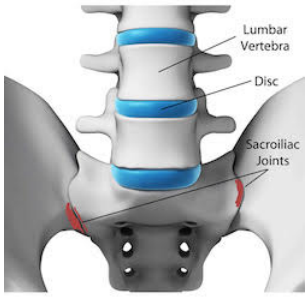
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About your condition

Bryan Bingham 01/20/2024

WHAT'S WRONG?



Sacroiliac Joint Dysfunction

Your sacroiliac joint is the mechanical link on each side of your hip that connects your legs to the rest of your body. The joint has a limited but very important degree of mobility. Symptoms develop when one or both of the joints loses normal motion. When a joint becomes "restricted", a self-perpetuating cycle of discomfort follows. Restriction causes the muscles to become overworked, leading to tightness, compression, inflammation, pain and more restriction. Sacroiliac problems can happen as a result of repetitive strenuous activity or trauma- like a fall onto the buttocks. Other causes of sacroiliac joint problems include, poor posture, having one leg slightly longer than another, having an altered gait, having flat feet or scoliosis, or having pain somewhere else in your legs. Pregnancy is a common trigger for sacroiliac joint problems due to weight gain, gait changes and postural stress. Sacroiliac joint problems often begin as a focal discomfort in your back just below the belt line, slightly to one side of center. Your pain can travel into your buttock or thigh. Symptoms are often worse by standing on the affected side. The pain may become more apparent when you change positions- like exiting a chair, car or bed, or during long car rides. The pain is often relieved by lying down. To assist with your recovery, you should avoid any activity that provokes pain, like standing on the affected leg or prolonged sitting. Our office may suggest a sacroiliac support belt to help stabilize your joint.



Plantar Fasciitis

The "Plantar fascia" is a fibrous band running from the under surface of your heel to the ball of your foot. "Plantar fasciitis" is a painful inflammation of this tissue caused by chronic over stretching and mild tearing.

Plantar fasciitis is commonly associated with fallen arches of the foot. To understand how this happens, cup your hand to make a "C" shape. This represents a foot with a high arch. Imagine a band running from your fingertips to your wrist. This represents the plantar fascia. Now, straighten your fingers to simulate what happens when the arch "falls." When this happens in your foot, the plantar fascia is stretched and can begin to tear away from your heel.

Plantar fasciitis affects 10% of the population and is more common in women. Approximately one fourth of patients have the problem in both feet at the same time. People who place excessive stress on their feet by being overweight, standing for long periods, or participating in endurance sports are more likely to develop the condition as well. Shoes without adequate arch supports, including sandals or going barefoot, increase your chances of developing plantar fasciitis. Wearing high-heeled shoes or boots may contribute to the problem.

The most common symptom of plantar fasciitis is pain in the heel or arch when standing up after a period of inactivity, particularly first thing in the morning. When you are sleeping, the arch is in a relaxed or shortened state, and the plantar fascia is able to heal. When you stand up first thing in the morning, you stretch the fascia, once again tearing it away from its attachment on the heel. The condition may progress to the point that you experience pain throughout the day, even while resting. The pain often eases after you walk for a period of time, only to redevelop. You may notice some tenderness when you touch your heel, and you probably have tight calf and hamstring muscles as well.

Plantar fasciitis can be a frustrating condition, often lasting 18 months or more if left untreated. Fortunately, you may recover more quickly with proper treatment. One of the most important things that you can do is to make sure that you are wearing shoes with good arch supports on a consistent basis. A period of rest may be necessary to help you recover. Runners may need to temporarily decrease mileage or switch to less stressful activities like swimming, cycling, or using an elliptical machine. A splint or "Strassburg sock" worn at night will help to keep your plantar fascia in a stretched position while it is healing.

THINGS WE CAN DO TO HELP YOU



Joint Manipulation

Your provider has found joints in your body that are not moving freely. This can cause tightness and discomfort and can accelerate unwanted degeneration i.e. arthritis. Your provider will apply a gentle force with their hands, or with handheld instruments, in order to restore motion to any "restricted" joints. Sometimes a specialized table will be

used to assist with these safe and effective "adjustments". Joint manipulation improves flexibility, relieves pain, and helps maintain healthy joints.



