

#### **Scientific Program**

International Conference and Expo on

#### **Novel Physiotherapies**

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## KEY NOTE ADDRESS Chicago 17<sup>th</sup> August 2015

# MANUAL THERAPY FOR UPPER CROSSED SYNDROME

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MPT(Manual Therapy), S.R.P(London), MISEP, MIAP, FAGE, PhD President, Manual Therapy Foundation of India® Neck pain is a musculoskeletal disorder and is a common cause for patients seeking treatment from health care providers(Leaver 2013).

1. Leaver AM, Maher CG, McAuley JH, Jull G, Latimer J, Refshauge KM. People seeking treatment for a new episode of neck pain typically have rapid improvement in symptoms: an observational study. J Geophys Res. 2013;59:31–7

## Alarmingly, 30 to 50 % of the general population suffer from neck pain annually, with a point prevalence of around 15 % in males and 23 % in females; and these numbers are increasing (Haldeman et al 2008; Hogg-Johnson et. Al 2009).

- 1. Haldeman S, Carroll L, Cassidy JD, Schubert J, Nygren A. The bone and joint decade 2000–2010 task force on neck pain and its associated disorders: executive summary. J Manipulative Physiol Ther. 2008;32 Suppl 2:S7–9.
- 2. Hogg-Johnson S, van der Velde G, Carroll LJ, Holm LW, Cassidy JD, Guzman J, et al. The burden and determinants of neck pain in the general population: results of the bone and joint decade 2000–2010 task force on neck pain and its associated disorders. J Manipulative Physiol Ther. 2009;32 Suppl 2:S46–60

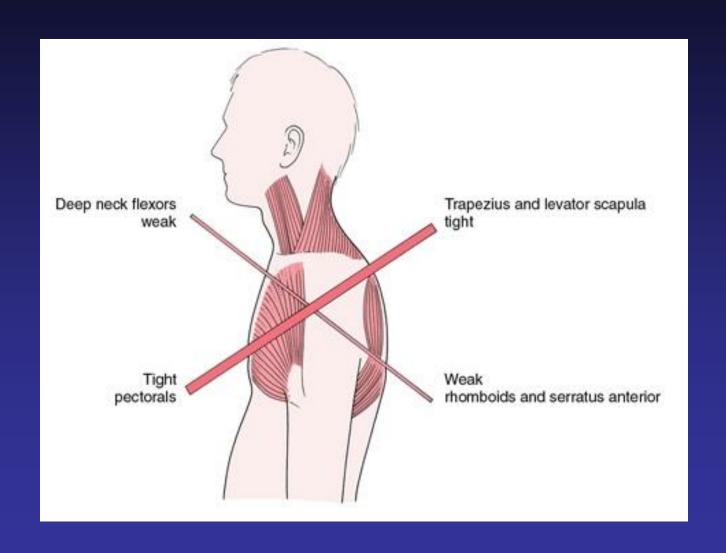
## **Bifocal Posture**

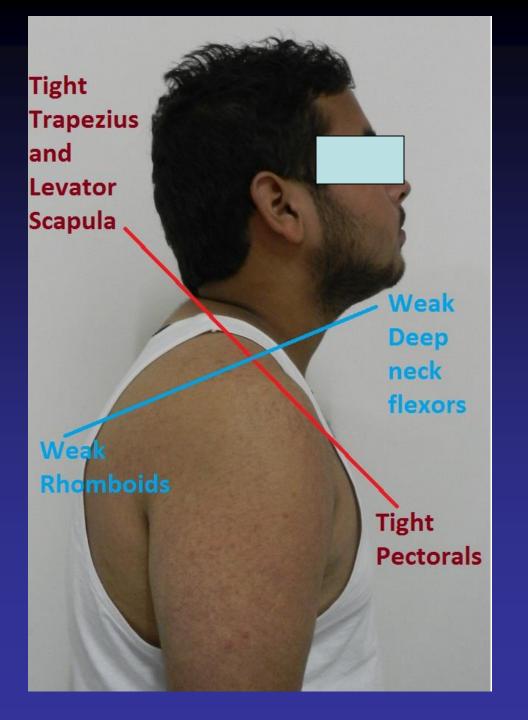


Poor body posture, as well as poor design of the workstation, may lead to muscle pain, particularly in the shoulders, neck, lower arms and wrists, which, if not attended to, may develop into what are commonly called Repetitive Strain Injuries (RSI).



#### **Upper Crossed Syndrome(Janda)**





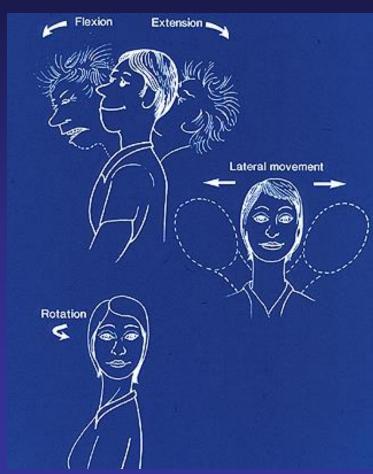
The term upper crossed syndrome was coined by Dr. Vladimir Janda. The upper crossed syndrome is defined as tightness of the upper trapezius, pectoralis major, and levator scapulae and weakness of the rhomboids, serratus anterior, middle and lower trapezius, and the deep neck flexors (Rectus Capitus Anterior, Rectus Capitus Lateralis, Longus Capitus, Longus Colli) and the scalene muscles (Janda, 1988).

