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A 26 year-old male professional football player with left quadriceps pain treated with Sacro Occipital Technique (SOT) and other procedures: A case report

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Introduction: A 26 year-old male professional football player presented with pain in his left quadricep muscle. The pain had started around three weeks prior to his visit, insidiously, while training. He felt extreme pain in his upper *quadriceps* muscle/hip flexor and had difficulty walking for days after the onset. He consulted a Rolfer and felt around 50% improvement, and then he did some self-care directed by one of his coaches which resulted in him being around 90% pain free. They decided he could start training again, and shortly afterwards he again felt pain in his left *quadriceps*, but this time in his middle *quadriceps* (opposed to the upper). His appointment was three weeks from the initial onset.

Methods/Intervention: Patient was found to have weakness in his left *gluteus maximus* muscle, with all other lower extremity muscles tested being within normal limits. Other relevant findings include a positive arm fossa test, no leg length discrepancy prone or supine, but some spinal rotation and lateral tipping to the vertebra in his lumbar spine. The patient was treated with sacro occipital technique category two protocols alongside Vector Point category two protocols, and neuro-lymphatic points associated with the left *gluteus maximus*.

Results: Following treatment the patient's left *gluteus maximus* tested strong and he had no pain in his left quadriceps muscle. After following up with the patient a few days later he was training without restriction or any pain.

Conclusion: Professional athletes are stressing their musculoskeletal systems at extreme levels which can complicate their ability to train and function when compromised. Conservative low risk options such as chiropractic are valuable considerations for patients wanting to recover and teams wanting to be successful in competitions.

Indexing terms: Chiropractic; quadricep pain; gluteus maximus; Category Two protocols; sacro-occipital technique

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