

Locate Interspace



Mark the L4-5 Interspace



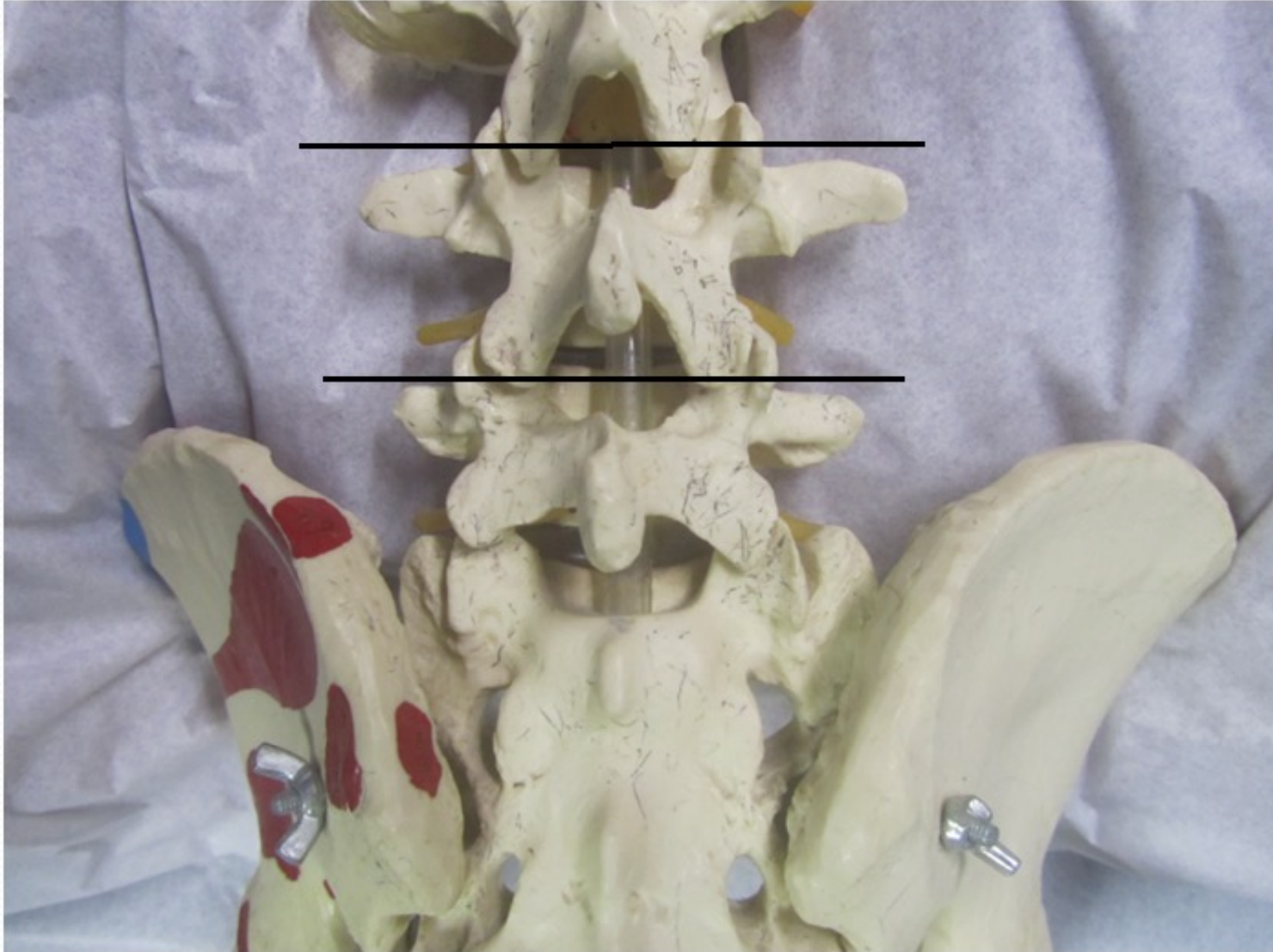
Draw in other Interspaces and iliac crest



