

## THE TROCHANTERIC LOOP, PRONE

Target Anatomy	Ten (10) Muscles of the Lateral Hip/Pelvis: TFL, Gluteus Medius, Gluteus Minimus, Gluteus Maximus, 6 Deep-Hip-Lateral-Rotators [Piriformis, Gemellus Superior, Gemellus Inferior, Obturator Internus, Obturator Externus, Quadratus Femoris] And the Hamstring origin
Tools	Neutral Fist, Elbow Tip, Broad Elbow, Volar Aspect
Vector	Initially Through-Body-Diagonal at the TFL; Then A-to-P (with a Medial Stabilizing Force) Through the Lateral Glutes; Then Down- And-In Beginning at the Top Posterior Corner of the Greater Trochanter (Piriformis), Continuing Through to the Hamstring origin
Tissue-Bend	Purple
Bony Anatomy	Dark Blue [PSIS, ASIS, Iliac Crest, Greater Trochanter and Upper Femur (Laterally), Ischial Tuberosity]
Concepts	Lateral Hip Syndrome

## THE WHY

Lateral Hip Syndrome is a common denominator in most clinical pain patterns of the middle third of the body including low back, pelvis, hip and knee. This syndrome occurs when there is an imbalance in the tension and/or structural positioning of the *lateral hip complex*. One of the best treatments to help solve Lateral Hip Syndrome is The Trochanteric Loop.

The *lateral hip complex* includes the bony and muscular anatomy of the lateral hip and pelvis. There are three (3) bony structures:

- Trochanter
- Innominate Bone (fused ilium, ischium and pubis)
- Sacrum (sacrum attaches to the ilium of both innominate bones, forming the sacroiliac joint)

There are ten (10) muscles running the lateral aspect of the hip and pelvis:

- 6 Deep-Hip-Lateral-Rotators running medial to lateral, originating from the pelvis and traveling across to insert on the trochanter
- 3 Glutes

1 TFL

\* Note: The iliotibial Band (ITB) is also part of this complex; Due to the insertions of TFL and Glute Max onto the ITB. This connects powerful superficial portions of the lateral hip complex from the iliac crest and sacrum all the way down to the lateral fibula below the knee.

If you consider both sides of the body, there are 20 muscles total here; granting us a wealth of opportunity to effect positive change by rebalancing this critical structure as a whole. These muscles need to function well as a unit to tolerate the loads necessary to position and stabilize the body's most powerful and robust structures at the hip and pelvis. These structures are centrally positioned on the body, making the bones of the hip and pelvis an important "base camp" for the torso and legs, providing critical attachment points for a total of sixty (60) muscles coming to it from above, below, and from the lateral structures described in this technique.

With this understanding, the importance of controlling and managing the tension, consistency, and placement of these muscles and bones should be very clear. Imagine a moveable manikin with sixty strings attached to it from all directions and how the tension on one string would effect the responsibilities and tension of another. As manual therapists, if we want consistent success managing symptoms in the middle third of the body, we must be adept at normalizing the tone, consistency and bony positioning throughout this *lateral hip complex*.

The Trochanteric Loop provides substantial treatment to superficial *and* deep components of the lateral hip complex. Superficially, we effect the TFL and glute max, and then with the thick lateral glutes, we have superficial and deep components (gluteus medius and minimus). Especially unique to this technique is that we also gain safe and secure access to ALL SIX of the deep-hip-lateral-rotators. This convenience is only possible at this location because their insertions are all at the trochanter, making The Trochanteric Loop crucial for managing deep function and the fluidity of movement in these integral structures.

Think of these six muscles as being the rotator-cuff of the hip. They may be smaller and deeper muscles (with curious names), but when you put them all together and consider the mechanical advantage of their deep positioning, it becomes clear they are absolutely critical structures to effect positive change in so we can help reset them back to their desired default setting; pliable, full, versatile and consistent.

## THE HOW

As always, if you're working on a high-low table, set it to the most advantageous height for your body. Also, using a cloth sheet under the client is useful during this technique, as it is grasped and used to help form the Brace Tool.

Standing next to the area you'll be treating, apply a Brace Hand/Forearm to prevent rolling or lateral shear through the spine: Reach across and grab the sheet immediately on the other side of the client at a location above the trochanter and below the iliac crest; with that same arm, place the volar aspect of your forearm on the client's lateral and posterior glutes. This set-up serves as a strong braking mechanism that allows the tissue to absorb the Through-Body-Diagonal you'll be applying with the treatment arm using a Neutral Fist.

Before continuing, let's define the concept of Neutral Fist with a thigh-driven Power Tool: 'Neutral Fist' is a full-fist position with special attention paid to the biomechanics of the Metacarpal-Phalangeal (MP) joints. While applying treatment forces with Neutral Fist, be aware of that you should never allow the MP joints to become passive and bottom out to end range flexion. By consciously keeping the MP joints at 90°, you will help protect your knuckles from injury.

The term 'Power Tool', means you're leveraging force from a more powerful and mechanically advantageous part of your body (or stable surface) to improve the performance of the main treatment tool; in this case, the arm and Neutral Fist. The top of the thigh is positioned perfectly to gain the necessary leverage during this technique, as long as the table height set properly. By connecting your elbow to your thigh, while using a Neutral Fist, more force can be created to bend those dense muscles, which is necessary when trying to overcome restrictions in TFL and the lateral glute layers.

Using a thigh-driven power tool keeps you from having to use your arm strength alone to create the necessary treatment forces, saving wear-and-tear on therapists.

Begin treatment using your Neutral Fist as a thigh-driven Power Tool. Apply a Through-Body-Diagonal at the Corner Pocket (antero-lateral pelvis between ASIS and trochanter), directing force toward the Brace Forearm located at the postero-lateral pelvis on the....