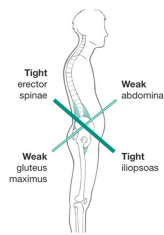


### Muscles



Muscles can be postural or phasic  
 Postural (Thoracolumbar ext, iliopsoas, rec fem) muscles are more likely to be tight  
 Phasic (Deep abdominal muscles and gluteals) respond by becoming weaker

### Associations

- GT pain syndrome
- ITB syndrome
- PFPS
- PF
- Balance, gait, proprioception issues

Can all be associated with LCS

### Classifications

- **Subtype A:** Tight, short hip flexors - excessive hip and knee flexion + hyperlordosis in Lx
- **Subtype B:** Flat/hanging gluteals - strong hip flexors and spinal erectors, anterior pelvic tilt, knee hyperextension, lumbar hypolordosis, upper tx hyperkyphosis + AHC

### Presentation

**Postural exam reveals:** Anterior pelvic tilt

- Lx hyperlordosis
- Lateral lumbar shift
- Lateral leg rotation
- Knee hyperextension

- Gluteal weakness causing Trendelenberg, assess the single leg squat /pelvic drop/knee buckling/foot pronation/lumbar hyperlordosis
- +ve Thomas Test, +ve Wall angel
- Gluteal weakness causes hyperactivity in the hamstrings and piriformis
- TTP in QL, TFL and Gastrosoleus
- Joint dysfunction of L4/L5 & L5/S1, SI and hip joints

### Imaging

- Does not require imaging unless suspected structural pathology



### Management

- Sherrington's law - one muscle is hypertonic, its antagonist relaxes - hypertonic muscles must be lengthened before strengthening
- Stretching and myofascial release of: Thoracolumbar extensors, iliopsoas, rectus femoris, QL, TFL, hamstrings, piriformis
- Myofascial release of gluteals (Home exercise - foam roller of thigh and hip muscles)
- SMT of lumbopelvic joints
- Strengthening of abdominal and gluts - dead bug, posterior lunge, clam, side bridging, board stability
- Ergonomic advice



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