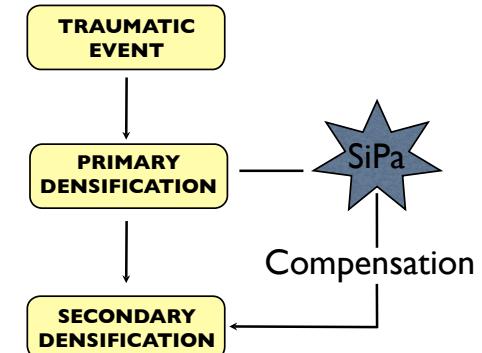
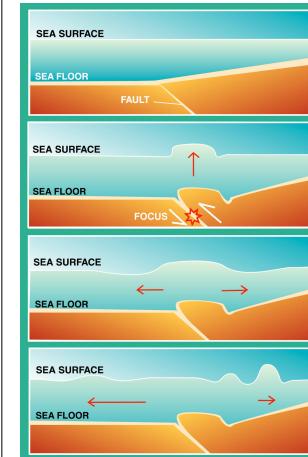


Treatment Strategies

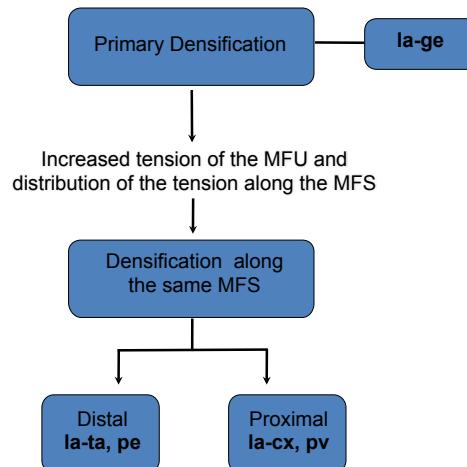
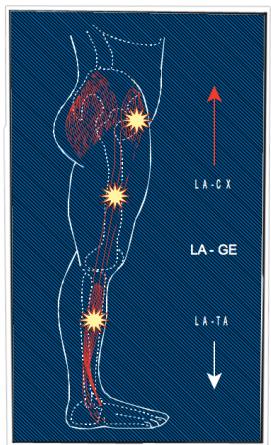


Andrea Pasini PT

The previous pain

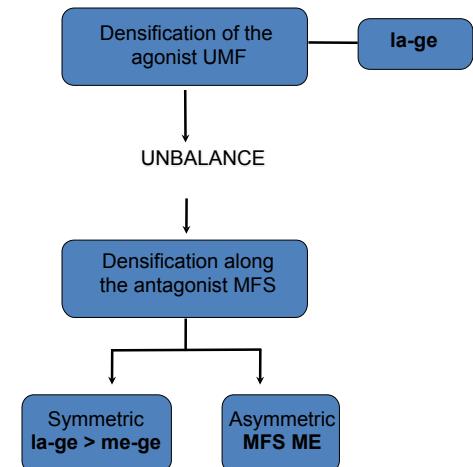


PROXIMAL DISTAL COMPENSATION



3

AGONIST/ANTAGONIST COMPENSATION

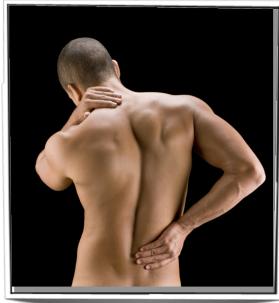


4

SILENT COMPENSATIONS

A densification that not generate pain over its own CP is defined as a SILENT CC / compensation

it keeps the fascia in a state of precarious equilibrium



POSTURAL COMPENSATIONS



which questions should we ask?

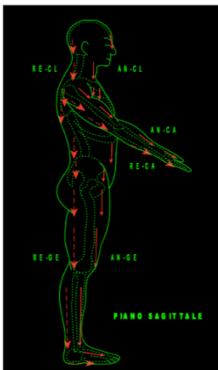
which one are due to a PaPrev?

ascending/descending?

ipsilateral/controlater?

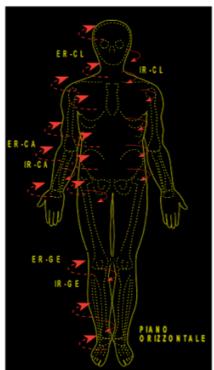
silent's CC?

AGONIST / ANTAGONIST BALANCE



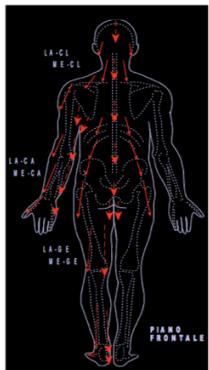
Trunk: AN with RE frequently bilaterally

Limbs: AN with RE



Trunk: ER with ER contralateral or with IR ipsilateral

Limbs: IR with ER



Trunk: LA with LA contralateral

Limbs: LA with ME

HOW TO SOLVE THE CASE?



