Use of Visceral Mobilizations and Myofascial Release in the Treatment of Hip Osteoarthritis - A Retrospective Case Study

Christine S. Martin, PT, MS, SCS; Eileen V. Johnson, PT, DPT

Background and Significance

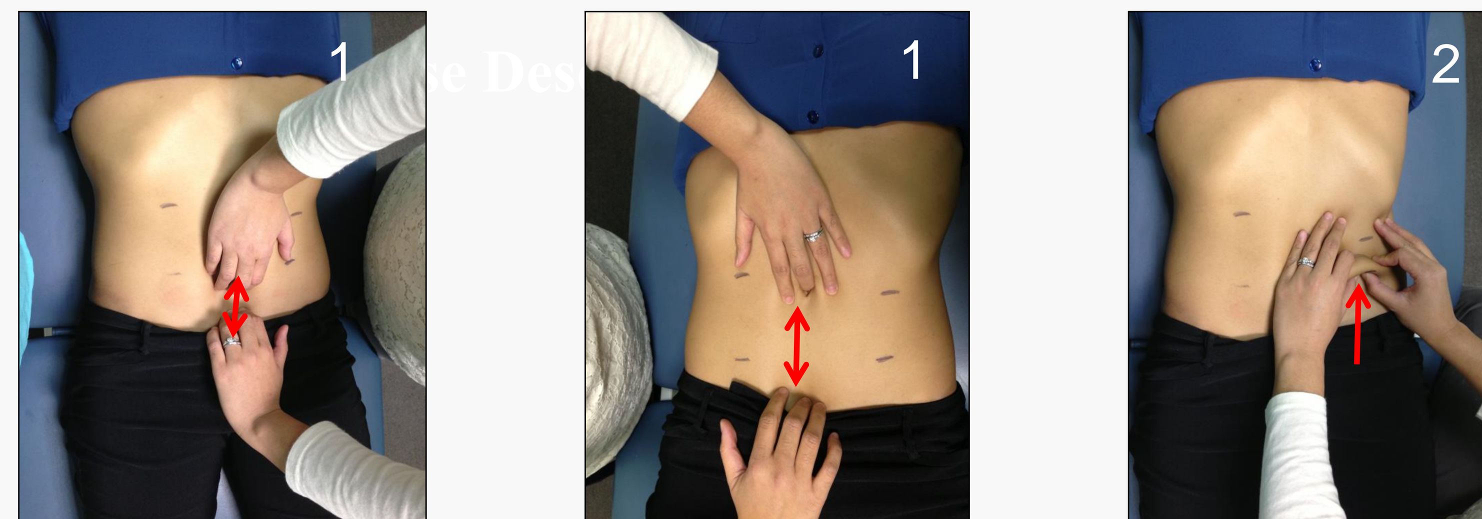
Sports and orthopedic physical therapists do not commonly assess or use **visceral mobilization** or **external pelvic floor myofascial release** in the treatment of hip, sacroiliac, and lumbar conditions. A comprehensive approach to treating the **post-op urogynecological patient** for a lumbo-pelvic disorder should always include addressing the pelvic floor and surrounding musculature and myofascial/scar mobility, in order to achieve the best outcomes.

Case Description

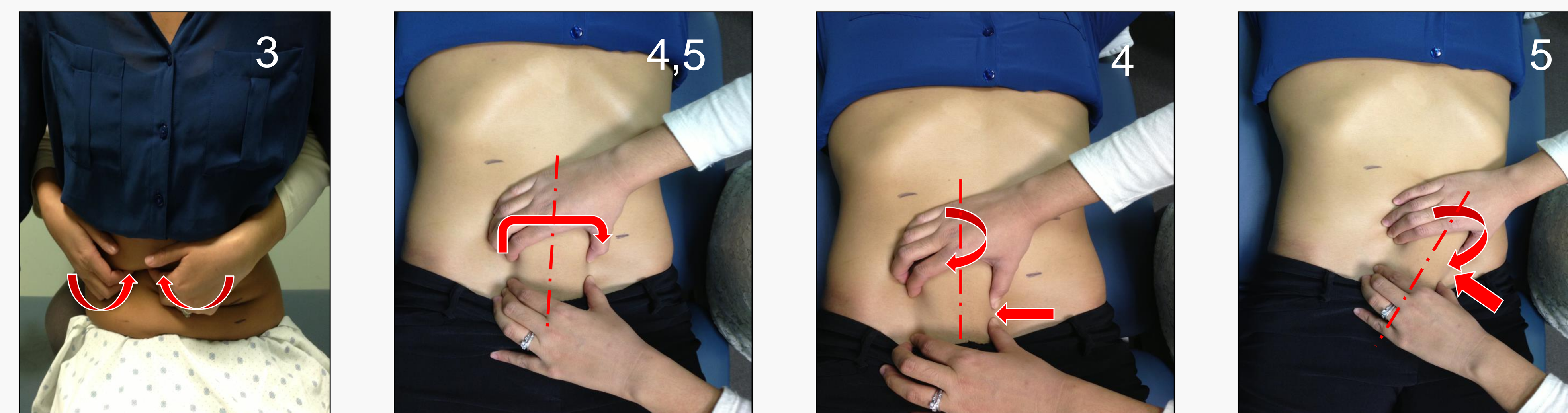
The patient is a 55 year old female referred to physical therapy with a diagnosis of bilateral **hip osteoarthritis**. The patient was evaluated and received an orthopedic-based treatment with minimal improvements in pain and function. Her **initial Lower Extremity Functional Scale** score indicated a **55% deficit** in normal functioning and the **TSK-11** revealed a **moderate fear of movement**. After taking a closer look at her history, the patient realized her symptoms were exacerbated after her robotic **total hysterectomy**. The orthopedic physical therapist then referred the patient to a pelvic health therapist to address the deeper hip musculature and abdominal/scar tissue restrictions and possible pelvic floor dysfunction. The patient received an external pelvic floor exam with no tenderness or pain noted. Pelvic impairments were noted as **decreased mobility of abdominopelvic fascia, bladder urgency/frequency, and decreased core strength**. It was upon uniting both orthopedic and pelvic therapy treatments that the patient began to make significant improvement with pain reduction, core and hip musculature strength and endurance, mobility and return to prior level of function.