Facet joints are a finger breath out
from the Spinous Process

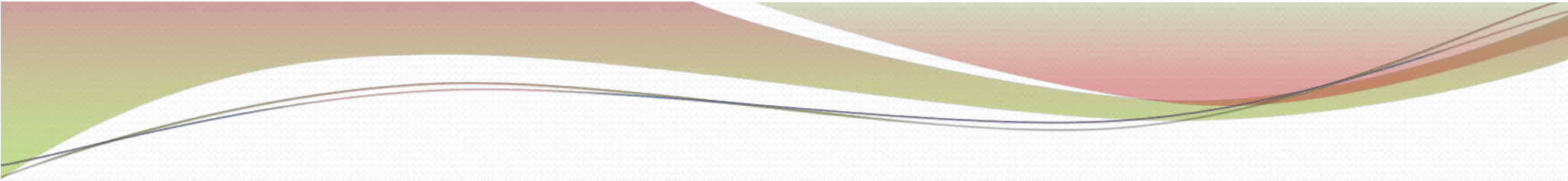


Facet joints are 1 FB lateral and at the level of the Interspinous Space



Pinch and Mark

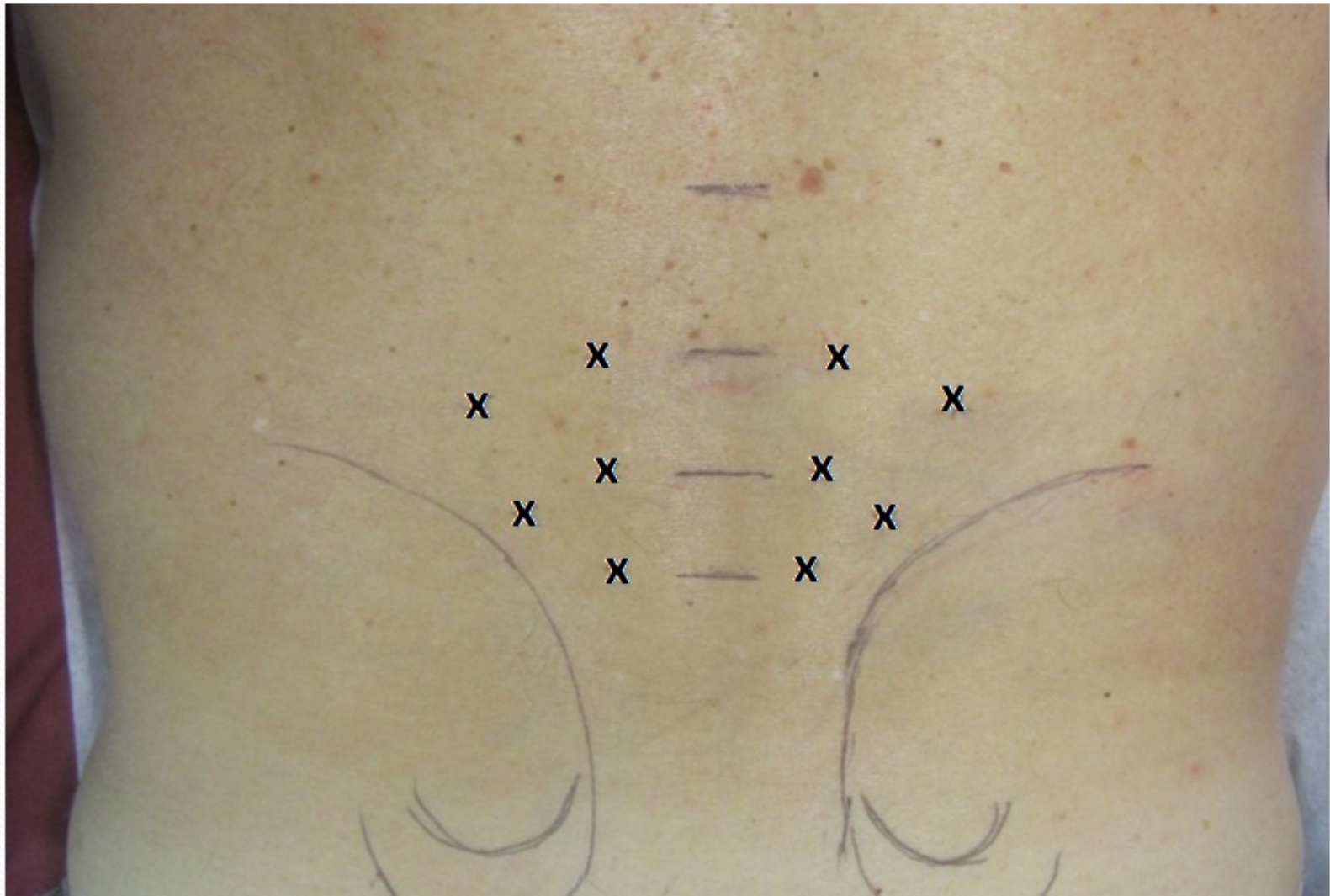




Transverse Processes

- Find the interspace at two adjacent levels
- Measure 2/3rds up from the lower to higher
- Then move lateral to the edge of paraspinous muscle for the insertion point.
- Aim medially at 45 deg and at 5 to 7 cm you will hit tip of transverse process.
- Search for TP at 2 degree movements sup/inf., then medial 2 degrees and again sup/inf

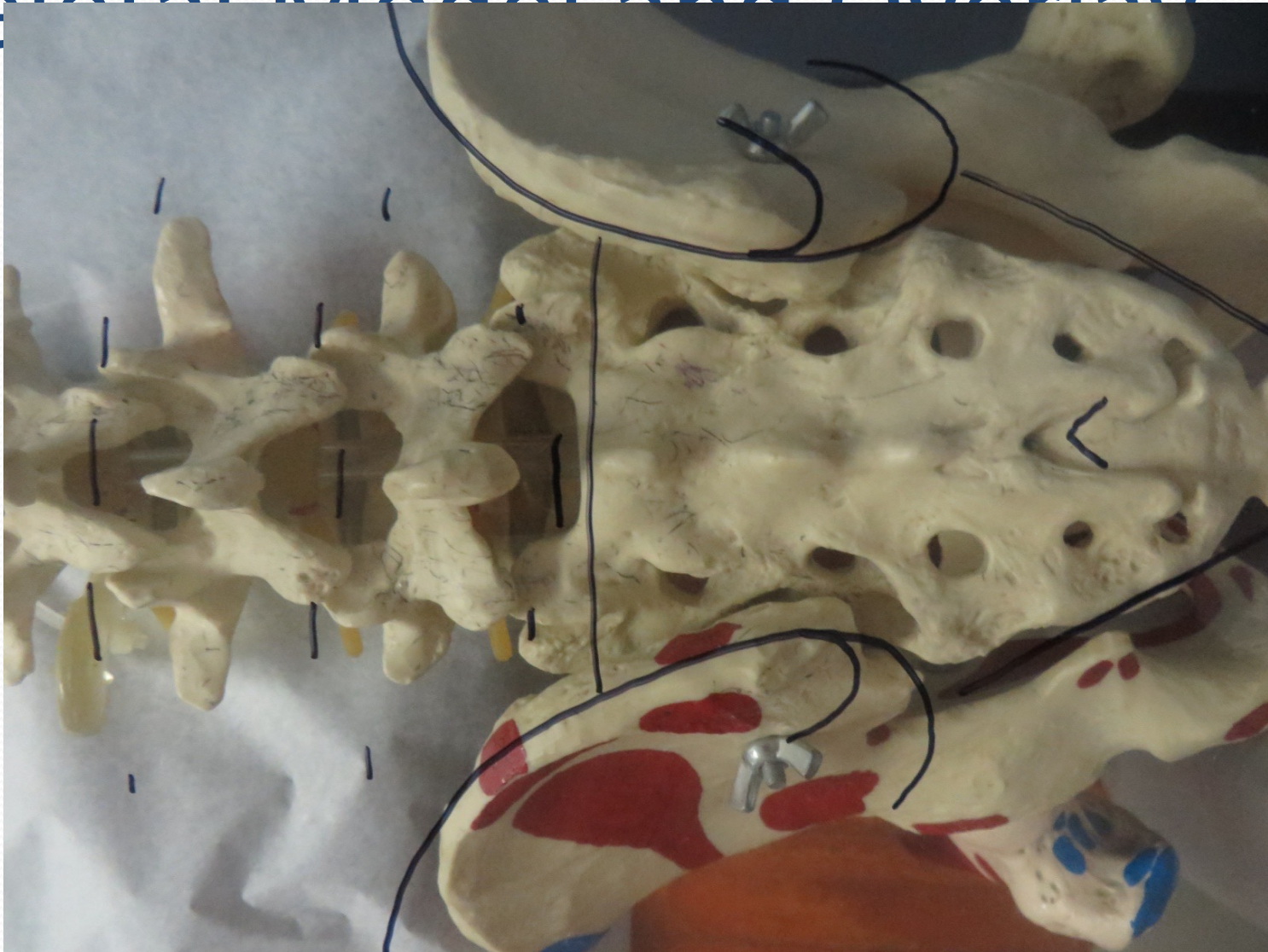
Add the location of the Transverse Processes of L4 and L5



