SET TALK

By Don McCann, MA, LMT, LMHC,CSETT
MA3267 MH705 MM3717
(Massage Message, March / April 2007)

STRUCTURAL COMPONENT OF SCIATIC PAIN

Gerald, a 50-year-old truck driver, was referred to me by his employer for severe right sciatic pain that was keeping him from being able to drive his truck. Fortunately, I had worked on his employer with good results, so, other than medication, he chose this type of treatment first. Gerald's wife drove him to the appointment and helped him out of the car. It was obvious that he was in a great deal of pain. Typical of sciatic pain sufferers, his low back was substantially distorted. On Gerald's intake he noted that there had not been any one particular event that led to the onset of pain, but that it had developed over a period of time with his long haul trucking. He was also a good 60 pounds overweight, 10 pounds of which he had gained since going on medication, all of which further aggravated his painful condition.

Frances, a 39-year-old insurance claims clerk, was referred to me by her chiropractor for soft tissue work associated with her right sciatic pain which resulted from an auto accident. Her insurance was exhausted after many treatments in the chiropractic office, but her sciatic pain was still debilitating. She could only work half days and was taking muscle relaxants, pain killers, anti-inflammatory medication and sleeping pills. Although she had been receiving three chiropractic adjustments a week along with hydrotherapy and galvanic stimulation, she only experienced temporary relief since the accident. Now that her insurance was running out she could no longer afford the frequent chiropractic treatments since she had to pay her bills out of pocket until her case settled. She told me that she had little hope for full recovery, but was hoping to improve enough to be able to sit and sleep with less pain. In her job she had seen many cases where people were released from care having reached maximum medical improvement and were left with very few options other than living with pain and being limited in life activities.

Jim, a 23-year-old business man and tennis player, had developed left side sciatic pain after a fall on the tennis court. He was amazed at the degree of pain he was in and frustrated that his physician and physical therapist had been unable to provide any relief. He was referred to me by one of his fellow tennis players. He had been in pain for approximately three weeks and it was just now dawning on him that he might have to give up tennis due to this injury. Even minor physical activity such as a long walk at a shopping mall would intensify the pain for several days.

These are the types of sciatic pain cases that we as massage therapists will often see. Each one of these clients had a different cause for the onset of sciatic pain, and none of the treatments they received from either chiropractors or physicians resulted in full rehabilitation. Frances used $10,000 of her insurance coverage for chiropractic evaluation and treatment, MRI's, and x-rays with very little relief. Gerald had not been down the medical route other than to get medication which had done nothing other than make the pain tolerable without any real hope of rehabilitation. Jim, a young active adult who loved tennis, had been to a medical doctor, had an MRI and x-rays, and went through physical therapy with very limited results. The missing component in the treatment of each of these cases was properly addressing the soft tissue concerns in clients with sciatic pain.

There are many considerations and guidelines for musculoskeletal work for sciatic pain. First and foremost is the structure. In all three cases there was a significant structural collapse with the left ilium rotated anteriorly and right rotated posteriorly (structural collapse of the core distortion). From a structural standpoint it was apparent that there needed to be a significant improvement in this rotational distortion for the sciatic problems to be resolved. For Gerald, it was the soft tissue compression on the sciatic nerve from the contraction in the gluteus maximus, gluteus medius, piriformis and rotator muscles caused by the posterior rotation of the right hip. This compression was aggravated by long hours sitting and driving his truck. For Frances it was the auto accident that had forced her body into structural collapse. The force of the flexion/extension injury affected her whole spine and stretched the ligaments between the sacrum and ilium so that there was more instability causing increased rotation of the two iliums. There was soft tissue damage in the sacroiliac joint and strained fibers in the gluteus medius and gluteus maximus attachments directly over the sciatic nerve resulting in compression of the sciatic nerve. This was further complicated by swelling and inactivity from sitting during her job.

