Muscle energy treatment (MET) of anterior fibular head dysfunction – Lower extremity

**Brief description:** The fibular head is restricted such that it prefers the anterior motion to the posterior motion. In order to treat this, you will put the fibular head into its barrier by plantar flexing and inverting the foot while the patient pushes against isometric resistance in the opposite direction.

**Physician position:** Standing

**Patient position:** Supine with knees bent and feet flat on the table

**Hand positioning:** Place your thenar eminence over the fibular head.

**Technique:**

1. Place the thenar eminence of one hand over the fibular head.
2. Use your other hand to plantar flex and invert the foot as much as you can.
3. While applying an isometric resistance by placing a posterior pressure on the fibular head, ask the patient to evert their foot (“Push your foot outward.”).
4. Have the patient push for 3-5 seconds.
5. Let the patient relax for 3-5 seconds.
6. Re-engage the barrier by plantar flexing and inverting the foot more.
7. Repeat steps 3-6 two more times.
8. Apply a final passive stretch by plantar flexing and inverting the foot a little more.
9. Return the patient to neutral and reassess.

**Models:** Biomechanical
Muscle energy treatment (MET) of posterior fibular head dysfunction - Lower extremity

Brief description: The fibular head is restricted such that it prefers the posterior motion to the anterior motion. In order to treat this, you will put the fibular head into its barrier by dorsiflexing and everting the foot while the patient pushes against isometric resistance in the opposite direction.

Physician position: Standing

Patient position: Supine with knees bent and feet flat on the table

Hand positioning: Grasp the fibular head using your thumb and index finger.

Technique:

1. Grasp the fibular head using your thumb and index finger.
2. Use your other hand to dorsiflex and evert the foot as much as you can.
3. While applying an isometric resistance by placing a posterior pressure on the fibular head, ask the patient to evert their foot (“Push your foot inward.”).
4. Have the patient push for 3-5 seconds.
5. Let the patient relax for 3-5 seconds.
6. Re-engage the barrier by dorsiflexing and everting the foot more.
7. Repeat steps 3-6 two more times.
8. Apply a final passive stretch by dorsiflexing and everting the foot a little more.
9. Return the patient to neutral and reassess.

Models: Biomechanical
Counterstrain (CS) for gastrocnemius tenderpoint (TP) – Lower extremity

**Brief description:** In order to treat a gastrocnemius tenderpoint (TP), have the patient prone and flex the leg up while plantar flexing the foot to soften any gastrocnemius TP.

**Physician position:** Standing on affected side with one leg on the table

**Patient position:** Prone

**Hand positioning:** Place your cephalad hand on a TP along the gastrocnemius and use your caudad hand to plantar flex the foot.

**Technique:**

1. Localize the tenderpoint and establish the pain scale.
2. Now flex the leg up and place the foot on your thigh (your leg should be on the table as well).
3. Plantar flex the foot with your caudad hand until you find the mobile point.
4. At the mobile point, you want the pain to ideally be 0 out of 10.
5. Hold the position for 90 seconds.
6. Now place the patient back to neutral and reassess the pain before lifting your finger off the TP.

**Models:** Biomechanical

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Counterstrain (CS) for calcaneus tenderpoint (TP) – Lower extremity

**Brief description:** Palpate a tenderpoint (TP) near the medial tubercle of the calcaneus. Place the patient’s foot on your thigh and fold over the point by applying a pressure to the heel that is both downward and towards the toes. Hold this for 90 seconds and reassess.

**Physician position:** Seated

**Patient position:** Prone with the patient’s foot resting on your thigh

**Hand positioning:** Place one finger over the TP at the medial tubercle of the calcaneus and grasp the heel with your other hand.

**Technique:**

1. Sit down and place the patient’s foot so that the dorsum of the foot is resting on your thigh.
2. Place one finger on the TP located on the medial tubercle of the calcaneus and the other hand will grasp the heel.
3. Establish a pain scale.
4. Apply pressure to the heel of the foot by pressing down and towards the toes. Do this until you reach the mobile point, where the pain should ideally be a 0 out of 10.
5. Hold this position for 90 seconds.
6. Bring the foot back to neutral and reassess the TP before taking your finger of the point.

**Models:** Biomechanical