

Massage Treatment for Chronic Anterior Compartment Syndrome

History

- 1) When did the P start
- 2) How intense is the P
- 3) relieving factors
- 4) are you on any meds
- 5) Do you have any injuries - recent
- 6) Aggravating factors
- 7) Do you have P with exercise
- 8)

Visual Assessment

- 1) Hard
- 2) Limp
- 3) hot - palpation

Specific tests

- 1) ROM - Ankle - Knee
- 2) Homans sign - DVT
- 3) Length test - PROM

Informed consent

Treatment

Chronic

- Start prone
- Deep moist heat before stretching the fascia of gastroc and soleus
- Assess fascia
- Fascial techniques – skin rolling, fingertip spreading and other techniques are used on the tight fascia in the lower leg 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
- Repetitive effleurage in the posterior leg and foot
- Turn supine
- Effleurage and petrissage on the anterior leg
- Treat trigger points that refer to the anterior leg – adductor longus and brevis
- Longitudinal fascial techniques such as connective tissue cuttings 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 tibialis anterior
- Joint play on hypermobile joints
- Finish the treatment with effleurage to the entire limb and foot

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) epsom salt bath
- 2) Stretching
- 3) gradual return to activity

- 1) hot towels
- 2) correct foot wear- Orthotics
- 3) work on mm imbalances

3)