

A CLINICAL STUDY ON THE EFFECTS OF VISCERAL MANIPULATION FOR LOW BACK SPINAL DYSFUNCTION

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Introduction: The more patients we treat with low back spinal dysfunctions, the more we realize that low back pain hides a multitude of dysfunctions. This study examines the neuroreflexive and structural relationship between the internal organs, its attachments and the musculoskeletal low back when in a state of dysfunction. Observations are based on the premise that all viscera have physiological movement.

Materials and Methods: Patients charts were referenced with the diagnosis of low back spinal dysfunction. Ninety charts were compiled dating from 1989 to 1991. A random selection, every third chart categorized alphabetically, was retained for information gathering. The survey tool used consisted of age, sex, history of abdominal disorders or surgeries, and the number of treatment sessions before and after the use of Visceral Manipulation (VM) techniques.

The objective data also consisted of subjective and objective findings in detail within the Result section.

Results:

- I. The age range was 24 to 62 years with the most frequent ages seen for treatment at 42-44 years.
- II. The random selection obtained 28 females and 2 male subjects.
- III. The history of abdominal disorders or surgeries proved the following:
 - Abdominal surgeries 53%
 - Female disorders 36%
 - Nervous stomach 33%
 - Trauma to abdomen 26%
 - Constipation 26%
 - Colitis 26%
 - Infections 10%
 - Difficult digest 6%
 - Post delivery 6%
 - No history 6%
- IV. Average number of treatment sessions prior to VM was 12.5
 - A. 22 patients had prior treatment
 - B. 8 patients had no prior treatment
- V. Average number of treatment sessions after VM
 - A. 20 patients with previous treatment was 5.4
 - B. 8 patients with no previous treatment was 6.8
 - C. 2 patients were sent for further medical care after 6 sessions with no changes

VI. Subjective Findings:

A. Using a pain scale of 0 (no pain) to 10 (severe pain), the study compared pain relief from treatments of various procedures prior to VM and after the utilization of VM.

	<u>Before</u>	<u>After</u>	<u>3 Months</u>
No VM	8.5	4.8	6.25
VM	6.25	3.16	2.11

B. Neurological signs of low back, buttock and/or lower extremities equaled 31% before visceral techniques and 12% after usage.

C. Symptom changes of lumbar extension from prone position press up indicated an 88% subjective improvement.

VII. Objective Findings:

A. Palpable soft tissue restrictions

Primary organ when (R) L/B symptoms – cecum

Primary organ when (R) LE symptoms – (R) kidney

When bilateral L/B symptoms small intestine/Foot

Primary organ when (L) L/B symptoms – Sigmoid/Duo

Primary organ when LE symptoms – Sigmoid

Most frequently found viscera to be in dysfunction in relations to lumbar spine:

Cecum 50%

Small Intestine 50%

Root of Massantary 36%

Ascending colon 30%

Uterus 30%

Kidney 30%

Sigmoid 26%

Duodenum 26%

Bladder 23%

Liver 20%

Descending colon 16%

(L) Kidney 6%

B. Lumbar flexibility:

1. Gain in passive ROM with primary vertebral restriction 60%

2. Gain in passive ROM with primary soft tissue restriction 93%

3. Active ROM gain:

a. Forward Flexion 55%

b. Side Bend R/L 36%

c. Pelvic ant/post excursion 50%

d. Hams length 19%

e. Hip joint int/ext rotation 40%

- C. Lumbar strength using lumbar protective mechanism and lower abdominal muscle test
1. Isolated lower abdominals:
 - Pre Fair
 - Post Fair+/Good
 2. Lumbar protective mechanism
Pre poor initiation and slow to respond over involved viscera
Post all appropriate candidates progressed to a lower trunk re-education program

Discussion: Several factors influence the choice of treatment for patients with L/B spinal dysfunction. This study has provided objective evidence that low back signs and symptoms can be associated with the visceral system. The association may be neuroreflexive, structural or pathological in nature. It is important to acknowledge differential diagnosis and refer to the medical physician when pathological disorders are suspected. Two such cases were advised in this manner. One was found to have endocrine imbalances and the other epithelial cell malformation of the hollow organs.

Considerations of a patient's abdominal history is strongly advised as 94% had significant findings.

The study also indicates that pain can be reduced for a longer period of time and that spinal ROM and Strength can be influenced by Visceral Manipulation.

Conclusion: Based on these clinical observations, low back spinal dysfunction may be more effectively and efficiently resolved with the addition of Visceral Manipulation into the treatment program.

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Published by: The Institute of Graduate Physical Therapy and The International Federation of Orthopaedic Manipulative Therapists

Title: Abstracts from the 5th International Conference of I.F.O.M.T.
June 1-5, 1992