

SET TALK

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SUCCESSFULLY TREATING ANKLE STRAINS

Ankle and lower calf sprains can be a big problem for our clients. Whether they are athletic and out performing strenuous exercise, or whether they just need to walk from the car to the office or around the house, having an ankle or foot problem is a major limitation in their lives. The most common conditions capable of producing a lot of pain and discomfort are strains of the lower leg. These can be minor with just a weakness experienced by the person which can limit certain activities, or major pain syndromes that can lead to sleepless nights and a multi-week rehabilitation. Understanding how to successfully treat foot and lower leg strains can be a great service to your clients.

The ankle and foot are greatly affected by the core distortion. The long leg of the client in the core distortion usually has a medially rotated knee and a laterally rotated foot. This puts a significant amount of stress on the muscles of the calf and lower leg. This becomes even more interesting when we look at some of the flexor inverter muscles needed to stabilize the ankle and foot that can only operate at 50% or less strength and function because of this medial knee and lateral foot. In addition both the tibialis anterior and the peroneus group can also be in a similar strain pattern especially if the rotation of the foot is greater than 15 degrees in relationship to the lower leg. So these three muscle relationships which stabilize the foot, ankle and lower leg when walking are operating with such a weakness that strains are very common and, because of the weaknesses, slow to respond to treatment.

As mentioned above, the core distortion creates a long leg which creates these weaknesses in the foot and lower leg. The most successful treatment will start with the release of the core distortion cranially using the Cranial/Structural Core distortion Releases (CSCDR). This will lessen the degree of the rotation of the iliums and equalize the leg length. This will also lessen the degree of weakness and strain pattern in the peroneus, tibialis anterior and flexor inverter muscle groups. This rapid change can be accomplished in the first session because of the CSCDR. These muscles which are often the ones that have been strained will respond by strengthening immediately after the application of the CSCDR. Follow this with soft tissue treatments and expect rapid recovery.

The soft tissue treatments should first include strokes to release the ischemia, inflammation and swelling up the entire leg. Then apply directed myofascial strokes to release the myofascial holding pattern that keeps the foot in lateral rotation to the knee. Follow this with very specific individual fiber strokes to release adhesions, scar tissue, and shortened fibers. This is a lot of work on a small area but can be accomplished in one session if working with the concept of *“the deeper you go, the slower you go”*. Work with the client’s breathing so the client relaxes the tissue while you apply the strokes.

Jasper, a 40 year old tennis player, scheduled a session after he had strained a left calf muscle keeping him awake all night throbbing in pain. He was depressed because he probably would not be able to play in his tennis club’s upcoming championship tournament. He had already scheduled an orthopedic appointment to find out what was wrong and was expecting surgery for compartmental syndrome. He came for therapy first because another tennis player had a similar injury that had been treated successfully.

Evaluation revealed he was in the core distortion with a long left leg and a short right leg due to the left ilium rotating anteriorly and the right rotating posteriorly. The compensation in the left leg of a medial knee and a lateral foot produced weakened strain patterns in his flexor inverter, peroneus, and tibialis anterior muscles. His pain was in both his flexor inverter muscles and his peroneus longus. The CSCDR was applied to bring his iliums into balance and to equalize his leg length. He reported an immediate lessening of pain in the strained tissue. A soft tissue protocol to address the tightened, shortened soft tissue due to the distortions of the longer leg was applied with no direct pressure on the recently strained tissue. This brought the leg further into balance and took pressure off the strained tissues. Jasper left with only about 30% of the pain and discomfort still present and able to walk without a limp. He was advised to ice the swollen painful areas.

Four days later at Jasper’s next session he was somewhat optimistic that he might recover in time to play in his championship tournament. He was still experiencing mild pain when walking but had cancelled his orthopedic session as he now had faith that his injury was not severe and would recover in a timely manner. Cranial/Structural releases were applied to further balance his left leg. A soft tissue protocol to work with his entire left leg was again applied with some strokes now working with the strained tissue. The initial strokes released ischemia, swelling and inflammation. Then the myofascial holding pattern was addressed with directed myofascial unwinding strokes to further allow the old structural distortion to normalize. Then specific fiber

strokes were applied to release adhesions, scar tissue, and specific shortened fibers that were part of the strain. There was some limitation as to how deeply these strokes could be applied due to the shortness of time since the injury. Jasper noticed that just standing and walking around the room produced no pain. This was a big gain. However, if he pushed off rapidly he would still experience some pain and discomfort. He left greatly encouraged and was now certain he would be able to play in the tournament.

At Jasper's next session he felt that his strain was almost entirely healed. He was only having pain when he played tennis and pushed off rapidly from one side to the other. Cranial/Structural releases were applied to further bring the foot and ankle into support. Again a soft tissue protocol was applied that included his entire left leg to further release distortions from the core distortion, followed by specific myofascial work on the muscles and connective tissue involved with the strain. Jasper was asked to turn his foot in the direction that caused pain when pushing and additional strokes were done on these damaged tissues. Jasper's only soreness after the session was from the strokes and it did not increase when pushing off in any direction. Jasper was now going to start training as the tournament was only two weeks away.

At Jasper's next session a week later he reported only having pain after practicing for two hours, but if he iced the pain would go away. He was also very encouraged as he felt he was moving around the court faster and quicker than before the strain and wanted to know if this was so. It was explained that 50% of the muscles in his legs had been operating at 50% less efficiency due to the core distortion and now he had the additional strength and flexibility which would help him with his tennis game. Cranial/Structural releases were applied to help Jasper further balance and integrate his new supported structure. A soft tissue protocol was applied to balance both hips with a specific sequence of strokes for the anterior ilium/long leg issues and a different sequence for the posterior ilium/short leg issues. Jasper was now ready to train at a high level for his tournament.

Jasper didn't come in for another session until a month later wondering if we could help with a shoulder strain from too many matches in one weekend. When asked about his calf strain Jasper reported that he had no problems since the last session and he was now one of the top two players in his club.

In the process of treating Jasper's strained flexor inverter and peroneus muscles, the release of the core distortion brought his pelvis into better alignment reducing the long leg/short leg discrepancy. This released the strain

patterns that resulted in 50% of the muscles operating at 50% strength and efficiency bringing them up to full strength. Jasper not only recovered from his strain in a short period of time, but also improved his overall structure and performance from the release of the core distortion that was part of his treatment for his strained calf.

Treating strains and imbalances of the lower leg by first releasing the cranial core distortion which brings the rotation of the iliums into weight bearing support and diminishes the leg length difference is very effective, and produces results beyond just allowing the tissue to heal. The entire structure is rehabilitated increasing the overall potential for your clients

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.