ASSESSMENT CHART

CHRONOLOGY

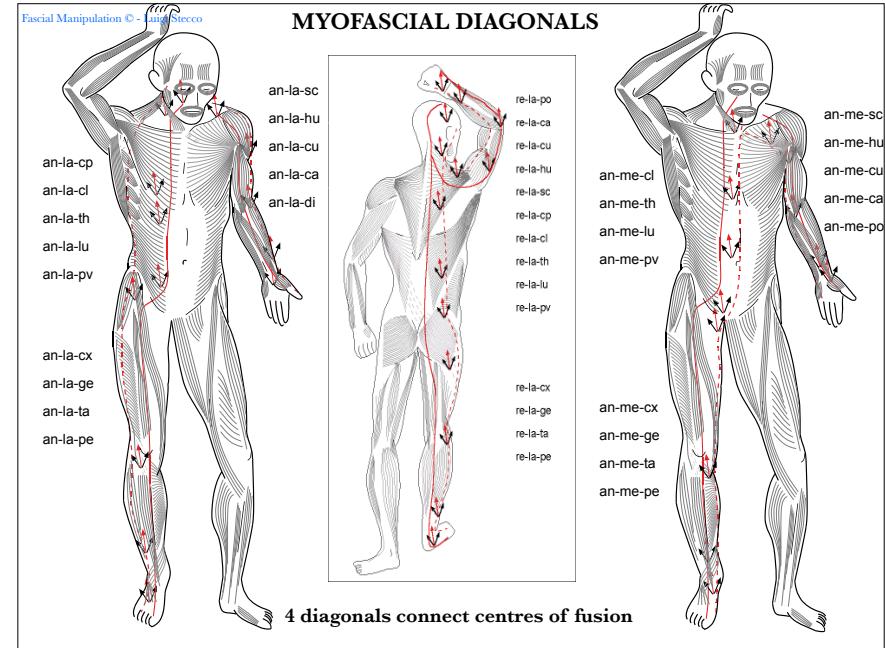
LOGICS PLANE

MOVEMENT VERIFICATION

PALPATORY VERIFICATION

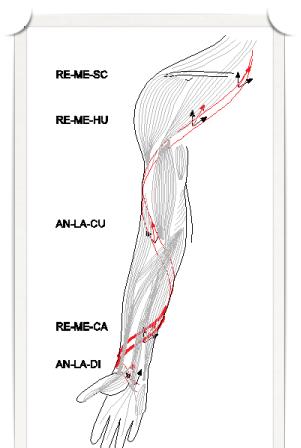
IMPORTANT

The FM does not act according to predefined schemes but relies on the logic of the treatment
 through it and the search for the densified cc's and their treatment is not random
 the logics of the treatment are guidelines and **not protocols**



The importance of the antagonist

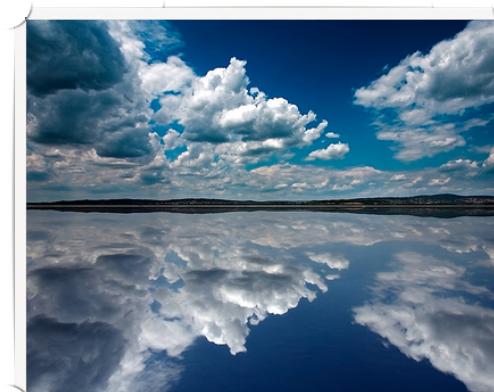
- As in the Plans, a CC can project pain on the antagonist SMF (agonist-antagonist compensation)
- Even in spirals, the Si-Pa can benefit from the treatment of an “antagonist” CF (on contiguous segment)



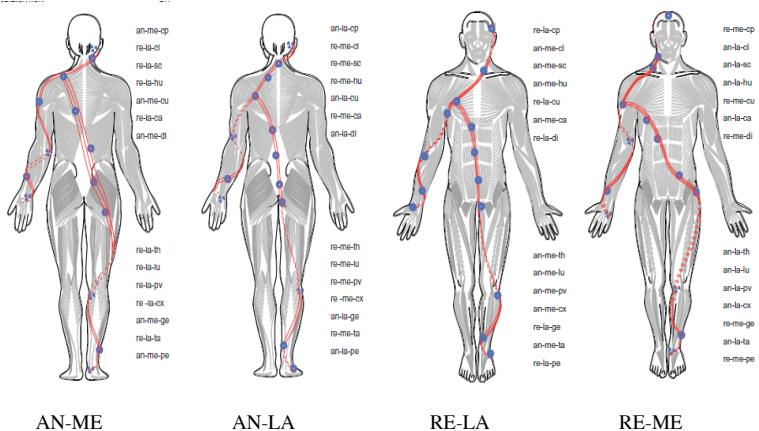
Like in the planes where a CC can irradiate pain along the antagonist MFS (agonist/antagonist compensation) a Si-Pa can improve with the treatment of an antagonist CF

