

Clinical case in P.M.R. combined with conservative and interdisciplinary rehabilitation therapy

Presented by **Dr. Paolo Ortelli**

Dr. in Acupuntcure, Beijing University (WFAS), China

Dr. in Osteopathy, Ludes-Oradea University in Lugano, Switzerland-Romania

Physical therapist, specialized in manual therapy, lymphatic drainage, etc. ...

Posturologist P.M.R and in Orthopraxis therapy (Mobilization of Neuro-meningeal system)

Secretary of API Swiss, Head of Teacher Training in Osteopathy and Acupuncture R.M.P. International School

e-mail: paoloortelli@ticino.com

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Dr. Sandra Schutz, Medical Doctor in physiatry, Homotoxicologist, Posturologist, President of APISwiss and teacher training in homotoxicology for Doctors in P.M.R. international school. **Thanks for her cooperation in this exposed**

Prof. Dr. Silverio Rocca, Professor of Dentistry and of Cranio-Facial Orthopedics, Vice-President of APISwiss, **founder and creator of the diagnostic scanner method P.M.R.** (Postural Myofunctional Rehabilitation)

Clinical Case:

Generalities:

- ☐ S.R.M., woman, 50 years old, Brazilian-born, he had a child with natural childbirth
- ☐ Balanced nutrition, smoker, POTUS (she drinks for her job as sommelier)
- ☐ Dynamic person, swims regularly

Pathological remote history:

- ☐ Previous rheumatic fever -> treated pharmacologically
- ☐ Previous lower limb thrombosis -> treated pharmacologically
- ☐ Sequelae of dislocated right shoulder -> treated conservatively
- ☐ Sequelae of cholecystectomy
- ☐ Sequelae of the left medial and lateral meniscectomy

Pathological recent history

- ❑ Posthumous of removed Herniated disc L2-L3 on the right
- ❑ Bilateral coxalgia - functional deficit, very limited movements
- ❑ Chronic fatigue syndrome (borderline blood sugar, and several intestinal problems of assimilation)
- ❑ Pain in lower abdomen, pelvis and lower limbs

Therapeutic proposals by the orthopedic doctor

- ❑ Bilateral Hip arthroplasty implant surgery

(The patient refused surgery and turned to us to evaluate a conservative treatment in posturology R.M.P.)

Documentation:

Radiographic

- ☐ X-Ray of the cervical spine on 2015: reversal of the physiological curve, osteochondrosis C5- C6 and C6-C7
- ☐ X-Ray of the Lumbar Spine on 2015 : pronounced osteoarthritis
- ☐ X-Ray of the pelvis and hips on august 2014: bilateral periartropatia of the hips with marked calcifications, decreased inter acetabular space, chondropathy

LABORATORY

- ☐ Ferritin - Homocysteine - glycosylated hemoglobin: high levels
- ☐ Vit. B12 – cortisol: low levels



X-Ray of the cervical Spine on April '15: cervical radiographs in anteroposterior and left side, with standing patient. Note the curve inversion with apex in the C5-C6 and C6-C7 vertebrae, with disk disease and osteochondrosis.





On the left side: X-rays of the spine in AP
On the right side: X-Ray from the left, on
02/04/2015

Scoresheet for Lx:

RX COLONNA LOMBARE

Ipoplasia del XII paio costale.

Presenza di quattro metameri a morfologia lombare.

Vizio di differenziazione al passaggio lombo - sacrale con "lomboarizzazione" di S1.

Discartrosi diffusa.

Artrosi interapofisaria posteriore.

Come reperto occasionale si segnalano clips chirurgiche in sulla proiezione della regione mesogastrica destra.

X-Ray of the lumbar spine:

hypoplasia of the twelfth rib pair.

Presence of four vertebral bodies at the
lumbar morphology.

Defect in the lumbosacral transition
differentiation with vertebra S1
"lumbarized".

Diffuse discal osteoarthritis.

Posterior interapophyseal osteoarthritis.



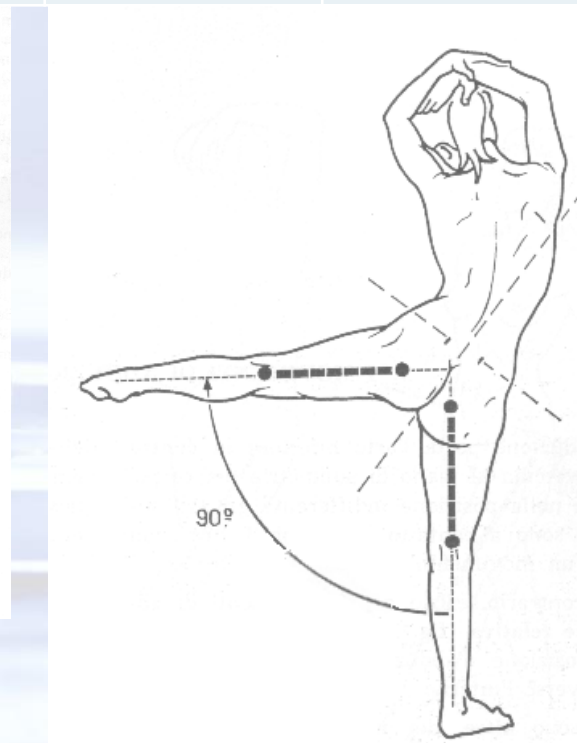
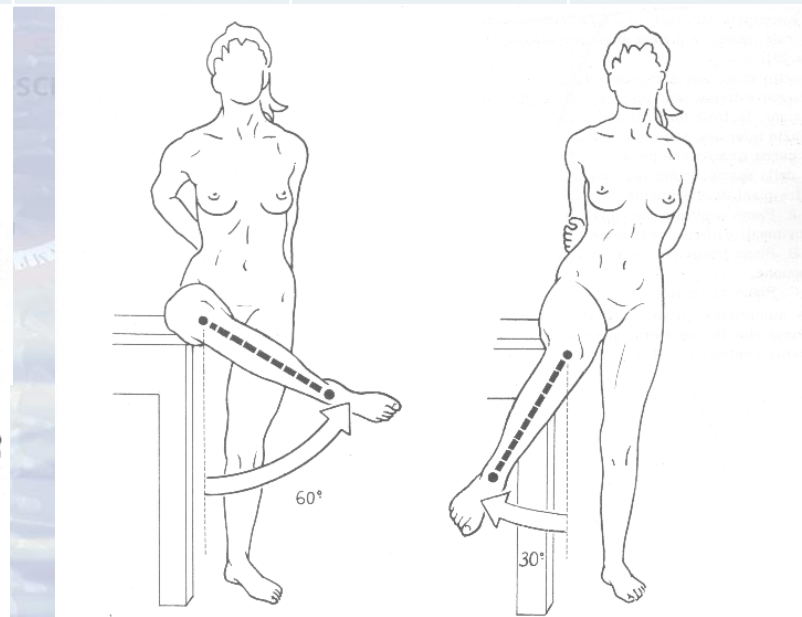
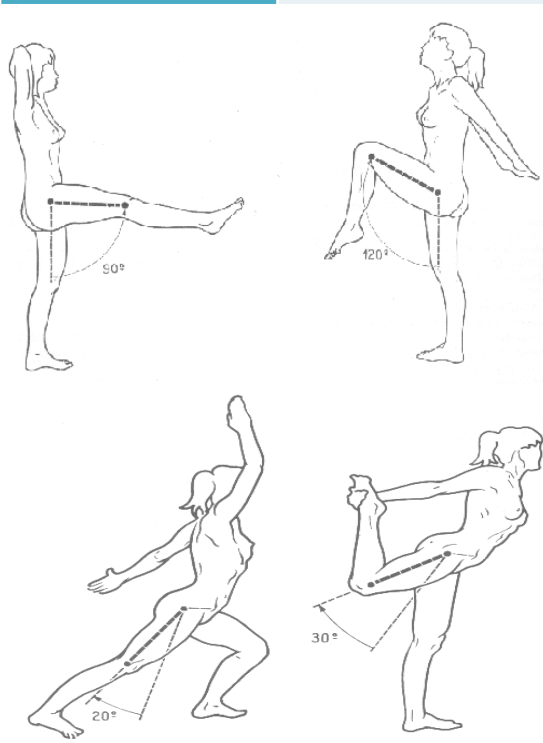
X-ray of the pelvis and hips, on august 2014