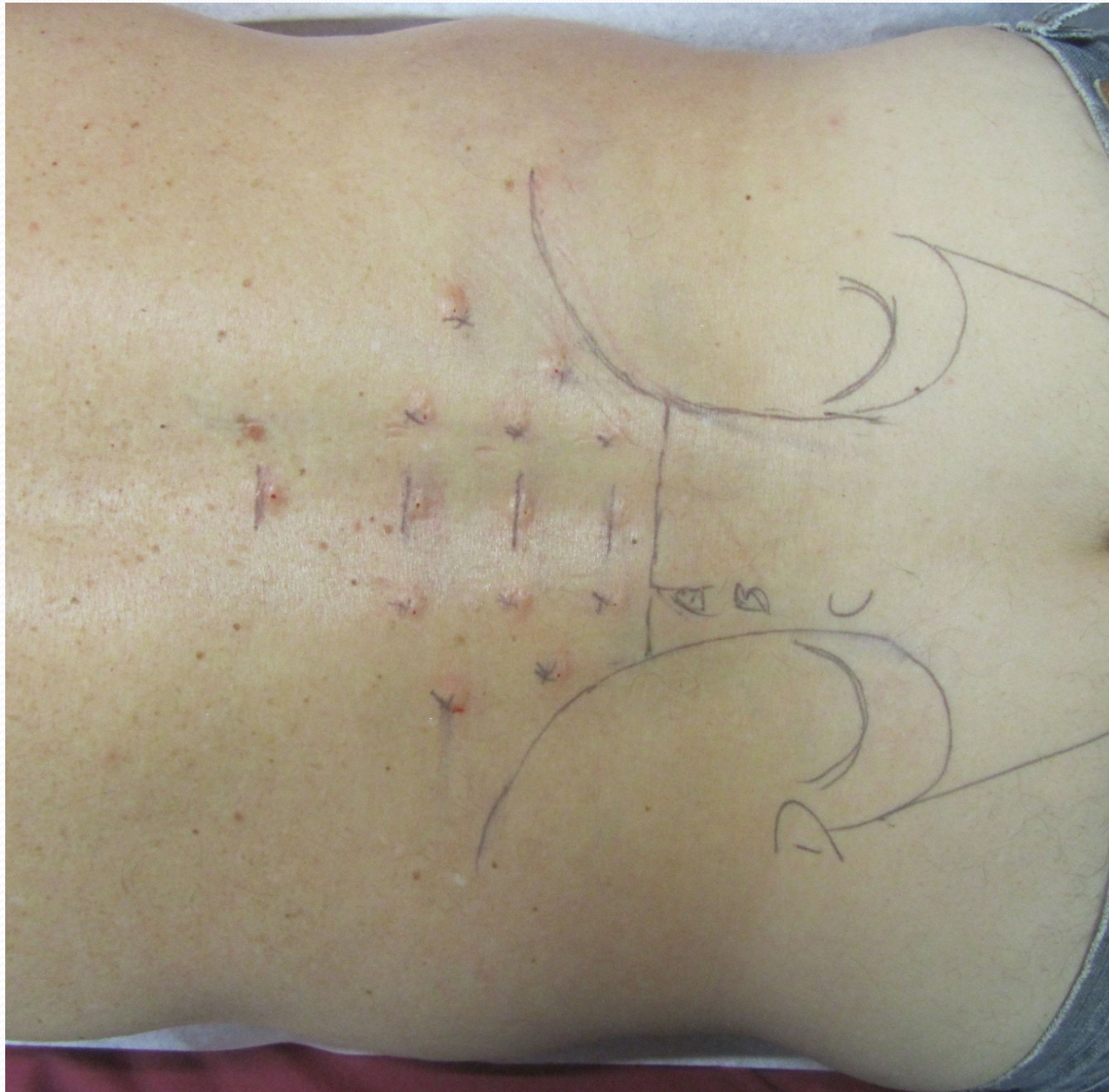
Draw PSIS and Sacrum



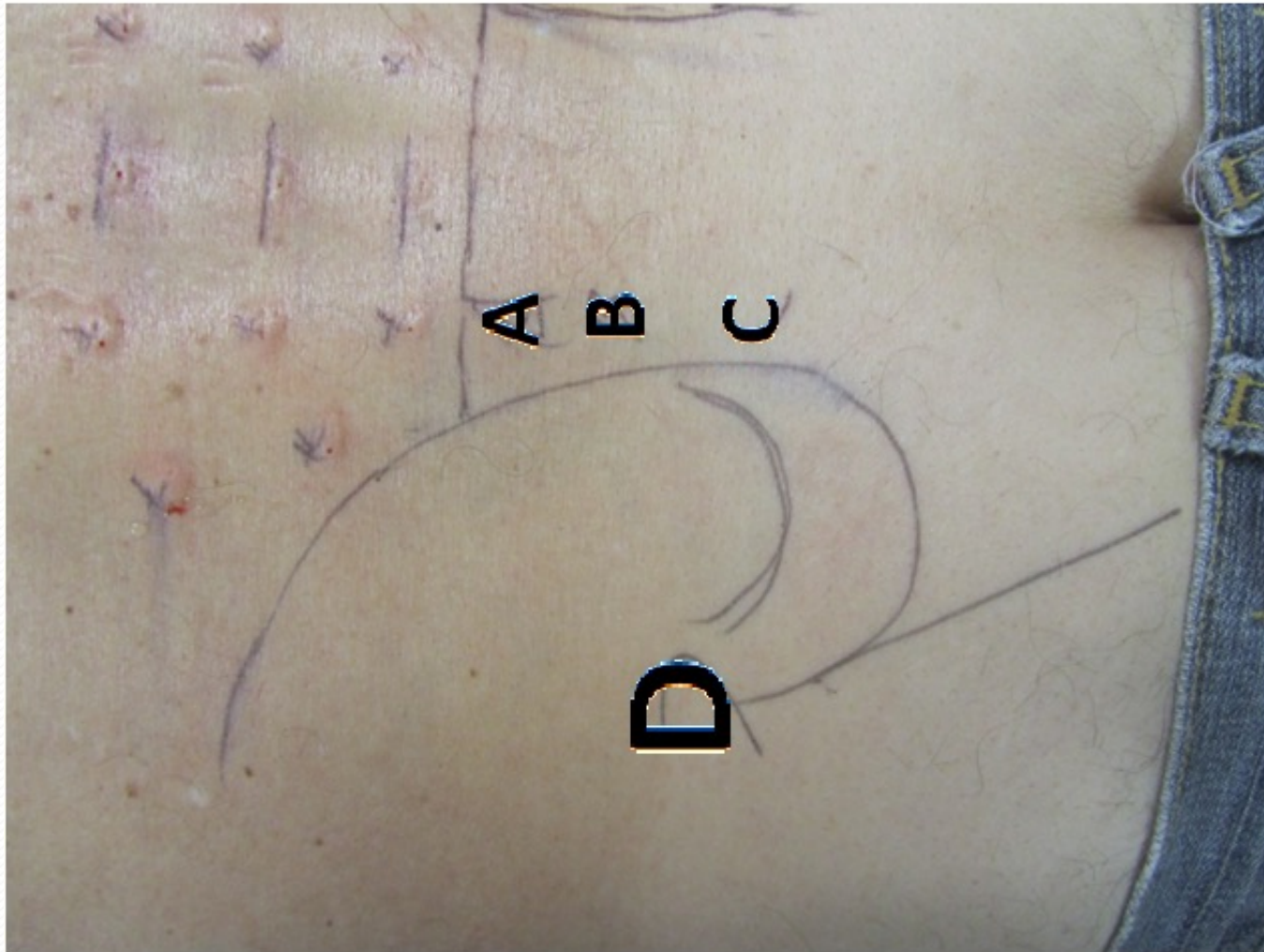
Skeletal Model and Overlay

