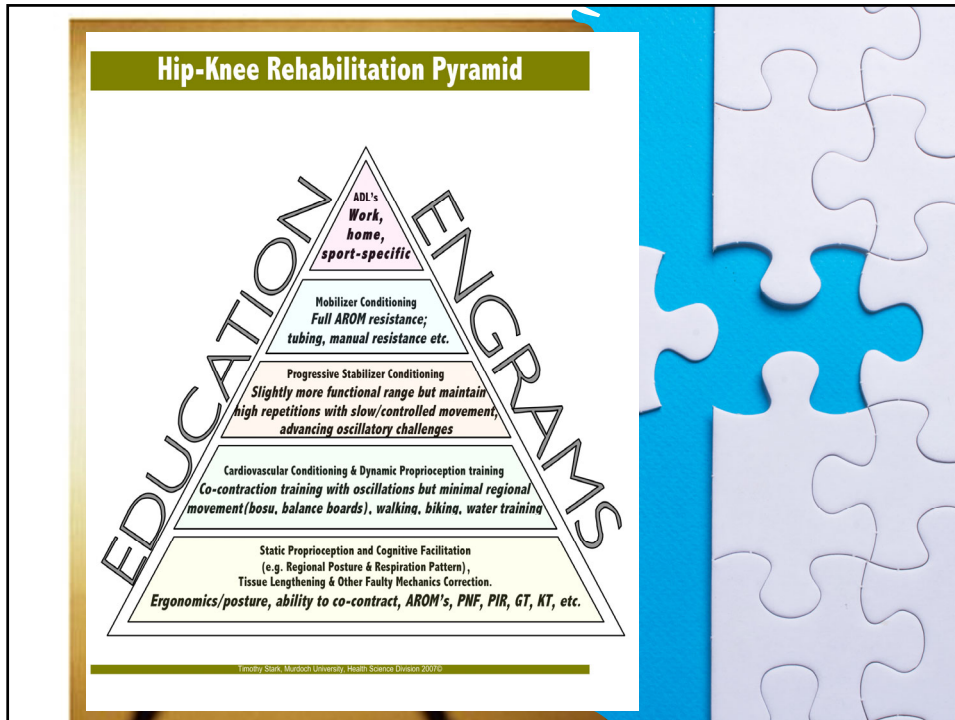


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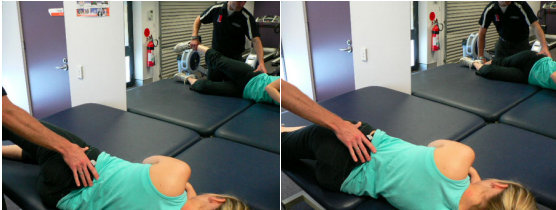


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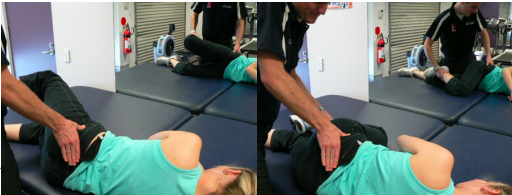
Physical Rehabilitation

Tier 1 – Remove the Negatives

Tissue Lengthening; MRT
(Levels 1-5 plus Reciprocal Inhibition Technique)



Abductor (TFL)



Abductor/Extensor
(Glute Max., Med.)

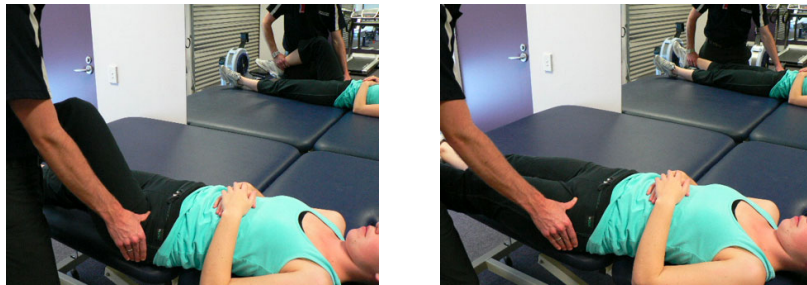
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4

Physical Rehabilitation Tier 1 – Remove the Negatives

Tissue Lengthening; MRT (Levels 1-5 plus Reciprocal Inhibition Technique)