Antagonist Diagonals

- In the limbs:
 - AN-LA / RE-ME
 - RE-LA / AN-ME
- In the trunk:
 - AN-LA lt / RE-LA rt
- AN-ME and RE-ME in the trunk have a motion importance but they don't have a precise movement

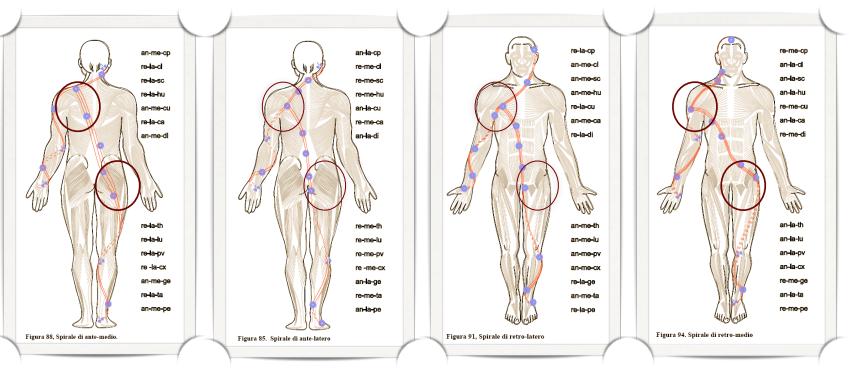


MF SPIRALS



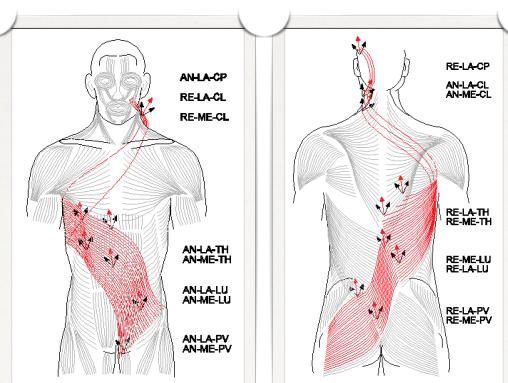
Trunk: the “short spirals”

- They trace the shortest path that connects the shoulder girdle with the contralateral pelvic girdle



Trunk: the long Spirals

- These links exclude the inferior limbs
- Thus favoring the coordination between the CP, Trunk and upper limbs



Few examples...

- Si-Pa:** pe an-me (plantar fasciitis)
Treat: an-me-pe*, re-la-ta++
- Si-Pa:** hu an-la dx (resting the arm)
Pa-Prev: cu me (medial epicondilitis)
Treat: re-me-hu rt+, re-me-cu2 rt+++

Logic of treatment:
balancing
Ago - Antagonist

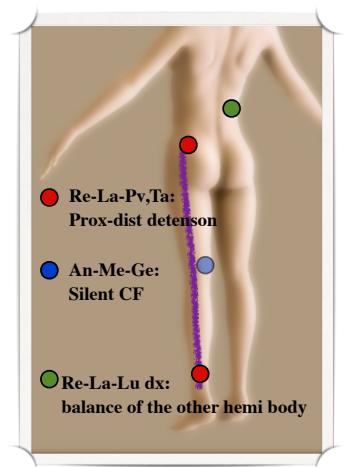
This involves a considerable advantage
in acute cases

Clinical applications....

A spiral allow the treatment of a condition/pain in the lower limb of one side and on the contro lateral's upper limb

Ex. Low back pain with sciatic pain

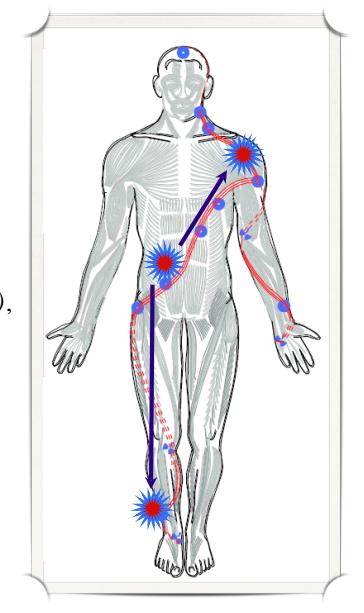
- **Si-Pa:** pv-ta re-la lt
Pa-Conc: parest I pe lt
- **Mo-ve:** positive in all the planes.
- **Pa-Ve.:** Cf's of Re-la more positive
- **Treatment:** an-me-pe lt, re-la-ta lt, re-la-pv lt, an-me-ge lt, re-la-lu rt
- **Logics:** (see image)



Ex. "Shoulder pain"

- **Si- Pa:** hu an-la lt 3m**
Pa-Conc: ta rt sprain 2d*
Pa-Prev: pv an-la rt 10y (surgery)
- **Treatment:** an-la-hu lt*, an-la-pv lt++(hu), an-la-ta1 rt+, re-me-ge2 rt++(ta)

Logics of treatment:
Treatment of the 2 hemibody



When we can hypothesize a SPIRAL?

