

Massage Treatment Periostitis

The treatment, whether acute or chronic, is in the context of a half hour relaxation massage including diaphragmatic breathing

Acute treatment for posteromedial perostitis

Start prone – pillows under the abdomen and ankles

Hydrotherapy – cold to the affected leg

Lymphatic drainage techniques on the affected leg – start with sacral pumping and treating the distal leg. Lymph drainage is stopped just proximal to the painful area

Effleurage and petrissage are used on the low back, gluteals and proximal legs to treat compensating structures.

Trigger points are treated using muscle stripping and ischemic compression. Gluteus medius and semimembranosus muscle can refer pain into the posterior leg.

Turn Supine

Treatment includes lymphatic drainage, rhythmic techniques and proximal Swedish work similar to treatment in prone.

Massage Treatment for Chronic Posteromedial Perostitis

Start Prone

Hydrotherapy – deep moist heat before stretching the fascia of gastrocnemius and soleus

Treat the low back, gluteals and thighs

Assess fascia

Fascial techniques - skin rolling, fingertip spreading and other techniques are used on tight fascia in the lower leg (gastrocnemius and soleus) and possible thigh (where necessary)

Effleurage, petrissage and passive stretching and motion are used to elongate the shortened, thickened fascia in the lower leg (gastrocnemius and soleus)

Soleus is treated with longitudinal connective tissue cutting techniques while the therapist dorsiflexes the ankle.

Ischemic compressions can be used along soleus and tibialis posterior

Trigger points and taut bands in gastrocnemius and soleus are treated with muscle stripping

Cross fiber frictions are performed on adhesions in soleus, tibialis posterior and flexor digitorum longus

Repetitive effleurage on the posterior leg and foot muscles.

PIR or passive stretching is performed on gastrocnemius and soleus

Turn supine

Effleurage and petrissage on the anterior leg (upper and lower)

Joint play on superior tibiofibular joint and ankle if hypomobile

Gastrocnemius and soleus may be stretched again in the supine position.

The treatment is finished with effleurage to the entire limb and foot