Flexors



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5

Physical Rehabilitation Tier 1 – Remove the Negatives

Tissue Lengthening; MRT (Levels 1-5 plus Reciprocal Inhibition Technique) - Flexors



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Physical Rehabilitation Tier 1 – Remove the Negatives

- Tissue Lengthening; PIR
 - Hamstrings
 - TFL/abductors



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Physical Rehabilitation Tier 1 – Remove the Negatives

Tissue Lengthening; PIR

- QL/Abductors
- Piriformis
- Hip Flexor



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8

Physical Rehabilitation Tier 1 – Remove the Negatives

Soft tissue - manipulation/mobilization



9

Tier 1 – Soft Tissue Interventions

J Orthopaedic & Sports Physical Therapy July 2016;
46(7). **The Effectiveness of Physical Agents for
Lower-Limb Soft Tissue Injuries: a Systematic
Review.** H. Yu, et. al.

- 23 RCT's included.
- Conclusion
 - Almost half of the 43 RCT's id-ed had high risk of bias.
 - We still require high-quality RCT's to assess effectiveness.
 - **"the effectiveness of most interventions remains unclear."**

10

Physical Rehabilitation Tier 1 – Remove the Negatives

Foam rolling



J Bodyw Mov Ther. 2017 Apr;21(2):446-451. Kalichman and David. **Effect of self-myofascial release on myofascial pain, muscle flexibility, and strength: A narrative review.**

Conclusion – improved joint ROM. No change in strength or performance. No clinical trial addressing myofascial px.



There is a need for clinical trials addressing myofascial pain.



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Physical Rehabilitation Tier 1 – Remove the Negatives

Foam rolling



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Physical Rehabilitation Tier 1 – Remove the Negatives

Home Stretching



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Physical Rehabilitation Tier 1 – Remove the Negatives

Axial Neuromotor control



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Rehabilitation Hip Tier 1

IASTM
Joint
mobilization/manipulation
Kinesiology Taping
Dynamic Taping
Other passive supports

Do a deep dive. Do look up paradoxical breathing in PubMed and explore for yourself what that is and how it might affect lumbar spine, and hip dysfunction, and slow rehab.


In tier one, we are looking and maybe touching to identify tone, so no movement, and other than gravity, there is really not going to be any load on this patient. In other words, we are not going to applying pressure against muscles or putting pressure at the joints.

15

Tier 1 - IASTM

J Can Chiropr Assoc 2016;60(3). **The Efficacy of IASTM: a systematic review.** S. Cheatham, et. al.

- 7 RCT's were appraised.
- Conclusion
 - Research in this area is emerging.
 - Lack of homogeneity in studies.
 - Insignificant results which challenges the efficacy of IASTM as a treatment for MSK pathology.
 - **There is some evidence to support its ability to increase short term joint ROM.**

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16

Tier 1 – Joint mobs/manip

J Manipulative and Physiological Therapeutics
2009;32:53-71. **Manipulative Therapy for Lower
Extremity Conditions: Expansion of Literature Review.**

J. Brantingham, et. al.

- 39 citations reviewed.
- Conclusion
 - Manip. therapy appears to be of value and fundamentally safe.
 - Where LE joint hypomobility is identified, it may be appropriate to clearly include manip. therapy.
 - **It appears that manip. therapy with stretching is superior to either therapy alone in increasing ROM.**