Janda, V. 1988. Muscles and Cervicogenic Pain Syndromes. In Physical Therapy of the Cervical and Thoracic Spine, ed. R. Grand. New York: Churchill Livingstone.

Cervical Spine Function: The cervical spine is the most slender, mobile region of the spine with wide ranges of flexion, extension, side bending &

axial rotation

Head – neck region: most complex Neuromechanical system in the body (Winters and Peles 1990)



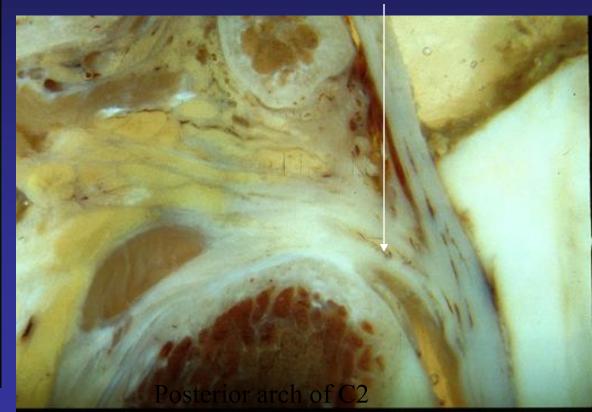
The upper cervical dura: Left:- Contrast the thick posterior dura with the thin anterior dura; A small tendon from rectus capitis posterior minor inserts into the posterior dura to keep the dura tight when the neck is extended.

Spinal cord at C1 level

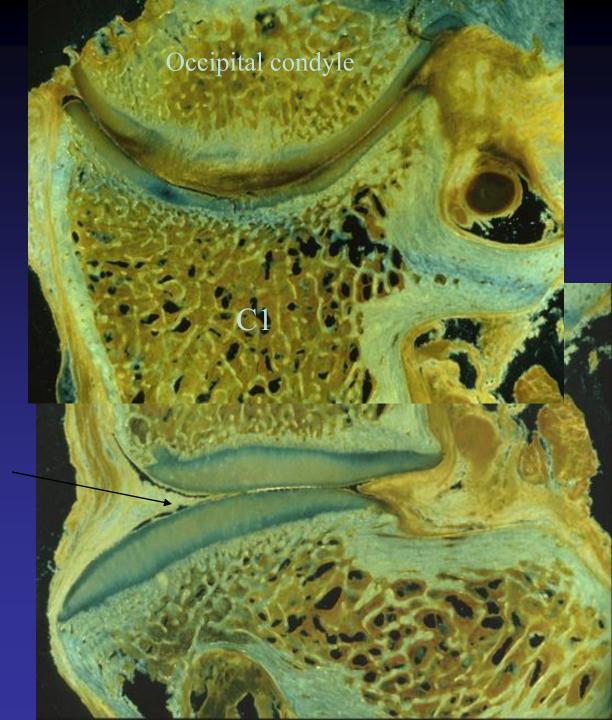
Anterior dura

Posterior dura

Partial insertion of rectus capitis posterior minor into posterior dura



#### Co-C1 Joint Complex



SF

## Sagittal sections in the plane of the cervical facets



Note the large posterior muscles compared to the small anterior muscles;

The vertebral artery shows a regular calibre.

The nerve roots are much larger from C5 downwards

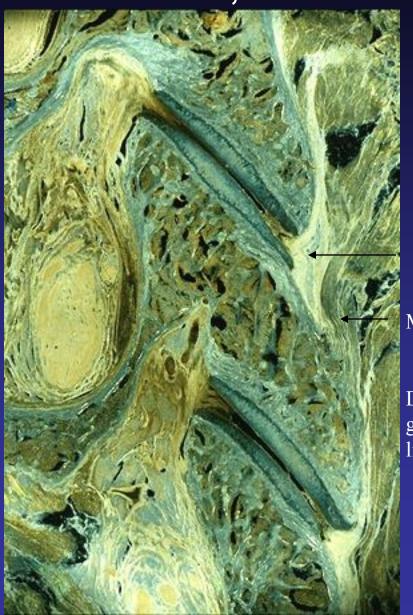
The facet joints are oriented at about 45° to the long axis of the spine in adults, with larger angles in children.