Report:

Periartropatia with bilateral calcifications. Inter-acetabular spaces decreased and calcified, several outbreaks of calcifications and early osteoarthritis in the low back and sacrum-iliac districts.



<u>Movements</u> Data	Flexion	Extention	Internal Rotation	External Rotation	Abduction	Adduction
Norm	90-120°	20-30°	30-40°	60°	45 to 180°	0 , o -5°
Before R/L	50/45°	8/10°	20/15°	30/30°	18/20°	0/0°



The patient had the following functional problems:

1. Skull structures compromised
2. Ears and vestibules substantially normal
3. Eyes and vision: the dominant eye is the right. Here we have found weakness of the left dominated eye convergence
4. TMJ problems and of the neighboring structures
5. Asymmetrical teeth with malocclusion
6. Asymmetrical line of the shoulders
7. The spine is locked in different levels for both organical and functional problems
8. At low back level I noticed an osteopathic block of the sacroiliac joints and of the pubic symphysis.
9. The knees are a bit 'asymmetric (real long right leg of about 1 cm)
10. Ankles and feet: feet slightly discordant, some tensions and small blocks. Ankles with joint blocks under the astragalus.
11. Center of gravity towards the front with deviation to the left
12. With the organic problems of chronical fatigue and metabolism, there are also those of dysfunctional respiratory mechanics with overload of the accessory muscles and deficits of the diaphragm.

1. Skull structures
2. Ears and vestibules
3. Eyes and vision
4. TMJ and muscles
5. Mouth, teeth, tongue
6. Level of the shoulders

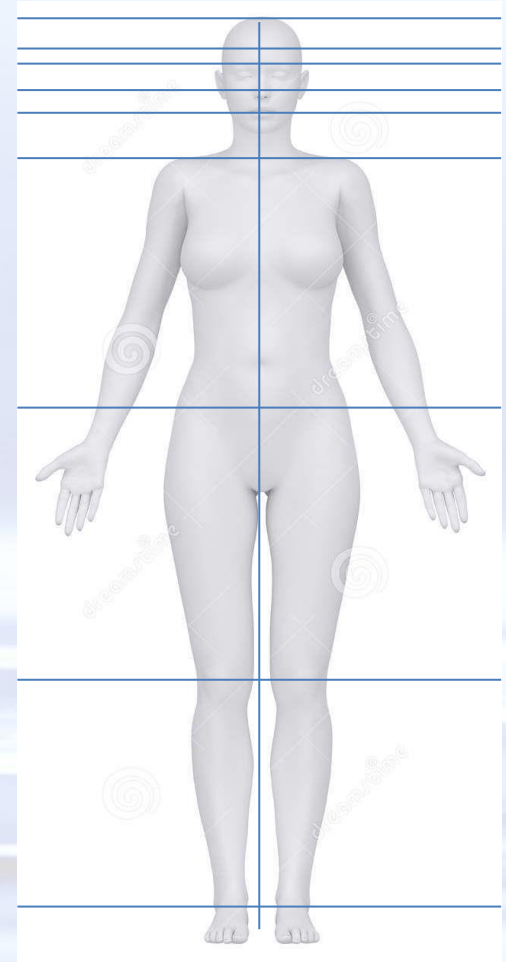
7. Spine

8. Pelvis

9. Knees

10. Ankles and Feet

11. Center of gravity



Therapeutic Proposal M.P.R.:



For Structures

- ☐ Use of the B.E.D. (Body Equilibrium Device)
- ☐ Infiltration also under ultrasound guidance with activated serum (homotoxicology)
- ☐ Orthopraxy, Manipulative Osteopathy, CranioSacral therapy, Shock waves, and Acupuncture
- ☐ Postural reeducation treatments of muscle chains, exercises, postural re-education in physiotherapy, with remote osteopathic controls and acupunctural recalls

In Biochemistry

- ☐ Intestine rebalancing with specific natural therapies (silicate, etc ...) and Acupuncture
- ☐ Support for the adrenal glands with homotoxicology, integrators and Acupuncture

Therapeutic Proposal M.P.R.:

The analysis of the case means that we have to subdivide the disturbances in two big parts:

1. Pathologies established, with organic tissue impairment.
2. Functional disorders Reversible or at least improvable in their capabilities.

In this way I could define operational modes and type of techniques to be used according to the treated area, choosing **the priorities** to be treated **to deprogram** the affected systems before making the final postural myofunctional **reprogramming** .

1. **DEPROGRAM:** shock therapies, beginning of the rehabilitation, installation of B.E.D. (treatments using Osteopatics unlocks, Orthopraxy, CranioSacral Therapy and Acupuncture)
2. **REPROGRAM:** postural rehabilitative therapy, interventions on the metabolism and early intervention on emotions, energies and interoperability between bowels and organs.
3. **STABILIZE and RETAIN:** fine adjustment therapy (metabolism) and reeducation of the muscles chains, keeping the B.E.D. indefinitely (age of the patient and chronicity of some disorders) to ensure a constant muscular balance at the top (TMJ, oculomotor muscles, dental apparatus, neck and shoulders)

The **Orthopraxy technique**, derived from historical studies on massage in erected position, in place in ancient Egypt and from empirical manipulative techniques, then systematized by a physiotherapist, Dr. Jean-Luc Safin, and verified in experimental level at the University of Toulouse (Prof. . Richard Montoya).