Methods

The patient participated in 13 sessions of physical therapy, including orthopedic sessions consisting of **lower extremity strengthening**, **core stabilization exercises**, **hip stretching**, and **hip mobilization**, and pelvic therapy sessions consisting of **myofascial release**[1] and **skin rolling**[2] to the **abdominopelvic fascia and laparoscopic scars**, **visceral mobilization** to address restrictions in the **liver/diaphragm**[3]**, recto-uterine**[4]**, and vesico-uterine**[5] **pouch region, iliopsoas release, muscle energy techniques** to address pelvic obliquity, as well as **patient education for relaxation of the pelvic floor, diaphragmatic breathing exercises with pelvic floor muscle coordination**.

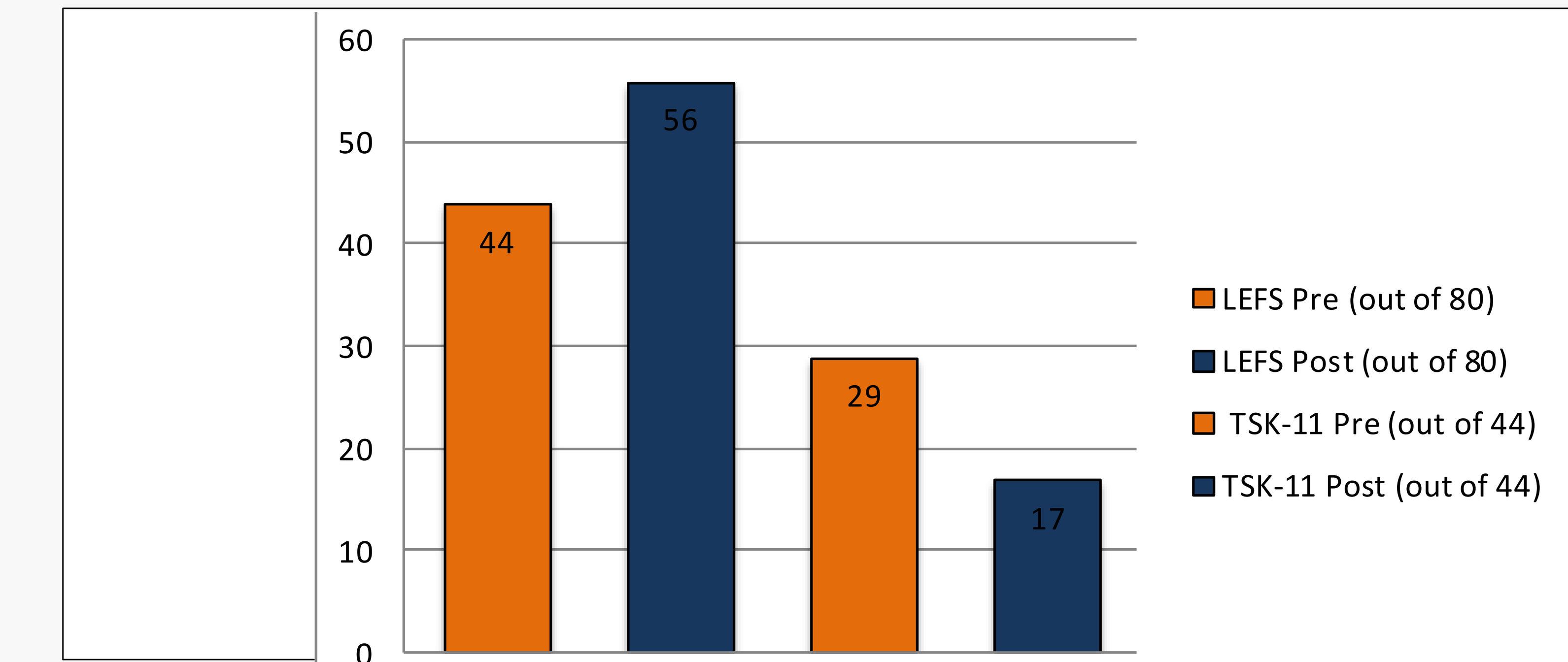


Myofascial Release/Skin Rolling Scar Release



Visceral Mobilization Techniques

Outcomes



Discussion

This retrospective case study serves as a good example as to how **a multi-PT specialization approach** to treating **the post-op urogynecological patient** is valuable. Spreading awareness to our colleagues about the signs and symptoms to refer/seek help from a pelvic floor trained therapist could positively impact the outcomes of your treatment. Future areas to address will include performing an **internal pelvic exam** to further address any deep pelvic floor muscle impairments and including a **pelvic floor/bladder symptom outcome measure**.

Acknowledgement

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