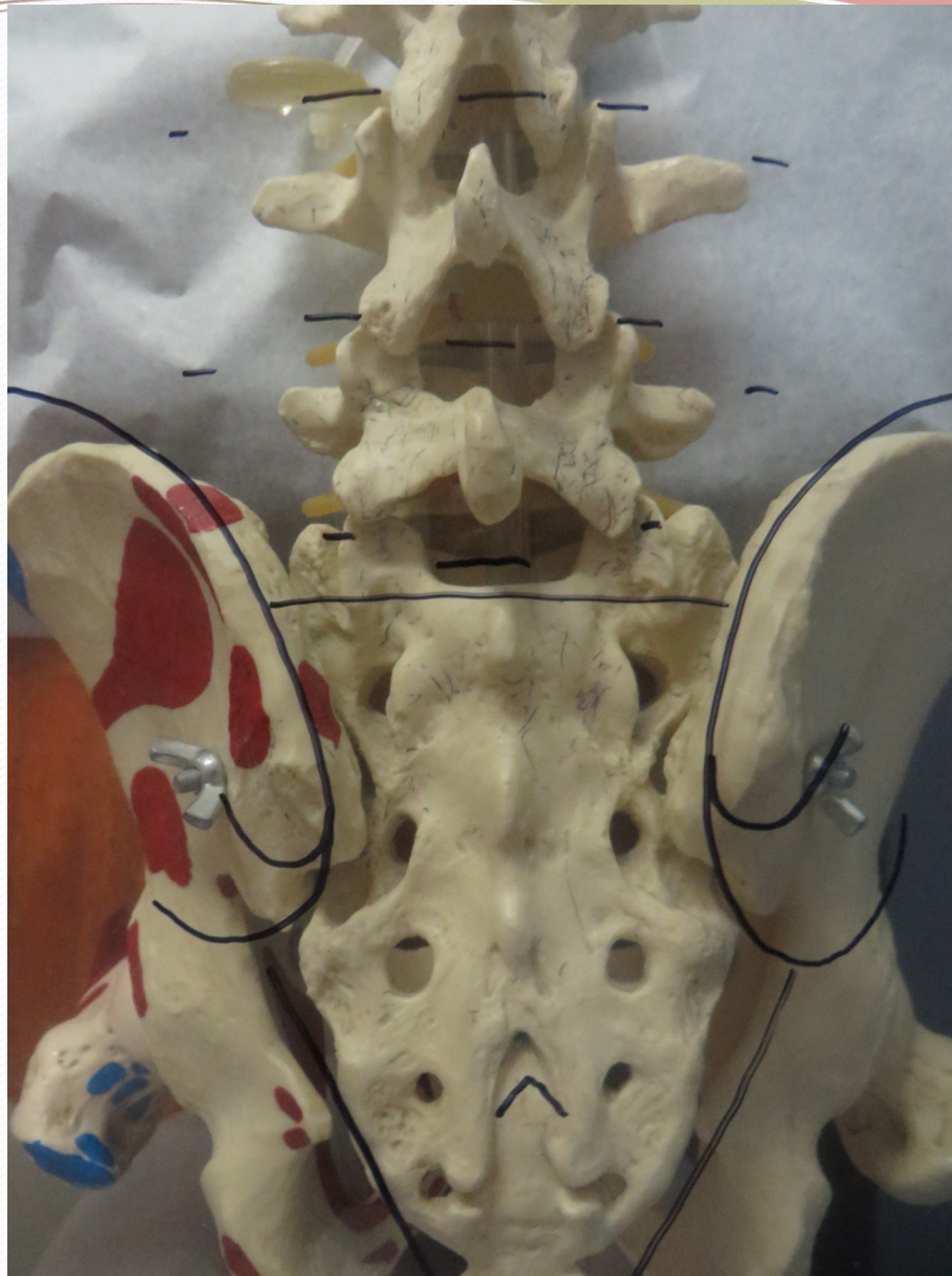


Hackett's Points

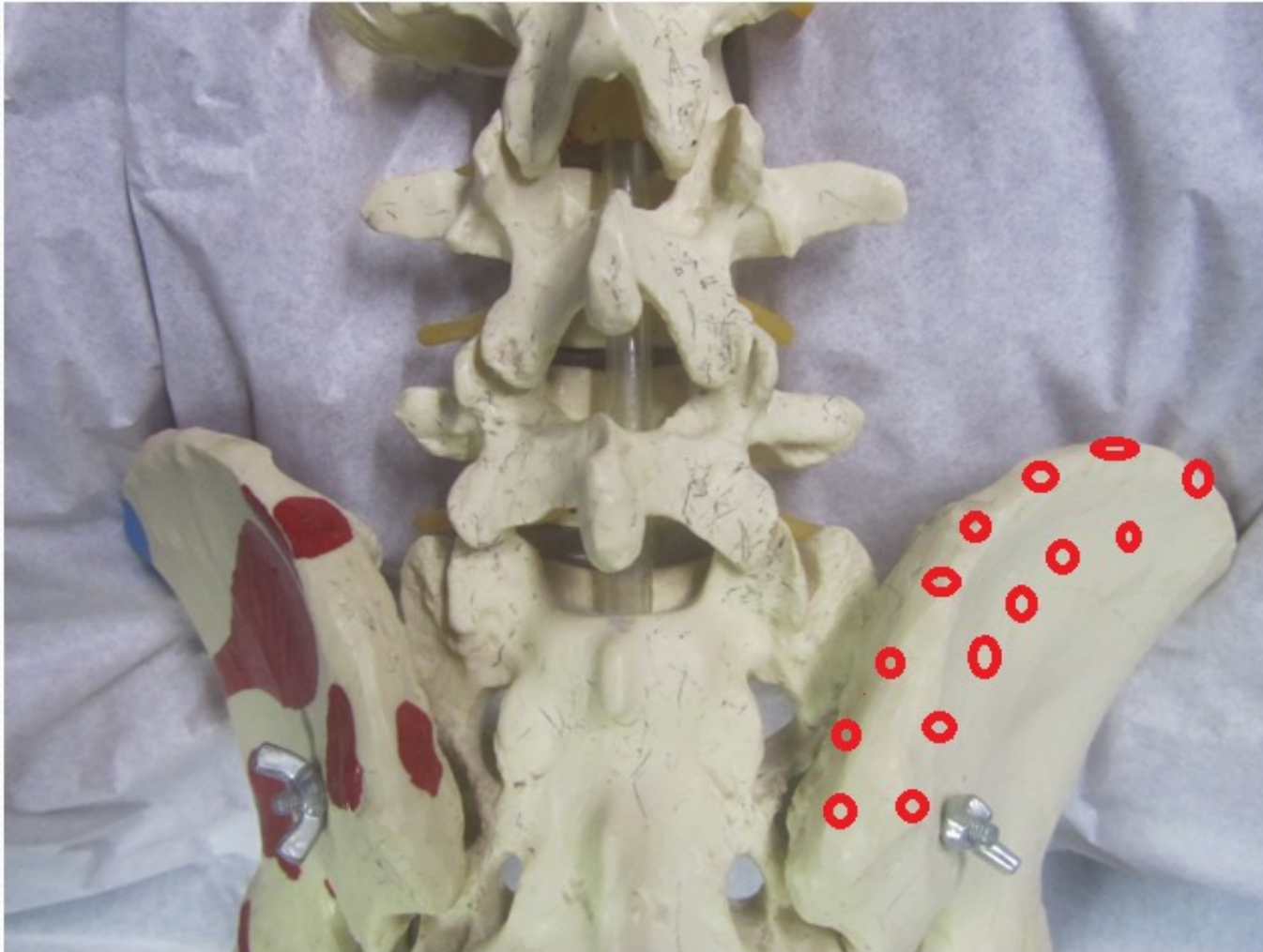


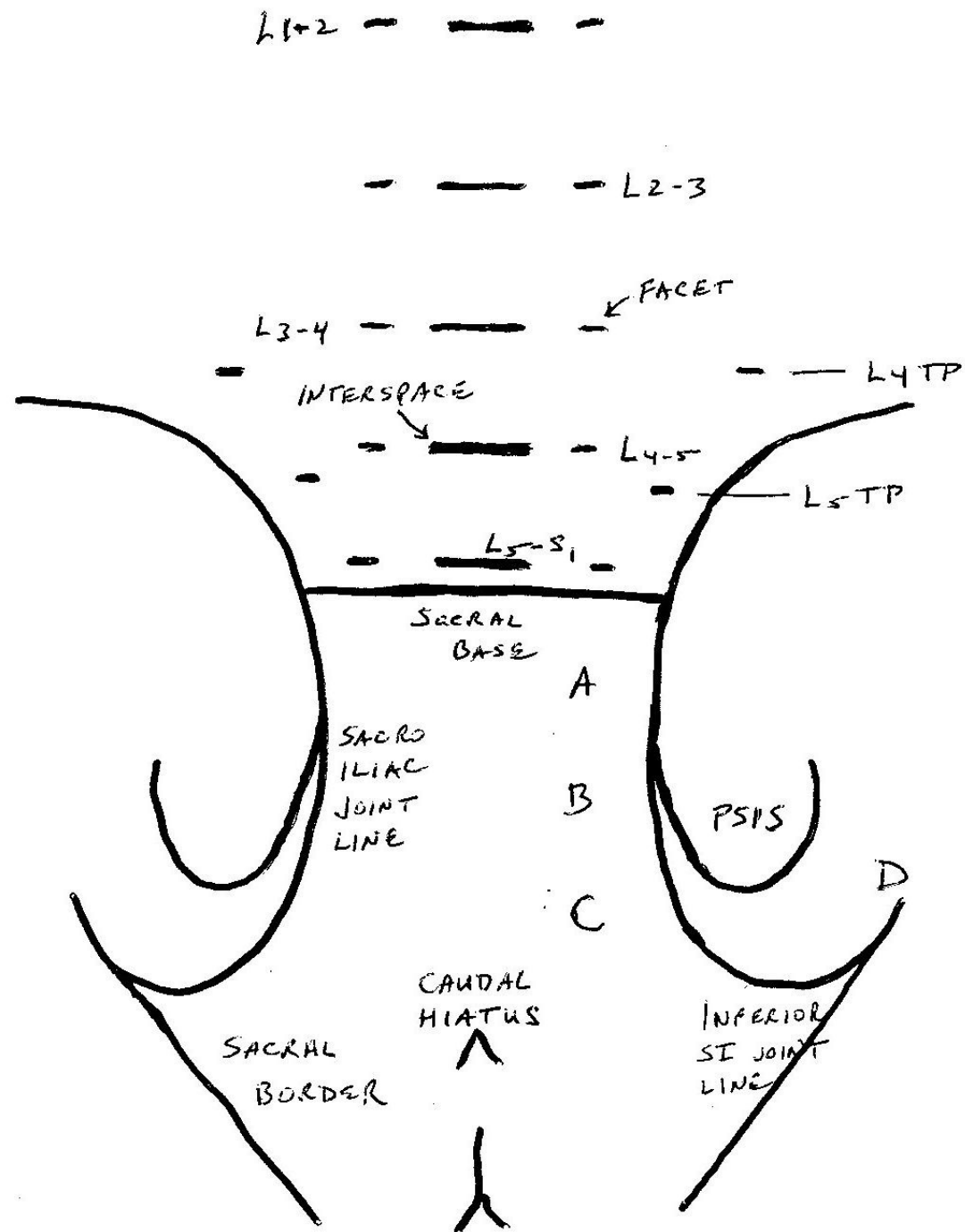