Myofascial Release

Overworked muscles often become tight and develop knots or "trigger points". Chronic tightness produces inflammation and swelling that ultimately leads to the formation of "adhesions" between tissues. Your provider will apply pressure with their hands, or with specialized tools, in order to release muscle tightness and soft-tissue adhesions. This will help to improve your circulation, relieve pain and restore flexibility.



Therapeutic Exercise

Muscle tightness or weakness causes discomfort and alters normal joint function, leading to additional problems. Your chiropractor will target tight or weak muscles with specific therapeutic stretching and strengthening to help increase tissue flexibility, build strength, and ease the pain. Healthy, strong, and flexible muscles may help prevent re-injury.



Massage Therapy

Your care plan will include sessions of massage therapy where a licensed professional will use their hands to loosen tight muscles and stimulate blood flow. In addition to feeling comfortable, there is evidence that massage can help reduce blood pressure, stress, pain, and possibly even depression.



Therapy Modalities

We may apply electrotherapy modalities that produce light electrical pulses transmitted through electrodes placed over your specific sites of concern. These comfortable modalities work to decrease your pain, limit inflammation and ease muscle spasms. Hot or cold packs are often used in conjunction, to enhance the effect of these modalities. Another available option is therapeutic ultrasound. Ultrasound pushes sound vibrations into tissues. When these vibrations reach your deep tissues, heat develops, and unwanted waste products are dispersed.



Dry Needling

Our exam has identified several small tender knots that have developed in your muscles in response to chronic strain. Your provider will perform a procedure called Myofascial Trigger Point Dry Needling that involves inserting very thin monofilament needles directly into those trigger points in order to help relieve your discomfort.



Foot Evaluation

Fallen arches and faulty foot mechanics are common problems that can perpetuate your condition. Our office will carefully evaluate your feet and consider the need for a change in shoe style, arch supports, or even custom orthotics.

TREATMENT GOALS AND OUTCOME MEASURES

Your treatment will be most effective when scheduled at a rate of 2 times per week for 4 weeks. After this initial course of treatment we will reassess to make sure that you have met your initial treatment goal of at least 33% overall improvement. We will determine the need for any additional care after your reassessment.

THINGS YOU CAN DO TO HELP YOURSELF



Sleep Posture

Your mattress and the position you sleep in may affect your condition.

- Choose a mattress that provides medium or firm support, such as a traditional coil spring or adjustable airbed. Avoid waterbeds, thick pillow tops, and soft, sagging mattresses.
- Keep your neck and back covered while sleeping to avoid drafts that could cause potential muscle spasms.
- Since each presentation is unique with endless variability, there is no one-size-fits-all sleeping position. Research suggests that the *optimal* sleep position is the one that allows you to rest most comfortably without after-effects. Finding your ideal sleep position usually takes some experimentation, but two of the most popular are sleeping on your side with a pillow between your knees, or on your back with a pillow either underneath your knees.
- While many patients with neck pain or low back pain will want to avoid sleeping on their stomach, some people, particularly younger patients with sciatica, might find stomach sleeping is most comfortable.
- If possible, progressively test to see if your symptoms increase or decrease before spending a full night in any new position.



Workstation Ergonomics

Ergonomics is the science of adjusting your workstation to minimize strain in the following ways:Monitors should be visible without leaning or straining and the top line of type should be 15 degrees below eye level.Use audio equipment that keeps you from bending your neck (i.e., Bluetooth, speakerphones, headsets).Keep your shoulders relaxed and elbows bent to 90 degrees.Wrists should not be bent while at the keyboard. Forearms and wrists should not be leaning on a hard edge.Keep frequently used objects, like your telephone, close to your body to prevent excessive reaching.Take a 20-second break every 20 minutes: Micro activities include: walking, stretching, or moving your head in a "plus sign" fashion.Periodically, perform the "Brugger relief position" - Position your body at a chair's edge, feet pointed outward. Weight should be on your legs and your abdomen should be relaxed. Tilt your pelvis forward, lift your sternum, arch your back, drop your arms, and roll out your palms while squeezing your shoulders together. Take a few deep cleansing breaths.

