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TRUNK CASE # 1

Assessment: Patient is a 32 y/o software designer who presents to PT with cervical pain, headaches, and some numbness and tingling into right UE, especially thumb, symptoms get progressively worse throughout day at work, fine at home. Recently hired at current job. Demos FHP and rounded shoulders, decreased cervical AROM/PROM and tight anterior chest mm. Quadrant test increases radicular symptoms. Main problems are poor posture, probably poor ergonomic setup at work, leading to nerve root impingement.

Posture
neck flexion
↓ pain
↓ nerve root
↑ ROM

POC: Postural education and strength/stretching exercises to correct FHP/rounded shoulders, ergonomic assessment and correction of workstation, as well as instruction in microstretching, STM/MFR PRN for muscle tightness/pain, gentle cervical traction/occipital release/joint mobes PRN.

LTG: Patient to be Indep. with HEP for postural correction, tolerate full workday without any increase in neck pain or UE symptoms.

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1) reduce nerve root impingement — As.) re test quadrant test; pain assessment; explain occipital release; posture — Ed.) Posture; explain impingement; explain [illegible] — In.) occipital release; chin tuck; how to do occipital release at home

2) increase ROM — As.) measure [illegible]; posture; PROM/AROM; pain — Ed.) Posture; explain why tight muscles cause pain; explain [illegible] — In.) chin tucks; SCM stretch; scap retraction; pec stretch

3) improve posture — As.) posture test; pain assessment; ask about work station — Ed.) Posture; proper work space — In.) core [illegible]; posture [illegible]; pec stretch

4) strength/stretching — As.) MMT — Ed.) Posture — In.) Stretch pec; Rows

Assessment: posture; quadrant test

Education: Posture; impingement; [illegible]; occipital release

Intervention: occipital release; chin tuck

TRUNK CASE # 2

↓ pain

Assessment: 45 y/o auto mechanic, with history of recurrent back pain with prolonged postures, especially in standing with overhead reaching, or with lifting/carrying. Swayback posture, obese with increased lordosis, poor body mechanics noted with lifting. Poor trunk strength, especially flexors, decreased ROM, especially lumbar/gluts/hamstrings. General tenderness to palpation over same muscles, no neuro Sx. Findings consistent with muscle fatigue/strain due to poor posture/ergonomics.

posture
body mechanics
trunk stab
stretching
trunk stab for function

POC: Instruct in proper posture/body mechanics, trunk stabilization exercises, stretching/STM/heat modalities to tight/sore muscles, improve trunk stabilization during functional activites/postures.

LTG: Patient to be able to tolerate all typical job activities full shift without symptoms greater than 1/10, and demonstrate Indep. with HEP for trunk stab as well as Indep. with self management of pain.

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1) improve posture — As.) posture [illegible], pain [illegible], [illegible] about workplace — Ed.) posture, proper work [illegible], proper lifting — In.) core strength, posture [illegible]

2) trunk stabilization — As.) joint play [illegible], pain, posture, palpate transverse ab — Ed.) posture, diaphragmatic breathing, proper lifting — In.) core strength, posture [illegible] — breathing — at [illegible]

3) increase ROM — As.) measure [illegible], pain, palpate, posture — Ed.) importance of stretching and strengthening, posture, muscle balance — In.) hot pack, massage, hams stretch, posture

4) strength — posture, MMT — Ed.) posture — In.)

Assessment	Education	Intervention
posture	posture	core
pain	proper lifting	posture
palpate	breathing	

TRUNK CASE # 3

30 y/o female UPS delivery driver who injured herself lifting a heavy package, presents with low back pain due to muscle strain, mostly on the right, tender over R paraspinals, decreased forward flexion with increased pain in low back, increased pain and some weakness with resisted extension movements, as well as weak trunk flexors. Currently off work as company unable to place her on light duty job, needs to be able to tolerate full duty to return to work.

POC: Heat modalities (US PRN), DTM/MFR/manual stretching for lumbar muscles, instruct in stretching and strengthening exercises for trunk stabilization, body mechanics and lifting technique instruction, progress functional lifting to full duty job levels

LTG: Patient to demonstrate Indep. with trunk stab. HEP, as well as ability to safely lift and carry 70# to shoulder height to allow for return to work regular duty. Patient to tolerate full shift regular duty with pain no more than 2/10.

