-Iliopsoas-

-NMT routines-

Steps

Muscle test the psoas:

- Upper hand braces the opposite ASIS
- Lower hand is positioned just above the ankle
- Client's leg is raised 1' with toes rotated laterally
- Check leg length
- Check arm length

Position> The client is supine. The therapist is at the head of the table.

1) The Test for Psoas Contraction: "Measure for contracted psoas by standing at head of table, with patient lying supine and hands stretched overhead. Be sure to line the mid-line of the palms up with the nose, umbilicus and mid-point between the ankles. Grasp the wrists equally and, with equal tension, pull gently above head as far as possible. The short arm side indicates the side of psoas contraction. Be sure to repeat the test after relaxing psoas. If both arms are found to be of equal length but tension is felt to be equal in both shoulders, then both psoas muscles may be contracted. X-ray diagnosis is the only sure method of determining psoas contraction and its effects on spinal function.

- Specific contraindications for psoas treatment are osteoporosis and aortic aneurysm (palpate for a superficial strong pulse). Aneurysm - a sac formed by the dilation of the wall of an artery, a vein, or the heart. the chief signs of arterial aneurysm are the formation of a pulsating tumor.

Treatment of the iliopsoas:

Position> The therapist moves to the side of the table at the level of the hip with the client's bent knee resting on the therapist's medial thigh.

2) With the fingers, apply **multi-directional friction** into psoas from the attachment at T12 along belly of the muscle to where it passes under the inguinal ligament.

Position> Flex the hip and rotate the knee laterally resting the lateral thigh of the client on the therapist's medial thigh. Place the tips of the fingers directly medial to the sartorius muscle, inferior to the inguinal ligament and lateral to the femoral pulse.


3) With the fingertips, **palpate** for the insertion of the iliopsoas on the lesser trochanter and apply firm, sensitive **multi-directional friction** on the insertion of the psoas.

- Flexing the hip will contract the psoas and make the insertion easier to find.
- After the insertion is found, rotate the leg so that the ankle crosses over the client's opposite knee, and the thigh rests against the abdomen of the therapist. This will expose the iliopsoas insertion at the lesser trochanter.

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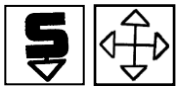
- Treatment of the insertion at this point is commonly the point where release of the hip flexion will occur.
- This treats the insertion of the iliopsoas at the lesser trochanter.



4) With the braced fingertips scoop medially under the lateral border of the rectus abdominus at a 45 degree angle and use a gentle counter-clockwise rotary motion to displace the viscera and sink into the belly of the muscle. Sensitively follow the muscle fibers to their origins on the anterior aspect of the transverse processes, lateral lumbar bodies and discs. Apply feather light **static pressure** onto the origins. Hold the pressure for a few moments and if it is not too sensitive, apply gentle **multi-directional friction** on the origins.

- DO NOT apply static pressure to the origins before actual contact is made on the origins of the psoas.
- The vertebral origins are usually so tender that just light pressure of the fingertips creates a strong referral like gas pains and sharp pain into the lumbar region.

- This technique should only be used after a thorough release of the entire lower abdominal region.

- Do not entrap intestinal tissue. Use the gentle counter-clockwise motion to displace the tissues.
- This treats the origins of the psoas major and minor.

-Iliopsoas-

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Summary

Position> The client is supine. The therapist is at the head of the table.

1) Test for contracture of the psoas by measuring the tension of the facing palms above the head.

Position> Therapist moves to the side of the table. The client's bent knee is resting on the therapist's medial thigh.

Position> Place the fingers of both hands directly lateral to the umbilicus at the lateral border of the rectus abdominus. Move the fingers in a gentle counter clockwise motion to displace the viscera. The fingers will gradually sink deeper into the abdomen.

2) locate the psoas by flexing the hip

3)  belly of the psoas from T12 to the inguinal ligament

Flex the hip and rotate the knee laterally. Place the tips of the fingers directly medial to the sartorius muscle, inferior to the inguinal ligament and lateral to the femoral pulse.

4)   locate and treat the psoas insertion

5)   treat the origins of the psoas

-  DO NOT apply pressure until contact is made
-  Do not use this procedure until the lower abdomen has been released
-  Displace the viscera with a counter-clockwise motion