

Medical Restorative Massage Therapy®: Approach to Restoring Function in the Anterior Pelvic Tilt Condition

Article 3 of a 3 part series by the M. T. Wellness Team

In Article 1*, the Anterior Pelvic Tilt condition and the Assessment of the Patient was described. See Figure 1 for an illustration of this condition and the associated muscle imbalances.

In Article 2*, the MRMT Approach to treating pain was illustrated.

*If you missed or misplaced the first article in this series, check the M.T. Wellness web site at www.MTWellnessClinic.com.

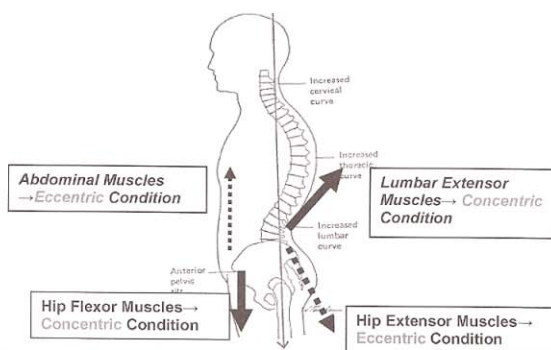


Fig. 1 The Anterior Pelvic Tilt Condition and Muscles in Concentric and Eccentric Conditions

Medical Restorative Massage Therapy treats the loss of function associated with this Anterior Pelvic Tilt condition by employing the Structural and Postural Integration Approach of Dr. Kellogg's in *The Art of Massage* with his emphasis on joint movement.

The physiological result of Medical Restorative Massage Therapy treatment of the loss of function associated with the Anterior Pelvic Tilt condition is more than the sum of all the techniques used. By appropriately progressing from Passive Facilitation to Active

Fig. 2 Gluteus Maximus

ORIGIN: Proximally: it attaches to the posterior border of the ilium and to posterior iliac crest, the posterolateral surface of the sacrum, and the side of the coccyx, the aponeurosis of the erector muscles, the length of the sacrotuberous ligament, and the fascia covering the Gluteus Medius muscle.
INSERTION: Distally: Three-fourths of the muscle attaches to the thick tendinous aponeurotic sheet that covers the greater trochanter and joins the iliotibial band of the fascia lata. The other fibers attach to the gluteal tuberosity on the femur between the Vastus Lateralis and Adductor Magnus muscles.



Facilitation with Joint Movement, the therapist assists the patient in recovering lost function by restoring symmetry and balance in the muscle pairs. The eccentric condition muscles in the Anterior Pelvic Tilt Condition need to be facilitated to restore the normal resting length.

MRMT Treatment is done in Phases. The example of MRMT Treatment illustrated here has five (5) Phases focusing on restoring function in the eccentric condition muscles utilizing Structural and Postural Integration Approach to restore symmetry and balance.

MRMT Phase 1: Passive Facilitation of the Eccentric Condition muscle(s).

TECHNIQUE: Passive Facilitation

Description: Therapist stimulates an eccentric conditioned muscle that has decreased function. Muscle is facilitated by activating the stretch reflex with percussion by tapping on the tendon.

Application: Treating the eccentric conditioned Gluteus Maximus muscle. (Figure 3)

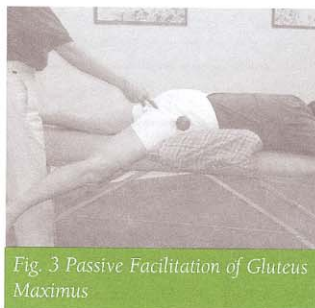


Fig. 3 Passive Facilitation of Gluteus Maximus

Position of patient: Prone, pillow under abdomen to decrease tension in lumbar erectors. Hip is abducted with leg slightly suspended off the table.

Position of therapist: Standing on the affected side.

Step 1: The therapist uses the tapper to tap into the stretch reflex at the distal attachment of the gluteus

maximus at the gluteal tuberosity of the femur.

Step 2: Tap for approximately 15 seconds.

MRMT Phase 2: Active Facilitation of the Eccentric Condition muscle(s).

MRMT Phase 2- Part A: Active Assisted Range of Motion

TECHNIQUE: Active Assisted Range of Motion

Description: Therapist stimulates an eccentric condition muscle that has decreased function. Muscle is facilitated by the patient actively contracting the muscle, with the therapist assisting the movement.

Application: Treating the eccentric conditioned Gluteus Maximus muscle. (Figure 4)