Hackett's A,B,C and D

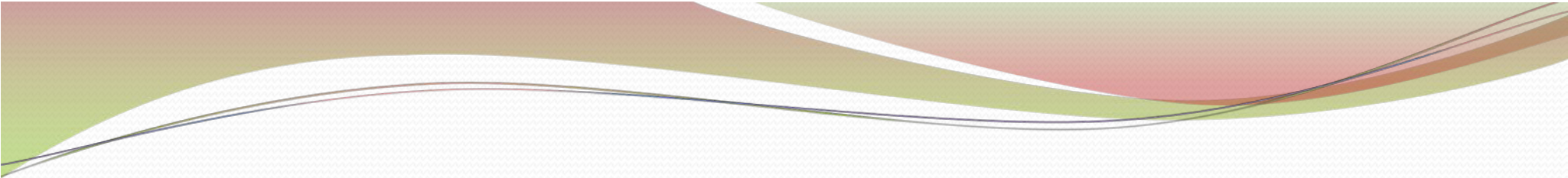




ILIAC CREST

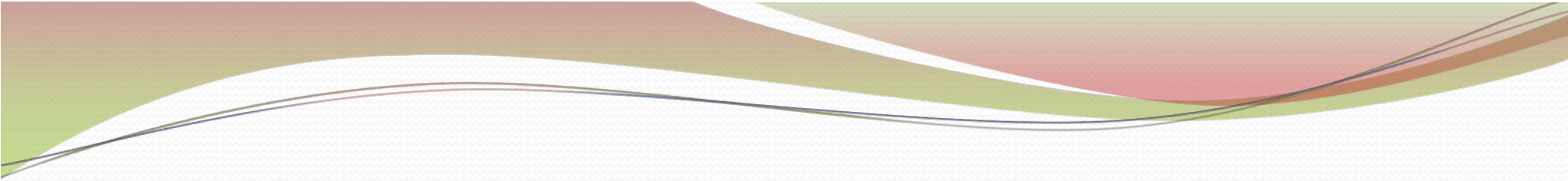