C4-5& C3-4 show the highest angles



Facet joints: sagittal sections from 35 year male;

C5-7; C6-7

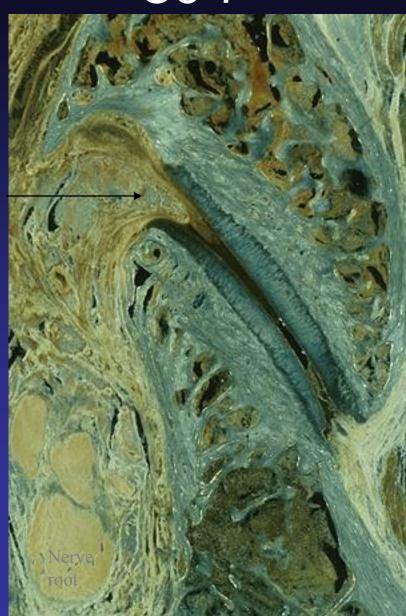


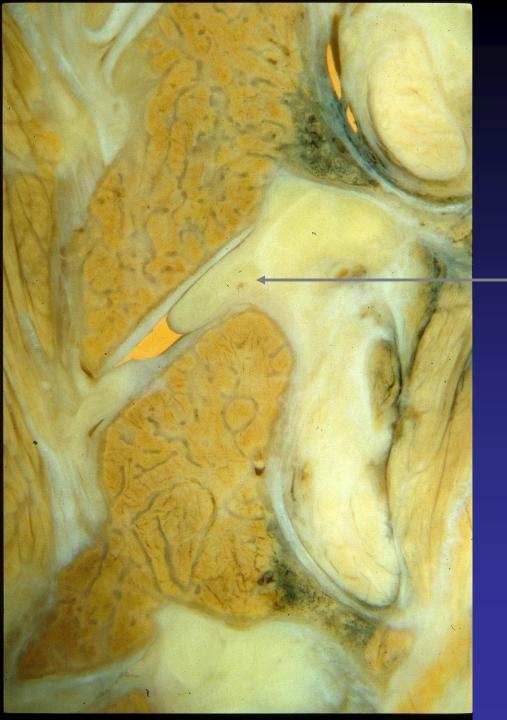
Synovial fold

Inferior recess

Multifidus

Dark ground lighting

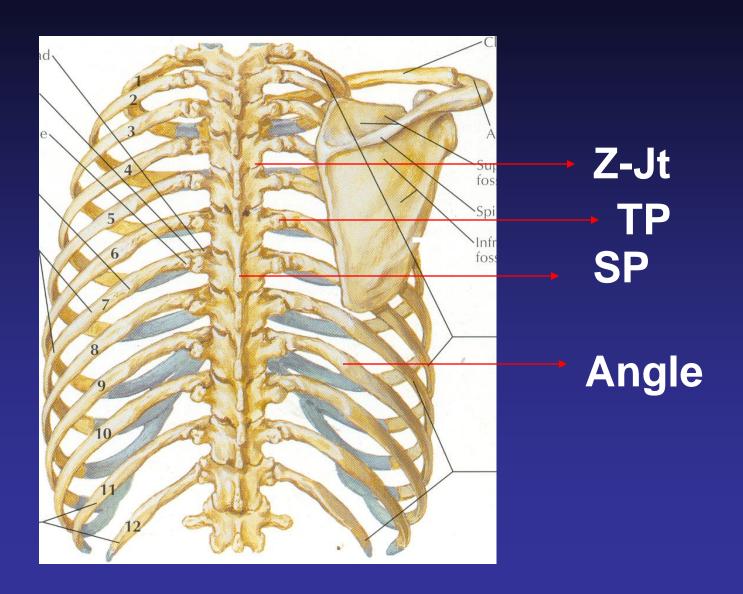


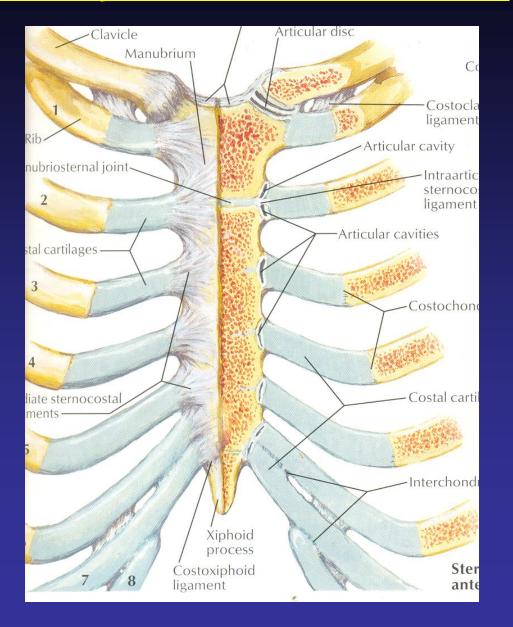


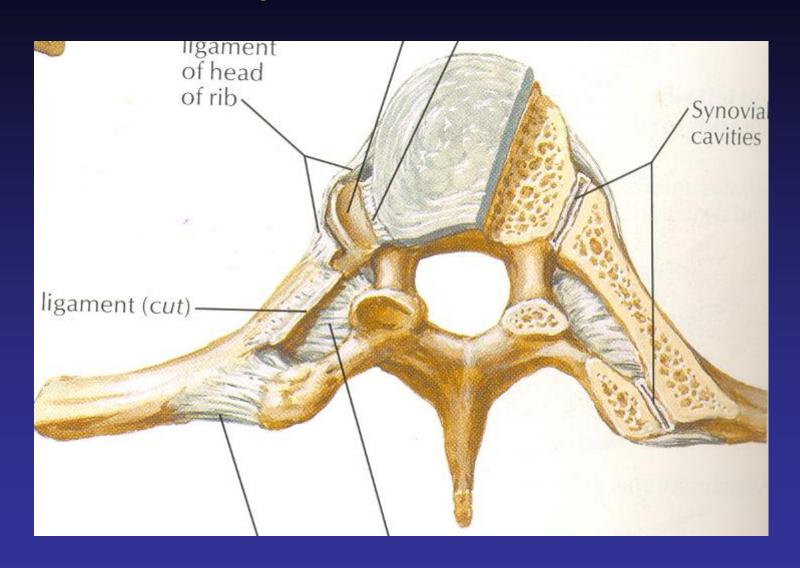
# Facet joint fat pads near joint margin

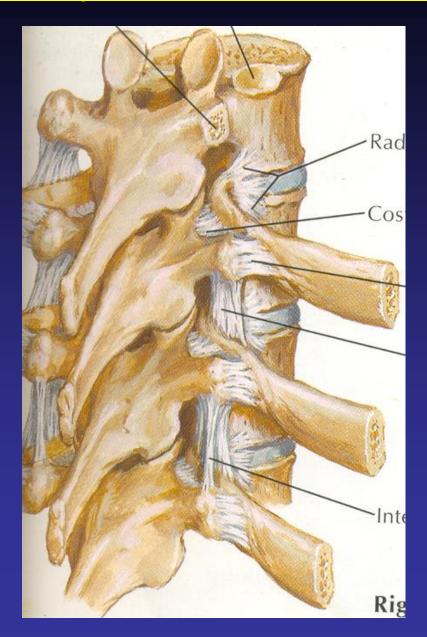
Large synovial lined fat pad extending into anterior joint space

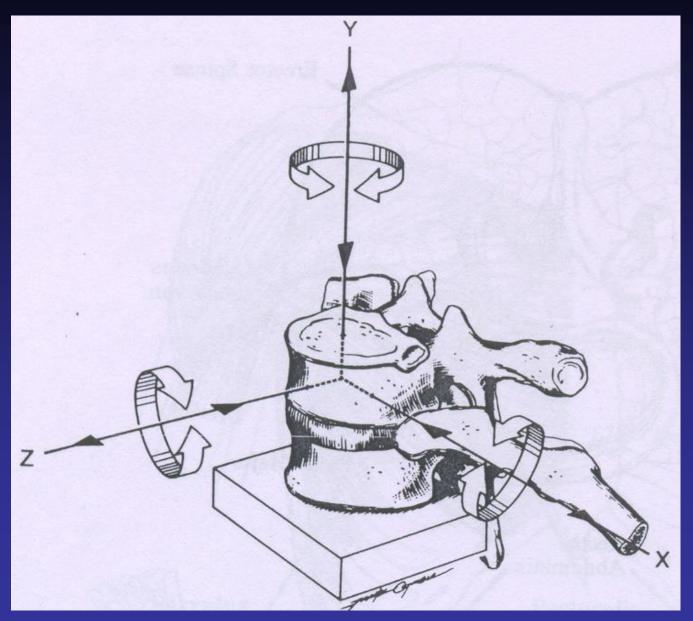
Meniscoids, also called synovial folds, are intraarticular fat pads covered by the synovial membrane Klaus M. Friedrich, 2007











## Observation(Post)



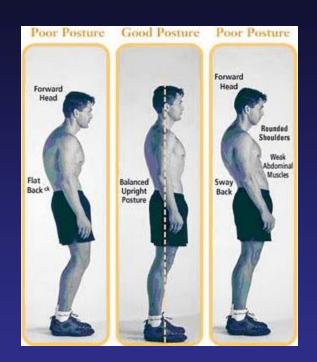
#### Observation(Post)



## Observation(Lat)



#### **Lateral Observation**



Kendall et al (2005), the ideal standing position viewed from the side is a plumb line passing through the earlobe, midway through the shoulder joint, midway through the trunk, through the greater trochanter, slightly anterior to the midpoint of the knee, and slightly anterior to the lateral malleoli.



