LIPOMAS CAN COMPLICATE SOFT TISSUE CONDITIONS
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Beth had severe sciatic pain and was referred for treatment by her orthopedic surgeon. Since she was on opioid pain killers the surgeon was concerned about addiction issues and hoped massage or body work would be able to lessen the pain so she could start to wean off the medication.

Like all clients with sciatic pain I started with a structural evaluation and observed the core distortion[1]. The left ilium was rotated anterior and the right ilium was rotated posterior. The sciatic pain was on the right side, the posterior hip side. What was surprising was between the head of the greater trochanter and the sacrum there was not only a significant enlargement and contraction of the gluteus maximus and the posterior fiber of the gluteus medius and piriformis, but also a large mass. The client said that the orthopedic surgeon had examined the mass and determined it was a lipoma (fatty tumor). Since it was not malignant nothing needed to be done about it. Having seen lipomas and fibrous tumors in dissections I was familiar with how much connective tissue builds up around these tumors and how it connects to the other connective tissue of the area. The location of this tumor was very suspect in relation to her sciatic pain. It was probably influencing both the posterior fiber of the gluteus med, glute max and piriformis which were compressing the sciatic nerve. This was verified with palpation.

My treatment protocol for a client with right sciatic nerve issues was first to apply the Cranial/Structural Core Distortion Releases[2] to bring the iliums back into balance for weight bearing support of the sacrum and spine. By lessening the degree of the rotation of the iliums, especially the right posteriorly rotated ilium, the cause of the over contraction of the gluteal fibers would be resolved. To further rehabilitate the area specific myofascial deep tissue therapy was applied on the contracted and shortened fascia both surrounding and within the gluteals. This is successful when treating posteriorly rotated hip sciatic pain as it releases the compression off the sciatic nerve and consequently the irritation and pain will recede.

However, this client was different. As I worked with soft fist and forearms to release the gluteal contractions the lipoma was also maintaining pressure on the soft tissue and the sciatic nerve. The lipoma was very defined with dense, tight borders. When working with these deep fibers of the gluteals my strokes were very slow allowing the fibers to release and unwind. The borders of the lipoma responded to constant steady pressure in the direction of desired release. This took 3-5 times longer to soften than normal connective tissue. The hardened and thickened fibers surrounding the lipoma were fibrous and in layers similar to an onion. As one layer would soften under the constant steady pressure the overall lipoma would feel softer and smaller. The client's pain threshold had to be considered with repeated strokes. After the first session the size of the lipoma and surrounding hardened tissue was diminished by approximately ¼. The tension and contraction of the gluteals was reduced approximately ½.

At the second session Beth reported a lessening of the sciatic pain from approximately an eight to a five for several days and that the pain was now back to a 6. The lipoma had been very sensitive to palpation for several days. A repeat of the soft tissue therapy from the first session revealed that the lipoma had remained smaller in size and that most of this reduction was on the borders where the tissue had been fibrous. Results from the second session again further reduced the tension and contraction of the gluteals and another several layers of fibrous tissue around the lipoma were softened. This soft tissue treatment was repeated for three more sessions.

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[1] Don McCann, The Evolution of Releasing the Core Distortion. *Massage Today,* July 2014 Vol. 14, Issue 07

[2] Don McCann, The Evolution of Releasing the Core Distortion. *Massage Today,* July 2014, Vol. 14, Issue 07

When Beth came for the third session there was very little contraction of the gluteals, but there was still considerable compression from the size and location of the lipoma, so more time was spent with slow deep strokes working specifically with the hardened fibrous borders of the lipoma. At the end of each session there was observable softening and reduction of the hardened fibers. Also at the end of each session there was a reduction of the sciatic pain and consequently by the fifth session Beth was starting to wean herself off the pain medication. It took two more myofascial soft tissue sessions before the lipoma no longer had hard fibrous edges around the outside and was 1/3 of the original size which coincided with Beth no longer having pressure on the sciatic nerve causing the sciatic pain.

When there are lipomas or other fibrous tumors around the borders of these tumors there is a buildup and hardening of connective tissue. This connective tissue connects to and integrates with the other connective tissue in the area causing it to also become more fibrous and harder. This causes a shortening of the connective tissue and compression of nerves. When there is compression on a major nerve like the sciatic nerve, it can become a significant issue causing major pain and dysfunction.

Modern medicine does not view these tumors as significant because they are not malignant and not likely to become malignant. However, as seen in this case they can create major pain syndromes that can be quite debilitating for clients. The good news is that the surrounding hardened connective tissue associated with these tumors responds well to deep slow myofascial strokes. Consequently, therapists proficient with deep myofascial therapy who have an understanding of the structural imbalances and the nerves that are compressed can effectively treat these clients and resolve these issues.