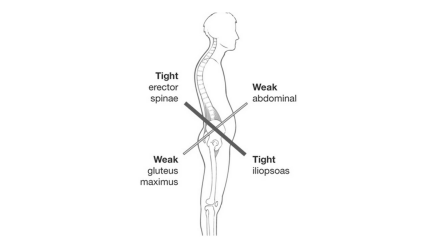
Muscles



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 weakner

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 pellvic 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

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Management

- Sherrington's law - one muscle is hypertonic, its anatagonist 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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