**Faulty Habits** 

#### **Checking For Various Movements and Combined Pattern**



## CERVICAL PPIVM's



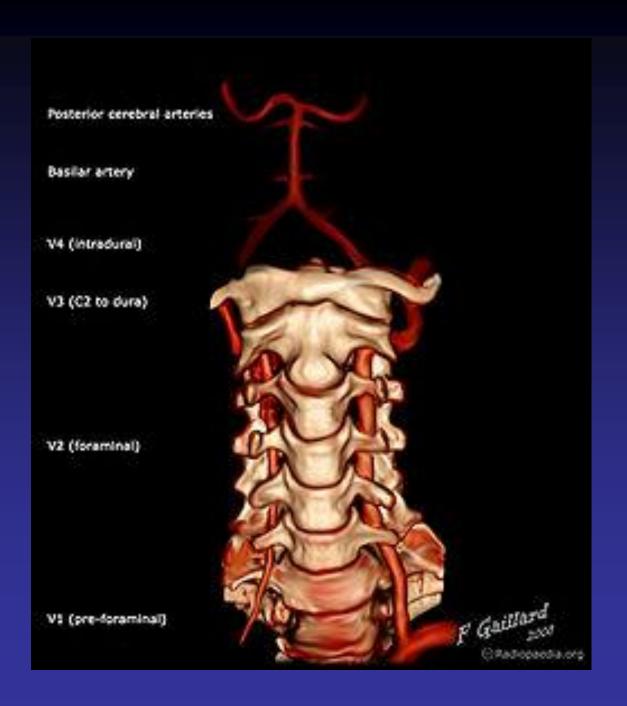
## Lateral P-A Pressure (PAIVM's)



Reliability is quite good for detecting tenderness over the zygapophyseal joints (Hubka and Phelan 1994).

## **VBI** Testing





## Transcranial Doppler



Pincer Palpation



#### vimentin, desmin, cytokeratin



#### **Mohanty Flat Palpation Grades**

The various layers palpated by the therapist are as follows

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Layer 1 = Skin
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Layer 2 = Subcutaneous tissue.

Layer 3 = Superficial muscles

Layer 4 = Deep muscles with fascia

#### The grades are described as follows.

**Grade** 1 = Adherence of 1,2,3 & 4

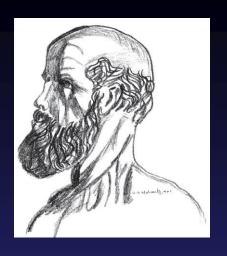
Grade 2 = Adherence of 2,3 & 4

Grade 3 = Adherence of 3 & 4

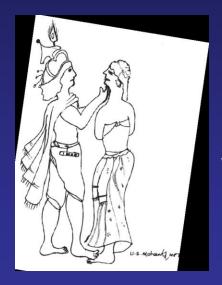
**Grade** 4 = Toughness in deep fascia

Grade 5 = Normal

Mohanty Umasankar: Manual Therapy Of The Pelvic Complex.1st Edition: MTFI Healthcare Publications,2010.



#### **Father of Medicine Hippocrates (460-355BC)**



The oldest of reference of manual therapy traces back to *Srimad Bhagavat Mahapuranam*, an ancient Indian religious literature written between 3100BC

SB 10.42.7 ( Srimad Bhagavatam, Canto 10 Chapter 42 Verse 7)
padbhyäm äkramya prapade
dry-aìguly-uttäna-päëinä
pragåhya cibuke 'dhyätmam
udanénamad acyutaù

Pressing down on her toes with both His feet, Lord Acyuta placed one upward-pointing finger of each hand under her chin and straightened up her body.

## MANUAL THERAPY OF THE PELVIC COMPLEX

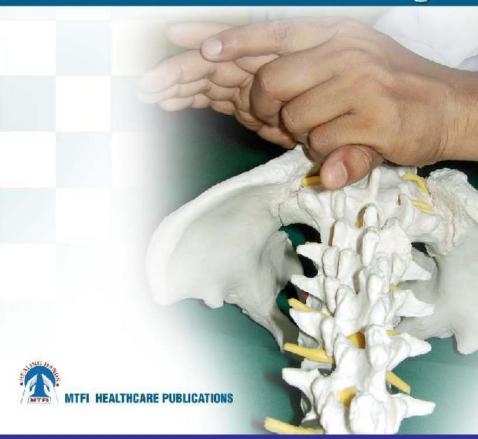
A compendium of Illustrated Manual Therapy Techniques

