RESOLVING HIP FLEXOR & ROTATOR WITH REHABILITATION OF THE CORE DISTORTION

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A common client complaint is hip pain that can be acute such as pain after a sports event, hike, car trip, or sleeping wrong, or as major and chronic as a dislocation, degeneration, or long term sciatic pain. The interesting key to effective long term treatment is that the above issues stem directly from an imbalance in the pelvis that all clients have with one ilium rotated anteriorly and the other ilium rotated posteriorly. This is the core distortion which is observable to some degree in everyone. As mentioned in previous articles the core distortion can be observed in 16 week old fetuses and we have yet to find anyone who is not in the core distortion when evaluated. The only exceptions are clients who have been previously treated with the Cranial/Structural Core Distortion Release combined with myofascial protocols. Therefore, there is a very small population that is not in the core distortion. Thus, the vast majority of your clients will have the ilium rotations of the core distortion that create both structural imbalances and issues with their flexor and rotator muscles of the hips. It can be assumed that, except for the very rare exception, the clients who walk into your clinic with problems in their hips are in the core distortion and could dramatically benefit from unwinding this distortion into weight bearing support and balance. Let us look at some brief case histories that demonstrate the problems and the solutions for hip issues.

Ginny, a 19 year old tennis player, strained her left hip flexor in a tennis match. She continued playing to finish the match and then spent a night in pain. When she presented for treatment she was in significant pain and having difficulty walking. Her evaluation revealed an anterior rotation of her left ilium and a posterior rotation of her right ilium. She was in the core distortion. Of note, when an ilium is rotated more than 15 degrees, the flexor muscles of that ilium can only operate at a 50% or less strength and efficiency. The left hip flexors that had been strained were the anterior fibers of the gluteus medius which were weakened due to the core distortion. The Cranial/Structural Core Distortion Release was applied to release the anterior /posterior ilium rotations and provide stability for the sacrum and spine. This also equalized the functional leg lengths caused by the rotation of the iliums. There was an immediate strengthening of the quadriceps and gluteus medius on the left side which immediately increased the strength, range of motion, and flexibility of the strained tissues. This was followed by a specialized myofascial/soft tissue protocol to further release ischemia, swelling and inflammation, the old myofascial holding pattern from the core distortion, and scar tissue and fibers from previous strains and injuries. Since the anterior/posterior rotations of the iliums in the core distortion affected the soft tissue differently in each leg, this soft tissue protocol was designed to release the different tensions and holding patterns specific to each leg. After two sessions Ginny was back playing tennis pain free and moving with more speed strength and flexibility than before the injury.

Charlie, a 61 year old salesman with a large territory necessitating a lot of driving, was having severe right side sciatic pain when sitting in the seat and driving for more than 45 minutes. This had gotten so bad that he had to consider retiring early. A structural evaluation showed that Charlie was in the core distortion with a left anterior ilium and a right posterior ilium. This created the functional long left leg/short right leg consistent with the core distortion. Charlie's right gluteus maximus, posterior fiber of gluteus medius, and piriformis all tested weak using kinesiology which indicated more than a 15 degree posterior rotation of his right ilium. These

muscles were also tightly contracted to compensate for the weakness. The Cranial/Structural Core Distortion Release was applied to release the anterior/posterior rotation of the iliums and provide stability for the sacrum and spine. This also equalized the functional leg length and allowed some unwinding of the soft tissue myofascial holding pattern of the core distortion. Specific soft tissue myofascial protocols were applied to assist the anteriorly rotated ilium to unwind back to balance and the posteriorly rotated ilium to unwind forward into balance. These protocols released the chronic inflammation and ischemia, the myofascial holding pattern of the core distortion, and lengthened individual muscles and fibers that were compressing the sciatic nerve. Charlie noticed immediate improvement with less sciatic pain He was treated weekly for four weeks and had decreased pain with longer periods of pain free driving. At the end of the fourth treatment Charlie was no longer having sciatic pain, was able to maintain his improvements and was able to resume his normal life activities.

Steve, a 69 year old business owner and avid golfer, had severe hip pain. Over the years he experienced left hip pain that had originally been diagnosed as arthritis and was now being viewed as major degeneration of the hip requiring a hip replacement. Steve had been told when the pain became bad enough that he would have the replacement. Steve's x-rays showed arthritic spurring and a significant thinning of the cartilage on the anterior superior surface of the femoral head (ball) of the femur. He had been receiving injections into the joint that had initially helped some but now the pain had intensified and become more consistent.

Upon evaluation Steve had an anterior rotation of the left ilium and posterior rotation of the right ilium which indicated the core distortion. With the anterior rotation of the left ilium the anterior fibers of the gluteus medius and gluteus minimus were shortened, tightened and weakened resulting in more pressure on the femoral head (ball) where the cartilage had thinned and the spurring was occurring. This anterior rotation of the ilium also produced a functional long leg which was further jamming the femoral head into the hip socket and involving the hip flexors. Steve's body was compensating for the longer leg by rotating the knee medially and the foot laterally to the knee which was also putting pressure in the hip. This degeneration is common with the core distortion as a person goes through life deteriorating further into this distortion due to wear and tear and life experiences. The Cranial/Structural Core Distortion Release was applied to bring the anterior ilium posteriorly into balance, the posterior ilium anteriorly into balance, level the sacrum for spinal support, and even the functional leg length. Soft tissue myofascial protocols were applied to the left leg and hip to further balance the pelvis, bring the medial rotation out of the upper leg and knee and the lateral rotation out of the foot. This shifted the weight bearing pressure in the hip more to the middle of the femoral head (ball) away from the area of greatest degeneration on the anterior superior part of the ball. In addition the fibers of the gluteus medius and quadriceps were strengthened when the rotation of the iliums was reduce, and they started functioning with greater support, strength, range of motion and flexibility. Additional protocols were also applied to the right ilium so that both iliums could function in balance and support, and would not be compensating for the imbalances in the opposite hip.

Steve's first three sessions reduced the core distortion in the leg and hips and prepared the area for deeper work into the deepest fibers of the gluteus medius and gluteus minimus. There was also significant fiber and scar tissue that had built up around the femoral head that was trying to compensate for the imbalance due to the rotation from the core distortion. Sessions four through seven worked deeper on these deep fibers until they softened and lengthened and were in themselves no longer a cause for pain. Steve was then able to spread his sessions out from weekly to once every two weeks then once every three weeks as the new pattern became progressively stronger and the pressure was shifted off of the anterior portion of the femoral head. Steve resumed playing golf without pain. The release of the core distortion and balancing

of the leg rehabilitated Steve's hip to the point that he no longer needed a hip replacement and was able to golf. Steve's hip flexors had played a major role in the degeneration due to their weakness and chronic shortness from the core distortion helping to hold the pressure of the hip on the anterior portion of the femoral head. When hip flexors are compromised in the core distortion they can be a major cause of hip degeneration, but when the core distortion is released with the Cranial/Structural techniques combined with soft tissue treatment they can be part of the solution.

Hip flexor problems are involved in the core distortion both by being weakened and susceptible to injury, and in helping to maintain dysfunction and imbalance in the hip joint. The rotators can be overstretched due to the medial rotation of the upper leg on the side of the anterior rotation of the ilium, or can be over contracted as part of the myofascial holding pattern and muscle compensation of the posteriorly rotated ilium in the core distortion. These common conditions can create significant problems throughout the hip. Preventing problems in the soft tissue or hip joints, or rehabilitating already existing problems can be very effective long term when integrating Cranial/Structural Core Distortion Releases with specialized myofascial soft tissue protocols.

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