Sitting Workstations

Hips and knees bent 90 degrees, feet flat on floor or footrest. Use a lumbar roll for lower back support. Avoid sitting on anything that would create an imbalance or uneven pressure (like your wallet).

Standing Workstations

Keep your head, neck, torso, and legs vertically aligned.Wear shoes that provide proper arch support. Use a footrest to shift your weight from foot to foot. Adjust the footrest to approximately 10% of your total body height.

In Home Ergonomic Assessment

We also offer in home ergonomic assessments here at Compass Chiropractic. This would be a 30 minute assessment for $60.



Lifting Mechanics

Here are some tips to help you lift safely:

- Avoid lifting or flexing before you've had the chance to warm up your muscles (especially when you first awaken or after sitting or stooping for a period of time).
- To lift, stand close directly facing the object with your feet shoulder-width apart.
- Squat down by bending with your knees, not your back. Imagine a fluorescent light tube strapped to your head and hips when bending. Don't "break" the tube with improper movements. Tuck your chin to help keep your spine aligned.
- Slowly lift by thrusting your hips forward while straightening your legs.
- Keep the object close to your body, within your power zone, between your hips and chest. Do not twist your body, if you must turn while carrying an object, reposition your feet, not your torso.

An alternative lifting technique for smaller objects is the golfer's lift. Swing one leg directly behind you. Keep your back straight while your body leans forward. Placing one hand on your thigh or a sturdy object may help.



Entering & Exiting a Vehicle

Entering and exiting your vehicle is a potentially risky activity for low back pain sufferers. Follow these tips to limit problems:

- To enter the vehicle, open the door and stand with your back to the seat, legs close to the side of the vehicle. For larger vehicles, you may wish to begin by standing on the running board. Place your hands on the door and door frame to keep your movements slow and controlled then slowly lower your body into the vehicle.
- Tuck your head into the vehicle. Keep your knees close to each other, as though they have been taped together, brace your abdomen as though you are about to be punched in the stomach, and pivot your body as a whole without twisting or bending at the waist. You may grasp the steering wheel with your right hand to help you pivot.
- Use a lumbar roll or other support to help maintain good posture. Position the roll slightly above your belt to support the "small of your back". Adjust your seat so that your knees are slightly lower than your hips. Try to avoid prolonged car rides- take frequent breaks.
- Before exiting, create adequate space by pushing your vehicle seat back as far as possible and move the steering wheel up and out of the way.
- To exit, first scoot slightly to the door side edge of your seat, then keep your knees together and pivot with the same cautions that you used to enter the vehicle. When your feet are shoulder-width apart and firmly on the ground or running board, grasp the door and door frame, lean forward, but be sure not to bend your back, as you tighten your abdominal muscles. Slowly thrust your hips forward to stand up.

Strassburg Sock

https://store.thesock.com/TSSOS/Shop/THESOCK.html



Who should I schedule with?

At Compass you have the option to choose which provider you would like to schedule your appointments with. Depending on your schedule it might be more convenient to schedule with a provider that is different from the provider that you saw for your initial appointment. Our practice is set up so you can schedule your appointments with any of our providers. We make sure that all your pertinent information is included in your file, so each provider is aware of your condition and specific treatment needs.



Footwear

Improperly supported feet can affect the alignment of all of the structures above. To improve your overall comfort:

- Choose shoes with good arch support.
- Avoid going barefoot or wearing shoes that lack support (i.e. flip-flops). The following brands of sandals provide better than average arch support: Naot, Fit Flops, Orthoheels, Abeo, Vionic, and Yellow Box.
- Avoid high-heeled shoes or boots (keep heels to a maximum of 1½ inches, especially if you are going to be doing a lot of walking).
- "Cross-trainer" athletic shoes tend to provide the best all-around support and shock absorption for daily activities.
- Patients with fallen arches should consider adding arch supports or orthotics.
- Repair or replace shoes with worn soles or heels.



