

A Cumulative Trauma Condition

-12- Twelve Considerations

-5- SPECIFIC DIAGNOSES/ STRAINS

-2 Structure Pathology (+/- 5%)

- Specific nerve-cord pressure (disc, stenosis)*
- Structural instability/damage (spondy-, compression)*

-3 Jolting – episodic -may become chronic (45%-)

- Ilio-psoas muscle strain*
- Facet (thoracic, lumbar ,cervical) dysfunction*
- SI joint strain (facet-like)/ dysfunction*

POSTURAL AXIAL MUSCLE DISRUPTIONS

CONSTITUTE APPROPRIATE DIAGNOSIS OF GENERIC:

LOW BACK MUSCLE STRAIN-SPRAIN– (45%-)

CONTRIBUTING MUSCLE GROUPS AS PRIMARY OR ADDATIVE CAUSATION: Quadratus lumborum, ileo-costalis, para-vertebrals, pyriformis, gluteals, trapezius, levator scapulae, para-spinous, serratus anterior& posterior, etc

-7- POSTURAL CAUSATION FACTORS –for- THE COMMON MUSCLE STRAINS THAT (Play a role in at least 90% of all low back pain)

-4 Behaviors / Mechanics

- Sleep position*
- Loss of arch height*
- Wallet in the back pocket*
- Stick-shift vehicle*

-3 Anatomical Asymmetries

- Short upper-arm length*
- Leg length difference*
- Short hemi-pelvis*

Structure -2- **Diagnosis**

- Specific nerve-cord pressure** – specific radicular pain or weakness, rectal sphincter tone: “weakness walk heel, toe, instep, outer” & “reflex loss” & “better in extension”
- Structural instability/damage** – sudden onset, specific worsen with position, can’t tolerate small changes in flexion-extension-rotation

Jolting -3- **Diagnosis**

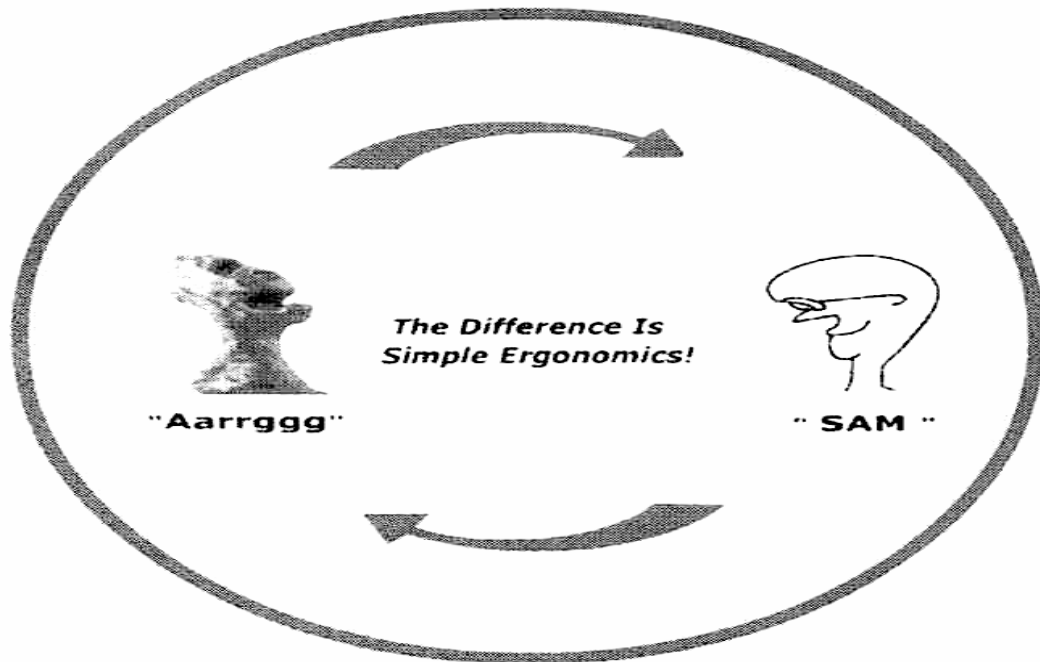
- Ilio-psoas muscle strain** – diffuse back pain – difficult straightening, pain in groin, pain on the same side deep lower abdomen – “resisted knee rise test” & “groin pressure test”
- Facet (cervical, thoracic, lumbar) dysfunction** – very sudden onset, can’t straighten, hurts with a deep breath, onset with twist – joint pressure test along the facet joints – causes point tenderness, most common are costo-vertebral with matched costo-chondral tenderness, recurrent, fixes with a “click”,
- SI joint strain/ dysfunction** – sudden jarring onset, direct pain over SI joint, can’t, keeping leg on the side straightened “Patrick’s test or FABER positive” “point tenderness over joint

Behaviors/ Mechanics -4- **causation, aggravation**

- Sleep position** – palpate neck: trapezius, levator scapulae, interscalenes, ilio-costalis pain & costo-clavicular areas “scalene-cramp test” & “clicking shoulder test”
- Loss of arch height** – myo-fasc tenderness in gluts & TFL mm; loss of arch height and of balance with standing without arch support “push-balance test”
- Wallet in the back pocket** – tender to deep pressure over piriformis & sciatic nerve “sit on excised wallet test”
- Stick-shift vehicle** – tenderness in left glut >> right; tenderness over ilio-costalis in right CVA area, R shoulder- wrist – elbow discomfort. “Left leg pump test”

Anatomical asymmetries -3- **causation, aggravation**

- Short upper-arm length** – elbows $a > 8.5$ ” above the chair height where the arm rests are; levator scapulae and trap very tight; thoracic signs, “shoe under elbow test”
- Leg length difference** – stand crooked, standing scoliosis, balance appreciably insured with $\frac{1}{4}$ - $\frac{3}{4}$ ” lift under heel, check x3 positions “gyro stand test”
- Short hemi-pelvis** – sit tilted, marked axial strain with thoracic strain, “folded towel gyroscope sitting test”



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Behavioral modifications toward sensible and non-injurious activities of daily living should be dictated by what makes sense and is sensible.

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