FIRST EDITION

**Umasankar Mohanty** 

Includes CD-ROM

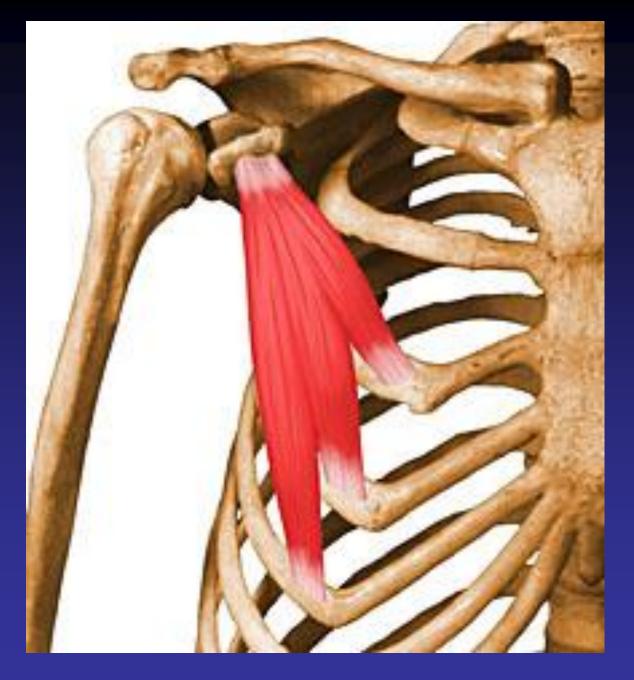




#### **Treatment of Upper Crossed Syndrome**



MET For Pect Major



**Pectoralis Minor** 



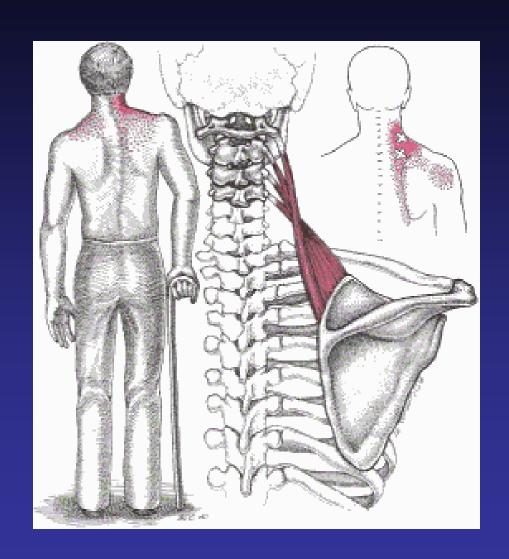






MET For Trapezius

#### MET For Levator Scapulae





## **Scapular Stability Training**



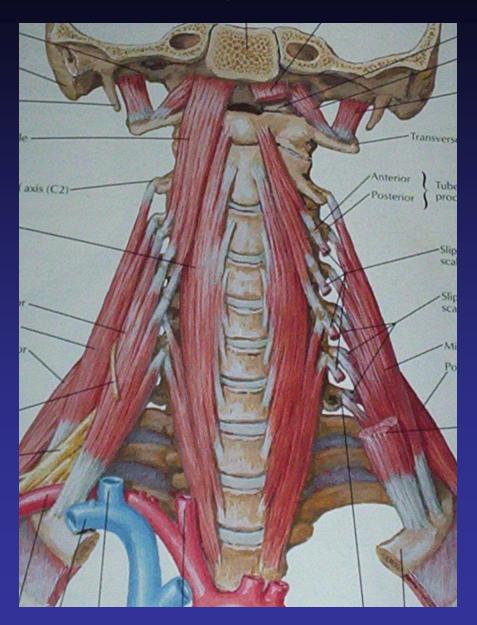




### **Clinically Flexors**

- . Lose endurance capacity with neck dysfunction ( Silverman 1991, Watson and Trott 1993, Treleaven et al 1994)
- . An imbalance develops in the neck extensor/ flexor ratio and flexors become relatively weaker (
  Vernon et al 1992)
- . Neck flexors become more fatigue in chronic neck pain. (Falla et al 2002)

# **Anatomy review**



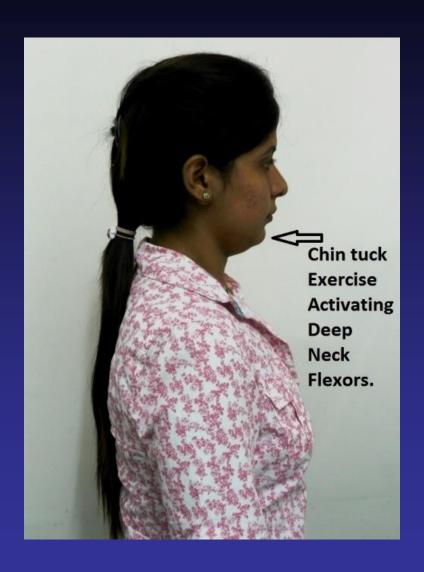
### **Cranio-cervical flexion Test**

### **The Starting Position**

- 1. The testing position is in crook lying position with the cranio-cervical and cervical spine in a mid range neutral position.
- 2. Layers of towel may be placed under head to achieve the neutral position. Ensure that the towel is aligned with the base of the occiput and the upper cervical region is free.

