

NEUROMUSCULAR ASSESSMENT

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RECTUS ABDOMINUS

STRUCTURAL ISSUES

- ❖ SEE PELVIC TILT - POSTERIOR

IMPAIRED FUNCTION

- ❖ Sway back
- ❖ Poor digestion
- ❖ Appendix pain when the appendix is not inflamed and/or present
- ❖ Inability to pull in the stomach
- ❖ Pain and discomfort that simulates gynecological disease when the sheath of rectus abdominus entraps spinal nerves
- ❖ Colitis, irritable bowel, diverticulitis, constipation, diarrhea

CAUSES & PERPETUATING FACTORS

- ❖ Bending while lifting as when slowly lowering a heavy object onto a low surface or twisting while shoveling
- ❖ Labored breathing
- ❖ Unaccustomed sexual activity
- ❖ Visceral pathologies
- ❖ Abdominal scarring from surgery
- ❖ Straining to defecate
- ❖ Prolonged shortening of the abdominals as when leaning forward while working at a computer or when one lean forward on the chair in front of them in an auditorium

NERVE ENTRAPMENT / COMPRESSION

- ❖ Spinal - anterior rami of T7-T12

LOCAL JOINTS

- ❖ Pubic symphysis

DIFFERENTIAL ASSESSMENT

Pubic symphysis

- ❖ A broad band of pain across the posterior hips that can be elicited ischemic pressure near the pubic symphysis is a strong indicator
- ❖ This pain is broader top to bottom and extends bilaterally to each side notably further than other low back pain patterns

- ❖ This must be distinguished from the pain patterns of bilateral psoas, bilateral quadratus lumborum, gluteus maximus, gluteus medius and lumbosacral compression.

Xiphoid process

- ❖ Pain in a broad band across the lower ribs that can be elicited by ischemic compression near the xiphoid process is a strong indicator.
- ❖ This pain is generally broader and extends bilaterally more than other pain in the lower posterior ribs.
- ❖ This must be distinguished from the referral patterns of serratus posterior inferior, diaphragm, latissimus dorsi, and iliocostalis lumborum and kidney disease.

McBurney's Point

- ❖ Pain in the lower abdomen that can be elicited by light ischemic compressions or stretching of the lower, right, rectus abdominus is a reasonable indicator,
- ❖ Visceral disease, especially appendicitis must be eliminated as the cause.
- ❖ Pain in this are must be distinguished from the referral patterns of external oblique, psoas minor, pyrimidalis, iliolumbar ligament, and the lateral, inferior abdominals.

PMS

- ❖ Pain, cramping a discomfort related to the menstrual cycle that can be elicited/relieved by ischemic pressure beneath the umbilicus is a strong indicator.
- ❖ The pain pattern indicated beneath the umbilicus is usually only present during ischemic compression as the client tends to move in a way that keeps the rectus abdominus slack or is more focused on the cramping and visceral discomfort.

NEUROMUSCULAR ASSESSMENT

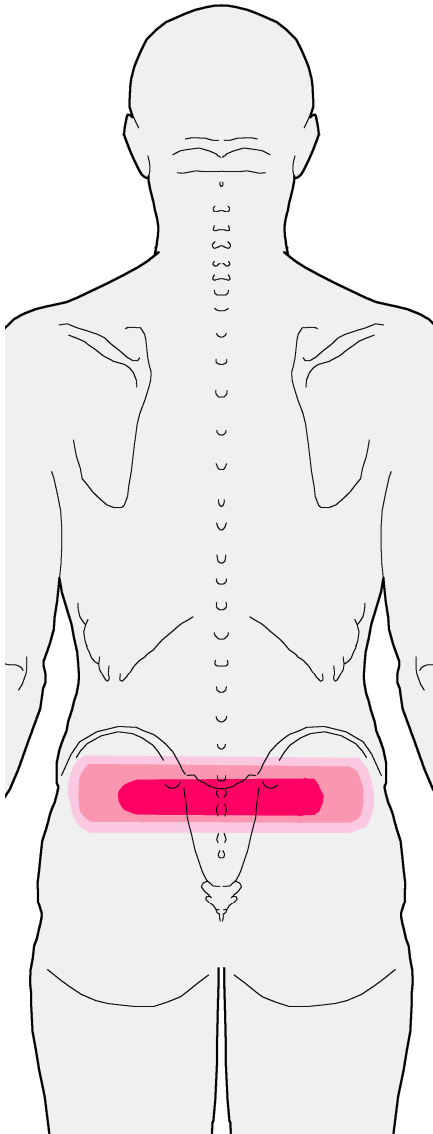
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- ❖ This must be distinguished from the referral patterns of iliocostalis lumborum, longissimus thoracis, multifidi and obliques.

