

Massage Treatment for Chronic Anterior Compartment Syndrome

Start prone

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

Assess fascia

Fascial techniques – skin rolling, fingertip spreading and other techniques are used on tight fascia in the lower leg (gastrocnemius and soleus) and possibly 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

Repetative effleurage on the posterior leg and foot muscles

Turn supine

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

Treat trigger points that refer to the anterior leg – adductor longus and brevis

Longitudinal fascial techniques such as connective tissue cutting are applied to the borders of the anterior compartment to loosen the fascia and to reduce the compression.

Short diagonal strokes are used from the borders to the middle of the compartment to further loosen the fascia. These can be combined with a passive stretch into plantar flexion

Cross fiber frictions to adhesions in tibialis anterior

Joint play on hypomobile joints

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