**PSOAS SYNDROME**

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Functional (non-organic) disorders of the iliopsoas muscle (IPM), i.e. the shortening, spasm and weakness of the structurally unchanged IPM, can be manifested as abdominal and/or pelvic pain, pain in areas of the thoracolumbar and lumbosacral spine, sacroiliac (SI) joint, hip, groin and anterior thigh on the side of the affected muscle, as well as gait disturbances. By clinical examination of the IPM, including abdominal palpation, stretch and strength tests, pathological masses, shortening, painful spasm, weakness and tendon tenderness of that muscle can be diagnosed. The IPM is, like other postural muscles, inclined to shortening. The weakness of the IPM can be a consequence of the lesion of the lumbar plexus or femoral nerve that innervate the IPM, as well as a result of certain organic diseases of the IPM. Painful stimuli coming from somatic and visceral structures that are innervated from Th12-L4 nerve roots, can cause a reflex spasm of the IPM. A painful spasm of the IPM caused by disorders of the ThL and LS spine, SI and hip joint, can mimic diseases of the abdominal and pelvic organs. In the differential diagnosis of the IPM painful spasm, organic diseases of that muscle should be considered foremost (abscess, hematoma, tumor, metastases), as they can result in spasm, and the diseases of the abdominal and pelvic organs that can cause an IPM reflex spasm. The IPM functional disorders, which are not rare, are often overlooked during a clinical examination of a patient.


**SCIATICA**


**Psoas syndrome & Sciatica**

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**Psoas functions**

- Iliopsoas is the chief flexor of the thigh & trunk.
- It advances the lower extremity during walking.
- Psoas side bends the vertebral column ipsilaterally & controls trunk deviation when sitting.
- It is a postural muscle & is active in standing position.
- It is a minor external rotator of the thigh.

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**Psoas fascia**

- The psoas fascia is attached laterally to the transverse processes & medially to the bodies of the lumbar vertebrae.
- In the iliac fossa it is continuous with the fascia that covers the iliacus muscle.
- It forms a loose investment & infections in the muscle may descend into the thigh.

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**Psoas syndrome**

- Somatic dysfunction
- Pain
- Limping

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**Case 1**

- 28 yo male house painter presents w/ cc groin pain x 2 months, progressively worsening. Describes pain as continuous, sharp, occasionally radiating to anterior thigh. Worse on work days. Better after NSAIDs.

Case 1 continued
- Neuro exam: DTR 2/4 achilles, patellar SLR 90 degrees w/ some ant hip pain.
- Imaging? Blood tests?
- Diagnosis
- Treatment

Case 2
- 45 yo female moderate distress c/o severe R groin pain. Onset: 2 mo ago. Duration: intermittent
  Frequency: daily Worsened by: unrelated to position or activity. PMH: neg PSHS: noncontributory

Case 2 continued
- Neuro exam: nl
- Osteopathic structural exam: L 4,5 FSR right, R SI joint restriction. L on L sacral torsion.
- Imaging? Blood tests?
- Diagnosis
- Treatment

Psoas syndrome
- Diagnosis: Physical exam
- Other tests sometimes necessary
- Treatment: OMM, rest, icing, NSAIDs, stretches, PT, NMT.

Sciatica
- The sciatic nerve is the largest nerve in the body. It leaves the pelvis through the sciatic foramen, below the piriformis muscle.
- Sciatica is pain in the distribution of the nerve including the area of the buttock (gluteals & piriformis) and the posterior thigh, usually to about the level of the knee.

Sciatica
- Diagnosis: physical exam.
- Imaging/ blood tests unhelpful
- Treatment: OMM, NSAIDs, PT, NMT
- For severe cases instead of narcotic pain meds: Prednisone 10mg #63 sig: 80mg x3d, 60mg x3d, 40mg x3d, 20mg x3d, 10mg x3d in divided doses w/ food. Side effects! Diazepam 10mg # 15 sig: ½ - 1 at hs prn sleep/spasm.