

Treatment Techniques

Interpretation of Findings

	<u>ASIS</u>	<u>PSIS</u>	<u>Pubic Crest</u>	<u>Ischial Tuberosity</u>	<u>Sacrotub. lig</u>	<u>ASIS to umbilicus</u>
<u>upslip</u>	Up	Up	Up	Up	Loose	-----
<u>downslip</u>	Down	Down	Down	Down	Tight	-----
<u>Anterior rot</u>	Down	Up	Down?	down?	Loose	-----
<u>Posterior rot</u>	Up	Down	Up?	Up?	Tight	-----
<u>Outflare</u>	-----	-----	-----	-----	-----	increased
<u>Inflare</u>	-----	-----	-----	-----	-----	decreased
<u>Elevated /decend pubes</u>	-----	-----	Up/down	-----	-----	-----

■ Upslip

■ Patient position

- Supine

Therapist

- Holding on to leg around ankle

■ Movt

- Traction on leg. 3 x deep breaths. On inspiration take up slack on traction.
- After last inspiration ask pt to cough. On cough thrust leg caudally

■ Downslip

■ Patient position

- Prone, arm holding onto bed above head, leg off side of bed
- Patient foot resting on therapist thigh, hip/knee in 90deg

■ Therapist

- Therapist facing cephalad, with pt foot resting on thigh. Hand on ishium

■ Movt

- 3 x deep breaths. Cephalic glide on ishium maintained.
- On last expiration ask pt to pull down with hand while pushing foot into therapist thigh. Max contraction.
- Forcefull cephalic glide on ischium is maintained.

■ Anterior Rotation

■ Patient position

- Supine, hip at 90deg

■ Therapist

- Facing cephalad, one hand under ilium gripping onto PSIS
- Other hand on posterior thigh

■ Movt

- Resist hip extension on thigh while pulling on PSIS, trying to rotate ilium posteriorly

■ Posterior Rotation

■ Patient position

- Prone, knee at 90 deg

■ Therapist

- One hand over PSIS
- Other hand under on front of pt thigh

■ Movt

- Move pt thigh into extension monitoring Lx spine ext
- Feel for barrier of hip extension movt
- Ask pt to resist hip flexion with one hand, while other hand applies superior force on PSIS
- 40%MVC, 6sec contraction
- Move further into ext till next barrier
- Repeat x3
- Can do in sidelyeing

■ Outflare

- Patient position
 - Supine hip in flexion
- Therapist
 - Side on. Hand located over lateral aspect of knee
- Movt
 - Move leg into add/IR to feel for barrier
 - Pt pushes into lateral hand
 - 40%MVC, 6 sec contraction
 - Move further into barrier
 - Repeat x3
 - if ilium stuck, therapist can apply lateral force to PSIS with other hand simultaneous to contraction

■ Inflare

■ Patient position

- Supine hip in flexion

■ Therapist

- Side on. Hand located over medial aspect of knee

■ Movt

- Move leg into abd/ER to feel for barrier at ASIS
- Pt pushes into medial hand
- 40%MVC, 6 sec contraction
- Move further into barrier
- Repeat x3

■ Elevated Pubes

- Patient position
 - Supine, leg over edge of bed
- Therapist
 - Side on. Hand under posteromedial knee to control hip extension over edge of bed
- Movt
 - Move leg into ext over edge of bed to feel for barrier of RA
 - Pt lifts and resists into flex/add
 - 40%MVC, 6 sec contraction
 - Move further into ext barrier
 - Repeat x3



■ Descended Pubes

■ Patient position

- Supine, hip in 90deg

■ Therapist

- Side on. Hand palpate ASIS, hand on lateral knee

■ Movt

- Move leg into flex/add/IR barrier
- Pt resists hip extension
- 40%MVC, 6 sec contraction
- Move further into barrier
- Repeat x3

Don't forget...

- Muscle tightnesses
- Muscle weaknesses
- Imbalances
- Core stability
- Taping techs
- Bracing
- Rehab++