

Low Back Pain

Initial Visit

Subjective:

The patient is a 37-year old female presenting with discomfort in her low back. The patient has a history of chronic low back pain since giving birth to twins eight years ago. The pain has intensified more than usual in the last 3-4 weeks and seems to be aggravated at her current job providing daycare to toddlers.

Past Medical History:

The patient reports being in one minor MVA and reports a history of migraine headaches. Vaginal delivery of twins.

Objective:

	Left	Right
Adduction Drop Test	+	-
Extension Drop Test	-	-
SLR	90°	100°
FA IR	50°	48°
FA IR Strength	3/5 (TFL)	4/5 (Glute Med)
FA ER	35°	50°
FA ER Strength	5/5	4/5
Hruska Adduction Lift Test	2/5	2/5
Standing Reach Test	0 inches	0 inches
Apical Expansion		Limited
HG IR	90°	45°
Elevated & ER Ribs	Yes	

Assessment:

The patient is in a left AIC / right BC pattern. The left ilium is anteriorly tipped in the sagittal plane, confirmed by a positive left adduction drop test and decreased left SLR measurements when compared to the right. The left hemi-pelvis is also forwardly rotated in the transverse plane (left AF ER position). The current pelvic position is causing increased torque at L4-L5 and rotation of the sacrum and lumbar spine to the right. In the frontal plane the IC adductor is not active and the right adductor magnus is overactive. The negative left extension drop test indicates possible decreased iliofemoral and/or pubefemoral integrity and a need to inhibit the left posterior hip capsule to allow this individual to shift into a left AF IR position. She would also benefit from activation of the glute med after inhibiting the TFL on the left. Hamstrings are slightly overstretched bilaterally allowing the patient to go to the ground on the standing reach test. Treatment will focus on facilitation of the left hamstring, left IC adductor, right glute max, and left internal obliques to assist with regaining a neutral lumbo-pelvic position. Inhibition of the left iliacus, left psoas, left TFL and paraspinals will also be incorporated.

Treatment:

1. *90-90 Hip Lift with Hemibridge (2nd Edition CD: Repositioning)*
 - Emphasis placed on left hamstring facilitation to assist with left ilium positioning in the sagittal plane.
2. *Right Sidelying Left Adductor Pullback (2nd Edition CD: Left Adduction – Sidelying #2)*
 - Emphasis on left posterior capsule inhibition and work on actively shifting into a left AF IR position with facilitation of the left IC adductor.
3. *Left Sidelying Right Glute Max (2nd Edition CD: Right Glute Max – Sidelying #3)*
 - Emphasis on shifting into left AF IR with facilitation of the right glute max for forced closure of the right SI joint.

Second Visit (2 weeks after the initial visit)

Subjective:

Patient reports a 50-60% reduction in low back pain but is experiencing some minor left hip discomfort.

Objective:

	Left	Right
Adduction Drop Test	-	-
FA IR	45°	43°
FA ER	45°	55°
Hruska Adduction Lift Test	4/5	4/5

Assessment:

Patient is ready for advancement. Her Hruska Adduction Lift test has improved significantly. She needs continued inhibition of the left posterior hip capsule with left spinal rotation to maximize left AF IR.

Treatment:

1. *Paraspinal Release with Left Hamstring (2nd Edition CD: Integration- Long Seated #4)*
 - Emphasis on left hamstring and right quad facilitation while regaining a zone of apposition and inhibiting the lumbar paraspinal muscles.
2. *Left Sidelying Left Flexed Adduction with Right Extended Abduction and Left Abdominal Co-activation (2nd Edition CD: Integration – Sidelying #12)*
 - Emphasis placed on left IC adductor, right glute max, and left oblique facilitation to assist with frontal plane positioning.

3. *PRI Wall Squat with Balloon (2nd Edition CD: Integration – Standing #9)*
 - Emphasis on regaining a left AF IR position with left spinal rotation to maximize inhibition of the left posterior capsule and use of the balloon to promote resisted exhalation and increased intra-abdominal pressure for spinal stabilization.
4. *Sidelying Trunk Lift (2nd Edition CD: Integration – Sidelying #25)*
 - Emphasis on left oblique facilitation and right tricep facilitation.

Third Visit (2 ½ months following initial evaluation)

Subjective:

Patient reports 90% reduction in low back pain and only minimal flare-ups at the end of the work day from frequent lifting of children. Patient is no longer experiencing any hip pain.

Objective:

	Left	Right
Adduction Drop Test	-	-
FA IR	42°	43°
FA ER	55°	60°
Hruska Adduction Lift Test	5/5	5/5

Assessment:

Patient continues to improve and is ready to advance to an integrated standing home exercise program (HEP) including left AF IR with right trunk rotation and left glute med work.

Treatment:

1. *Standing Right Glute Max with Resisted Left Proximal Hamstring and Left Knee Flexion (2nd Edition CD: Integration – Standing #16)*
 - Emphasis on left hamstring facilitation in a left AF IR position.
2. *Retro Stairs (2nd Edition CD: Left Glute Med – Standing #5)*
 - Emphasis on left AF IR with left glute med and left adductor facilitation.
3. *Resisted Trunk Around with Left AF IR and Right Trunk Rotation (2nd Edition CD: Integration – Standing #18)*
 - Emphasis on achieving and maintaining a left AF IR position with right trunk rotation.
4. *SLR Crossover (2nd Edition CD: Integration – Sidelying #16)*
 - Emphasis on bilateral abdominal and serratus facilitation and inhibition of lumbar paraspinal musculature.

Plan:

Patient is moving out of the area, she will continue independently with her HEP. She has also been given contact information for a PRI trained therapist in the city she is moving to.