Lumbar myofascial release – Lumbar spine

**Brief description:** Low back pain is a common problem and lumbar myofascial release can be useful as part of a comprehensive treatment of low back pain. By using the legs as a countertorque, we can further stretch the lumbar muscles.

**Physician position:** Stand contralateral to affected side

**Patient position:** Supine with legs bent

**Hand positioning:** Place your cephalad hand under the contralateral lumbar muscles and your caudad hand on the patient’s knees.

**Technique:**

1. Place your cephalad hand under the contralateral lumbar muscles and your caudad hand on the patient’s knees.
2. Apply a perpendicular stretch to the lumbar muscles by leaning back.
3. As you lean back, move the patient’s knees away from you to cause a countertorque. Continue this technique until you have released the entire area.

**Models:** Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral
Technique name: Lumbar MET flexion dysfunction
Region of the body: Lumbar

Picture of related anatomy: Brief description: To treat a lumbar dysfunction with a muscle energy technique (MET), place the patient into their barrier and have them push against isometric resistance into their freedom. For a flexion dysfunction the patient will be in the lateral recumbent position and will push down towards the floor.

Physician position: Standing

Patient position: Lying on their side with the posterior transverse process side up

Hand positioning: Use one hand to monitor the posterior transverse process while utilizing the other hand to maneuver the patient (you will need to switch hands during the technique).

Technique:

1. Begin with the patient lying on their side with the affected side (posterior transverse process) up.
2. While monitoring with your cephalad hand, use your caudad hand to flex both legs up towards the patient’s head until you feel motion at your monitoring hand.
3. Now ask the patient to extend their bottom leg while you hold their top leg up.
4. After the bottom leg is straight, hook the foot of the top leg behind the popliteal fossa.
5. Switch hands so that you are now monitoring with the caudad hand.
6. Use your cephalad hand to grasp the patient’s shoulder and rotate them until you feel motion at your monitoring hand.
7. Ask the patient to grab the table with the hand opposite you.
8. Switch hands again and grasp the top leg with the caudad hand.
9. Lift the top leg up to induce sidebending into the barrier and ask the patient to try to push their leg down.
10. Repeat step 9 a total of 3 times and remember to re-engage the barrier each time by bringing the leg a little higher each time.
11. Give a passive stretch by bringing the leg up further to induce more sidebending to the barrier.
**Models**: Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral

**Other notes**: In order to remember the treatment position for lumbar flexion vs extension dysfunctions, you can use the mnemonics FDR and SUE. FDR = FLEXION dysfunction, patient pushes DOWN, and patient lies lateral RECUMBENT; SUE = SIMS position, patient pushes UP, and EXTENSION dysfunction.
Technique name: Lumbar MET extension dysfunction
Region of the body: Lumbar

Picture of related anatomy: Brief description: To treat a lumbar dysfunction with a muscle energy technique (MET), place the patient into their barrier and have them push against isometric resistance into their freedom. For an extension dysfunction the patient will be in the Sims position and will push up towards the ceiling.

Physician position: Standing

Patient position: Sims (patient hugs the table with affected side near you)

Hand positioning: Use one hand to monitor the posterior transverse process while utilizing the other hand to maneuver the patient.

Technique:

1. With the patient lying with the affected side up (posterior transverse process up), ask them to hug the table.
2. Next, flex the patient’s legs up until you feel motion at your monitoring hand.
3. With the patient’s legs off the table, gently press down on the ankles until you engage the barrier at your monitoring hand.
4. Ask the patient to push up while you apply isometric resistance.
5. Repeat steps 3 and 4 a total of 3 times while re-engaging the barrier each time.
6. Give a final passive stretch by engaging the barrier one more time (apply downward pressure to ankles).

Models: Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral

Other notes: In order to remember the treatment position for lumbar flexion vs extension dysfunctions, you can use the mnemonics FDR and SUE. FDR = FLEXION dysfunction, patient pushes DOWN, and patient lies lateral RECUMBENT; SUE = SIMS position, patient pushes UP, and EXTENSION dysfunction.