Running Shoes

Running shoes need to be replaced every 250 miles. There are three basic options:

- **Motion Control Shoes** – Designed for people with low or no arches, these shoes are for runners who strike the ground on the outer edge of their foot. Avoid overly stiff shoes as these decrease your perception of the ground strike and lead to new injuries.
- **Stability or Neutral Shoes** – Designed for people with normal or average arches and running mechanics. The shoe contains some cushioning to absorb shock and prevent injuries and some rigidity to avoid pronation.
- **Cushioned Shoes** – Designed for people with high arched feet. Their footprint will typically leave a thin band along the foot's edge. As they run weight is distributed from heel strike to the outer edge of the foot and small toes that bear the brunt of "lift-off." This shoe is more flexible and absorbs the shock created by the lack of rotation (under-pronation) created by their running style.

EXERCISES AT HOME

The following exercises have been specifically selected to assist with your recovery and help minimize future problems. Exercises should be performed slowly and within a relatively comfortable range. Maintain good posture and breathe naturally. Do not hold your breath. Unless otherwise instructed, stop any exercises that cause pain, or radiating symptoms.

Access your exercise videos

Scan me

OR

Visit HealthCom.io

Username: **bbingham1** | Password: **Current Password**

CURRENT EXERCISES



Hip Hinge

Perform 3 sets of 10 reps, 1 time per day

While standing, place a broomstick or PVC tube over your spine so that it simultaneously contacts your tailbone, upper back, and head. Bend forward at the hips while keeping your body in contact with the stick at all positions. Avoid flexing from your low back. Perform as directed.



Abdominal Brace

Perform 3 sets of 10 reps, 2 times per day

The basic goal of "abdominal bracing" is to tighten your abdominal wall in order to protect your spine. This exercise may be performed by imagining that someone is about to punch you in your stomach. Your stomach muscles should contract to brace for the punch. Your abdominal wall should not be "sucked in" nor "pushed out". Do not move your spine or pelvis. This contraction should be performed during all movements throughout the day to assist in spine stability.



Rectus Stretch

Perform 2 sets of 30 seconds, 3 times per week

Begin in a 90-90 lunged position. With your hands on your hips, engage your gluts and rotate your pelvis into a tail tucked position. Once this tuck is achieved you can push your hips forward to stretch your rectus. This stretch should be performed on both sides. **Be sure to maintain your tail tucked position throughout the entirely of the stretch.**



Modified Child's Pose (Glut Med/Piriformis)

Perform 2 sets of 30 seconds, 3 times per week

Starting Position--Begin on your hands and knees(QPED position). To stretch right side: cross right ankle over left. Laterally extend right arm out the side. To stretch left side: cross left ankle over right. Laterally extend left arm out to the side. Movement--Once you are in position, lean back and to the right, to stretch the right side. Lean back and to the left, to stretch the left side. Hold for about 10-12 seconds and repeat. The stretch should be felt in the hip/glute region.



Psoas Stretch- Kneeling

Perform 2 sets of 30 Seconds, 2 times per day

Begin in a half-kneeling position with the side to be stretched on the floor and your opposite knee bent at 90 degrees, foot planted on the floor. Shift your pelvis forward slowly, keeping your back straight. Bring the hip down at a diagonal position. The side that the knee is down on then raise that arm straight up in the air to add a further stretch.



Piriformis Figure 4

Perform 2 sets of 30 Seconds, 2 times per day

Begin by lying on your back with your knees bent to 90 degrees. Place the ankle of the affected hip on your opposite knee in a figure-four position. Grasp the back of your unaffected thigh and slowly pull your thigh towards your chest. You should feel a gentle stretch in the affected hip. Return to the starting position and repeat as directed.



Active Arch

Perform 3 sets of 10 reps, 1 time per day

While shoeless, stand on your affected leg with your foot flat on the floor. Contract the muscles of your toes and arch to raise your arch without curling your toes or lifting the ball of your foot off the floor. Your movement should "shorten" your foot. If necessary, you may perform this exercise in a seated position for less resistance. As a modification, you may perform this exercise with your toes elevated. Perform 3 sets of 10 repetitions daily or as directed.



