

SET TALK

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MM003717

(Massage Message, March-April 2014)

SUCCESSFULLY TREATING HIP DEGENERATION

Jim, a 63 year old heavy equipment operator, is referred for treatment with severe pain in his right hip which the doctor said is from hip degeneration due to arthritis. The x-rays show a thinning of the cartilage and calcium deposits causing a malformation of the hip socket. The orthopedic surgeon told him when the pain was severe enough to come back for a total hip replacement and put him on pain medication. The pain that was radiating down his leg was along the sciatic nerve pathway.

Sally, a 50 year old marathon runner and professional office manager, has to stop running due to pain in her left hip which the doctors say is due to early stages of hip degenerative arthritis. Sally states that the pain is worse after running and after long hours on her feet. Sally's pain is in the front of her hip and is most intense after running or standing for hours. The doctor sent her for physical therapy which didn't help followed by injections for pain.

Mary, a 76 year old retiree with osteoporosis, has had right hip pain for the last 10 years and the doctors say it is from degenerative arthritis of the hip. The pain has gotten worse over the last year and Mary wants to avoid the trauma and expense of a hip replacement. The x-rays reveal a thinning of the cartilage. Mary's pain surrounds her trochanter with pain radiating down through the groin.

All three of these clients were suffering from degeneration of their hips. The initial evaluation showed all three were in the core distortion with the left hip rotated anteriorly and right hip rotated posteriorly. This created a long left leg and shortened right leg. Due to the rotation of the iliums there were uneven pressures in the hip joints causing excessive wear on the cartilage. What had not been offered to any of these clients was a process that would reduce the rotation of the iliums and balance the pressure of the head of the femur in the hip socket reducing the stress in the areas of degeneration.

If these clients had the rotations in their hips from the core distortion balanced 10 years earlier they likely never would have had the current degenerative conditions. What was needed was to shift their iliums into balance and take the pressure off the areas of most irritation and degeneration. The most direct way to do this was to apply the Cranial/Structural Core Distortion Release (CSCDR). Within 15 minutes of its application

there was a reduction in the rotation of the hips, equalizing of leg length, and a weight bearing support for their spines diminishing the spinal curvatures. This set the stage for additional soft tissue protocols that would continue to correct the structural imbalances affecting their hips.

Jim, the 63 year old heavy equipment operator, had right hip pain radiating along the sciatic nerve pathway. The right hip was rotated posteriorly and the gluteus maximus, post fiber of gluteus medius, and piriformis were shortened and contracted compressing on the sciatic nerve after a lifetime of being in the core distortion. Releasing the core distortion cranially shifted the ilium back toward balance leaving the tightened shortened muscles ready to be treated. The myofascial holding pattern that had held the old pattern of the ilium in posterior rotation needed to be released which was restricting the motion of the head of the femur in the acetabulum. In addition, the muscles needed to be lengthened and the adhesions between the muscles released taking the pressure off the sciatic nerve.

In the first session the left hip was treated before the right hip. This was due to the fact that both hips needed to be brought into balance for stability and the most difficult hip to bring into weight bearing support is the left hip, the one that is rotated anteriorly. When the right posterior hip was treated special attention was given to releasing the fibers mentioned above.

Jim showed up for his second session with about a 50% pain reduction and was much encouraged. A Cranial/Structural evaluation revealed a cranial pattern that still showed restriction on the right side which was released. Again a pelvic balancing soft tissue protocol that brought the left anterior hip and the right posterior hip into balance was applied and Jim left in less pain. This sequence of Cranial/Structural evaluation and treatment followed by a pelvic balancing session treating the anterior/posterior hip rotation was applied weekly for four more weeks. By the 6th session Jim's sciatic pain was gone, and he was only having occasional pain in the hip joint. At this point treatments focused specifically on the right hip releasing deeper fibers and adhesions and freeing the range of motion in the hip joint. Jim continued to improve and after five more sessions was told to only schedule if the pain returned.

Sally, the 50 year old marathon runner, had her pain in her left hip, the hip that was rotated anteriorly. In the first session the CSCDR was applied to release the anterior/posterior rotation of the hips into balance and support. This also evened the functional leg length discrepancy and provided support for the rest of the body. A pelvic balancing soft tissue protocol focused on

bringing the left leg and ilium into weight bearing support by releasing the lateral rotation of the foot, the medial rotation and hyperextension of the knee, along with the anterior fibers of the gluteus medius, TFL, and iliacus. On the right side the pelvic balancing protocol allowed the posteriorly rotated ilium to move anteriorly into balance. Sally immediately felt better and had greater range of motion in both the left leg and hip. Sally's pain was reduced by 75% after this first treatment.

Sally's weekly treatments consisted of Cranial/Structural evaluation, a release of cranial restrictions, and the pelvic balancing soft tissue protocol. After four treatments Sally was maintaining pain free for 10 days so she was scheduled for two weeks. By the seventh treatment Sally was pain free for two weeks and started to resume light running. After five more treatments she was able to train successfully for an upcoming marathon. She scheduled monthly until the marathon just to maintain optimal structural balance and pain free function while running.

Mary, the 76 year old retiree with osteoporosis and right hip pain, was evaluated and found to be in the core distortion with the left hip rotated anteriorly and the right hip rotated posteriorly. She also had very limited range of motion in her right hip and when walking rotated the ilium as much as the head of the femur in its socket. The CSCDR was applied to bring weight bearing support, reduce the rotation of Mary's iliums, and even out her leg length. Mary immediately felt better, but still had severe limited range of motion and soreness in the hip joint. A pelvic balancing soft tissue protocol was applied working first on the left leg to release the medial rotation and hyperextension of the knee and move the anteriorly rotated ilium posteriorly back into alignment. Then the right leg and hip were treated to bring the right posteriorly rotated ilium anteriorly into balance, and to release the restrictions in the hamstrings, quadriceps, and gluteals and rotators of the right hip.

Mary had a Cranial/Structural evaluation and correction along with the pelvic balancing protocol weekly for six weeks. Mary's pain was down to 25% of what she originally had. Upon evaluation Mary's pelvis was out of the core distortion but she still had limitations in the range of motion in the right hip joint. Soft tissue protocols were applied to Mary's right hip and leg to further release restrictions in range of motion and pressure within the actual hip joint. After four more sessions Mary extended her sessions out to two weeks maintaining the improvements in the hip. As Mary continued to improve her sessions were scheduled further and further apart until she was able to schedule

once every two to three months as needed. Due to the degree of degeneration in Mary's hip from both the arthritis and osteoporosis Mary was not able to maintain all the positive changes without an occasional treatment. However, with these treatments Mary was able to lead a pain free life with her own hip, not an artificial one.

Degenerative hip issues are unique for each individual and total recovery is dependent upon a number of variables. However, it is always necessary to release the anterior/posterior rotation of the hips. The most effective way to do this is with the Cranial/Structural Core Distortion Releases in the first session and follow it up with appropriate pelvic balancing soft tissue protocols that can be modified due to specific client symptoms and client improvements.

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