

Sacro occipital technique scoliosis treatment for a 39-year-old female runner: A case report

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Introduction: Low risk conservative care for scoliosis is an important consideration in our healthcare environment, since scoliosis is a frequent cause of back pain and disability. A 39-year-old female runner presented to this office complaining of moderate-severe lower back pain after practicing to run a marathon. She reported a long history of back pain, but the present episode was significant in that she was no longer able to continue her training.

Methods/Intervention: Examination revealed a lumbar dextroscoliosis/thoracic levoscoliosis with associated muscle spasm. Generalised movements were globally guarded. She had marked pain and restriction when attempting to roll over from a supine to prone position and back again. In preparation for treatment using SOT® technique, she tested positive for category two (sacroiliac joint hypermobility with pelvic torsion) which revealed that she was experiencing a contraction of her right *psaos* muscle and left short leg.

There was also significant pain on palpation of the origin and insertion of her right quadratus lumborum, suggestive of *Maignes Syndrome*. Her left leg persisted to appear short even when her legs were laterally shifted right or left. Soft tissue mobilisation was administered to her right *psaos* as well as the *quadratus lumborum* insertions along the inferior border of the right tenth rib and upper border of the iliac crest. She was blocked supine in the category two position to reduce pelvic torsion and sacroiliac joint hypermobility with the following scoliosis-related modification: her legs were laterally shifted to the right to neutralise stress caused by her lumbar dextroscoliosis. Treatment lasted approximately two minutes.

Results: Upon removal of the blocks the patient was able to roll from the supine to prone position and back again without pain. The patient indicated that following treatment she was able to gradually return to her training and would return for any flareups or for maintenance care.

Conclusion: This represents care of a patient with low back pain apparently related to sacroiliac joint hypermobility possibly caused by asymmetrical kinematic chain loading due to scoliosis. Her recovery was promising and further research is needed to determine if other patients could receive similar benefit from this type of chiropractic care.

Indexing terms: Chiropractic; scoliosis; SOT blocking; conservative care; sacro-occipital technique.

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scoliosis