Head/neck/thoracic/ribs

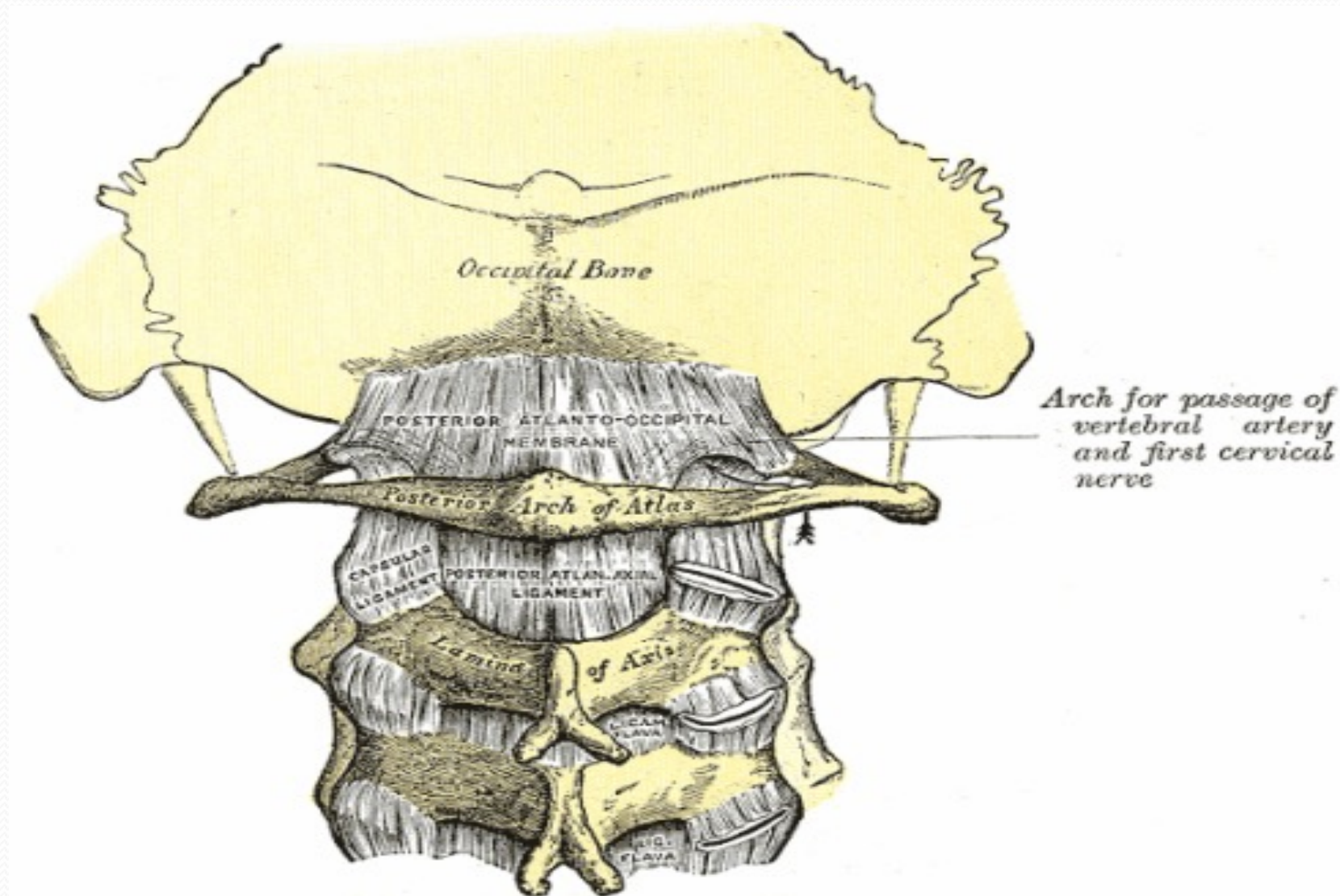
- Head-TMJ, Posterior Occipital Muscles
- Cervical Spine
- Thoracic Spine
- Ribs