Tier 1 – Joint mobs/manip

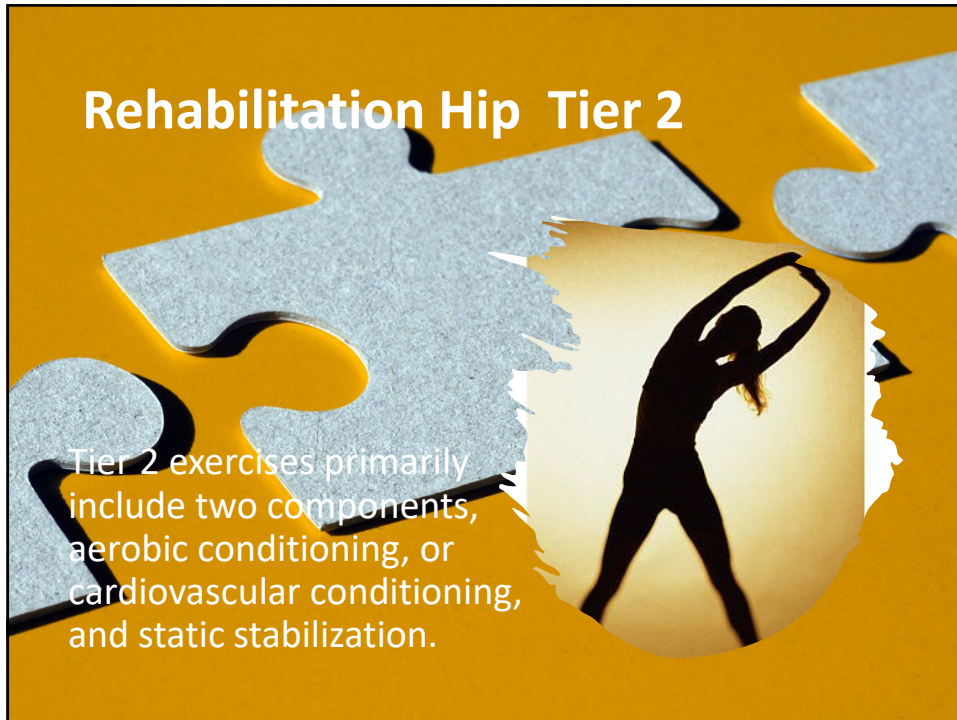
J Manipulative and Physiological Therapeutics
2009;32:53-71. **Manipulative Therapy for Lower
Extremity Conditions: Expansion of Literature Review.**

J. Brantingham, et. al.

- Practical Application
 - There is **fair evidence** for manipulative therapy of the lower extremity kinetic chain, **combined** with multi-modal or exercise therapy for knee OA, patellofemoral px., and ankle inversion sprain.
 - There is limited evidence, to date, for hip OA.


Rehabilitation Hip Tier 2

Tier 2 exercises primarily include two components, aerobic conditioning, or cardiovascular conditioning, and static stabilization.



1

Physical Rehabilitation Tier 2 – O2 + Static Stabilization Cardio



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2

Physical Rehabilitation Tier 2 – O2 + Static Stabilization

Decreasing the base
for enhancing stability
training



Performed statically
(without motion)



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3

Physical Rehabilitation Tier 2 – O2 + Static Stabilization

Supine
Bridges



Performed statically (without motion)



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Physical Rehabilitation Tier 2 – O2 + Static Stabilization



Static stabilization conditioning of the closed chain hip as well as core Stabilization.

Progression - adding shoulder complex stabilization while decreasing the base for advanced hip conditioning (closed chain side).



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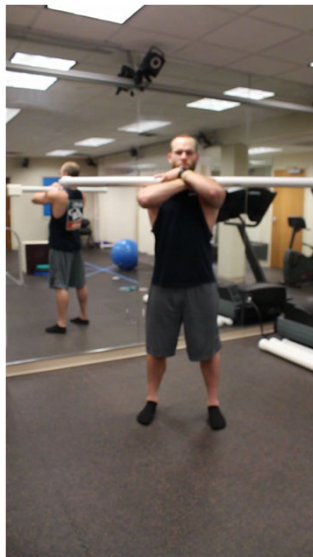
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5

Tier 2 – O2 + Static Stabilization

Slosh bar progressions

Single leg stand



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6

Physical Rehabilitation Tier 2 – O2 + Static Stabilization

Slosh bar
progressions

Single leg
Stand

Off-set bar



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7

Progressing from Tier 2 to Tier 3



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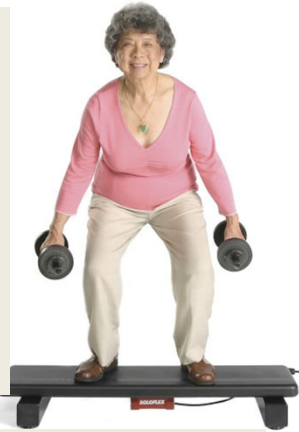
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8

Vibration: Tiers 2-3



Vibration plates are fairly common. There is fair evidence to show that these vibration plates do increase muscular tone by stimulating the muscular spindles or muscle spindles. May benefit some of our patients who are very proprioceptive deficient, such as maybe our senior population.



