IT'S NOT ALL ABOUT THE PIRIFORMIS
By Marty Ryan LMP CVMT

Considering the Abdominal Viscera in Low Back and Pelvic Pain
Different health care and manual therapy modalities see low back and pelvis pain differently. Admittedly, the low back region is a difficult area to define. Just ask your clients to touch their own low back pain and see what I mean. You may see answers anywhere from the tip of the coccyx to T8.

The low back and pelvis is a complicated confluence of the weight-bearing bony skeleton and related soft tissues. This includes the large postural muscles and related fascia, the digestive, eliminative, and reproductive system viscera, as well as large amounts of blood / lymph / nerve tissues.

Chiropractors, acupuncturists, physiotherapists, orthopedic surgeons, medical doctors, movement therapists, and massage therapists all have different ideas about how to optimize function and decrease pain here. Is it a joint issue? Is it a soft tissue problem? Is there a nerve being impingement? Does the gut play a role? What pharmaceutical interventions should be used? Is surgery a possible answer? How do we get right with gravity and the low back? How do patients maintain body awareness, proper nervous system messaging, and fluid dynamics to this region when they leave our office? All of these are terrific questions.

This short article proposes that manual therapists also consider the abdominal viscera and pelvic floor when assessing and treating low back and pelvic pain.

Here are some reasons to consider the guts when working with low back and pelvic pain –

1. The abdominal viscera are bulky and substantial. This tissue includes the fascial architecture and suspensory tissues + fluids + fat + the abdominal and pelvic organs themselves.
2. This weight is managed by the fascial suspension of the parietal peritoneum hanging from the respiratory diaphragm, the spine, and the rest of the abdominal "container." This container also holds back the expansion of the hollow abdominal organs which is quite a tricky balancing act.
3. Improperly managing this weight may contribute to some of the "usual suspects" of low back and pelvic pain - lumbar lordosis, low back muscle spasm, disk and facet issues, pelvic floor weakness, and anterior / posterior skeletal muscle imbalance.
4. The pelvic floor skeletal muscles and related fascia is suspended between the coccyx, pubis, and ischial tuberosities, and plays a large role in gait, posture, and erect weight bearing responsibilities. This area should not be missed!
5. The quadratus lumborum, spinal rotators, erector group, hip rotators (piriformis and its neighbors), and gluteals are only part of the LB pain equation. This is where most manual therapists stop looking. At this point, only posterior tissues have been considered. Braver therapists will also treat the iliopsoas muscle, which at least considers the other side of the spine.
6. Myriad other factors can compromise the function of the low back and pelvis including pregnancy and labour, high velocity impact injuries, post-surgical adhesion syndromes, scar tissue, inflammation, and fluid return challenges – just to name a few.

If working with the abdominal viscera and pelvic floor is not a place of fluency for you, and your low back and pelvis pain clients are not getting better; it may be time to increase your treatment skill sets.

Marty is teaching in the UK in September 2010.

- **3-5 September 2010 ~ Palpatory Anatomy of the Belly: Fascial Architecture & Applications to Fascia, Fluid, and Energy ~ Belfast**
- **11-12 September 2010 ~ Applications to Abdominal Surgery ~ London**

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Marty Ryan, LMP, CVMT is a clinical visceral massage therapist at the Tummy Temple in Seattle, WA / USA. His practice specializes in optimizing the digestive and reproductive systems. He is also the founder and director of Love Your Guts Seminars, currently a 3 weekend training series teaching palpatory anatomy and treatment techniques for the abdomen and pelvis.

For more info on this work / www.loveyourguts.net