

# Body Mechanics

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## A Few Simple Stretches for the Low Back

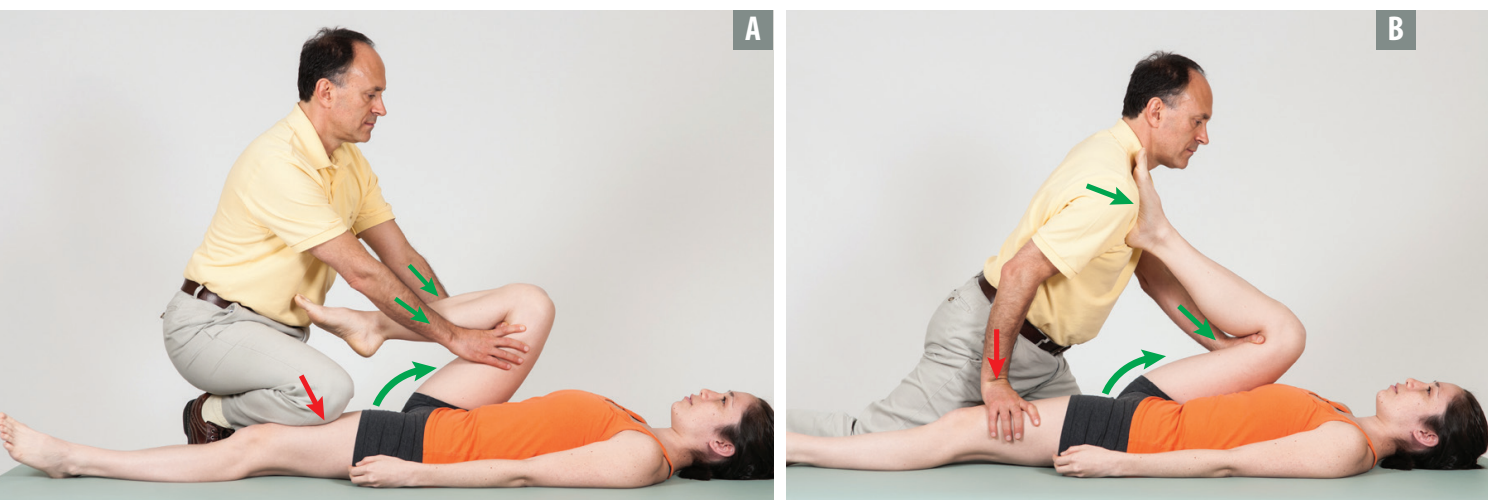
Referring to his study and practice of martial arts, Bruce Lee once said: “Before I studied the art, a punch to me was just a punch, a kick just like a kick. After I learned the art, a punch was no longer a punch, a kick no longer a kick. Now that I’ve understood the art, a punch is just like a punch, a kick just like a kick. The height of cultivation is really nothing special. It is merely simplicity; the ability to express the utmost with the minimum.”

I love this quote because it illustrates the typical learning curve for any skill or profession. When we begin to learn a subject, we often see it very simplistically. Then as we continue our study, we become immersed in the details and complexity of the subject, but often lose sight of the simplicity. But as we gain mastery of the subject, the complexity dissolves into the elegance of the simplicity as the bigger picture is appreciated.

I believe that this is often true in the world of massage therapy. We learn some simple techniques early on that have great value, but we often discard them as we search for more complicated treatment techniques. With this in mind, with the intent of returning to an elegant simplicity, I would like to revisit a few simple stretches with which we are probably familiar and re-recommend them for our use with clients with low back conditions.

Before practicing any new modality or technique, check with your state’s or province’s massage therapy regulatory authority to ensure that it is within the defined scope of practice for massage therapy.





**FIGURE 1** SKTC stretch shown for the right side. A, The therapist stabilizes the client's left side pelvic bone by placing his knee on her distal left thigh. B, Alternate contacts are shown. The client's foot is placed on the therapist's clavicle so that the therapist can use his core to create the stretch; the therapist uses his hand instead of his knee for stabilization.

### Single Knee to Chest Stretch

Single knee to chest (SKTC) stretch is performed in the supine position. As its name implies, one of the client's knees is brought to their chest by flexing the thigh at the hip joint (Figure 1). By bringing the hip joint into flexion, SKTC stretches hip extensor musculature, specifically the gluteal musculature (the hamstrings are not stretched because the knee joint is in flexion).

