

Left Stance in Right AF IR Position from the Right AIC Pattern

What?

This is the second neuromuscular activity in the PRI integrated standing activities that allows the patient to experience proprioceptive right acetabular femoral internal rotation as he/she shifts their weight from their left non-dominant lower extremity to their right while keeping his/her left leg behind the right.

Why?

This non-manual technique is designed to inhibit the right quadratus lumborum, right internal obliques/transverse abdominis, left acetabular-femoral external rotators, left hip abductors and right latissimus dorsi upon early 'left heel off' phase of gait as left hamstrings, left internal obliques/transverse abdominis, left adductors and right posterior gluteus medius is facilitated in early right AF IR positioning.

When?

This non-manual technique could be used immediately before any of the other standing abdominal integrated facilitatory techniques because of its ideal and desired proprioceptor and loaded mechanoreceptor properties when in a right AIC pattern. It's a great technique to use when a patient has difficulty in delaying transference of weight to the right because of patterned, over-active right hip adductors and external rotating abductors and weak, under-used left hip internal rotating adductors and abductors. Also, could be used to lengthen left plantar flexors eccentrically as weight remains on the left lower extremity during right trunk rotation. Allows the patient to experience weight shift to the left as right lower extremity and left upper extremity move forward, therefore, influencing and hopefully increasing "time" spent on left lower extremity in gait.

Where?

Early on in the dynamic phase of PRI rehabilitation where the left internal obliques, transverse abdominis and hamstrings are needed to maintain left zone of apposition with integrated right trunk rotation during left AF IR and end phase of 'right heel strike'. Since recommendation of left anterior hip shift is made as left heel stays in contact with floor, it also could be used to inhibit left iliacus and right psoas.

Who?

Individuals with difficulty in balancing cadence and stride length with strong Left AIC patterns. Individuals who have difficulty in reciprocal timing with bi-pedalism, because of high need for neuro-mechanical activity secondary to right center of gravity position. Individuals being treated for left visual midline shift, by a neuro-optometrist or left cranial side bend or right torsion by a gnathic orthopedic oriented dentist or Right TMCC pattern by a PRI therapist or left hallux limitus by a podiatrist.