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Visceral Manipulation of the Kidney and Renal Ptosis: A case series

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Narrative: Current diagnostic methods for renal ptosis rely heavily on palpation-based techniques, notably advocated by the Barral Institute. This study investigates the potential of manual muscle testing (MMT) as an alternative diagnostic approach for renal ptosis, aiming to assess its efficacy in identifying the need for visceral manipulation.

Methods: Records of 70 patients displaying an inhibited psoas muscle and a novel group muscle test were reviewed. The group muscle test involved specific foot and hip positions while resisting internal foot rotation. Therapy localisation and direct kidney challenges were administered, followed by manual visceral manipulation techniques, during the period from January 3, 2024, to April 5, 2024.

Results: Therapy localisation and direct challenges facilitated both the psoas and group muscle tests in all cases, with confirmation via palpation according to Barral Institute standards. Post-treatment, patients exhibited resolution of inhibited psoas muscles and negative therapy localisations.

Discussion: The absence of a rebound challenge supports the lack of direct muscular connections to the kidneys. Additionally, the broader utility of the group muscle test beyond renal ptosis diagnosis hints at its potential in visceral manipulation assessments.

Conclusion: MMT, combined with therapy localisation and kidney challenges, presents a promising diagnostic method for renal ptosis. This study underscores the viscerosomatic connection between kidneys and the psoas muscle and advocates for further validation of MMT in visceral manipulation diagnosis.

Indexing terms: Chiropractic; Applied Kinesiology; Visceral Manipulation; Renal Ptosis; Manual Muscle Testing; Barral Institute; Musculoskeletal Assessment; Psoas Muscle; Abdominal Fascia; Viscerosomatic Reflex; Clinical Assessment.

Introduction

Currently there are very few diagnostic methods for determining renal ptosis. (1, 2) The Barral institutes teaches diagnosis of renal ptosis solely through palpation. (1, 2) However, this case series has shown promising results for diagnosing renal ptosis through the use of manual muscle testing.

> *... using the psoas muscle and the group muscle test, along with the kidney therapy localisation and challenge, is promising as a more expedient way to diagnose renal ptosis ...'*

Renal ptosis is described by John Pierre Barral, DO, in his course, Visceral Manipulation:

Abdomen 2, as when the position of the kidney that has shifted inferiorly or

otherwise has become malpositioned. (1, 2) The kidneys are held within the renal fascia, which is sandwiched between the *psoas* fascia, *quadratus lumborum* fascia, *transversus abdominus* muscle, the abdominal fascia and the peritoneum.1,2,3 Because the kidneys do not have any direct structural attachments, many factors can cause the kidneys to change position. (1, 2, 3) This shift is usually due to falls, trauma, weight loss or other unknown factors. (1, 2)

The viscerosomatic reflex between the psoas muscle and the kidneys has been established and used in applied kinesiology but there have been very limited studies investigating the effects of visceral manipulation of the kidneys. (4, 5) This case series aims to investigate if manual muscle testing can be used as a reliable diagnostic criterion for the need of visceral manipulation of the kidneys.

Methods

This case series is based on records of 70 patients between January 3, 2024 and April 5, 2024 that exhibited an inhibited psoas muscle and an inhibited novel group muscle test. The novel group muscle test is performed by the doctor opposing the patient's internal rotation of the foot while the patient has an internally rotated hip without any flexion, extension or abduction, an extended knee and a dorsiflexed foot.

In all the patients that met these criteria, both a therapy localisation, a static challenge, sustained pressure through the abdomen and into the organ, and a direct challenge, a light thrust through the abdomen into the kidney, were administered to the organ.

The visceral manipulation was performed manually by the doctor with a two hand contact on the patient's abdomen and posterior inferior rib cage. The contact hand on the patient's abdomen provided a posterior and superior force while the posterior hand on the rib cage created an anterior force. There was also often a medial or lateral vector that was added in the coronal plane or rotational vector that was added through the axial plane. The direction of treatment was in all cases determined through a static challenge and/or direct challenge as well palpation.

Results

In all cases the therapy localisation, static challenge and direct challenge resulted in facilitation of both the *psoas* and the novel group muscle test. The diagnosis was confirmed by the accepted methods of the palpation established by the Barral Institute. (4, 5) After the treatment was performed, all of the patients no longer showed an inhibited *psoas*, an inhibited novel group muscle test, a positive therapy localization over the area of the kidneys, a positive static challenge, nor a positive direct challenge.

Discussion

The presence of a direct challenge and absence of a rebound challenge is consistent with the modern understanding of the phenomenon of the rebound challenge. Since there are no muscular connections directly to the kidneys the kidneys would not be expected to move into the opposite direction of a force that was applied to it.

Although the novel group muscle test was useful in helping diagnose the need for visceral manipulation of the kidneys, this author has also found that this novel group muscle test can also be an indicator for other areas of visceral manipulation. These areas include the stomach, liver, lungs, large intestine, small intestine, heart, thyroid, mesentery and omentum. However, there are no studies that have been performed to confirm the use of this muscle test as a diagnostic tool for the need for visceral manipulation of these other organs. Therefore, it is this author's opinion that

this group muscle test should be used in conjunction with other findings, such as palpation, laboratory exams, imaging studies and/or organ related muscles, to determine the need for visceral manipulation.

Conclusion

The diagnostic procedure of using the psoas muscle and the group muscle test, along with the kidney therapy localisation and challenge, is promising as a more expedient way to diagnose renal ptosis or as a method for confirming the established palpation method.

This case series can help to confirm:

- Manual Muscle Testing can be a useful tool in diagnosing the need for visceral manipulation.
- There is a viscerosomatic connection between the kidneys and psoas muscle.
- An inhibited psoas muscle may be caused by a malpositioned kidney.
- The novel group muscle test can be effective in diagnosing the need for visceral manipulation.
- Static or direct challenges are the appropriate challenges to determine the vector of treatment to the kidneys.
- Visceral manipulation of the kidneys can be an effective treatment for restoring normal function to the psoas muscles.

More studies should be performed to confirm the findings of this case series and investigate other viscerosomatic reflexes that are present and improved with visceral manipulation.

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