It can be defined as a set of manipulations induced in the skin, that stimulate both the proprioceptive receptors of the skin that those of Golgi tendon receptors, and influence the sensorimotor peripherals postural systems, and thanks to several neurological afferences going to the brain induce a postural reflex rebalancing of all interested structures, and a rebalancing of muscular tensions, with general relaxation of muscle tone and a rapprochement to the optimal and functional center of gravity.

Furthermore the induced muscular relaxation, helps the therapist in the following minutes from this intervention, us perform structural osteopathic manipulations more easily.



Up: Prof. R. Montoya
Left: Dr. J-L Safin,
Down: Ortopraxy on Lower Back
and Pelvis area



Shock therapy, deprogramming (first 5 sessions-mixed techniques, frequency of about 10 days from one session to another)

At the same time at the medical level Dr. Med. Sandra Schutz performed several homotoxicological infiltrations with activated serum to drain toxins, has stimulated the metabolism and in particular has rebooted properly visceral physiology through integrators (silicate, probiotics, etc ...)

- ❑ **Liberation of the functional locks in the inter-vertebral joints in osteopathy** (always after undergoing prior treatment in postural and preparatory orthopraxy) of: C1-C2, C2-C3, T4, T12-L1, pelvis and lower limb: iliac wings, knees (art. Tibio- peroneal superior joint) and unlocking of the under-astragalus joints.
- ❑ **Antalgic and relaxing Acupuncture for the hip , with points as: GB29, GB30, GB31, GB32.**
(Note that the points used are points of GB Meridian , Bowel that the patient has surgically removed).
- ❑ **Relaxation of the tensions of temporomandibular joint and the jaw muscles** with CranioSacral therapy techniques, lymphatic drainage of the face and neck, Trigger points therapy of TMJ muscles **and Acupuncture of muscle-tendon channels** to remove tension and pain to the structures. In this case I used points as: **LI1, LI4, ST7, VB13** for MT LI meridian.
- ❑ **Acupuncture to stimulate the posture with the activation of the Extraordinary Meridian Dumai: SI3, BL62, DM4, DM14, DM16, DM20**, puncturing the points of Dumai more sensitive. Note that the 4DM, Ming Men, the door of life, is just placed between the Spinous process of L2 and L3 , site where the patient has undergone to a hernia surgery. It is an important point for the reactivation of the Life Energy, Yuan-Qi.
- ❑ **Acupuncture to calm the person, reactivate energies and stimulate the diaphragm:** I added points as VC17 (meeting point of the energies) PC6 (to balance the spirit) BL17 for the diaphragm.
- ❑ **In the fifth session, I used points for neck pain as DM14, DM16, GB20, GB21, SI12, LI4, and positioned the B.E.D..**

BELOW: LOCATION OF POINTS AND MERIDIANS USED FOR THE TREATMENT :

Tav.18 - IL CANALE DELLA VESCICA BILIARE

LI-1

LI-2

LI-3

LI-4

LI-5

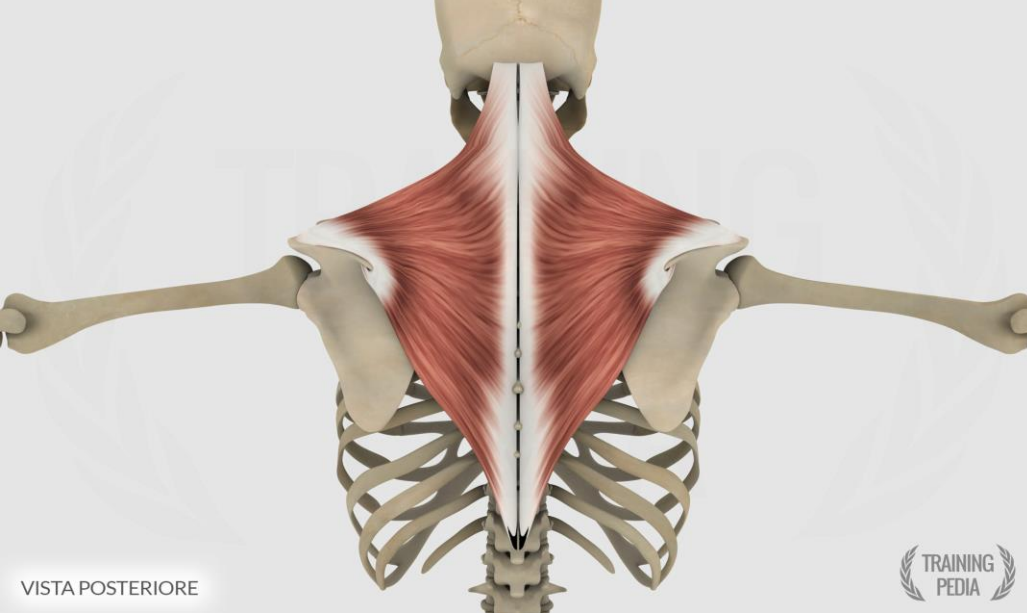
Tav.9 - IL CANALE DELL'INTESTINO TENUE

Vescica 62

Tav.14 - IL CANALE DEL PERICARDIO

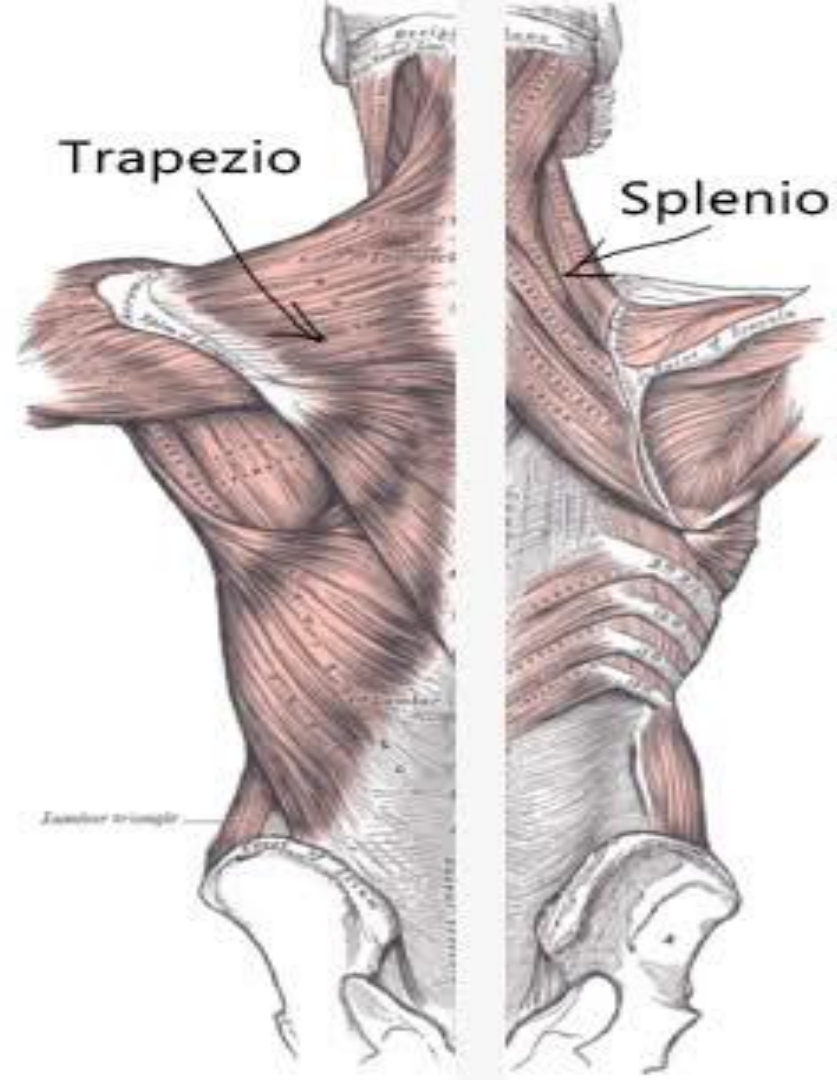
On Left and above: Points for processing TMJ: MT LI meridian (LI1, LI4, St7 GB13 (or ST8, meeting point of TM of the hand) , point which calms the spirit and nourishes the orifices and the brain.

