STRUCTURAL ISSUES

- SEE PELVIC TILT POSTERIOR ROTATION
- SEE PELVIC TILT LATERAL TILT
- SEE HEAD-FORWARD POSTURE

IMPAIRED FUNCTION

- Pain while walking
- Pain while sleeping on the affected side or back
- Pain while seated in a slumped position

CAUSES & PERPETUATING FACTORS

- Laying for long periods with the hip sharply flexed as when sleeping in a fetal position or
- Sitting for long periods with the hip sharply flexed as when leaned forward on a low desk
- Sitting on an uneven surface or big wallet
- Sitting with legs crossed
- Chilled body (muscles around pelvis contract for warmth)
- Morton foot structure
- Blunt trauma from accidental fall
- Trying to balance on one foot as when putting on pants while standing
- Cycling in the common position (not recumbent)
- Vigorous or unaccustomed sports
- Displaced sacroiliac joint
- Injections

Nerve entrapment/compression

- Piriformis

DIFFERENTIAL ASSESSMENT

Restricted range-of-motion with referral is a strong indicator. Most clients complain of hip pain at night when they lay on this side. They are usually clear about a pattern that identifies the specific trigger point.

These patterns must be distinguished from the other patterns of gluteus medius, gluteus maximus, gluteus minimus, iliocostalis lumborum, medial hamstrings, longissimus thoracis, lumbosacral multifidi, obturator internus, piriformis, quadratus lumborum and soleus.

Anterior superior

This client often places a fist over their sacrum to demonstrate where the pain is located. Range-of-motion for this must be tested with the affected leg on the table as it is adducted. Gluteus minimus and tensor fascia lata are also lengthened in this test and must be considered.



This pattern must be distinguished from other patterns of gluteus medius, iliocostalis lumborum, longissimus thoracis, quadratus lumborum, sacral lumbosacral multifidi, sacral multifidi and soleus.

Near PSIS

This client will complain of the hip feeling "unhinged." Pain runs up along the sacroiliac joint, across the iliac crest and in the lateral low back when they stand on the affected leg or lean onto the ischial tuberosity when sitting. This makes it difficult to find a comfortable sitting position. Range-of-motion for this is tested with the hip flexed as the leg is adducted. Gluteus maximus and gluteus minimus are also lengthened in this test.



This pattern must be distinguished from other patterns of gluteus medius, gluteus maximus, iliocostalis lumborum, longissimus thoracis, quadratus lumborum, lumbosacral multifidi, piriformis, sacral multifidi and soleus.

NEUROMUSCULAR ASSESSMENT

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Mid-point of iliac crest

This pattern is difficult to assess without eliciting the pattern through ischemic compression or stretch. It is, however, one of the easier patterns to elicit with ischemic compression.

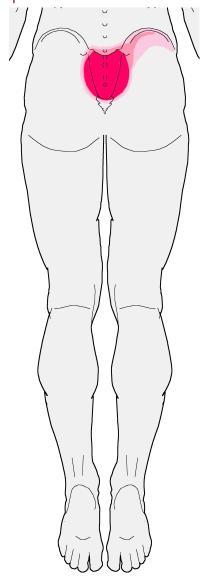
This client complains of pain along that clusters in the middle of the buttock that may run down the posteriolateral thigh for a short distance. The client is less able to recreate this with a specific movement other than jutting out the hip posterior and laterally. The primary complaint is about hip pain at night or constant pain when immobilized for prolonged periods.

This pattern must be distinguished from other patterns of gluteus medius, gluteus maximus, iliocostalis lumborum, longissimus thoracis, quadratus lumborum, lumbosacral multifidi, piriformis, sacral multifidi and soleus.

AREAS OF PAIN AND REFERRAL

- Pain in the buttock and sacrum that may extend down the posterior/lateral thigh
- Hip pain during pregnancy

Anterior superior

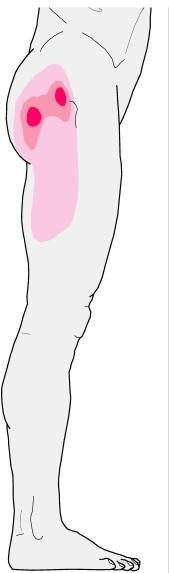


Pain in the sacrum that extends laterally over the iliac crest. Associated to tenderness in the anterior/lateral fibers just below the iliac crest

NEUROMUSCULAR ASSESSMENT

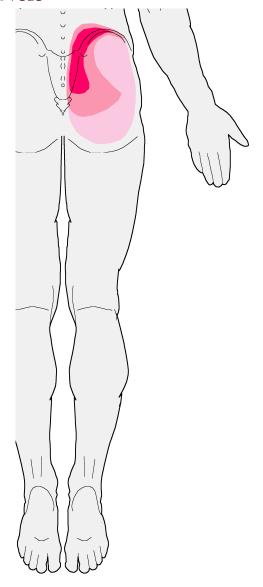
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Mid-point of the iliac crest



Pain in the lateral buttock that may extend into the proximal, posterior thigh. Associated to tenderness in the fibers just below the midpoint of the iliac crest

Near PSIS



Along the sacroiliac region that extends up into the lateral lumbar vertebrae, across the posterior iliac crest and usually extends inferiorly into the medial buttock. Pain may extend over the entire buttock. Associated to tenderness in the fibers near the PSIS.