Now I certainly would not put my grandma on a pad such as this without any type of protection. Most of the vibration plates you see do have some bars where they can help them out with balance.




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<http://www.eldergadget.com/activities/gadgets-that-help-keep-senior-minds-sharp-pt-1-ercise>

Rep: 7/20/2021

Rehabilitation Hip Tier 3-4

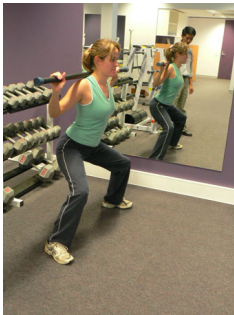

Tier 4 we call this mobilizer conditioning. It is really our strengthening phase. Traditional strength training exercises are implemented, such as performing a leg press. A lot of the strength-building exercises for the lower extremity are a mixture of either closed chain where the feet are fixed, or open chain where the foot is able to move.




1

Physical Rehabilitation Tier 3 Dynamic Stabilization

Adding further challenges by further decreasing the base of stability further and/or adding slow and controlled movement



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2

Physical Rehabilitation Tier 3 Dynamic Stabilization

Adding
vibration
with lunge



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3

Physical Rehabilitation Tier 3 Dynamic Stabilization

Adding
vibration with
closed chain
rotation



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Physical Rehabilitation Tier 3 Dynamic Stabilization



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Physical Rehabilitation Tier 3 Dynamic Stabilization

