

Case Report of Abdominal and Lumbar Scars Contributing to Myofascial Low Back Pain

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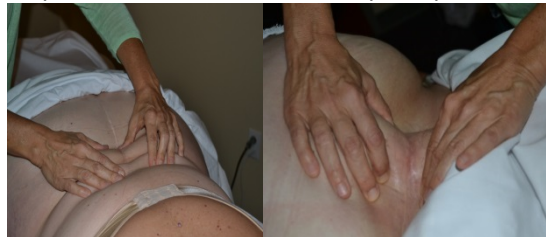
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BACKGROUND Impaired mobility of soft tissue can contribute to chronic pain and tissue stiffness as well as abnormal movement patterns within the musculoskeletal system, [1](Bouffard et al. 2008). Previous abdominal surgery has been shown to be a factor in low backache, myofascial pain syndromes, [2](Lewit&Olsanka 2004).

APPROACH 64-year-old female presented with a ten year history of low back pain with no mechanism of injury. Patient is status post L2 to L5 fusion, 2006. Patient has a history of three cesarean-sections with asymmetrical abdominal tissue due to abdominal scar. Previous treatment included SI joint injections, transforaminal epidural injections, with no lasting relief of pain. Patient was evaluated by a physiatrist and sent for Medical Massage therapy for treatment of low back pain. Massage therapy findings include significant restriction in abdominal and lumbar scars and surrounding tissue.



Medical Massage therapy included myofascial release to asymmetrical abdominal tissue, abdominal and lumbar scars and surrounding tissue, myofascial release and deep tissue massage to bilateral iliopsoas, quadratus lumborum, erector spinae, thoracic and lumbar paraspinal muscles.



RESULTS When the abdominal and lumbar scars and surrounding tissues were evaluated and treated, they were found to reproduce some of the patient's low back pain complaints. Patient reported increased flexibility in the lumbar area immediately following the myofascial treatment. Pain levels decreased from 6/10-2-3/10 post 17 medical massage visits over a six month period. Functional improvements include patient being able to return to pool exercises and physical therapy because of decreased pain complaints.

REFERENCES

- 1]Bouffard, N.A., et al., 2008. Tissue stretch decreased soluble TGF- β and type-1 procollagen in mouse subcutaneous connective tissue: Evidence from ex vivo and in vivo models. *J. Cell. Physiol.* 214, 389-395
- [2]Lewit, K., Olsanska S., 2004. Clinical importance of active scars: abnormal scars as a cause of myofascial pain. *J. Manipulative Physiol. Ther.* 27, 399-402.