Resisted Flexor Digitorum Brevis

Perform 3 sets of 10 reps, 1 time per day

Begin seated and place one end of an exercise band flat on the floor beneath your foot and heel. Grasp the free end of the band and pull upward (toward your knee) to create tension on your toes and forefoot. Against the resistance of the band, force your toes downward then relax and return to the start position. Perform as directed.



Plantar Fascia - Marbles

Perform 1 set of 1 rep, 2 times per day

Place marbles or any other small object on the floor, i.e nuts, balls, pencils, etc. Pick up each marble with your toes one at a time. Move your foot several inches and drop the marble. Perform as directed.



Plantar Fascia - Golf Ball

Perform 1 set of 1 minute, 2 times per day

While sitting, roll your foot forward and backward over a golf ball on the floor. Use moderate pressure and "ease up" if you feel pain. You may substitute a frozen water bottle or other round object for a golf ball. Perform this exercise for one minute twice per day or as directed.



Plantar Fascia Stretch

Perform 1 set of 1 rep, 30 times per day

Sit in a figure-4 position and pull your big toe back for 10 seconds. You may apply a firm massage pressure, moving from toe to heel as you stretch. Perform as directed.



Standing Gastroc Stretch on Step

Perform 1 set of 10 reps, 2 times per day

Stand with the balls of your feet on the edge of a step. You may use the hand rail for stability. Slowly lower your heels until you feel a stretch in your calf and gradually increase this stretch over the period of one minute. For a more intense stretch, perform this exercise standing on one leg with your opposite toes resting on top of your other foot. For a less intense stretch, place your uninvolved foot flat on the step to control the amount of stretch on the opposite leg. Perform as directed.

Plantar Fasciitis patients may benefit by placing a small rolled up towel beneath their great toe(s), then slowly transitioning between standing on "tippy toes", and dropping back down to stretch. Perform as directed.



Standing Soleus Stretch

Perform 1 set of 3 contract/relax cycles, 2 times per day

Stand facing the wall with the ball of your affected foot on the wall, heels on the ground with your other leg behind you for stability. As an alternate to placing your foot on the wall, you may step on a 2-4 inch block or book on the floor in front of the wall. Place your hands on the wall for additional stability. Bend your forward knee while lowering your body toward the wall until you feel a strong stretch in your calf. Against the resistance of the wall/ block, attempt to flex the front of your foot toward the floor. Hold this contraction for seven seconds. Relax and stretch further. "Lock in" to this new position and repeat three contract/relax cycles on each side twice per day or as directed.

UPCOMING EXERCISES

Stop!

The following upcoming exercises will be started at a later date as you progress. Do not begin upcoming exercises until you are directed to do so by our office. You will continue your current exercises until otherwise directed.



Resisted Posterior Tibialis Strengthening

Perform 3 sets of 10 reps, 1 time per day

Sit with your involved leg crossed over your uninvolved leg. Loop a piece of resistance tubing over your forefoot and secure it beneath your foot on the floor. Stabilize your lower leg with one hand. Against the resistance of the elastic, roll your involved foot upward, as though you are attempting to look at the bottom of your foot. Slowly return to the start position. Perform as directed.



Vele's

Perform 3 sets of 20 reps, 2 times per day

Begin standing near a wall for stability. Stand with your feet shoulder width apart. Keeping your body straight, bend at the ankles to shift your weight forward onto your toes until your heels are about to lift off the floor. Return to the start position. Perform as directed.



Eccentric Achilles Strengthening

Perform 6 sets of 15 reps, 2 times per day

3 with straight knee and 3 with slightly bent knee

Begin standing up on your toes with the affected foot on the edge of a step. Do not place weight on your good leg, but you may use it for stability. Slowly lower your affected heel, at a count of 4 seconds, until you reach a fully stretched position and can drop no further. Use your good leg to return to your toes. Perform as directed. Moderate pain during this exercise is acceptable but if pain is excessive, you should assist downward motion with the non-injured leg.