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 release¹ and skin rolling² to the abdominopelvic fascia and laparoscopic scars. Visceral mobilization to address restrictions in the liver/diaphragm³, recto-uterine⁴, and vesico-uterine⁵ 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.

Outcomes
LEFS Pre (out of 80) 29
LEFS Post (out of 80) 56
TSK-11 Pre (out of 44) 17
TSK-11 Post (out of 44) 11

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
We express our gratitude and appreciation to Vicki Lukert, PT, MPT and Meryl Alappattu, PT, DPT for their guidance and time spent reviewing our abstract. Thank you to the amazing pelvic health team at Shands Rehab at Magnolia Parke for their years of mentorship, and to the APTA and Cynthia Neville, PT, DPT, WCS, BCB-PDM of Brooks health for shaping our pelvic health curriculum.