High up Meridian's Dumai key points of activation (SI3, BL62), above Meridian RenMai (CV17), and PC6 on the Pericardium meridian).



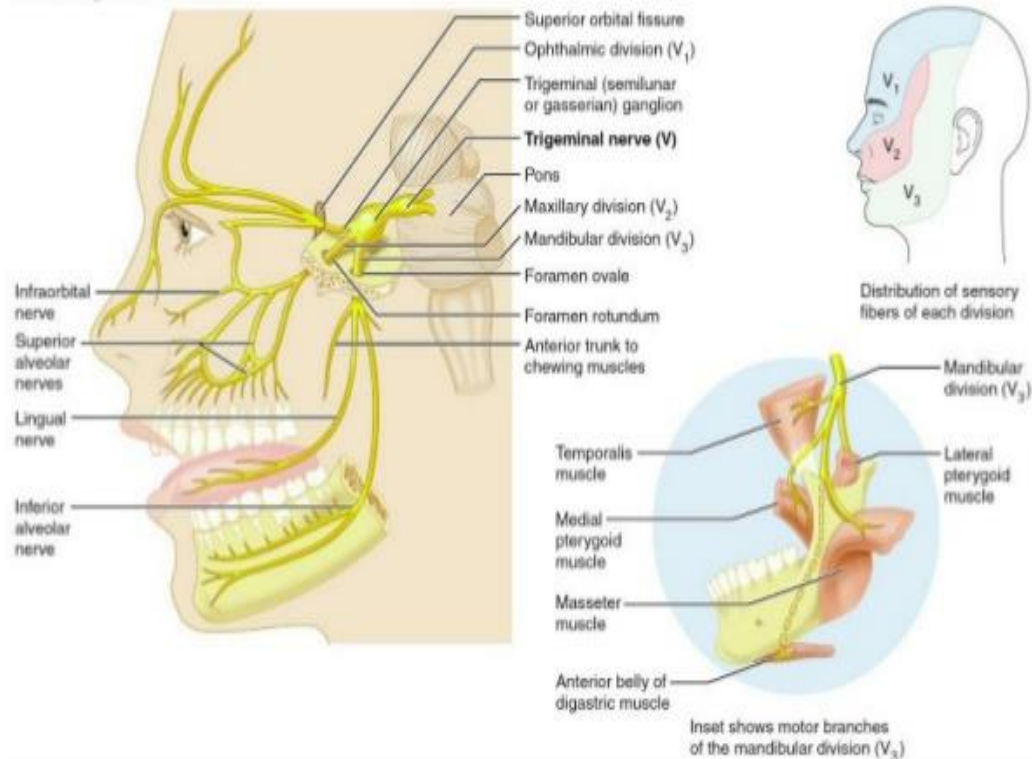
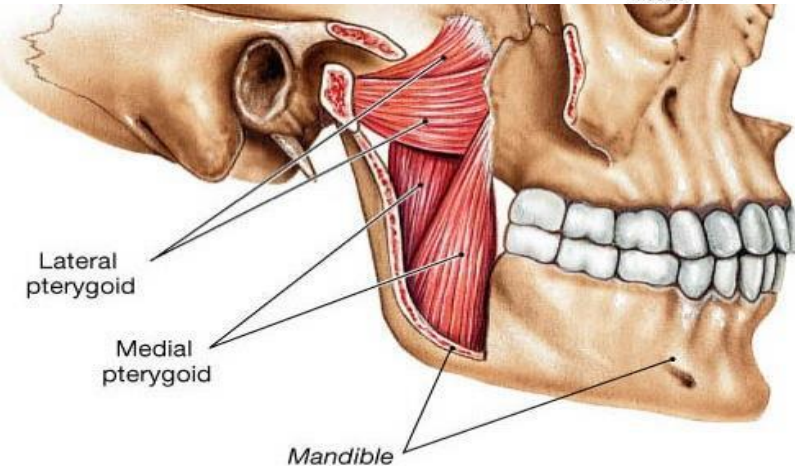
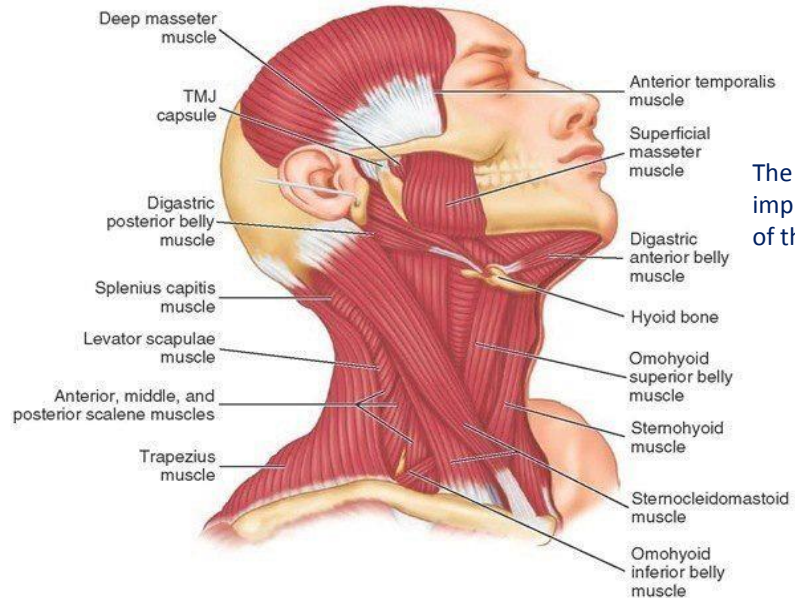
Example of muscle interference on postural functions:

In the back-lumbar joint, **T12-L1**, I have found a complete block of movement that is affected and at the same time influences both the cervical and lumbar spines (for the muscular chains tensions correlation starting from above, in particular from the Trapezium muscle), tensions that radiate low from Head, Neck and Cervical spine, and from bottom on T12-L1 joint in particular due to an asymmetry of length of the two lower limbs, the stiffness of movement of the hips and the functional locks induced in the sacroiliac joints.



