

"Thank you Andrew Taylor Still"



**An Osteopathic Treatment
by our Director Gareth Milner**

June 2019

In June 2019 I had the pleasure of providing Emma Farrell with a clinic appointment for Osteopathy. Emma's role at Osteopathic Solutions is Training Coordinator & Social Media Manager. This treatment was to make Emma aware of the professional expertise of our team of Manual Handling Consultants. This was also about the occupational health and wellbeing of one of our most valued team members.

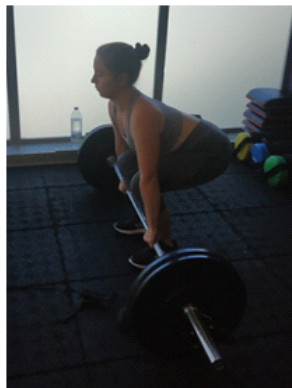
Case History:

Emma Farrell (aged 28 years) presented in clinic with symptoms of stiffness in her lower back (described as central) and pain in the upper back which she noticed was sometimes after exercise/ running. She informed me that her hip joints click when she gets up from her office chair, more so the right hip. She presented with a history of no medical conditions, accidents/ fractures or operations.

Her work background has involved sedentary office roles. Prior to that, she studied Art at University which involved much seated posture, with her neck regularly held in forward flexion for sustained periods (forward bent).

Activities outside of work include daily lifting, carrying and putting down of her dog; lifting and carrying of clothes from the washing machine.

For exercise Emma runs regularly which she has done for 4 years. Recently she has started weight lifting in the gym, including dead lifts (shown below). View Gareth's blog 'Deadlifting. A Best Practice or Hazardous Lifting Exercise' on www.osteopathicsolutions-manualhandling.co.uk/osteopathic-solutions-blogs



Clinical Examination:



Following a Case History (photo above), Emma was clinically assessed. Due to the absence of pins & needles, muscle weakness and other neurological signs and symptoms no neurological examination was indicated.



Postural assessment



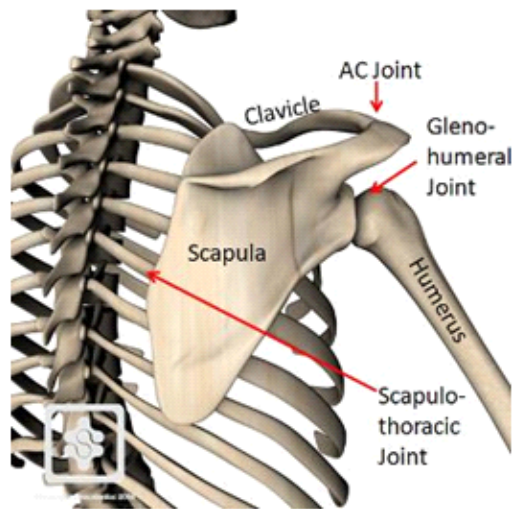
Forward bending active mobility assessment

An Osteopathic physical assessment found the following:

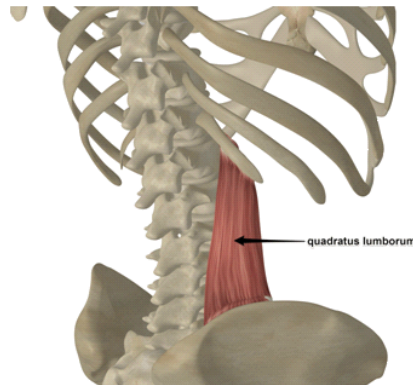
- Generalised spinal extension (backward bending) through the lumbar and thoracic spine (Emma was questioned if she had a history of performing gymnastics and/ or dancing and she said no – extended spinal postures are common with these past times as shown below)