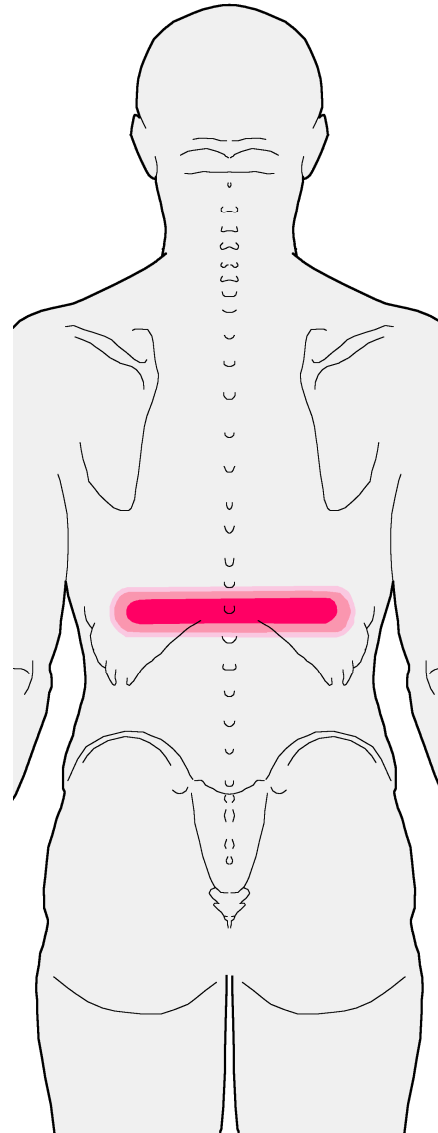
Xiphoid process

AREAS OF PAIN AND REFERRAL

Pubic Symphysis



- ❖ Pain in broad band across the back of the hips. Pain is associated to tenderness near the pubic symphysis

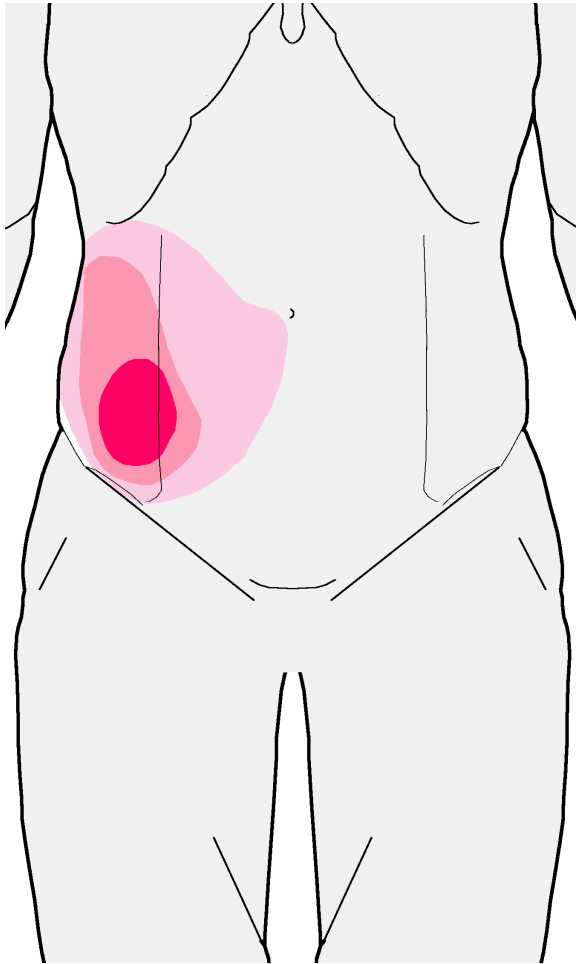


- ❖ Pain in a broad band across the lower ribs.

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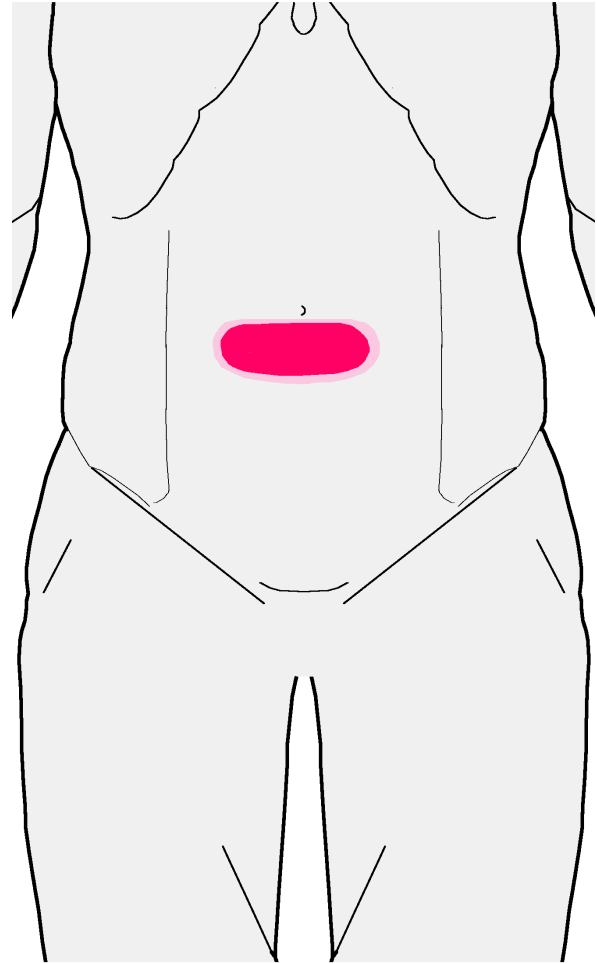
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McBurney's Point



- ❖ Pain in the viscera and lower, right side of the abdomen. Pain is associated to tender fibers in the lateral border of the rectus abdominus on the right, just below the umbilicus.

PMS



- ❖ Pain cramping and discomfort associated with the menstrual cycle associated to tender fibers beneath the umbilicus.