The pain may follow :

- a crusade direction in the trunk
- a spiral in the limbs
- pain in the two hemibodies
- widespread pain

THE HYPOTHESIS MUST BE CONFIRMED BY THE
PALPATORY VERIFICATION

To remember....

The spirals that pass **posteriorly** in the trunk originate on the anterior CF's (**AN-LA, AN-ME**)

The diagonals that pass **anteriorly** in the trunk originate on the posterior CF's (**RE-LA, RE-ME**)

Flex or extend??

The spirals of **RE-LA** and **RE-ME** that pass posteriorly in the GE and CU facilitate the **flexion of the lower limbs and the extension of the upper limbs.**

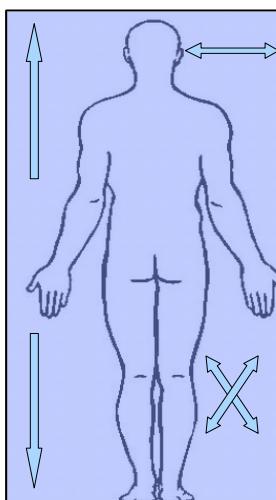
The spirals of **AN-ME** and **AN-LA** that pass anteriorly on the GE and CU facilitate the **extension of the lower limbs and the flexion of the upper limbs.**

Recap the principles of treatment of the SPIRALS

Proximal – distal detention

Balancing agonists- antagonists

Global re-equilibrium



MoVe

- They don't exist for the spirals
- The global Move (diagonals) aren't precise, therefore
- It's better to ask the patient the painful movement and the mov. that can neutralize the pain

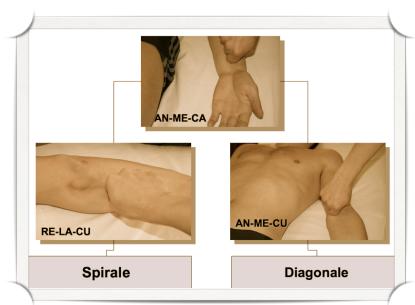


PaVe

- When the Mo-Ve are positive in more than one planes it's suggested to palpate the CF's.
- The palpatory verification must be carried out with attention, looking for small areas of alterations, investigating small depression and grooves.

Will it be a diagonal or a spiral?

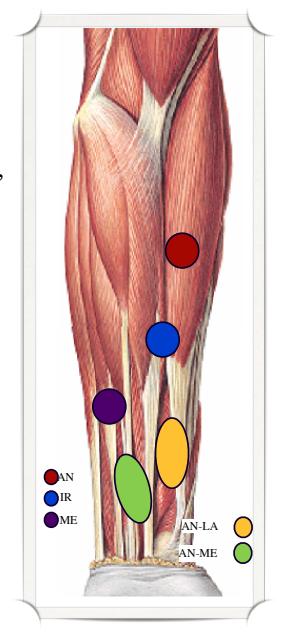
- Found the CF ***, you must then figure out if the compensation has developed along a diagonal or spiral
- What to do?
- By palpating the contiguous segments is possible to determine whether the compensation has developed into diagonal or spiral



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Pa-Ve Strategies

- Consider the CC and CF of the segment, identifying the most rough (granulation tissue), stinging and irradiating one's
- First the CC's: "which one stings more...?"
 - 1) AN
 - 2) IR
 - 3) ME
- Then the CF's: "and between them...?"
 - 1) AN-LA
 - 2) AN-ME



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Antagonist Spirals

- Treating two antagonist spirals is the same as treating two antagonist diagonals in the limbs.
- Two antagonist spirals create a block like a cast.

Conclusion

- The CF's aren't accessory points
- They aren't less important than the CC's
- They can be used by themselves.



Conclusion

- They have a proprioceptive role
- May be used in the acute cases
- They are more superficial and their treatment may create a lighter inflammatory reaction.



Cf and the acute case

- In the acute cases CF's can be used to clarify the situation
- When we have many CC's and CF's active it's suggested to start the treatment with the CF's because their resolution can also resolve other points (CC's).



N.B.

- The treatments presented are NOT protocols, but examples of how to work on diagonals, Spirals ...
- WARNING: The CF are often close to the CP.
- The MF has no special contraindications, if not the ignorance of those who use

