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نقش ماساژ در اختلالات لگنی

شهناز زمانی

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Pelvic Floor Function

- Supportive: to the pelvic/abdominal organs. Elevates the pelvic floor, resisting increases in intra-abdominal pressure.
- Sphincteric: Relaxes and contracts the urethral, vaginal and rectal openings.
- Sexual: Maintains clitoral erection, provides tone and proprioception to the vaginal wall.

PELVIC FLOOR DYSFUNCTIONS







Two types of pelvic floor dysfunctions:

1. Hypertonus Dysfunctions (pain)


- 15% of women have chronic pelvic pain.
- Persistent or recurrent pelvic pain (> 3 mos) associated with symptoms of lower urinary tract, sexual, bowel or gynecological dysfunction. No proven infection or obvious pathology.
- More common in women 26-30 (Steege, 1996)
- Hypertonicity of the PFM often arises in young, very fit women with a hypertonic abdominals, preventing PFM relaxation. (Sapsford et al 2001)

PELVIC FLOOR HYPERTONUS DYSFUNCTIONS

Symptoms: Primarily *PAIN!*

-  Lumbar, perivaginal, perirectal, lower abdomen, coccygeal, posterior thigh.
-  Vulvar/clitoral burning
-  Dyspareunia (46% women-Steege, 1996)
-  Constipation

Common Diagnoses:

-  Vulvodynia, interstitial cystitis, levator ani synd, coccydynia, pudendal neuralgia

PELVIC FLOOR DYSFUNCTIONS

2. Supportive Dysfunction (weakness)

- Incontinence (UI) and Prolapse

- Prevalence rates: 10-55% general population
28-49% HS/college athletes
52% elite athletes. (Thyssen et al, 2002)
- Athletic activity can affect the development of (UI), depending on the extent of intra-abdom pressure and the strength of impact forces involved. (Bourcier et al. 1996)
- Highest prevalence in sports involving high impact such as gymnastics, track and field and some ball games. (Bo, 2004)

PF Hypertonus Dysfunctions: Associated Myofascial Structures

1. Piriformis:

- Can compromise pudendal nerve.
- Refers pain into SI region, laterally to buttocks/posterior hip, 2/3 posterior thigh.

2. Obturator Internus:

- Tendinous attachment with levator ani.
- Refers pain into vagina, occasionally to posterior thigh, feeling of “fullness” of rectum.

PF Hypertonus Dysfunctions: Associated Myofascial Structures

3. Hip Adductors:

1. Adductor Magnus :

- Refers pain deep into groin, pubis, vagina, rectum.

- Usually “sharp, shooting” pain.

2. Pectineus:

- Refers pain deep into groin, anterior hip joint, below inguinal ligament.

Physical Therapy Intervention

- ❑ Manual Therapy & Therapeutic Ex
 - ❑ Joint mobilization – lumbar, SI jt, hip
 - ❑ Soft tissue mobilization
 - ❑ External – lumbar, pirif, OI, IP, abdom.CTM
 - ❑ Internal – pelvic floor muscles, OI
 - ❑ Exercise Program
 - ❑ Lumbar stabilization
 - ❑ Aerobic conditioning
 - ❑ LE muscle strengthening and flexibility
 - ❑ Modalities – ES, biofeedback to relax PF
 - ❑ Postural ed / body mechanics

انواع ماساژ

- تکنیک هایی که تون عضلانی را بالا می برد.
- تکنیک هایی که تون عضلانی را کاهش میدهد.



