Left Lumbo-Pelvic and Right Upper Trapezius Pain

Initial Visit

Subjective:
Patient is a 41 year old female who presents to physical therapy with left sided lumbo-pelvic and right upper trapezius pain. She was involved in a MVA 16 months prior and sustained fractures of the pubis and ilium. Patient reports that to repair the fractured pelvis her left 12th rib was partially removed and transferred to the ilium. Patient reports that in the last 8 months her pain has slowly progressed with an insidious onset. She reports that she is unable to sit, stand, walk or lie down without increased discomfort and feels like she has to constantly shift around to get comfortable. Patient reports that her left low back pain is constant and rated between a 5-7/10 and her right upper trap pain is intermittent and rated between a 2-4/10.

Past Medical History:
Patient reports that she has received 3 courses of physical therapy, massage therapy, chiropractic adjustments, injections, aquatic therapy and acupuncture. She reports that massage therapy for her right upper back is the only treatment that has helped, but only temporarily.

	Left	Right
Adduction Drop Test	+	-
Extension Drop Test	- (Snap)	-
Trunk Rotation	9 inches	61/2 inches
SLR	75°	50°
FA IR	28°	43°
FA ER	55°	40°
Hruska Adduction Lift Test	4+/5	1/5
Standing Reach Test	9 inches	9 inches
Apical Expansion	Normal	Limited
Horizontal Abduction	10°	48°
HG IR	82°	45°
Elevated and ER Ant Ribs	Yes	No

Note:
During the evaluation the patient doesn't swing her right arm forward during ambulation and patient tends to stand on her right leg consistently during subjective intake.

Assessment:
Patient demonstrates a Left AIC/Right BC pattern with hypermobility of the left iliolumbar ligament. Focus on left AF IR with left thoracic abduction to promote a Zone of Apposition (ZOA) and to inhibit her hip flexors and right quadratus lumborum.

Objective findings demonstrate a left iliofemoral/pubofemoral ligament laxity and will require glute med activation.

Treatment:

1. *90-90 Hip Lift with Right Arm Reach and Balloon (2nd Edition CD: Integration- Supine # 5)*
    - Emphasis on left IO/TA to promote ZOA and left AF IR to inhibit Left AIC tone.

2. *Right Sidelying Adductor Pullback (2nd Edition CD: Left Adduction- Sidelying # 2)*
    - Promotion of left AF IR with ischiocondylar adductor and glute med activity for FA stability due to the iliofemoral laxity.

3. *Sidelying Posterior Mediastinal Opening with Ipsilateral Iliacus and Psoas Inhibition (3rd Edition CD: Frontal Left Posterior Mediastinum Inhibition)*
    - Emphasis on left IO/TA activation with left glute med for inhibition of hip flexor and right QL activity.

Second Visit

Subjective:
Patient reports performing her home exercise program (HEP) two times per day and receiving about two hours relief from left low back pain. No change in symptoms of right upper trapezius noted with exercises. Patient reports that she is sleeping better and having more energy during the day.

	Left	**Right**
Adduction Drop Test	-	-
FA IR	38°	44°
Hruska Adduction Lift Test	4+/5	2/5
Horizontal Abduction	10°	45°
HG IR	80°	69°

Assessment:
Patient needs continued left AF IR focus, posterior mediastinal opening and right apical expansion. She still needs inhibition of her right QL, hip flexors and right adductor magnus to promote left AF IR and a ZOA.

Treatment:

1. *Left Sidelying Left Flexed Adduction with Right Extended Abduction and Left Abdominal Co-Activation (2nd Edition CD: Right Abduction # 3)*
    - Emphasis of frontal plane IO/TA for right QL inhibition and left glute med and left IC adductor for AF IR positioning. Abduction component to inhibit right adductor magnus and promote right abduction without compensatory right trunk/QL involvement. Patient needs integrated activity between R AF ER and L AF IR with frontal plane trunk control.

2. *Standing Resisted Trunk Around with L AF IR, R TR and Balloon (2nd Edition CD: Integration Standing #17*
    - Right trunk rotation introduced to inhibit left pec with posterior mediastinal expansion.

3. Continue *Sidelying Posterior Mediastinal Opening with Ipsilateral Iliacus and Psoas Inhibition (3rd Edition CD: Frontal Left Posterior Mediastinum Inhibition)*

4. Continue *Right Sidelying Adductor Pullback (2nd Edition CD: Left Adduction-Sidelying # 2)*

Third Visit

Subjective:
Patient returns to therapy following an 8 week vacation. Patient reports having no episodes of right upper trapezius pain and left low back symptoms. She reports that prolonged sitting for more than 2-4 hours will cause her low back symptoms to become aggravated but states that her exercises will help relieve the pain. Patient is returning to her home in Washington next week.

	Left	**Right**
Adduction Drop Test	-	-
FA IR	48°	50°
FA ER	54°	54°
Hruska Adduction Lift Test	4+/5	4+/5
Standing Reach Test	To the floor	To the floor
Horizontal Abduction	38°	45°
HG IR	80°	85°

Assessment:
Patient requires advancement of her integrated program with promotion of dynamic reciprocal activity. Patient needs more left serratus anterior for left pectoralis inhibition and left thoracic abduction with left AF IR in the frontal plane for additional stability of her left SI joint.

Treatment:
1. *Retro Stairs with Glute Max (2nd Edition CD: Integration Standing # 31)*
    - Emphasis on dynamic alternating reciprocal activity with left AF IR for additional hole control and pelvic floor stability. Patient needs to learn how to control frontal plane activity with inhibition of contralateral thoracic abductors during AF IR stance phase.

2. Continue *with Standing Resisted Trunk Around with L AF IR, R TR and Balloon (2nd Edition CD: Integration Standing #17)*

3. *Right Sidelying Apical Expansion with Left Arm Reach and Left Adductor (2nd Edition CD: Integration Sidelying # 22)*
    - Further promotion of left IO/TA thoracic abduction for inhibition of right QL and serratus anterior for inhibition of the pectorals.

4. *Standing Supported Right Squat with Left Glute Med and Right Trunk Rotation (3rd Edition CD: Right Squat # 4)*
    - Emphasis on right glute max control and right stance phase with inhibition of her right QL. Continued focus on left glute med control for left AF/FA stability and right trunk rotation for inhibition of brachial chain.