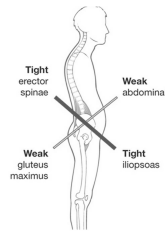


Muscles



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 Trendelenburg, 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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