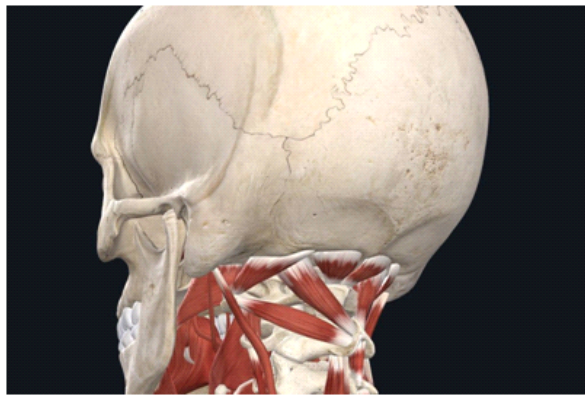


- Compensatory flexion through the upper Thoracic Spine (common with people who work with display screen equipment i.e. computers)
- Her scapulae (shoulder blades) were level – right scapula shown below

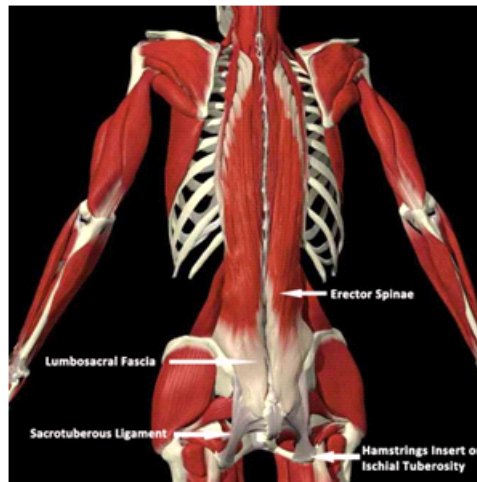


- Pelvic asymmetry with her right iliac anterior and her left iliac posterior (a common pelvic position)
- Her leg lengths were level
- Spinal somatic dysfunctions at the left occipito-atlantal joint; C1 (1st cervical) and C5 (2nd cervical); T6 (6th thoracic); L5 (5th lumbar)
- Hypertonicity of both leg hamstrings, bilateral upper thoracic erector spinae, bilateral upper trapezius, bilateral lower lumbar erector spinae, left quadratus lumborum, bilateral suboccipital muscles (more so on the left side)



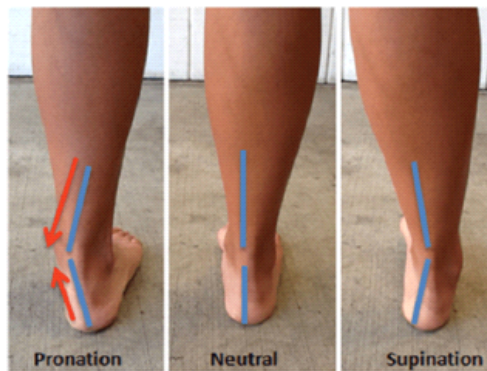


Suboccipital muscles



Erector Spinae Muscles

- External rotation through the right hip (the hip that makes audible clicks more)
- Right rearfoot pronation (see below – although this shows left foot pronation)



The above is taken from the internet and the below are Emma's feet with the moderate right rearfoot pronation.



- Somatic dysfunction of the right talus (anteriorised) and right middle cuneiform
- Right foot 5th toe hammer toe deformity (this is Gareth's not Emma's!)



Please view our video of Emma's treatment on our YouTube page or on www.osteopathicsolutions-manualhandling.co.uk/osteopathy (this does not feature the whole of her treatment). Below features images from the treatment.



Upper Cervical Spine (neck) traction





C1/C2 facet joint High Velocity Thrust Manipulation ('Cervical Wheel')



Articulation in rotation of the Cervical Spine (neck)



Soft tissue massage of Cervical Erector Spinae



Cervical Spine (neck) traction



Side bend stretch of the Trapezius and posterior Scalene muscles



Prone High Velocity Thrust Manipulation of C5/C6 facet joint



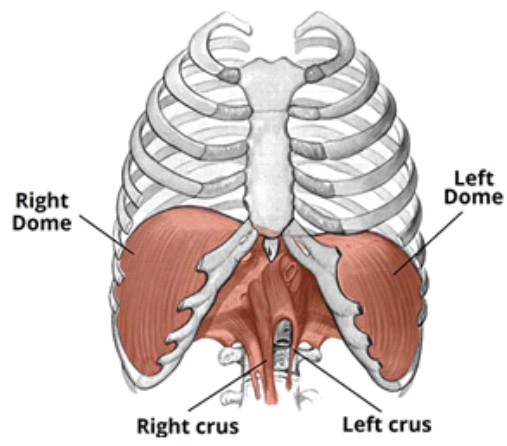
Side lying left, Scapulothoracic joint articulation



