LIGAMENTOUS ARTICULAR STRAIN TECHNIQUE

TREATMENT | EDUCATION | REHABILITATION

Technique for the Inguinal Ligaments

Note:

Knowledge and best practice in this field are constantly changing. As new research and experience broaden our knowledge, changes in practice and treatment may become necessary or appropriate. Readers are advised to check the most current information concerning the frequency, intensity, duration, precautions, indications, and contraindications concerning treatment of patients and their conditions. It is the responsibility of the practitioner, relying on their own experience and knowledge of the patient, to make diagnoses, to determine frequency, intensity and duration and the best treatment for each individual patient, and to take all appropriate safety precautions. To the fullest extent of the law, the author does not assume any liability for any injury and or damage.

Book design by Robert Libbey Massage Therapist Corporation and Original 72 Creative

Cover design by Robert Libbey Massage Therapist Corporation and Original 72 Creative

Photos by Original 72 Creative

Editing assistance from Leslie Ste. Marie

Forward Thinking

The information presented in this manual before you, is an opportunity to advance and update the original context first put forth by A.T. Still. This is a wholly different era where evidence informed techniques are sought after in an effort to advance the manual therapy profession to it's highest potential.

Presented here are the same timeless principles viewed through a modern lens. They are applied with the mindset of providing a simple, precise, principle based, evidence informed technique that can be incorporated into techniques already being utilized by the manual therapist.

At the time of writing this, after 22 years of practice and 16 years of research (both historically and scientifically informed), self development and education has lead me to this historically innovative manual therapy technique.

Although the techniques described in this manual seem separate, they are connected through the ability of the therapist to look locally and see systemically. We are an asymmetrical nonlinear feed back system. Everything is connected.

In the book "Movement, Stability & Lumbopelvic Pain", Andry Vleeming uses the term "Ligamentous Stocking" to describe the connectedness of fibrous soft-tissue structures of the lumbar vertebrae to the sacrum. In 2009, Jaap van der Wal stated that there is a joint stability system, in which muscular tissue and RDCT (regular dense (collagenous) connective tissue) interweave and function mainly in an "in series" situation rather than an "in parallel" situation. Thus, in vivo, the periarticular connective tissue is loaded and stretched both by the movement of related skeletal parts and by the tension of the muscle tissue inserting to this connective tissue. Ligaments are considered RDCT's.

I put it to you that this "Ligamentous Stocking" is organism wide, connecting not just the vertebral column to the sacrum, but also connecting the various appendicular interdigitations of membranous, capsular, ligamentous and periosteal fibrous tissues to the axial fibrous tissues.

The trend today is to treat separate tissue from other separate tissue with a disconnect from the whole organism. We treat carpal tunnel at the wrist with out looking systemically to find that the wrist was only the last in a chain of events and compensations for something that happened months years, decades ago in a completely different area.

Daily we see patients who seem to have been treated by everyone, everywhere, and some how have come to us. We are in most cases the "end of the road" before surgery or they come to us decades after surgery. Their physical body is screaming out information that many do not stop to hear or see. You can see it in their eyes.

We still utilize the ancient laying of hands to help someone in pain and discomfort. We are here to help, to serve, to listen with our hands, eyes, ears, heart, soul and intuition. We are here to connect with another organism.

Going forward, use todays evidence informed science to help you and your patient understand possibly what physiological process is currently occurring; but use your common sense, intuition and most importantly guidance from your patients physiology to dictate the rate, course and direction of the treatment.

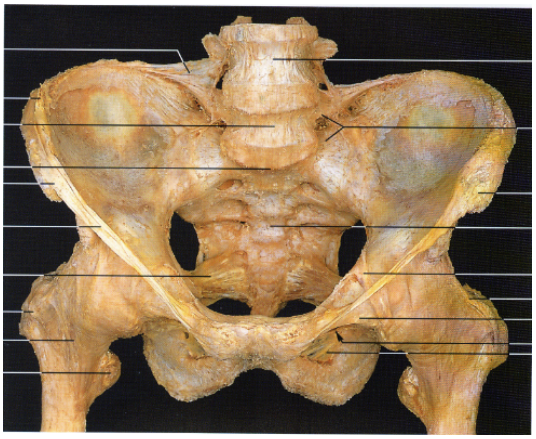
Manual therapy is an ART and a science. Treat the organism rather than the segment. Change your perspective to treating densities and temperatures. Aim for "ever-changing balance" in an asymmetrical nonlinear feedback system.

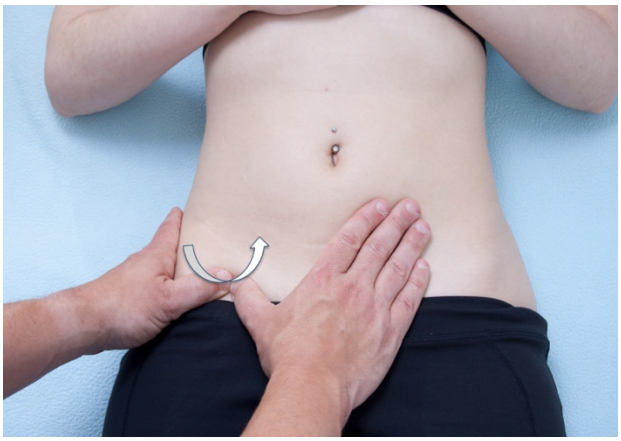
Keep Forward Thinking!

