

Degenerative Disc Disease

History

- What are the type onset and location of pain and other symptoms?
- What is the clients activity levels
- How long has the current episode lasted
- Have there been any previous injuries such as whiplash
- What aggravates or relieves the symptoms?
- Has the condition been medically diagnosed
- Has the client had surgery for this condition

Visual Assessment

- head forward posture (cervical spine)
- hyperlordosis (lumbar spine)
- flatback (lumbar spine)
- slouching in a seated position (lumbar spine)

Specific tests

- AF ROM in lumbar and cervical spine has reduced range of motion
- PR ROM in lumbar and cervical spine has reduced range of motion
- AR isometric testing reveals weakness in affected muscles

Informed Consent

Treatment

Cervical spine and lumbar spine with a posterior pelvic tilt

- heat to affected areas of fascial restriction and muscle soreness
- *Fascial* techniques over lumbar erector spinae
- General Swedish work over erectors, QL and gluteals
- *Trigger points* in erectors, QL and gluteals
- *Joint play* on hypomobile vertebrae
- Petrissage on shoulder girdle
- Brisk stimulating work on scapular retractors
- Fascial and Swedish techniques on hamstrings
- * *PIR* on hamstrings
- Effleurage entire leg
- Technique for posterior pelvic tilt (prone or after turned supine – not both)
- Turn supine
- Stimulating Swedish techniques on lengthened hip flexors and lumbar extensors
- Fascial on pectorals and scalenes
- Effleurage and kneading on pectorals, scalenes and scm
- *Trigger points* that refer to painful areas are treated.
- * *PIR* to stretch scalenes

- *Joint play* for hypomobile vertebrae
- *GTO* and petrissage on suboccipitals and posterior cervicals
- * *Gentle long axis traction*
- *Passive stretching*

Post Treatment with client

Homecare and Hydro

- heat is used on shortened tissues
- diaphragmatic breathing is used for pain management
- stretching specific shortened muscles is followed by strengthening weaker muscles.
- Spine extension exercises are important.
- For the cervical spine the supine client rests the head on a small towel roll, positioning the neck in flexion and sidebending away from the painful side.
- For the lumbar spine, positional traction is achieved by lying prone on a kitchen or dining room table so the pelvis and legs hang over the end of the table. The hips and knees are in flexion, the feet do not touch the ground.
- Swimming
- Avoid a slumped sitting position