Upper Thoracic Spine & Ribs articulation



Diaphragm (shown below) stretch



Supine High Velocity Thrust Manipulation at the T6/T7 facet joint ('Dog Technique')



Soft tissue massage of Lumbar (lower back) muscles



Cross-hand Lumbar (lower back) traction



High velocity thrust manipulation of L5/S1 ('Side roll technique')



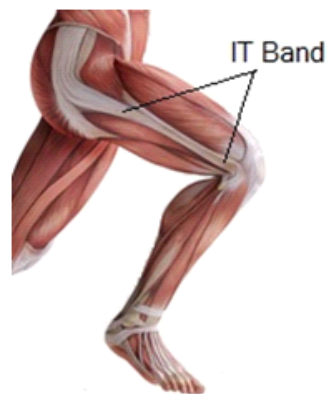
High velocity thrust manipulation of L5/S1 ('Side roll technique')



Articulation of left Sacro-Iliac joint



Neuromuscular technique/ Trigger Pointing of right leg IT band (shown below)



Soft tissue techniques: Bilateral Cervical, Thoracic and Lumbar erector spinae muscles

Bilateral Trapezius, suboccipital muscles

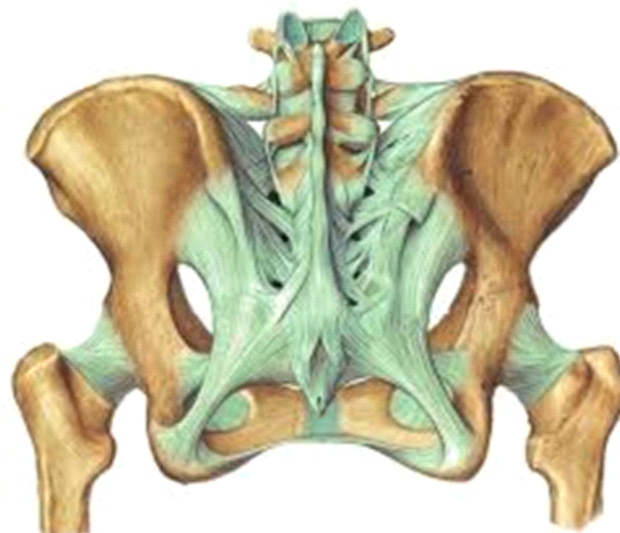
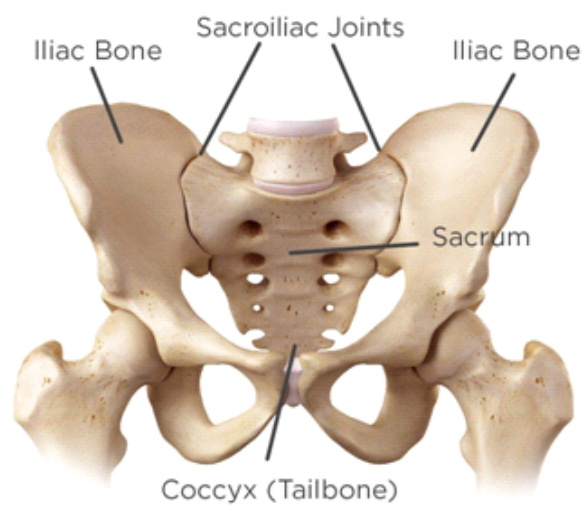
Bilateral diaphragm

Neuromuscular technique/ Trigger Pointing: Right leg IT band, left quadratus lumborum, suboccipital muscle