Neck & lower head



Shoulder area



Upper back



Back & spine



Lower back & hips



Thighs & upper legs



Knees & lower legs



Lower leg & calf



Feet, ankles & heels



Upper & lower arms



Elbows & wrists



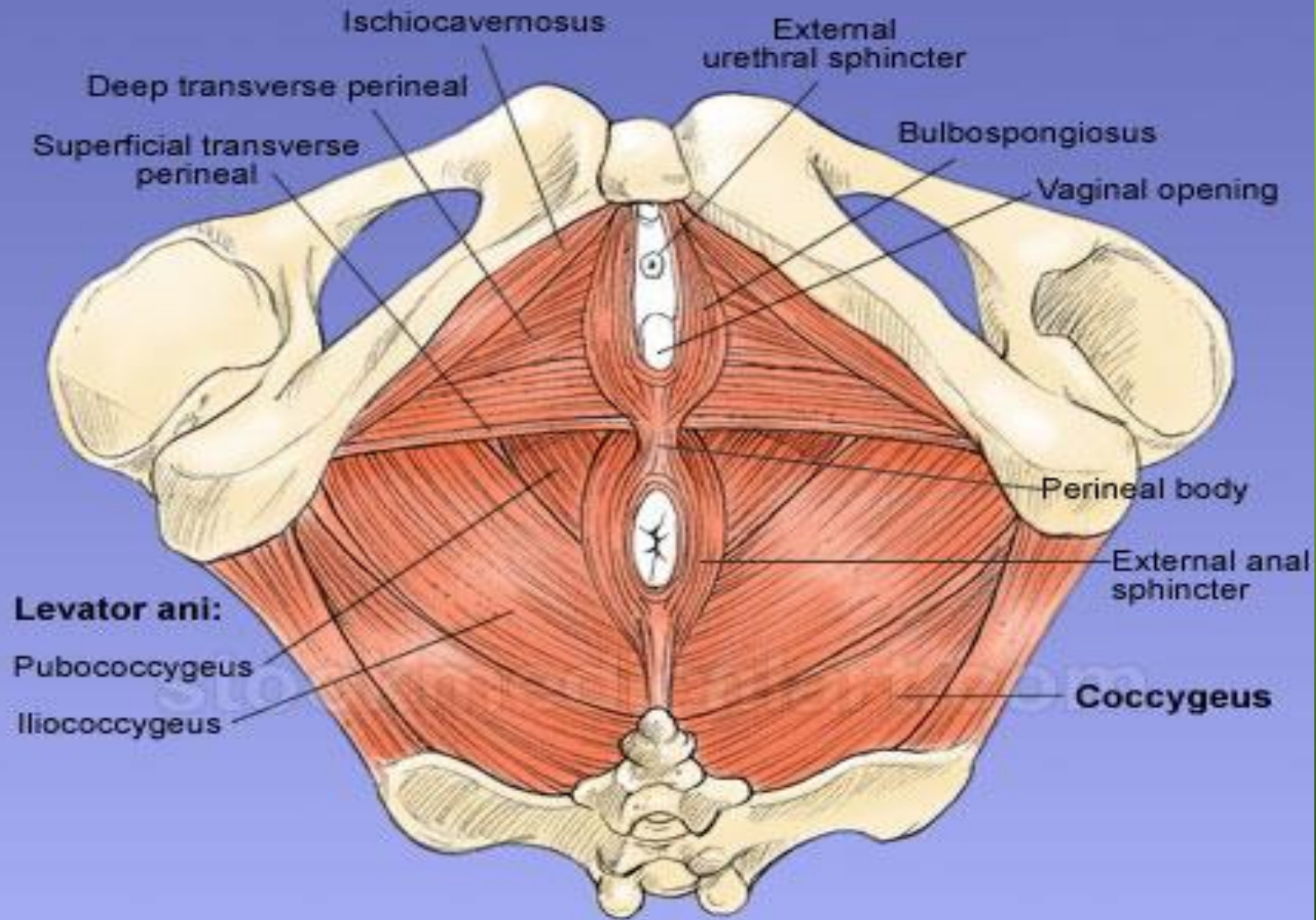
Hands & fingertips

فواید ماساژ

- کاهش اسید لاکتیک بافتی
- بهبود خون رسانی در سطح مویرگی
- کاهش چسبندگی های میوفاشیال
- تحریک عصب واگ
- تحریک عصب سمپاتیک
- کاهش ادم بافتی
- افزایش انرژی حیاتی

کاربرد

- ماساژهای درمانی
- ماساژهای ورزشی
- ماساژهای ریلکسی
- ماساژهای با تمرکز عضلات
- ماساژهای با تمرکز مفاصل







REFERRAL PAIN

ERECTOR SPINAE

Referred Pain	Results of Chronic Tightness	Causes of Tightness	Trigger Point Location	Associated Joint Dysfunction
Sacroiliac joint Low back Buttock	Low back pain Sacroiliac joint dysfunction Hamstring strains Inhibition of deep lumbo-pelvic-hip stabilizers	Compensation for weak gluteus maximus Compensation for weak hamstrings Compensation for weak abdominals Compensation for weak multifidus Adaptation for tight psoas Postural dysfunction Pattern overload	Muscle belly Spinous process of the spine Transverse process of the spine	Sacroiliac joint Lumbar spine

QUADRATUS LUMBORUM

Referred Pain	Results of Chronic Tightness	Causes of Tightness	Trigger Point Location	Associated Joint Dysfunction
Lateral fibers – iliac crest and lateral hip Medial fibers – sacroiliac joint, deep in buttock	Low back pain Sacroiliac joint dysfunction Abnormal frontal plane gait dysfunction	Sacroiliac joint dysfunction Lumbar spine dysfunction Twelfth rib dysfunction Compensation for weak gluteus medius Pattern overload	Inferior to erector spinae and lateral to transverse process of the lumbar spine	Sacroiliac joint Lumbar spine

PSOAS

Referred Pain	Results of Chronic Tightness	Causes of Tightness	Trigger Point Location	Associated Joint Dysfunction
Low back Sacroiliac joint Patellar tendon	<p>Inhibits multifidus, transverse abdominus, internal oblique, deep erector spinae</p> <p>Inhibits gluteus maximus</p> <p>Leads to extensor mechanism dysfunction</p> <p>Causes patellar tendinitis</p> <p>Causes hamstring strains</p> <p>Leads to piriformis syndrome</p> <p>Leads to sacroiliac joint/lumbar facet syndrome</p>	<p>Weak lower abdominals</p> <p>Weak gluteals</p> <p>Weak Intrinsic lumbo-pelvic-hip complex stabilizers</p> <p>Prolonged sitting</p> <p>Prolonged biking</p> <p>Poor neuromuscular control of lumbo-pelvic-hip complex</p> <p>Sacroiliac joint dysfunction</p>	<p>Muscle belly</p> <p>Sacroiliac joint</p>	<p>Lumbar spine (T10 - L1)</p> <p>Sacroiliac joint</p>

ADDUCTORS

Referred Pain	Results of Chronic Tightness	Causes of Tightness	Trigger Point Location	Associated Joint Dysfunction
Antero-lateral hip Groin Medial thigh Medial tibia Anterior knee	Inhibits gluteus medius Decreases frontal plane stability Creates sacroiliac joint dysfunction Creates pubo-symphyseal joint dysfunction Iliotibial band tendinitis Anterior knee pain Pes anserine tendinitis	Weak gluteus medius Sacroiliac joint dysfunction Tibio-talar joint dysfunction Subtalar joint dysfunction Tight pubofemoral ligament Posture Technical inefficiency	Superior muscle belly	Iliofemoral joint Sacroiliac joint Pubic symphyseal joint Thoracic facet joint Subtalar joint Tibio-talar joint First metatarsophalangeal







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