

# Massage Treatment for Chronic Posteromedial Periostitis

## History

- 1) Medications
- 2) aggravating relieving factors
- 3) Onset
- 4) Intensity of P
- 5) ADL - sports?
- 6) Injuries

## Visual Assessment

- 1) Excessive pronation
- 2) favors one leg
- 3) palpable adhesion tightness - soleus - tibial posterior

## Specific tests

- 1) ROM
- 2) Homans - DVT
- 3) tinnels
- 4) Length test

## Informed consent

## Treatment

- Start prone
- Deep moist heat before stretching the fascia of gastroc 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 (gastroc and soleus) and possibly thigh when necessary
- Effleurage, petrissage and passive stretching are used to elongate the shortened, thickened fascia in the lower leg – gastroc 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 gastroc and soleus are treated with muscle stripping
- Cross fiber frictions are performed on adhesions in soleus, tib post and flexor digitorum longus
- Repetitive effleurage on the posterior leg and foot
- PIR on gastroc and soleus
- Turn supine
- Effleurage and petrissage on the anterior leg
- Joint play on superior tibiofibular joint and ankle if hypomobile

- Stretch gastroc and soleus
- Treatment is finished with effleurage to the entire limb

Post treatment with client

- 1) How are you feeling
- 2) Do you need help off the table
- 3) Take your time getting up

Home care and Hydro

- 1) Heat- contrast -
- 2) Stretch - gastroc soleus
- 3) fix mm imbalances

- 1) new footwear
- 2)
- 3)