Cranial Nerve V: Trigeminal

The images show the complexity of the muscular system (left) and above and below right the implications that an increase of tension can give To cranial nerves, especially in the 2nd and 3rd branch of the N. Trigeminal



2. Rehabilitative therapy: reprogramming

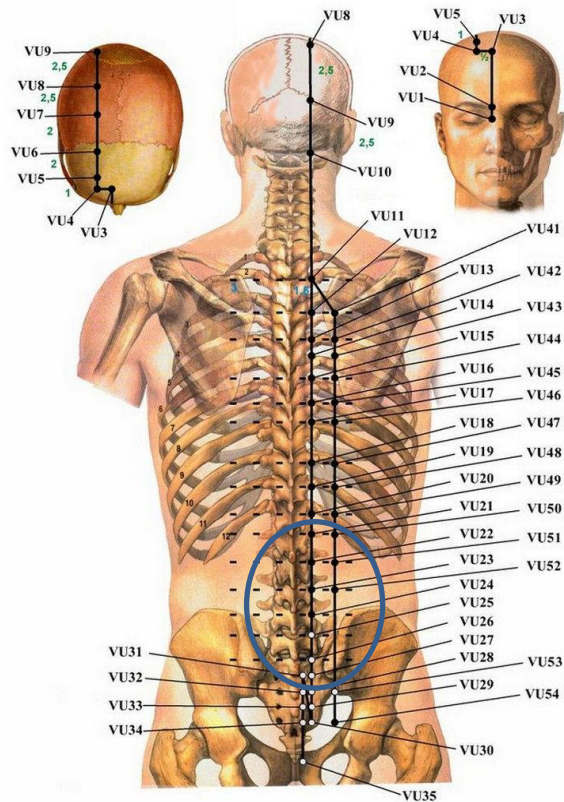
Sixth-eighteenth session (13 treatments to irregular period for about one year):

- ❑ **Continues the monitoring of all tensions** using orthopraxy and cranio-sacral therapy
- ❑ **Control and progressive and constant adaptation** to the new physiological situation **of the B.E.D.**
- ❑ **Introduction of stretching and mobility-reinforcing and also postural exercises (Wii-Fit for exemple)**
- ❑ **Mobility recommendations for the hips**, continuing direct treatment on the right hip with Acupuncture
- ❑ **Start specific treatments for the metabolism**, strengthening the Spleen-Pancreas Organs and the assimilation in general (high glycemic borderline), with Acupuncture
- ❑ **Acupuncture was accompanied with osteopathic visceral maneuvers** and for the **liberation of the diaphragmatic functions**, and shown breathing exercises to do at home.
- ❑ **Lately we started the treatment of metabolic and energy fine adjustment** and muscular chains treatments (18th sections onwards).

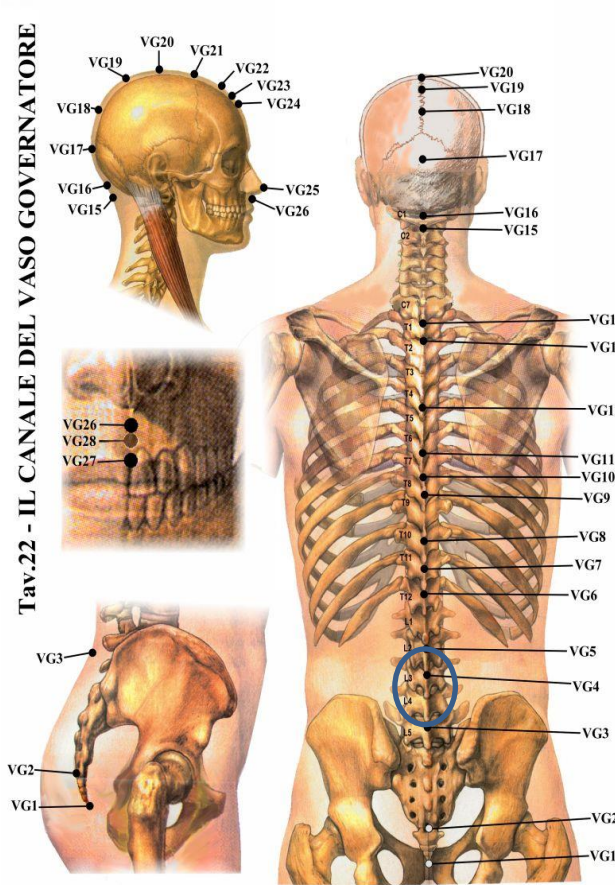
In Acupuncture, used points for hip and spine in this case: 23BL, 25BL, 54BL, 29-34GB

- ☐ **23BL** (Kd Shu point, Ming men = 4VG, life energies and ossification) - between L2 and L3 in the area of the patient's hernia, 1.8Cun outside the midline, between the two spinous processes.
- ☐ **25BL** (LI SHU point and local points to treat the lumbar back, between L4 and L5, 1.8Cun outside).
- ☐ **54BL** (point close to the trigger point of m. Piriformis)
- ☐ **29-32GB** (already shown for the hip)
- ☐ **34GB** (point Hui, meeting point to treat all the tendons and ligaments of the body, just below the Tibial-peroneal superior joint, in the space between the two bones (tibia and fibula)).

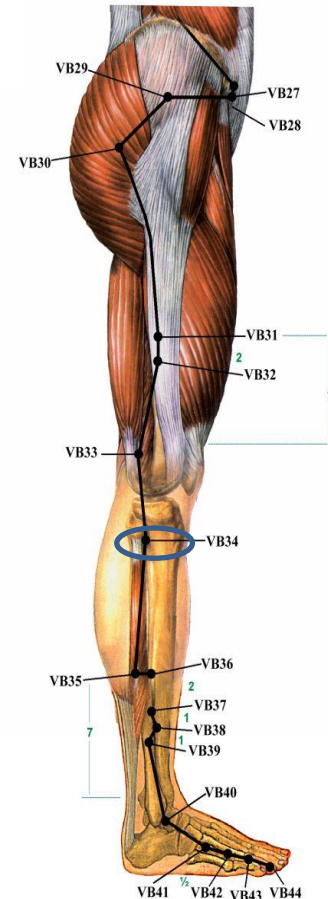
Tav.11 - IL CANALE DELLA VESCICA URINARIA



Tav.22 - IL CANALE DEL VASO GOVERNATORE



Tav.18 - IL CANALE DELLA VESCICA BILIARE



At the top the interesting points for the treatment of the spine, specifically the lumbo-sacralgia:
 To left: BL Meridian (23-25-54), in the center Dumai (DM4), right, Gall Bladder (hip points: GB29-32 point and tendons and ligaments meeting; GB34).

