

Single Case: **Chronic Left Hip Pain**

Abstract: This 50+yrs man presented at my office requesting treatment for his left hip. Using therapeutic massage, Integrative Manual Therapy (IMT) and remedial exercises, his symptoms were significantly reduced in 3- 1/2 hour treatment sessions.

Keywords: Strain Counterstrain, Mobility Templates, Contract/Relax.

Examination

History: This client presented with chronic left hip and groin pain. This client injured himself on the jobsite in 1999. This client reported experiencing back and hip pain and sought treatment for these symptoms at the time. Diagnostics revealed some lumbar disc compression and a minor anterior tear of the left hip labrum.

Static Posture: In standing posture the client presented with a slight lumbar scoliotic curve and pelvic imbalances as measured by iliac crest, PSIS and sacral ILA bilaterally.

Range of Motion: Slump test of lumbar spine revealed a reduced lumbosacral nutation and a fixed left Accessory joint. Assessment of the hip flexors (rectus femoris and iliopsoas) was positive indicating that both of these muscles bilaterally were in a shorten position.

Observation/Palpation: Pelvic imbalances were noted at all major boney landmarks. Type 1 presentation was also observed in the lumbar region.

Treatment

This client received 3 1/2 hour treatment sessions in which therapeutic massage, remedial exercises (contract/relax) and IMT were administered which significantly reduced the chronic symptoms of lumbar pain, buttock pain and hip joint pain. Protective muscle spasming and compensation spasming were eliminated. Strain Counterstrain was used to release tension patterns in kidneys, ureters and bladder. Mobility Template techniques were used to rebalance the fixed left accessory joint. Remedial exercises were given to the client to regain muscle balance.

Outcome

The outcome for this client is very positive. In just 3- 1/2 hour treatment sessions, this client has regained confidence in his ability to perform at work and activities of daily living with minimal pain. Re-education of the muscles of the left hip and ongoing dedication of the client to his remedial exercise program are good predictors of a positive outcome.

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