Knee Pain MyoRehab Has Answers



Providing a "Team Approach" to drug-free pain relief for over a quarter of a century

ustin had been accepted to an Ivy League college on a full football scholarship. What they didn't know was the injury this past April to his right knee and ankle was still a problem and he could not run as fast as normal due to pain. If he could not perform as he had before the injury, he might lose his scholarship.

His doctor had said it was a muscle injury and gave him a prescription for muscle relaxers, pain medication and an anti-inflammatory. It was now June and Justin still had no permanent relief.

When he arrived at MyoRehab, on a friend's recommendation, he was only aware of the pain in the right knee. During the initial eval-

uation using orthopedic tests and postural evaluation, it was clear that the right ankle was also part of the problem.

When an athlete, such as Justin, sustains an injury, usually two components are involved: muscle and joint. During an impact or unaccustomed overload, it is not uncommon for the joint to shift into a dysfunctional position, yet not be dislocated. At the same time, Myofascial Trigger Points (MTrPs) can develop as they did in Justin's thigh and leg muscles.

MTrPs are hypersensitive points in muscles that when stimulated produce pain that is referred in a predicable pattern away from the Trigger Point. Also, these MTrPs shorten the muscle and continue to hold the joint in its dysfunctional position.

The MTrPs in Justin's leg muscles had become latent. Latent TrPs produce pain only with exertion or fatigue. This explains why Justin was not aware of the right ankle involvement.

After the Initial Evaluation, we determined two key muscles contributing to Justin's right knee pain. The rectus femoris (Illustration A) attaches to the knee cap (patella) at one end and the hip at the other end where the MTrP is found. This muscle is often overlooked for knee pain because the trigger point is so far from the pain

Another primary producer of deep knee pain, the vastus medialis (Illustration B), not only causes knee pain, but has a reputation as the "quitter" due to its ability to cause Buckling Knee Syndrome. This would make the muscle feel weak and prevent Justin from running as fast as before the injury.

At MyoRehab, the practitioners are trained to identify and treat all contributing components of a person's pain. Justin's treatment was specific to his particular injury and both the muscles and the dysfunctional knee and ankle joints were addressed.

> Treatments combined manual or hands-on therapy with advanced adjunctive therapies. These included Photo-Biostimulation employing FDA-approved cold lasers and Frequency Specific Microcurrent which targets specific soft tissue and various pain-producing conditions (not to be confused with standard E-Stim or a TENS unit).

Both the cold lasers and Frequency Specific Microcurrent have proven track records in pain relief.

After all the involved muscles were effectively treated, the practitioners also used a muscle energy technique utilizing Justin's own muscles to gently coax the knee and ankle joints back to a neutral position. Then, we gave Justin an individualized home exercise program to retrain the muscles to stay at their normal released length.

Throughout the course of treatment, we made every attempt to identify and correct factors that could impede Justin's progress and perpetuate his pain. We reviewed factors such as sleep position, workstation ergonomics, improper bio-mechanics and other stressors adversely affecting the musculoskeletal system.

We are happy to report that Justin no longer has right knee or ankle pain and his running times are faster than before the injury. He gets to keep his football scholarship and he knows MyoRehab will be here for him in the future should he sustain another injury.

Does a sports-related injury prevent you from playing your best on the field or court? Give us a call at 872-3100 and discover the difference.At MyoRehab, we've been providing drug-free pain relief since 1984.