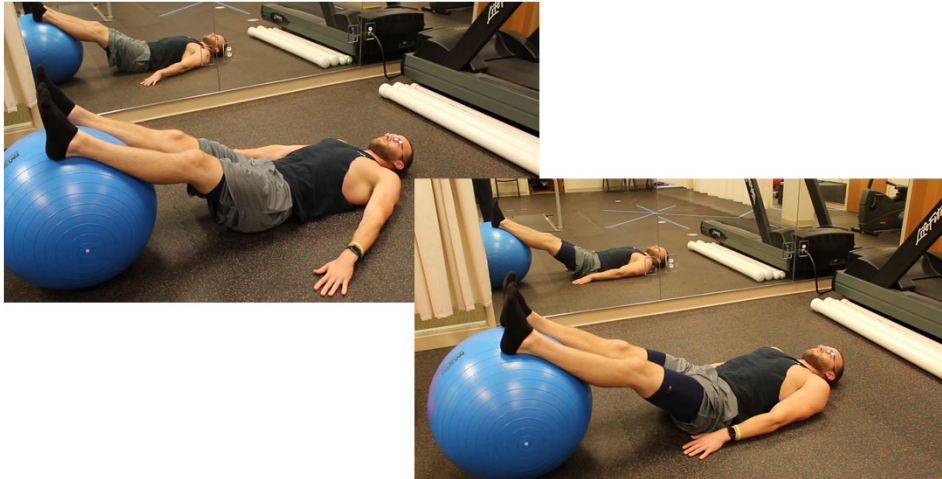


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6

Physical Rehabilitation Tier 3 Dynamic Stabilization

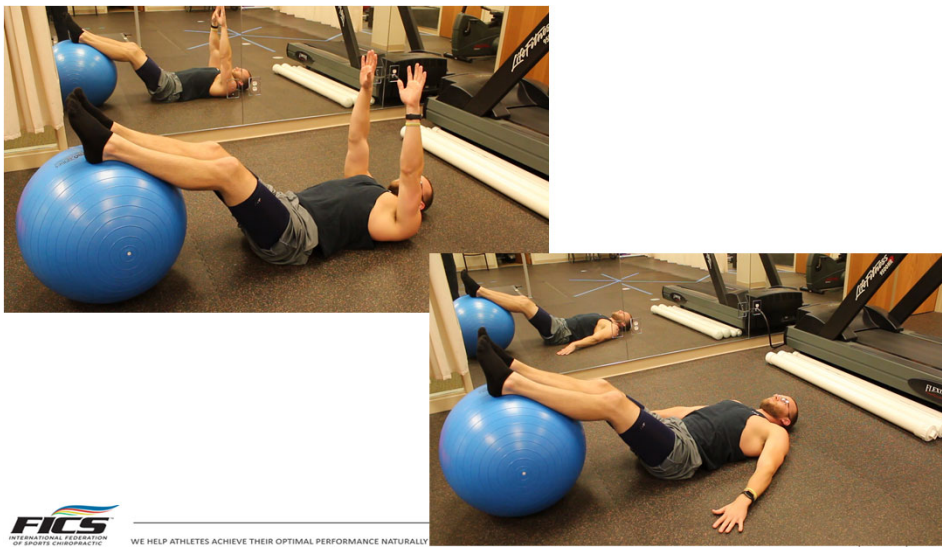


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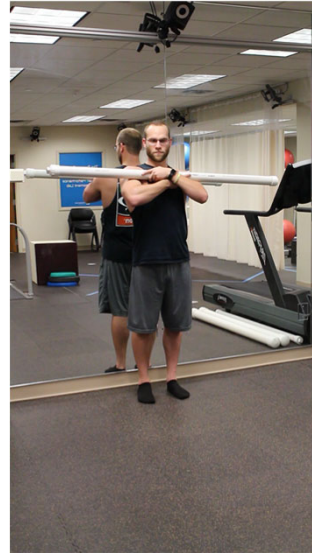
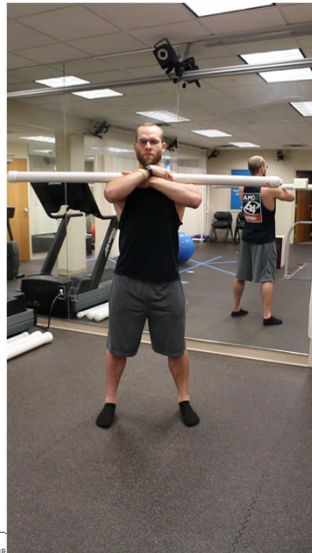
Physical Rehabilitation Tier 3 – Dynamic Stabilization



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Tier 3 – Dynamic Stabilization SLOSH Bar: Squat & Lunge



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Tier 3 – Dynamic Stabilization SLOSH Bar: Overhead Squat



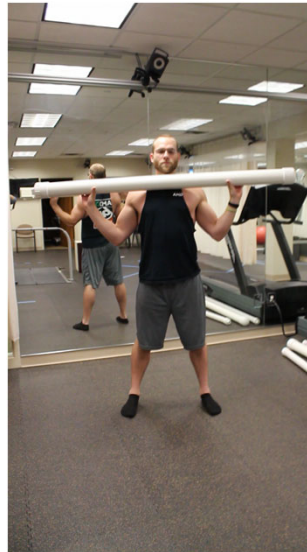
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Tier 3 – Dynamic Stabilization

SLOSH Bar: Squat with Push Press



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Tier 3 – Dynamic Stabilization

Closed chain

Co-contraction plus
Uni-direction load

Internal/external
rotation load



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12

Tier 3 – Dynamic Stabilization

Box drop
Neuromotor control

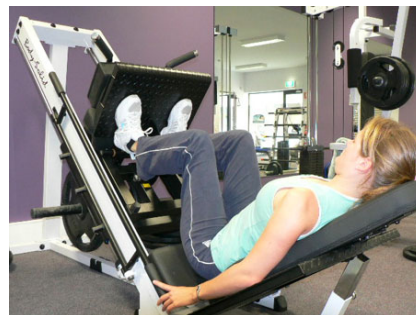


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Physical Rehabilitation Tier 4 – Mobilizer Conditioning



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14

Physical Rehabilitation Tier 4 – Mobilizer Conditioning

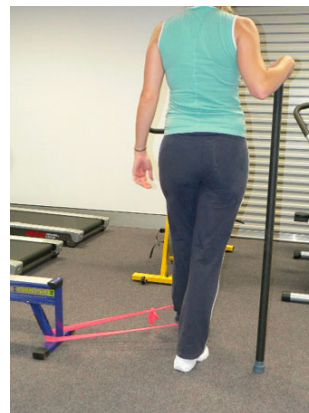


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Physical Rehabilitation Tier 4 – Mobilizer Conditioning



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Physical Rehabilitation Tier 4 – Mobilizer Conditioning



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17

Physical Rehabilitation Tier 4

Requires elevated stabilization of the core and lower extremities, accomplished through co-contraction.

Consider such exercises when you see your athletes overtraining or establishing motor imbalances from weight training.



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