

Physician Alert



Case Report

19 year old male with 2 year history of left forearm pain

ABSTRACT

TK is 19 year old male with 2 year history of left forearm pain which increased following playing guitar, gripping activities, or lifting weights. He has previously been diagnosed as having positional pain syndrome and carpal tunnel syndrome. Patient has tried several treatments without benefit before coming to The Rejuvenation Center. Biomechanical assessment revealed pelvic and rib cage asymmetries. These results indicated a need for the patient to be treated with 10 Postural Restoration exercise sessions. Following treatment the patient reported over 80% improvement in signs and symptoms and was able to return to guitar playing for 2 hours with no symptoms during or after the activity. His experience confirmed that The Rejuvenation Center is a very positive treatment alternative to help referring providers successfully deal with patients suffering from unresolved chronic pain.

(detail study on back)



TESTIMONIAL

Before coming to The Rejuvenation Center, my left forearm would hurt anytime I used my left arm to grip anything, and especially when I tried to play the guitar. It was encouraging to finally get relief after 2 years of doctor visits, medications and other types of physical therapy that didn't work. They really took a deep look at my problem and I'm up to about two hours of playing the guitar without any pain or problem and I am able to use my hand for everyday tasks.

TK

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History

TK is 19 year old male with 2 year history of left medial forearm pain which increased with attempts at playing the guitar, left hand gripping activities, or lifting weights. His only relief prior to therapy was to rest and not use his left arm. In addition to the pain, he experienced numbness and tingling down into his left hand. Previous patient diagnoses included positional pain syndrome and carpal tunnel syndrome. During the previous 2 years, patient has been treated with physical therapy, braces, interferential and ultrasound with no success and consequently, had to discontinue playing the guitar. EMG of the left upper extremity was conducted with no abnormality found.

Examination

Lumbopelvic and rib cage positional assessment was as follows:

	Right	Left
Hip Add (mod Ober)	Full	Limited
Hip Ext (mod Thomas)	Full	Full
Shoulder IR	68	65
Shoulder Horizontal Abduction	45	25*

*Resulted in left arm strain consistent with symptoms and numbness and tingling in his left hand.

TK's pelvic position is consistent with an anteriorly tilted and forwardly rotated left hemi-pelvis with associated sacral and spinal orientation toward the right.¹ This right spinal orientation results in a counter rotation through his rib cage and thoracic spine back to the left in order to bring his upper thorax back to a learned anatomical position perceived as straight to allow him to function and face forward with his shoulders when his lumbar spine and pelvis were oriented to the right. The result was an asymmetrical rib cage because the left half of the rib cage had externally rotated and the right half of the rib cage had internally rotated in association with his thoracic spine counter-rotating toward the left.² The faulty rib cage position had resulted in an improper resting position of both of his scapulas on the rib cage, resulting in the loss of shoulder internal rotation on both sides. The fact that his upper torso was constantly rotating back to the left had tightened up his left pectoralis major muscle, which was holding his rib cage turned to the left and the left side of his rib cage up and externally rotated.² This pectoralis issue was confirmed by the limited horizontal shoulder abduction on the left.

Intervention

- 10 Postural Restoration physical therapy sessions

Treatment focused on restoration of proper pelvic alignment by shifting it back to the left and restoration of proper rib cage alignment by rotating it back to the right with proper rib rotation and thoracic airflow. A key component to his therapy was to decrease left upper quadrant muscle and fascial restrictions secondary to the pattern of left rib cage rotation and thoracic positioning. The restricted left pectoralis had altered the resting position of the left scapula and internally rotated the left humerus. This humeral internal rotation required that his forearm compensate into a resting state of supination, prior to initiating any activities that require additional supination like playing the guitar.

Outcomes

Following the scheduled Postural Restoration therapy sessions, the patient reported

- over an 80% improvement in all of his signs and symptoms
- he was able to return to guitar playing for 2 hours with no symptoms during or after the activity.

Lumbopelvic and rib cage positional re-assessment was as follows:

	Right	Left
Hip Add (mod Ober)	Full	Full
Hip Ext (mod Thomas)	Full	Full
Shoulder IR	90	86
Shoulder Horizontal Abduction	45	40

Discussion

TK's findings and his biomechanical pelvic and rib cage position measurements indicated a need to begin The Rejuvenation Center's specialized biomechanical Postural Restoration program.

The patient was provided with home exercises to address his asymmetrical ribcage and acquired positional adaptations across his upper thorax, left shoulder and arm. By addressing the postural asymmetries across his rib cage we restored proper biomechanical position and relationships between the rib cage, scapulas, and upper extremities. In other words, the left medial epicondylitis was the result of his forearm compensating into excessive supination due to his internally rotated humeral position. The humeral rotation was the result of his faulty resting scapular position on the asymmetrical rib cage.

Correcting the rib cage issue and inhibiting his restricted and overactive left pectoralis major allowed his left forearm to move into a less supinated resting state, which relieved the excessive strain on the proximal attachments to the left wrist flexors (medial epicondyle). This allowed the patient to return to playing guitar without medial forearm pain when he supinated his left forearm to hold the fretboard, something he had not been able to do in 2 years.

After failing several treatment options over the previous 2 years, it is significant to note TK's successful outcome with Postural Restoration. This example is critical, as it demonstrates the causative factor in a patient's pain is often multi-factorial and related to areas other than the area that hurts. His pain did not resolve by simply addressing the left forearm pain with traditional measures. It required a total body restoration with knowledge of the mechanical and fascial relationships that were contributing to his chronic forearm pain.

This case report confirms that The Rejuvenation Center in Omaha, NE is a successful treatment alternative for patients struggling with a variety of unresolved stress and chronic pain issues after traditional therapy methods have failed.

References

1. Hruska, RJ. *Myokinematic Restoration—An integrated approach to the treatment of patterned lumbopelvic pathomechanics*, Postural Restoration Institute, Lincoln, Nebraska, 2007.
2. Hruska, RJ. *Postural Respiration—An integrated approach to the treatment of patterned thoraco-abdominal pathomechanics*, Postural Restoration Institute, Lincoln, Nebraska, 2008.