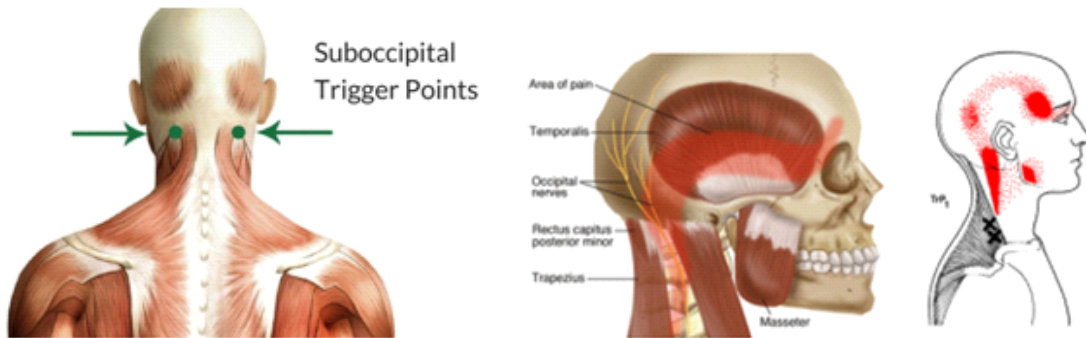
Articulation: Cervical spine (in rotation), Upper Thoracic Spine & rib joints, left scapulothoracic joint, sacro-iliac joints, right ankle

High Velocity Thrust Manipulation: C1 (1st cervical) and C5 (2nd cervical); T6 (6th Thoracic); L5 (5th lumbar); right middle cuneiform

It was noted during the treatment that whilst performing prone spinal oscillations with my contact on the left side of her pelvis that her right sacro-iliac joint and ligaments (shown below) were sore.



Also on trigger point compression of the suboccipital muscles (shown below), Emma experienced pain on her forehead above her left eye (left suboccipital muscle compression) and on her forehead above her right eye (right suboccipital muscle compression). She has no history of acute and chronic headaches. Cervico-genic headaches are a common cause of headaches which GPs are commonly not aware of.



During articulation of her neck, it was noted that left rotation of the cervical spine (neck) was easier to the left.

1st Treatment Recommendations:

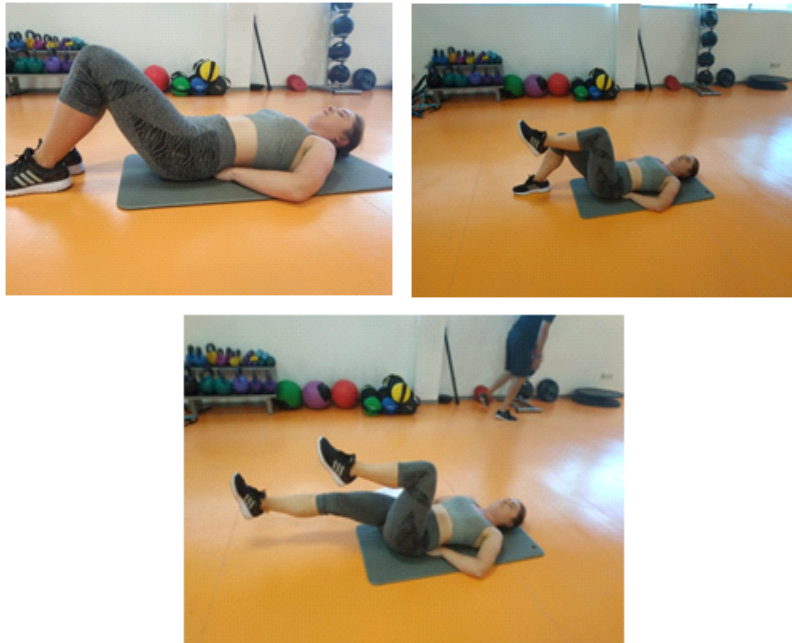
- Monthly Osteopathic Treatment (free of charge for Emma!)
- Bilateral hamstring stretches (shown below)



- Orthotics (to correct right foot rear foot pronation & 5th toe hammer toe deformity)
- Bilateral trapezius & cervical muscle stretches (shown below)



Pilates based (shown below) core stability exercises (focused on strengthening the abdominal muscles and reducing the generalised spinal extension posture, therefore reducing postural strain to the symptomatic upper Thoracic Spine and Cervical Spine (the neck))



- Plantar muscle strengthening of right foot e.g. picking up a pen with toes