Assessment
Posture
Palpate

Education
Use on lifting
Posture
breathing

Postpelvic tilt
William flexion
massage
core

TRUNK CASE # 4

Assessment: 16 y/o high school student was rear ended in an MVA while sitting at a stop light. Was wearing seatbelt, but air bag did not deploy. No cervical Fx per X-ray, but is using soft cervical collar, c/o difficulty sleeping, and headaches in addition to continued high level of cervical pain. Presents with guarded forward head posture and significantly decreased cervical ROM/strength, with mostly empty endfeels, as well as some numbness and tingling in medial hand and little finger, and pain in between scapula Bilat.. Has hard time studying/concentrating. Findings consistent with cervical sprain/strain with some nerve root impingement, likely due to swelling and muscle spasms.

POC: modalities and manual therapy to promote healing and decrease pain in neck area. Occipital release, cervical traction, strengthening, postural correction.

LTG: Patient to be able to D/C use of cervical collar, with no difficulty sleeping, and no headaches

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1) reduce pain As) Pain palpate Ed.) explain occipital release Posture In) Occipital release & how to do it at home

2) increase ROM As) measure ROM Pain Ed.) Posture alignment In). PROM cervical chin tucks

3) release nerve root impingement As) nerve tension test pain Ed) posture explain contextualization In) occipital release & how to do it at home

4) Posture As) Posture Pain Ed) Posture proper school desk In) Scap Retract Cervical chin tucks

Assessment
Pain
Posture

Education
Posture
Occipital release

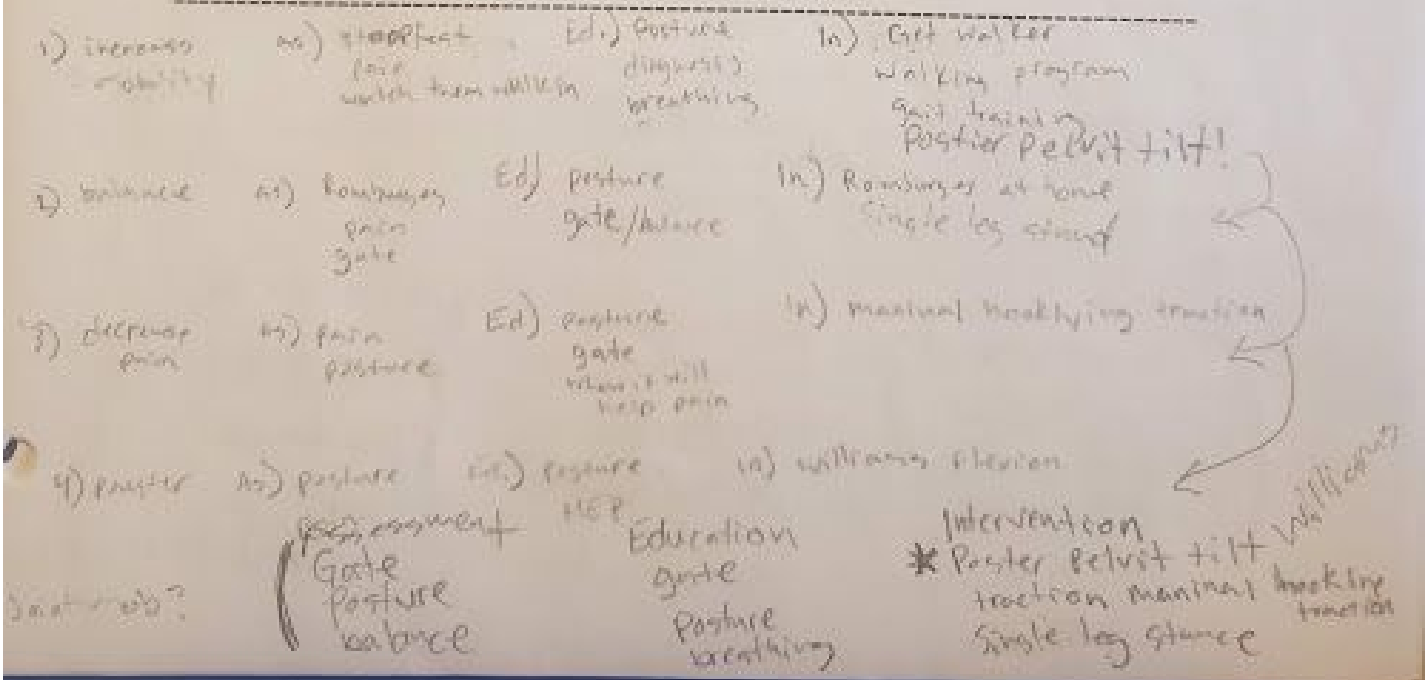
Intervention
occipital release
traction
cervical chin tucks