## Pressure Bio-feedback unit (Chattanooga Group)







**Cervical A-P Glide** 



**HVT In sitting Position** 



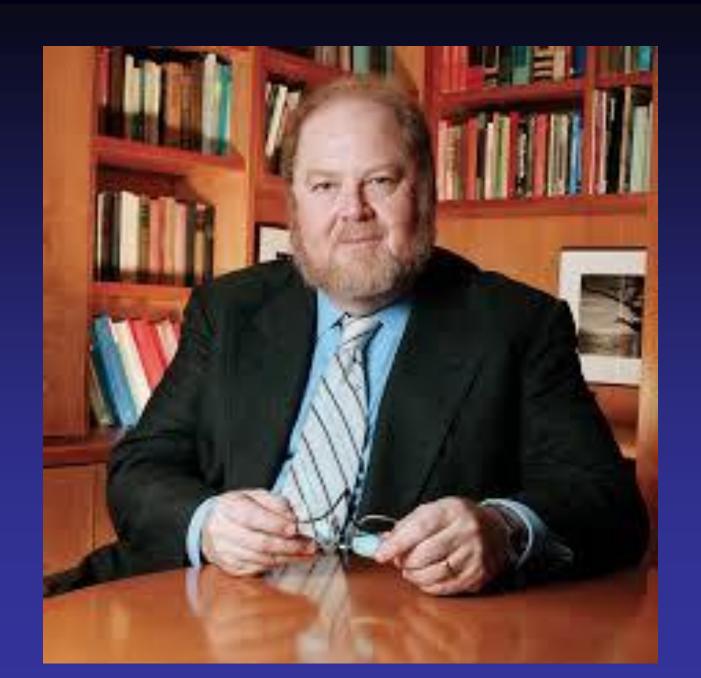
**Facet Joint Manipulation** 

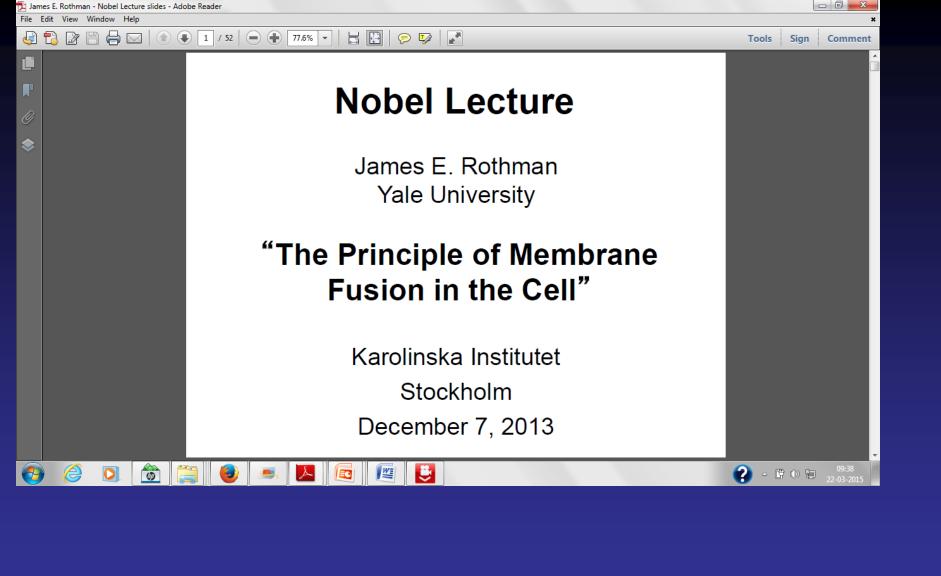


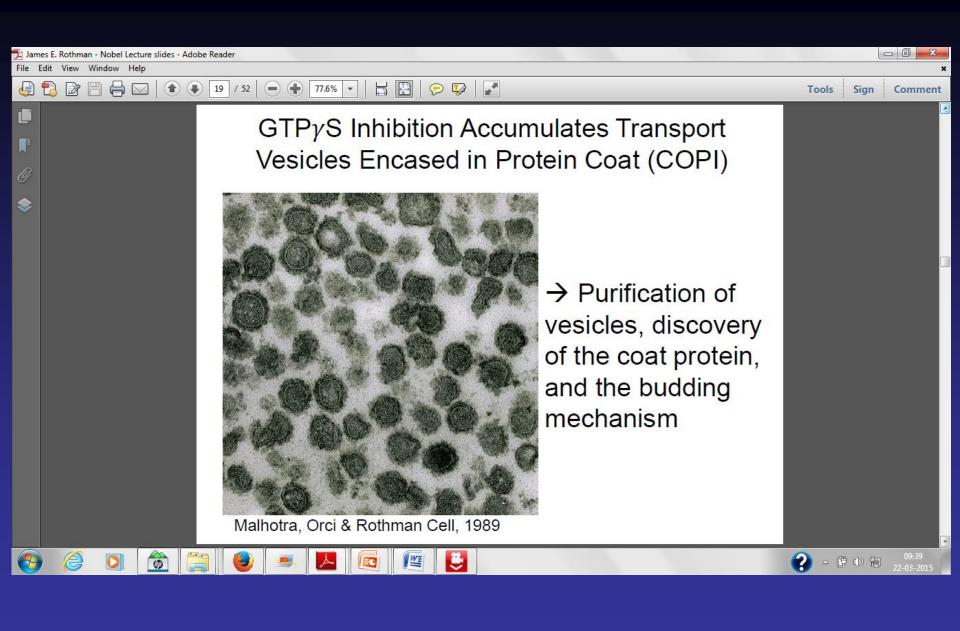






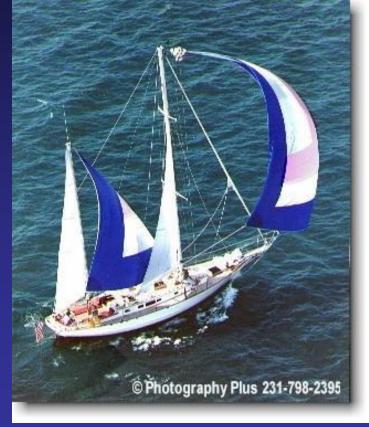


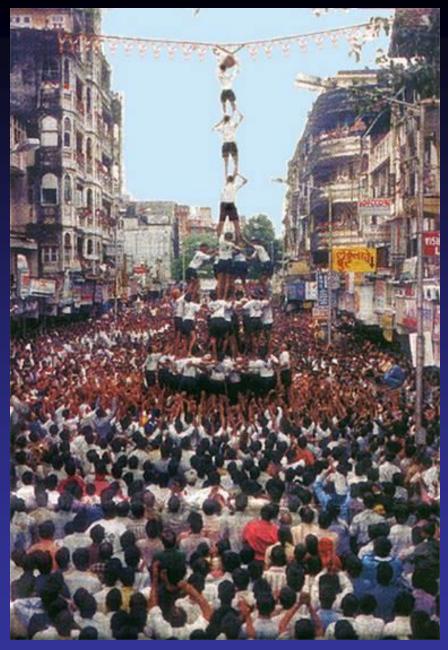




# **Tensegrity Concept**







**Tensegrity Concept** 



# **How MT Helps**



Restoration of Joint play and Release of minor adhesions (Rahlmann 1987)

Restoration or rebalancing the arthrokinetic reflex by mobilisations, manipulations (Cassidy and Kirkaldy-willis 1988).

### **How Manual Therapy Helps**



**Neck Trapped Model** 

### Change in pain threshold

Increase in serum β-endorphin level following manipulations (Terrett & Vernon, 1984)

Triggering of reflex activity due to manipulation

Muscle spindle reflex (during mobilisation)

and capsule mechanoceptor reflex(during manipulation, Conway PJW, Brodeur).

Elicited from mechanoceptors(joint, cutaneous and proprioceptors, Herzog & Scheele)

Reflex inhibition of spastic muscles, reduction of pain.

