

Hyperlordosis

History

- How long has the hyperlordosis been present
- Does the client have any underlying things that would cause back pain
- Has the client had abdominal or lumbar surgery

Visual Assessment

- Slight ankle plantarflexion
- Slight knee hyperextension
- Hip joints are flexed
- Lumbar lordotic curve is increased
- Compensatory hyperkyphosis and head forward posture
- Bilateral pes planus may be noted in posterior view

Specific Tests

- Thomas Test- short iliopsoas and rectus femoris
- Ober's test- tensor fascia lata short
- Piriformis length test – Short piriformis
- Hip adductor length test- short adductors
- Straight leg test- lengthened hamstring

Informed consent

Treatment

- **Supine** – pillow under the knees
- Hydro on rectus femoris then once treatment starts move to the other side. In prone heat is over the lumbar fascia
- Cool is used to stimulate the hamstrings
- Fascial techniques on anterior hip – rectus femoris, tensor fascia lata
- Myofascial release on hip flexors
- Effleurage, palmar kneading, wringing, muscle stripping and trigger point work to rectus femoris, tensor fascia lata and adductors
- Adductor work with a pillow between the therapist and the clients leg (figure 4)
- abdominal wringing
- *Diaphragmatic breathing* while stripping iliacus and psoas
- iliacus muscle stripping, *trigger point work*
- psoas major muscle stripping, *trigger point work*
- effleurage to abdomen
- * *PIR iliopsoas- leg hanging - other leg is flexed- stabilize ASIS of untreated side- stretch iliopsoas- resist flexion 3x*
- * Mobilize the pelvis, bilateral pressure to the outside of the hip
- * *PIR to hamstrings - knee flexed to chest- take a pillow to ant leg- grasp ischial tub to rotate pelvis post - client resists w hamstrings*

- Prone – pillow under the abdomen and ankles
- Fascial techniques on the lumbar fascia
- Swedish techniques and *trigger points* on lumbar erector spinae, QL
- * *PIR rectus femoris- knee flexed to glutes - resists extension*
- * *Golgi tendon organ release then PIR piriformis- insertion on the greater trochanter - and PIR external and internal rotation*
- glutes and hamstrings are treated using tapotement, palmar kneading and effleurage

Post Treatment with client

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

Home care and Hydro

- Heat can be used on sore tight muscles
- Client shouldn't maintain one posture for extended periods of time
- Chairs should have adequate lumbar support
- When sitting the femur should be horizontal to the ground
- Avoid sleeping with the hips in flexion
- Self massage for hip flexors