



## Alternative HealthCare Solutions

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### CLINICAL PEARLS

#### A CASE STUDY

### “Scratch Your Head and Punt”

Patient referrals come from a variety of sources; past patients, doctors, friends, etc. Over the past few years, I have been receiving an increasing number of referrals from you . . . my colleagues. When a patient presents to you, as a therapist, and after multiple attempts, you are scratching your head, you have been gracious enough to refer them to me. I thank you and appreciate your confidence and I also realize the heat some of you take for referring outside your practice. It is after all, the ethical and compassionate thing to do.

A few weeks ago a 51 yr. old male patient was referred by a physical therapist (actually after having seen two therapists at different practices) within 3 - 4 months for progressive pelvic floor pain and pain into the testicles. He is a thick, ex-weightlifter and now tennis coach and physical education teacher with, among other issues, a past positive MRI for HNP's in the lumbar spine, DJD, and this time around, pudendal nerve syndrome (boy, talk about punting with a diagnosis; when all else fails, blame the nerve, it gives you something to inject). He was emotionally scared and hyper-vigilant of his pain. I worried that central sensitization was setting in. He had already begun to think he would not be able to return to his job when the school year resumed. Pt tended toward constipation but also had one recent very embarrassing episode of urinary incontinence.

Anyway, after doing my brief screening / testing that I show on my [YouTube videos](#), I found some interesting issues:

- **Vaulting gait pattern on the L side**
- **Unable to forward bend in the lumbar, using all hip flexion**
- **Huge pelvic asymmetry with L side down-slip, posteriorly rotated**
- **Unilaterally flexed sacrum on the L**
- **Extreme trigger points of:**
  - **Anterior pubic bone (pelvic floor triggers, especially pubo-rectalis)**
  - **L Pectineus, L psoas, (possible genito-femoral nerve involvement)**
  - **L Sacro-tuberous ligament and ilio-coccygeal muscle**

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So what did I do?

- Muscle Energy Technique to line up the pelvis and sacrum
- Ligament recoils for the sacro-tuberous and sacro-spinous ligament (target zone for pudendal issues)
- Counterstrain for all Pelvic Floor and psoas muscle triggers
- Roll for control and kegal exercises to re-establish pelvic floor ability to contract and relax.
- Micro-current to the pelvic floor
- Emotional Freedom Technique (acupuncture meridian tapping) for not only pain, but for worry and fear as well.

Results:

**Within 2 sessions:** trigger points, pinching and testicle pain were reduced, and pelvis / sacrum were back to being symmetrical.

**Within 4 sessions:** Symmetry maintained, significant decrease in tenderness of all triggers. We began retraining pelvic floor muscles which had gotten "neurologically stupid" and could not remember what they needed to do after being in pain so long.

**Within 6 sessions:** Minimal residual sensation of initial symptoms but barely there. Pt began taking long walks and playing tennis against a back board. Able now to bend over using his lumbar spine (an added benefit since I did not treat the lumbar spine specifically). No more incontinence, no pinching in front of the pubic bone or in pelvic floor and no testicle pain. Best of all avoided pudendal nerve block.

**Within 8 sessions:** Pt discharged with home program.

Now, I realize that referral outside the practice is something that practice owners and corporations frown upon. I also realize that these techniques I use tend to not be in most therapists bag of tricks. But, if you know someone who is expert in these disciplines, I hope you would have the compassion and ethics to refer to those practitioners when you find yourself with a case of "scratchy head." If it were you or a loved one who was the patient, wouldn't you hope your therapists would do so?

*Thomas K. Ockler, PT*