TRUNK CASE # 5

Assessment: 85 year old female presents with complaint of chronic worsening back pain that is worse when standing and walking (can only tolerate 1-2 minutes), better when sitting. Sometimes feel like legs "give out" on her, and has history of occasional falls. HX of osteoporosis and compression Fx. Demos decreased back extension with increased pain in back, and general trunk weakness both flexors/extensors, increased thoracic kyphosis, and decreased lumbar lordosis. Decreased endurance and dynamic balance as well. Findings consistent with spinal DJD and lumbar lateral stenosis

POC: Postural education/correction, especially with standing/gait. Trunk strengthening, stretching/joint mobes (GENTLE), gentle traction. Balance and endurance training, gait and transfer training.

LTG: Patient to be able to tolerate up to 10 minutes of standing/walking, with pain at or less than 2/10, independent with HEP for trunk stabilization, and demo good posture with gait/standing. No falls or SOB with mobility.



TRUNK CASE # 6

Assessment: 44 y/o male with dx of HNP L5/S1, and low back/buttock pain which also radiates to R LE at times, especially with sitting, coughing. Also some lateral foot numbness, also worse with sitting. Lateral shift to L present, as well as decreased lordosis, and FHP/rounded shoulders. LE symptoms centralize with correction of lateral shift and extension. Generally weak trunk muscles, pt. deconditioned overall, obese with hx smoking regularly.

POC: Mckenzie extension exercises, postural education and correction, trunk stab exercise once SX resolve.

LTG: pain less than 1/10 with activity, able to demo proper posture with functional activities, and return to normal routines.

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1) decrease pain — As) pain, palpate — Ed) central pain, posture, breathing — In) McKenzie

2) posture, correct shift — As) correct lateral shift, posture, pain — Ed) posture, breathing — In) correct later shift, breathing

3) trunk stab — As) joint play spine (ask), pain — Ed) posture, breathing — In) breathing, core

4) resolve dis

Assessments	Education	Intervention
Posture	Posture	correct later shift
pain/palpate	breathing	McKenzie
	centralization pain	Core
		cervical traction

TRUNK CASE # 7

Assessment: 24 y/o pregnant female with referral for low back strain has unilateral butt pain which also radiates to R posterior thigh at times. Discrepancies noted with iliac crest heights, as well as PSIS and ASIS positioning. Has a functional leg length discrepancy (R leg 1 inch longer in long sitting), and points to R SIJ as main source of pain, which is up to 8/10 with walking and stair climbing.

POC: MET mobilization to correct illiosacral position, heat modalities to promote healing at SIJ, postural education and correction, body mechanics and activity modification instruction, pelvic stabilization exercises.

LTG: pain less than 1/10 with walking 500 feet and climbing a flight of stairs, able to demo proper posture with functional activities, and self correct for SIJ displacement.

Assessment
Posture
Leg length

Education
Posture
Contranization

shot gun
Poster pelvic tilt

TRUNK CASE # 8

Assessment: 85 year old female presents with complaint of chronic back pain that is worse when standing and walking (can only tolerate 1-2 minutes), better when sitting. The patient also complains of chronic dizziness, especially when laying down on bed and sitting up from supine. Demos decreased back extension with increased pain in back, and general trunk weakness. Decreased endurance and dynamic balance as well as positive Dix-HallPike. Findings consistent with spinal DJD as well as BPPV. Responded well to Epley Maneuver at eval.

Tx BPPV
Postural
gait
function
Balance
gait transfer

POC: Monitor BBPV status and correction as needed. Postural education/correction, especially with standing/gait. Trunk strengthening, stretching/joint mobes (GENTLE), gentle traction. Balance and endurance training, gait and transfer training.

LTG: Patient to be able to tolerate up to 10 minutes of standing/walking, with pain at or less than 2/10, independent with HEP for trunk stabilization, and demo good posture with gait/standing. No dizziness with functional mobility/head movements.

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1) Correct BPPV — As) dix hallpike, pain — Ed) diagnosis BPPV, Posture — In) Epley

2) Functional mobility — As) gait assessment, Posture assessment, Pain — Ed) diagnosis BPPV, Gait — In) gait walker

3) reduce pain — As) Pain, Posture — Ed) diagnosis BPPV, Posture — In) manual traction hook lying [illegible]

4) Posture — As) Pain, posture — Ed) — In)

Assessment — Education [illegible] — Intervention