### . Physiological changes following cracking sounds

Cracking sound occurs due to coaptation of the articular gases in synovial joints (Roston JB, Haines RW). There is a refractory period during which articulation experiences a greater degree of intraarticular freedom of movement

## .Central pain mechanisms

Analgesia due to long range afferents i.e large diameter fibers. Participation of C.N.S through OMAS (Friends et al, 1989)

#### Evidence of Improved Outcomes (Mohanty U S, 2006, JIAP)

#### Neck Pain

Multi-Modal Therapy — Multi-modal (combined) treatments inclusive of cervical passive mobilisation in combination with specific exercise alone or specific exercise with other modalities are more effective for acute neck pain in the short term compared to rest, collar use and single modality approaches. LEVEL I, II, Based on a systematic review done by Gross et al. 2002 and two randomised controlled trials Bonk et al. 2000, Hoving et al. 2002.

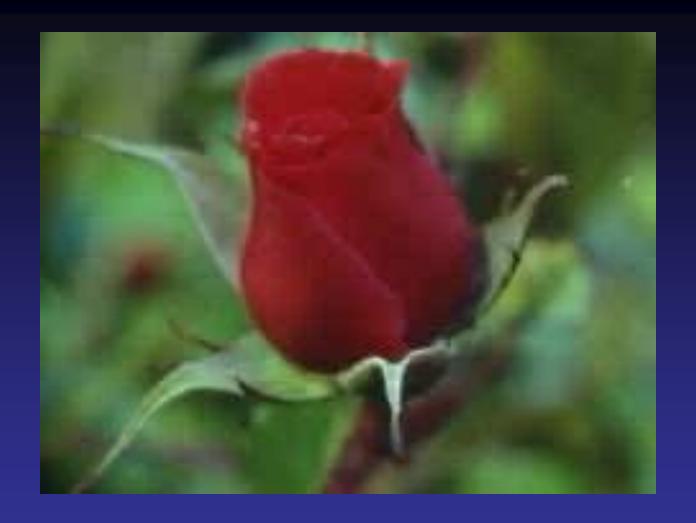
### MTFI Inspirations

Take up one idea
make that one idea your life
think of it
dream of it
live on it



let the brain, muscles, nerves every part of your body be full of that idea and just leave every other idea alone. This is the way to success.

Swami Vivekananda



Thank You <a href="mailto:www.mtfi.net">www.mtfi.net</a>, info@mtfi.net