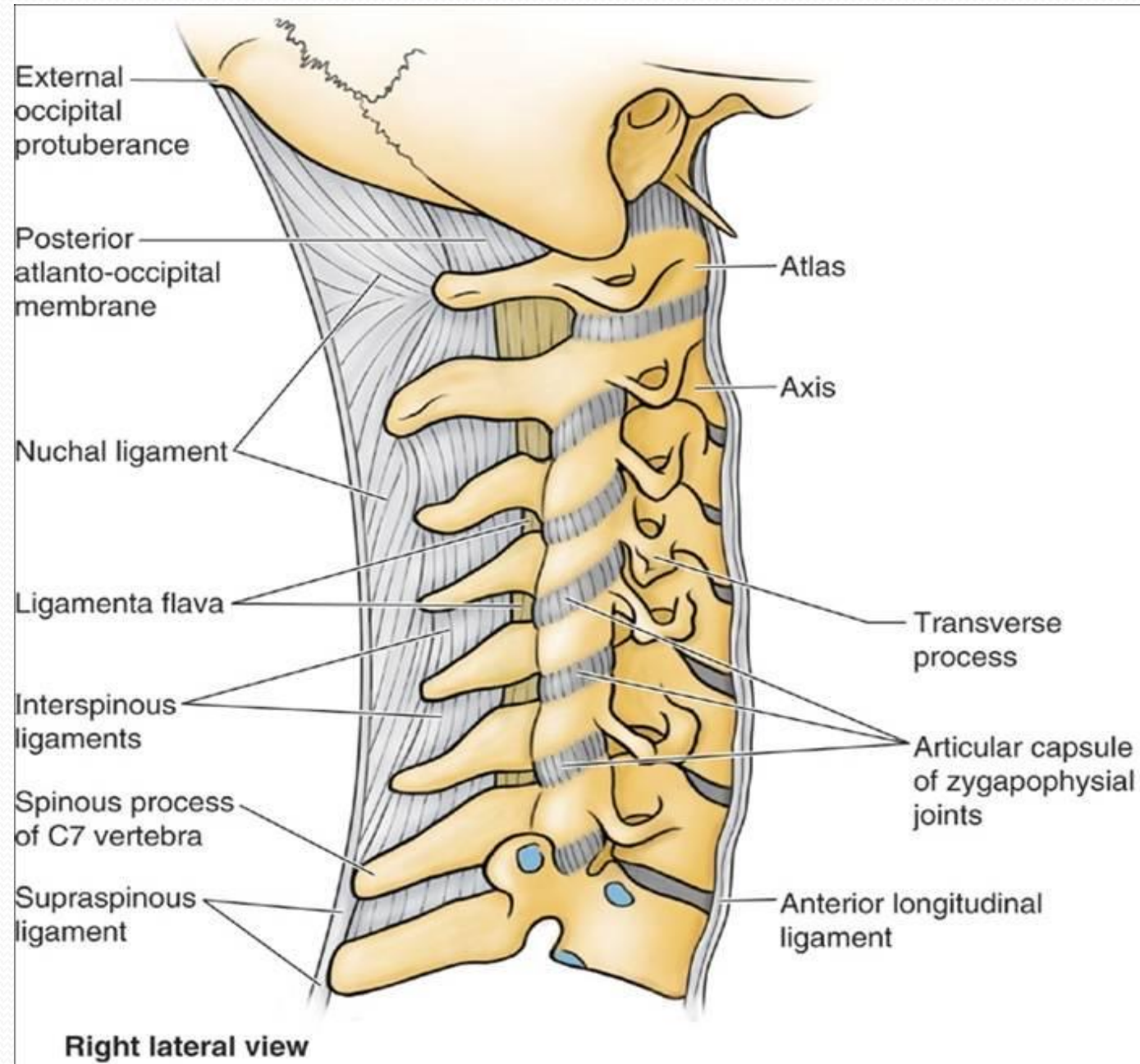
Physical examination

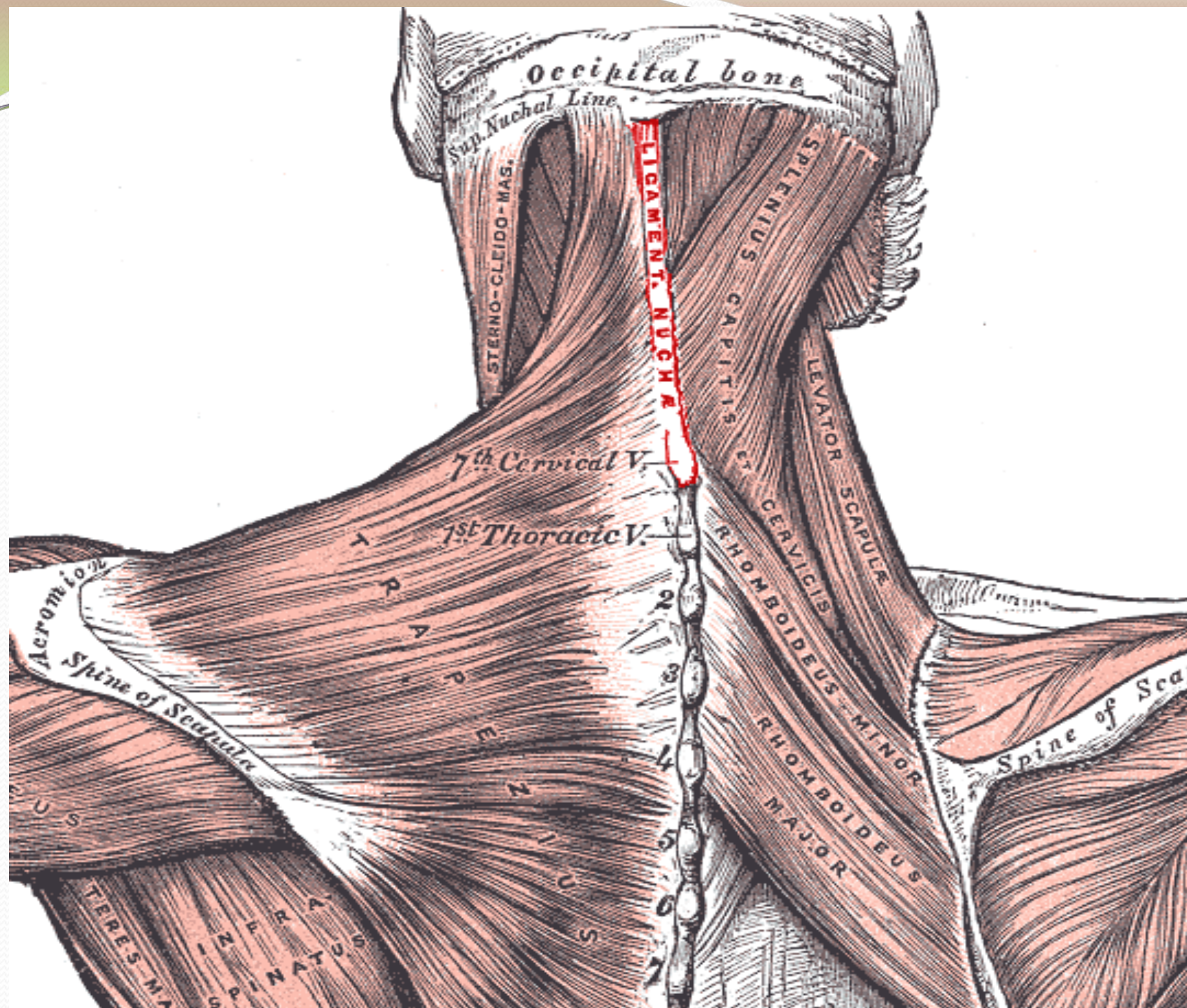
- Joint-by-Joint Musculoskeletal Physical Exam: Spine-Lumbar
<https://www.youtube.com/watch?v=DTXiijzI154&index=3&list=PLijalQObzAG7giwNTjHPusirYphK6Now9>