Inguinal Ligaments

Patient position:
Supine on a table

Therapist position:
Standing at the level of the mid-thigh on the side to be treated, facing the head of the table

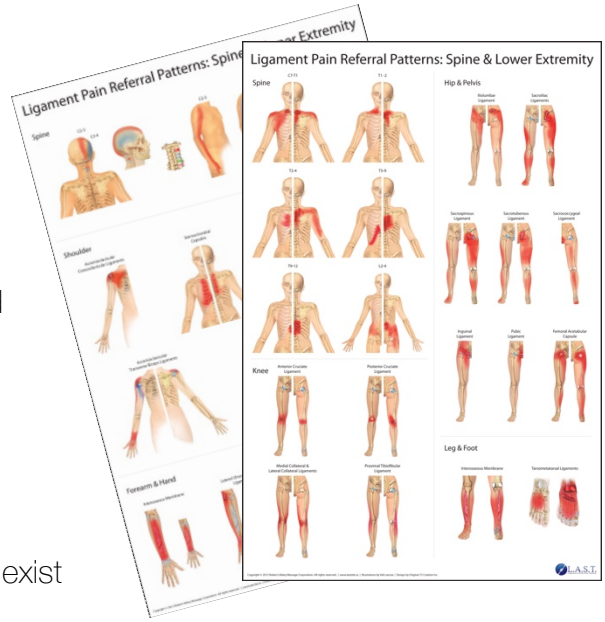




Technique:
Locate the femoral pulse as a landmark. Be careful to not compress the femoral vein, artery and nerve located in the middle of the ligament. With your flat thumbs, contact the inguinal ligament at either the pubic or ASIS attachment. Match the RT of the tissues between your hands, until the release occurs. Slowly release your pressure. Reassess for suppleness of the tissues. Any tenderness of the ligament should be reduced.

Ligament Pain Referral Pattern Posters

These visually stunning, full-color posters are an invaluable diagnostic and educational tool for you and your patients.



Over the last 20yrs I've recognized a distinct, immediate and ongoing problem. My patients were complaining of pain referral patterns that didn't seem to match up with the standard trigger points, dermatome or sclerotome patterns.
For years I researched scientific journals and resources all the while continually charting referral patterns described to me by my patients.
This extensive work has culminated in my creation of the set of LIGAMENT PAIN REFERRAL PATTERN posters!
This stunning artwork is original and doesn't exist anywhere else!
These 2 posters graphically demonstrate over 40 ligament pain referral patterns for: Spine & Upper Extremity, Spine & Lower Extremity

Multiple referral patterns are displayed for each region of the body; Spine, Shoulder, Forearm & Hand, Hip & Pelvis, Knee, Leg & Foot.

If you have patients complaining of referred pain that you just can't figure out, if you treat joint dysfunction and want to explain more in depth the discomfort your patients are feeling, if you want to a add more value to your practice and your patients… these posters will be an asset!

These visually stunning, full-color, high glossy charts are an invaluable diagnostic and educational tool for you and your patients.

Help your patients visually see the cause of their complaints!

To order now simply go to www.lastsite.ca.

About Robert

Robert Libbey has been a Registered Massage Therapist (RMT) with the College of Massage Therapists of British Columbia (CMTBC) and the Massage Therapists Association of British Columbia (MTABC) since 1994.

From 2001 to 2008, he was a faculty member at the West Coast College of Massage Therapy (WCCMT), instructing in their Orthopedic and Neurological Examination departments. He was also a Senior Clinical Supervisor examining students preparing for their Provincial Regulatory Board examinations.

Robert upgraded his education to the 3000-hour standard for registration set by the CMTBC.

Robert has spent the last 16 years (totaling over 16,000 hours) researching, learning, developing and updating the Ligamentous Articular Strain Technique. L.A.S.T. incorporates aspects of myofascial techniques, positional release techniques, biodynamic craniosacral techniques, visceral manipulation, joint play techniques, articular neurology and pain science. This course incorporates current scientific research presented at the Third International Fascia Research Congress.

Robert believes massage therapists have a great opportunity to improve the quality of life of their patients. He has always felt that our understanding of the ligamentous articular system has been insufficient. Robert's goals are to bring greater awareness of this system's role in neuromusculoskeletal injuries and disorders, and to provide massage therapists with a safe and effective technique that will enhance their capacity to help their patients.

Robert maintains a full-time practice while he continues researching, developing and instructing L.A.S.T. courses.

Robert can be contacted at: lastechnique@gmail.com or via www.lastsite.ca

More LAST Online Educational Training Courses

NEW strategies for treating a common area of complaints! Let's put some wiggle in that walk!

Stop chasing the lateral shoulder pain. Learn how dysfunctions medially can contribute to and cause issues in the tissues elsewhere.

Knee injuries can feel daunting to know how to treat them all. These specific techniques will help you be more effectively with your treatmenta.

Let's create some "Happy Feet!" Achieve a sense of lightness and let's put some spring back into your patients feet and lower legs

This is a Compilation of my 10 most effective, simple and easy to implement, techniques for each major body area. You're going to love this course!

Visit lastsite.ca for newsletters, videos and additional Online Training