



Newsletter

Nov - Dec 2012

www.chiropractorcapalaba.websytc.com.au

Publisher

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**Educated - Safe - Effective
Spine Care**

Many patients consider this newsletter as a reminder to come in for their monthly good spinal health check up. Now is a good time to book your "tune up" appointment.

Clinic Hours

Mon 10am - 7pm
Tues 9 am - 12pm
Wed 10am - 6pm
Thurs 3pm - 7pm
Fri 9am - 4pm
Sat 9:30 am - 12:30pm

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Mon & Thurs
by appointment

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Buttock and Leg Pain

is most commonly caused by joint dysfunction (abnormal motion) of the joints of the low back, pelvis and hips. Restoring the function (normal motion pattern) eliminates the pain. Functional problems are called syndromes. They are correctable because disease and pathology are not the cause of the pain.

Dysfunction of the muscles (myofascial trigger point pain syndromes) that attach to and move the joints of the low back, pelvis and hips can also cause low back, buttock and leg pain. Each dysfunctional muscle has a characteristic area of tenderness, tightness and referral pain pattern. You will note from the examples below that there is a huge overlap of muscular referral pain patterns so the pain pattern alone is not enough to make a diagnosis.

Frequently muscle and joint syndromes coexist and there are overlaps between the referral pain patterns of the dysfunctional muscles and joints. **It takes a bit of chiropractic detective work to determine the source of the low back pain (LBP) and considerable skill to restore the function of joints and muscles in order to obtain long-term pain relief.**

Gluteus Maximus Syndrome

Figure 1 depicts the gluteus maximus the biggest and most superficial of the buttock muscles. The stars demonstrate two common sites of pain, tightness and tenderness in this muscle. Any fibers of the muscles, however, may become tender and ropy, and cause referred pain. The shaded area show the common referral pain pattern. People with trigger points in this muscle often wake up with buttock pain and have buttock pain while sitting. Trigger points in this muscles are often secondary to prolonged durations of sitting.

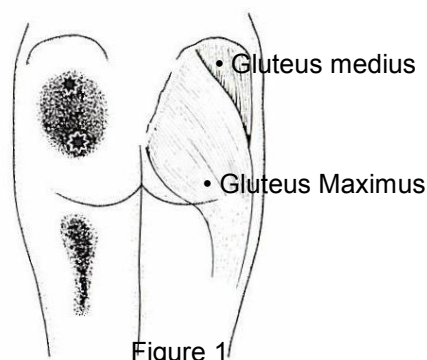


Figure 1

Gluteus Medius Syndrome

The gluteus medius muscle, figure 2A, lays just under the gluteus maximus muscle, figure 1. The stars in figure 2A & 2B demonstrate the site of local pain, tightness and tenderness. The shaded areas in figure 2B show the distribution of referred pain from a trigger point. These patients often experience hip pain while sleeping on the tight side. Trigger points in this muscle are often secondary to flat feet or sacroiliac joint dysfunction.

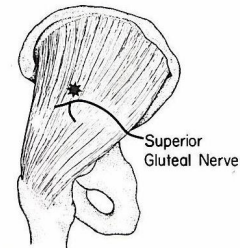


Figure 2A

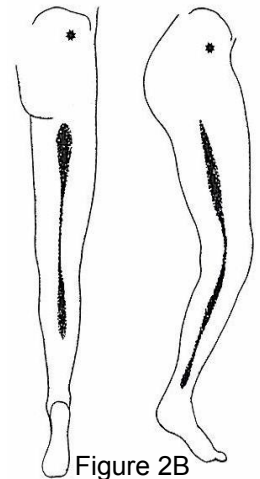


Figure 2B

Piriformis syndrome

The piriformis muscle, depicted by the stars in figure 3A & 3B, is often injured by twisting on one leg while carrying or lifting in an awkward position. This muscle is deep; covered by the gluteus maximus and medius muscles. The pain is often deep seated in the rectum or the vagina and may be severe and incapacitating. The referral pain pattern extends down the back of the thigh to the calf, ankle and foot as shown in figure 3B. Spasm in this muscle can cause compression of the sciatic nerve and sciatica. This syndrome can mimic sciatica due to a herniated disc of the low back.

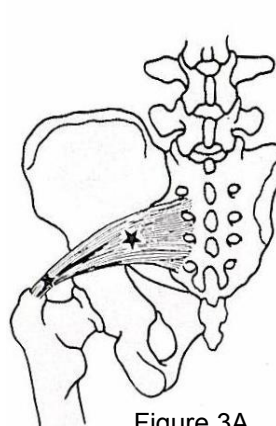


Figure 3A



Figure 3B



Trigger points = Junction dysfunction

Trigger points are caused by dysfunction of the electrical / chemical junctions between nerves and muscles, called the motor endplates. Each muscle has many motor endplate connections between it and the nerve that controls it. Typically an electrical impulse travels down the nerve and causes the release of a chemical, (neurotransmitter) acetylcholine, from the end of the nerve, which initiates muscle contraction. Trigger points correspond to abnormal patterns of electrical activity at motor endplates, the excessive release of acetylcholine and the sustained contraction of some of the muscle's fibers. Trigger point therapy or dry needling, the insertion of an acupuncture needle into the trigger point, may effectively return the motor endplate to normal function and decreases muscular pain, tightness and tenderness. It is important to gently stretch a muscle repetitively post trigger point therapy to help maintain the muscle's normal length and function.