Points used to stimulate the proper metabolic functioning :

LV3-LI4, SP6, SP9, ST36, CV4, CV6, ST25, CV12, LV13

❑ **LV3:** Yuan point of the liver's energy, regulates all liver functions, together with **4LI** (point Yuan of Large Intestine) clears the outside, disperses the wind and stimulates the WEI-QI, surface defense energy) forming the Barrier 4 points: points for the rebalancing of the emotional and metabolic functions, rebalance the person.

❑ **SP6 :** Meeting point of three yin meridians from Low (Kd, Lv, Sp.), point Luo of Yin Group from the bottom, an important point for the Gynecology, stimulates digestion especially of sugar and send up the nutritive energy and limpid organic fluids (nourishes the brain and helps memory and learning).

❑ **SP9:** important point for the metabolism of the blood, stimulator of hematopoiesis, improves blood production quality (liquid red cells and rebalancing in the vessels)

❑ **ST36:** key point for the metabolism of the whole body, stimulates the blood and energy at the same time, point He of the Stomach, stimulates energy, strengthens the resistance and the power in the muscles.

❑ **CV4:** Mu point of the Small Intestine (SI), collects the energy from the Spleen and Stomach, and turns them into nutritive energy , separating the pure from the impure.

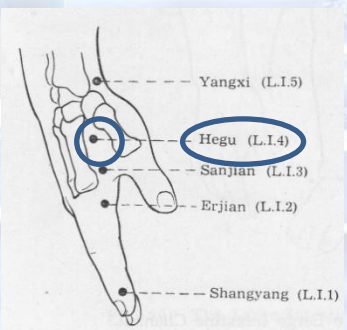
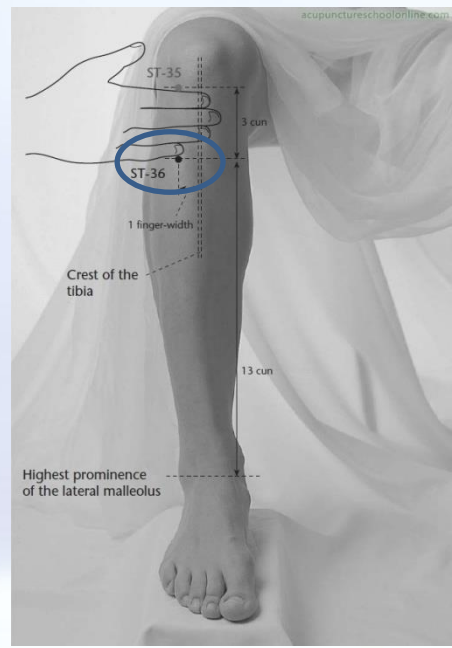
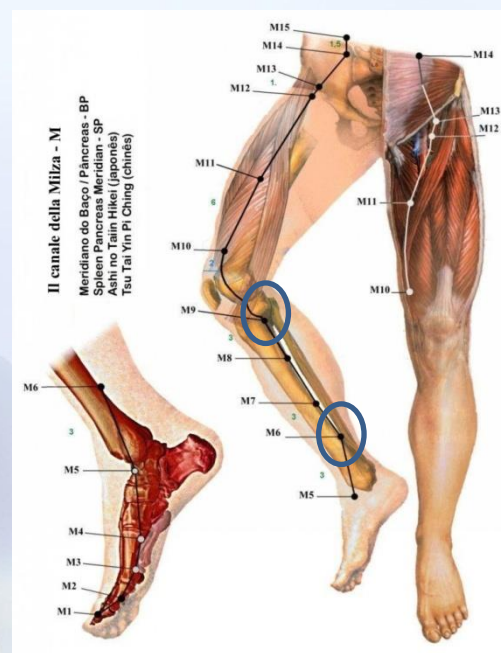
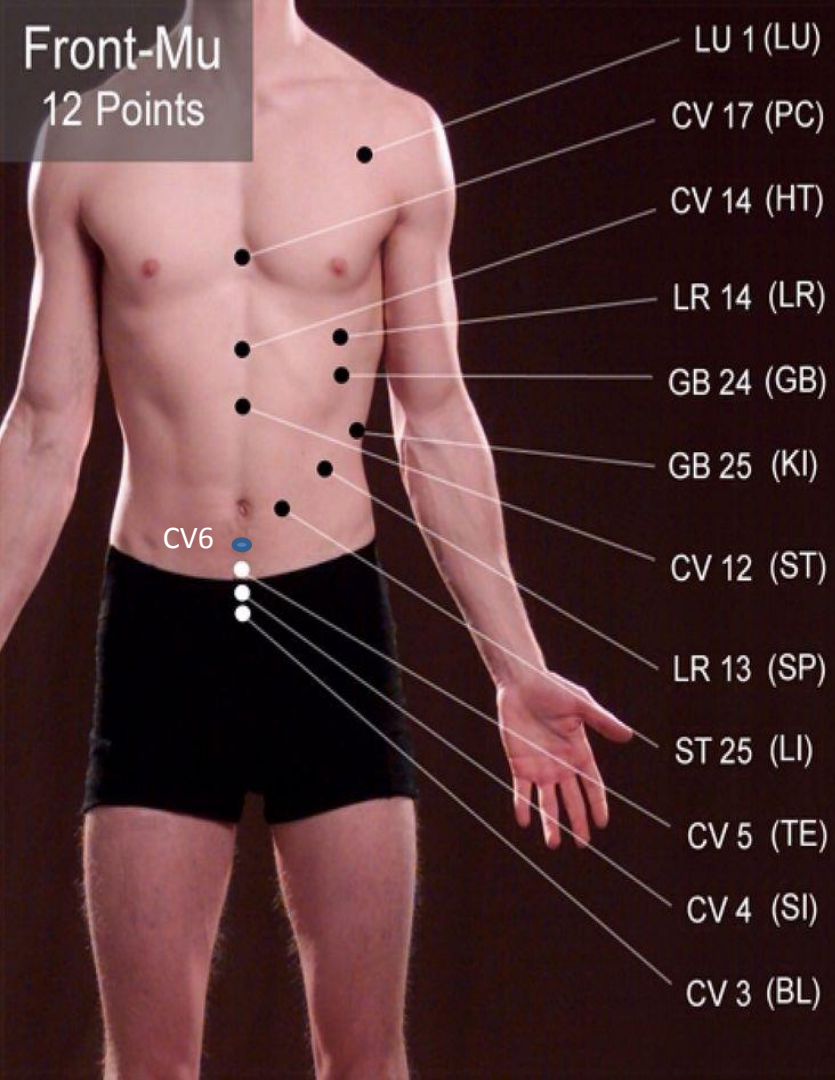
❑ **CV6:** It supports the Kidney energy, consolidates the Yin and mobilizes the Yang, has links with the meridians of spleen, stomach, kidneys and liver's energy.

