunk flexion=90% Ext=30%
Extension Slump Dural tension test R=neg L=neg
Flexion Slump Dural tension test R=neg L= neg
Hip PROM IR R=40° L=42° and ER R= 50° L=50°
Strength testing of core diagonal R=4+/5 L=4+/5. Psoas R=4+ L=4+
Much improved mobility in left lumbar and hip neural and fascial structures. Left Kidney appears to be no longer in ptosis.

**Discussion:** Findings indicate possible neural tension in left lumbar plexus and left hip neural structures due to faulty position of left kidney from fall history.

**Conclusion and Recommendations:** Further assessment of neural tension caused by faulty length tension relationships between visceral and neural structures needs to be studied. These areas and relationships would not be found without the guide of general and local listening.

**Treating Therapist:** Veronika Campbell, PT, MPT, CSCS, NSC

**References:**
- Barral Institute Neural Manipulation Course Workbooks from NM1-NM4, 2006-2016