Christmas Break

Tina, Tegan, Rojana and I would like to take this opportunity to **wish you and yours a very Merry Christmas and a Happy New Year.**

I will have the joy of having my daughter with me this Christmas. During her stay **the office will be closed on the following days:**

Dec 15 (Sat)

Dec 23 - Jan 2 (Xmas)

Jan 17 - 19 (Thurs- Sat)

Apologies in advance for any inconveniences these reduced hours may cause.

eNewsletters

We hope you enjoy the newsletters. I enjoy writing them and sharing useful health information with you. Due to the cost of printing and postage we prefer to email the newsletters whenever possible. If you have received this newsletter in the mail and have an email address we would appreciate it if you would send us an email to: **chiropractor@bytesite.com.au** and ask us to email future newsletters to you. The newsletters are in pdf format and can easily be saved to your computer. Thank you for your consideration.

Tensor Fasciae Latae (TFL) Syndrome

The stars in figure 4 show the location of pain, tightness and tenderness in the TFL muscle. The shaded area shows the distribution of the referred pain. Trigger points in this muscle are often the cause of iliotibial band syndrome (pain and tenderness in the iliotibial band) and runner's knee (pain and tenderness in the lateral aspect of the knee with running). Restoring function in this muscle generally requires manipulation of the sacroiliac joint and the knee on the same side as well as soft tissue therapy and dry needling of this muscle.

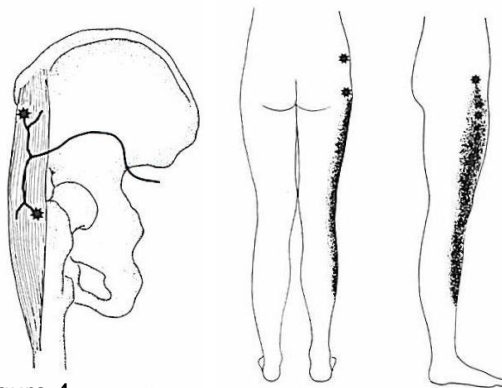


Figure 4

Quadratus Lumborum (QL) Syndrome

The QL is one of the core stabilizing muscles. The stars in figure 5 show the location of the pain, tightness and tenderness in the QL muscle. The shaded area shows the distribution of referred pain. Occasionally the local pain is over a higher or lower portion of the muscle. Trigger points in a higher portion of the muscle may refer pain to the upper abdominal area and can be mistaken as visceral pain. Stretching the muscle by bending to the opposite side may exacerbate the symptoms.

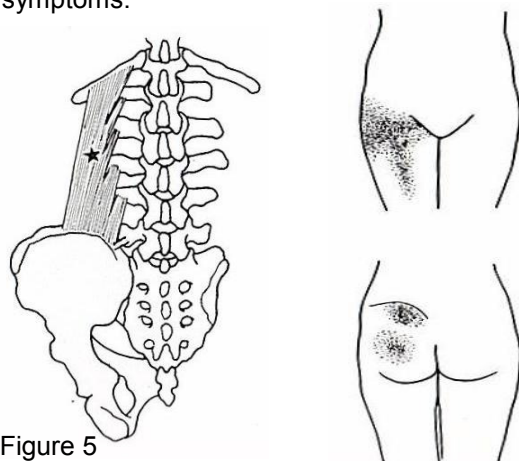


Figure 5

Prognosis of Soft Tissue Lesions / Injuries

Prognosis refers to the outcome. What will happen with the lesion. Will I get better or not and how long will it take? "Soft tissue injury" is a generic term for a host of muscle, tendon, cartilage and ligament injuries. These include tears, bruises, strains and sprains. Trigger points often develop subsequent to soft tissue injuries. "Hard tissue injuries" refer to bone injuries like fractures and bone bruises.

With adequate diagnosis and treatment most soft tissue injuries resolve within a period of 2 - 3 months. Left unattended, however, scar tissue and trigger points develop and can persist for decades. The original soft tissue injury may have healed but the trigger points and scar tissue which developed subsequent to the injury persist and cause considerable pain and interfere with normal patterns of motion. These tight muscles apply abnormal torque forces on joints and can cause recurring facet and sacroiliac joint syndromes (LBP), and trochanteric bursitis (hip pain).

It is quite untrue and inappropriate to say to a patient, "You've had a soft tissue injury. All soft tissue injuries get better within 8 weeks therefore your injuries are healed and you are fit to return to work." **If you have been suffering muscular pain and tenderness for more than 8 weeks after a soft tissue injury you likely have trigger points and scar tissue which need to be treated.**

Trigger points can also be due to chronic joint dysfunction, chronic low level overuse / RSI (repetitive strain injury) or simply from holding the muscle in a shorted position for too long; as in sitting at a computer all day long. Deactivation of trigger points typically requires a combination of skilled chiropractic spinal manipulation, rehabilitation exercises and soft tissue therapies. Soft tissue therapy is a generic term encompassing a variety of therapies such as; massage, ultrasound and dry needling / western acupuncture.

In my professional opinion dry needling is the most effective way to eliminate trigger points and massage is the most effective way to eliminate scar tissue. Most patients benefit from a combination of therapies. Regular movement of the joints and muscles through their full range of movement (rehabilitation) prevents these problems from recurring.