❑ **ST25:** MU point of the Large Intestine, regularize the defecation (along with 6SP), and reactivates the organ function

❑ **CV12:** Mu point of the Stomach and point Hui, meeting point of all wide Viscera "Fu" (Intestines and Stomach, Gall Bladder, Bladder, "Triple Burner"), stimulates the correct function of all bowels, especially of the Stomach

❑ **LV13:** Mu point of the Spleen-Pancreas, the meeting point of all the organs filled "Zhang" (spleen, liver, kidneys, heart, pericardium and lungs), stimulates the correct function of all organs, particularly the Spleen-Pancreas

Front-Mu 12 Points



In the figures the location of the treated points

Stabilization and Maintenance: final phase, just begun

In recent sessions we are working on myofascial trigger points in the muscles, and we loose the small calcifications intramuscular of the adductors and the remaining strains of pertrochanteric muscles, bilateral trensor fascia lata, Sartorius and Vastus medialis.

I used to calcifications SW (1.3-1.6 b / 16Hz, 4000 x), US, and interferential electrotherapy. The patient at home has a series of specific exercises both for stretching and for a certain muscular work and general mobility.

To the side the model of radial shock wave used for the therapy



Results of rehabilitation after 18 sessions with rx ap of the pelvis at 21/03/2016, 13 months from the start of treatment:



Referto

Buona mineralizzazione ossea.

Nessun segno di fratture.

Coxartrosi bilaterale con leggera diminuzione della rima articolare a destra, sclerosi subcondrale bilaterali, apposizione ossea femorale e acetabolare più marcata a s.in.

Conservati i rapporti articolari delle sacroiliache.

Non calcificazioni dei tessuti molli.

Coprostasi a livello del colon ascendente.

Report

Good bone mineralization

No signs of fractures

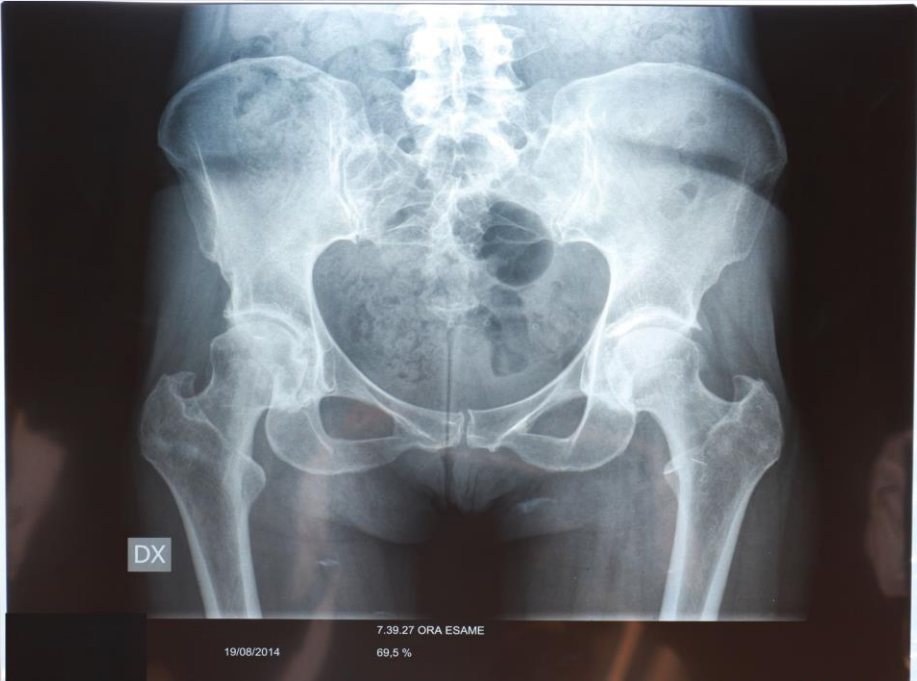
Bilateral coxarthrosis slightly reduced at the right joint line, bilateral subchondral sclerosis, bone apposition more marked on the left acetabular joint

The articular sacroiliac reports are maintained

No calcifications of soft tissues

Fecal impaction at the level of the ascending colon

Comparing the initial radiograph (April 2014) on the left and final (March 2016) on the right



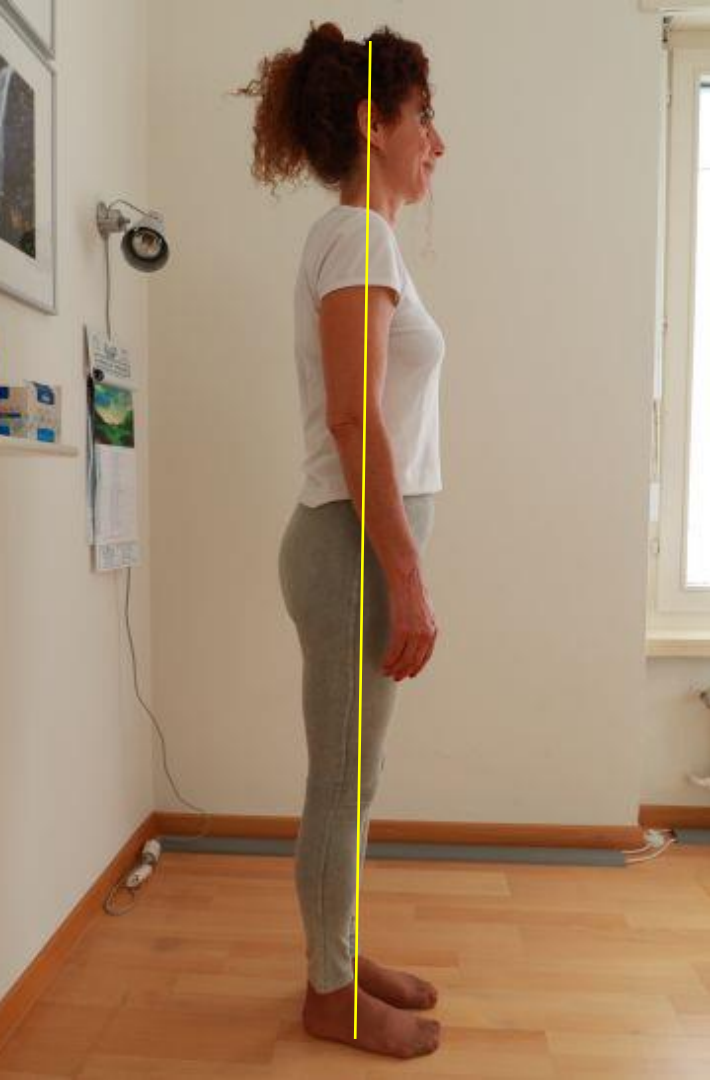
Current situation of the patient in the other functional districts:

As you can see there are still asymmetries in the jawbone level, jaws and teeth, which can be defined chronic.