Jim had sciatic pain on the left side and the structural distortion of his left hip explained why. When he fell his left ilium had been driven more anterior which structurally causes the left leg to appear longer. To prevent being totally lopsided, his left knee was substantially medially rotated and hyperextended. With the tipped left ilium causing a further stretching of the ligaments between the sacrum and ilium, the tension in the other soft tissue in this area was compressing parts of the sciatic nerve. In addition, the additional tippage of

the sacrum resulted in substantial rotation of the lumbar vertebrae and spasming of the quadratus lumborum which further irritated the sciatic nerve. Also, the adductors on the left leg were so overcontracted that they were overstretching the piriformis putting additional pressure on the sciatic nerve.

Even though the sciatic pain was different for each of these clients, the key to their recovery was balancing the anterior/posterior rotations of the iliums with soft tissue therapy.

All three of the clients had pain, swelling and inflammation that directly affected their sciatic nerves. They all had structural distortions that needed to be balanced to release the soft tissue compression on the sciatic nerve. However, the soft tissue that supported the anterior / posterior rotation of the iliums had to be released in order to effectively treat these clients before working specifically with the soft tissue that was directly compressing the sciatic nerve.

In Jim's case his medially rotated knee and anteriorly rotated left ilium were his largest distortion which needed to be released into balance before the sacroiliac joint, the quadratus lumborum, and piriformis could be released.

For Gerald, even though his sciatic pain was on the right, it was necessary to first release the soft tissue that was holding the left ilium in anterior rotation before addressing the contracted tissue on his right side. This had two major benefits: 1) as the left ilium moved into alignment, the right ilium began releasing into alignment, 2) since the right ilium had partially released its compensation for the left, it would be much less contracted and less painful to treat the gluteus maximus, gluteus medius, piriformis, and rotator muscles that were compressing the sciatic nerve.

For Frances, like Gerald, the soft tissue that was holding the left hip in anterior rotation needed to be released before addressing the tissue on the right side involved with the sciatic pain allowing the sacrum and iliums to start to move into balance. In doing so, not only did the soft tissue on the right release more easily, but working on the recently damaged tissue on the right directly over the sciatic nerve, the sacroiliac joint and the attachments of the gluteus medius and gluteus maximus was more tolerable.

After releasing the anterior hip rotation for all three clients, more specific work could be done directly on soft tissues that were affecting to the sciatic nerve. For Jim that included the quadratus lumborum, gluteus maximus and gluteus medius on left side. For Gerald it was the gluteus maximus, gluteus medius, piriformis and small rotator muscles on the right side. For Frances this involved the gluteus maximus, gluteus medius, quadratus lumborum and lumbosacral fascia on the right. These tissues were contracted, inflamed and swollen, and very sensitive to the touch. However, since the rotation of the iliums had already been addressed and released, the tension in the soft tissue had already started to relax, so the more specific work around the area of the sciatic nerve compression could be done with much less sensation.

The bone, soft tissue and sciatic nerve were in close proximity, so working these areas was a challenge because the soft tissue was already inflamed, swollen, and spasmed. The approach I used was the three-step approach where the fluids and toxins were released first to reduce the inflammation, swelling and trigger points. This was followed by the directed myofascial unwinding strokes to release the myofascial holding pattern and allow further structural balancing. Then the specific individual fiber strokes were applied to release the specific tightened myofascial fibers, scars and adhesions that were directly compressing on the sciatic nerve.

For Gerald it took three sessions before his sciatic pain was reduced to where he could go back to driving his truck. He reported feeling better than he had in years and started working on losing weight and maintaining his new structural balance. For Frances her sciatic pain symptoms reduced with each session, and after four sessions the sciatic pain was gone. She needed additional work on her neck and shoulders due to the auto accident injuries before her body could complete its balancing. She was pain free at this point but came for several additional treatments while she weaned herself off the addictive medications. Jim showed improvement with each session. After approximately five sessions he was able to start a stretching and strengthening program that continued his rehabilitation until he was able to once again keep his busy tennis schedule. All three clients were able to move beyond their conditions that had originally created their problems and no longer needed continual treatment.

These successful treatments were based on evaluating the structural distortion and creating a protocol that would correct the structural distortion, release the fluids, toxins and inflammation, clear the trigger points, release the myofascial holding patterns, and directly release adhesion, scar tissue and specific muscle fibers that were compressing on the sciatic nerve.

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