However, SKTC stretch does much more than simply stretch the gluteals. It also stretches and mobilizes the sacroiliac and lumbosacral (LS) joints. As the knee is brought closer to the chest, in addition to thigh flexion, the pelvic bone on that side begins to move into posterior tilt. Let's look at the right side SKTC stretch as our example: as the right pelvic bone drops into poste-

## TECHNIQUES

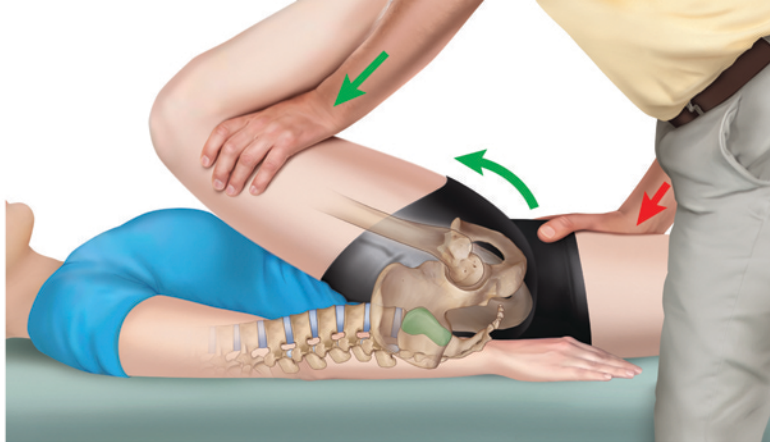
In the world of manual therapy, massage therapists are often looking for the next great technique that they can learn and use in their practice. New techniques often come along that propose fancy mechanical and neural patterns in the body and specific assessment and treatment recipes to address them. These techniques often purport to cure everyone and everything. But this is rarely the case. An excellent proverb that applies is: "Follow the person who seeks truth; beware of the person who has found it."

When asked about a new technique with which I am not familiar, I often respond by saying: "Let's wait five years. If it is as good as its proponents say, we will all be doing it and no one will be doing anything else." Five years later, it is usually one more technique amongst the rest. This approach might be viewed as being "anti-technique" because it posits that no one technique holds all the answers for all our clients. However, it might also be viewed as "pro-technique" because it holds that each technique has some of the answers to our clients' problems and can add value to our practice.

A sound philosophy to follow is to take as many technique seminars and workshops as we comfortably can so that we can gain more assessment and treatment tools to put in our proverbial toolbox. Then when a client comes in, we can choose the tools that are most appropriate. The key to being able to choose amongst these tools is to understand the kinesiology of the body and mechanism of the client's condition so that we can critically think and creatively apply our assessment and treatment tools for the client who is on the table at that moment.

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**FIGURE 2** As the right pelvic bone drops into posterior tilt during SKTC stretch, it moves relative to the sacrum at the right sacroiliac joint, thereby mobilizing it.

## PRONE JOINT MOBILIZATION OF THE SACROILIAC JOINT



SKTC stretch theoretically introduces a stretch/mobilization force into both SIJs. However, there are times when if one of the SIJs is locked (hypomobile), all the motion occurs at the other SIJ. In effect, one SIJ becomes hypermobile as a compensation for the side that is hypomobile. In cases like this, when SKTC stretch fails to mobilize one of the SIJs, a more direct and precise arthrofacial stretch/mobilization might be indicated.

The accompanying figure demonstrates a prone method for mobilization of the SIJ. The therapist contacts and applies a force to the posterior superior iliac spine (PSIS). The direction of this force can vary, but a good default is to press along the plane of the joint, which is anteriorly toward the floor, superiorly toward the client's head,

and laterally away from the midline. Alternatively, the therapist could move the

rior tilt, movement occurs between it and the sacrum, stretching and mobilizing the intrinsic fascial tissue of the right side sacroiliac joint (SIJ) (Figure 2). This movement occurs until no more movement is possible at the right SIJ, at which point the sacrum begins to move into posterior tilt (counternutation) along with the right side pelvic bone. This sacral movement occurs relative to the left side pelvic bone, thereby stretching and mobilizing the intrinsic fascial tissue of the left SIJ. Sacral movement also occurs relative to the L5 vertebra, thereby stretching and mobilizing the LS joint. Therefore, SKTC stretch is an effective way to stretch gluteal musculature as well as mobilize the SIJs and LS joint. After performing SKTC stretch on one side of the body, it should be performed on the other side.

SKTC stretch is an effective mobilization stretch for the SIJ. However, if the SIJ is sprained/irritated/inflamed, placing a stretch force into it may cause pain or discomfort. For this reason, SKTC stretch may also serve as an assessment tool for the health of the SIJ. If pain is experienced locally at the SIJ during the stretch, it is indicative of SIJ sprain or inflammation.

NOTE: Joint mobilization is a very specific form of stretching and within the legal and ethical scope of practice for some practitioners. Please consult your state board of chiropractic regulation for more information.



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