Even at the cervical level C4 to C7 functionality it will remain compromised causing sometimes still tensions and / or migraines (with combined tensions that depart from the TMJ).

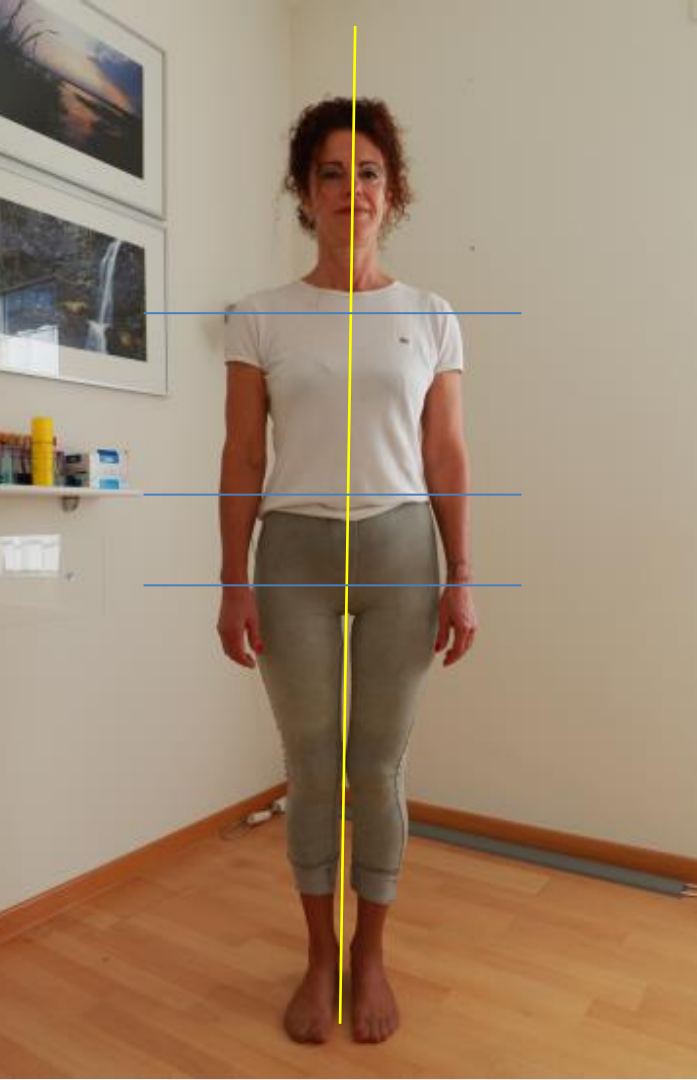
The vision is centered, and the retained ocular convergence has returned functional and bilateral, dominated eye and its muscles are normal. In this state of chronicity **the B.E.D. should be maintained indefinitely**





Between left and right side asymmetries still exist, although very decreased. The shoulders are still not entirely horizontal. But overall there was a good functional recovery.

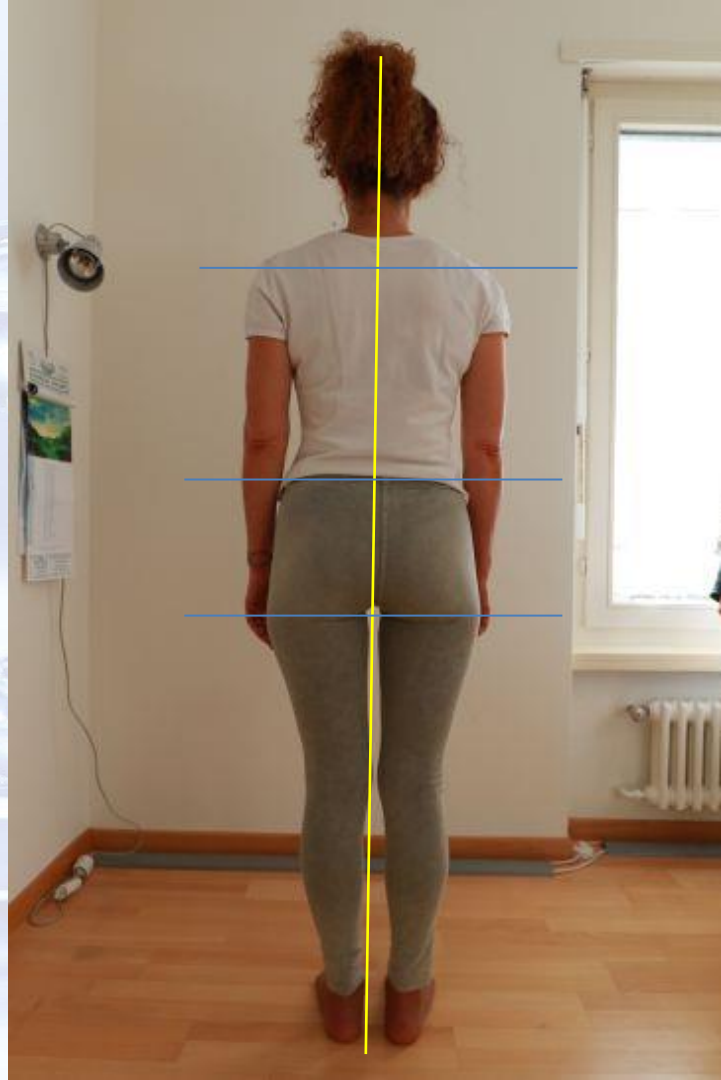




Note that the left shoulder is slightly to the rear position, while the contralateral one, has a compensation position in the prior art.

The basin is slightly asymmetrical and higher left (due to the true long leg ca 1 cm). Knees, also compromised (intervention of the medial and lateral meniscectomy on the left) have limited compensation properties and there's still a bit 'of valgoid.

The conditions are, however, much improved compared to the beginning, and the movements are kept free and functional thanks to the exercises and the the B.E.D.



In single stance on the right foot you can see a trend to the support of hindfoot in varus, and a forefoot returning in valgus on the first Metatarsus



The left foot instead, presents always a tendency in varus posteriorly, but in the front the valgus is more accentuated



With a situation like this we are evaluating the use of a proprioceptive and / or a comfort plantar





Thank you very much!!