- Joint-by-Joint Musculoskeletal Physical Exam: Shoulder and Neck
<https://www.youtube.com/watch?v=f9kYF8KoHSs&list=PLijalQObzAG7giwNTjHPusirYphK6Now9&index=4>

Posterior occiput/upper cervical



Cervical right lateral view



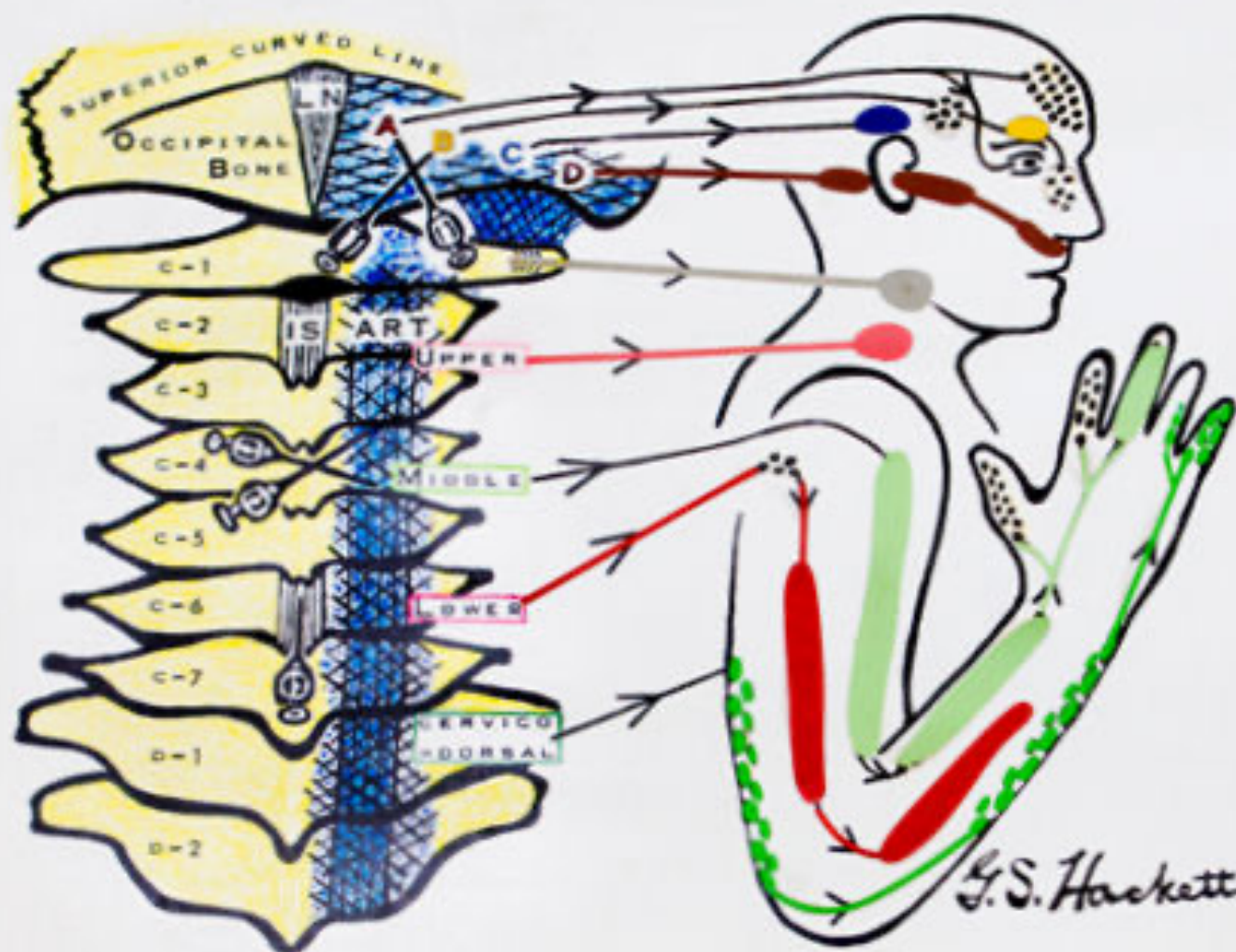


WHIPLASH

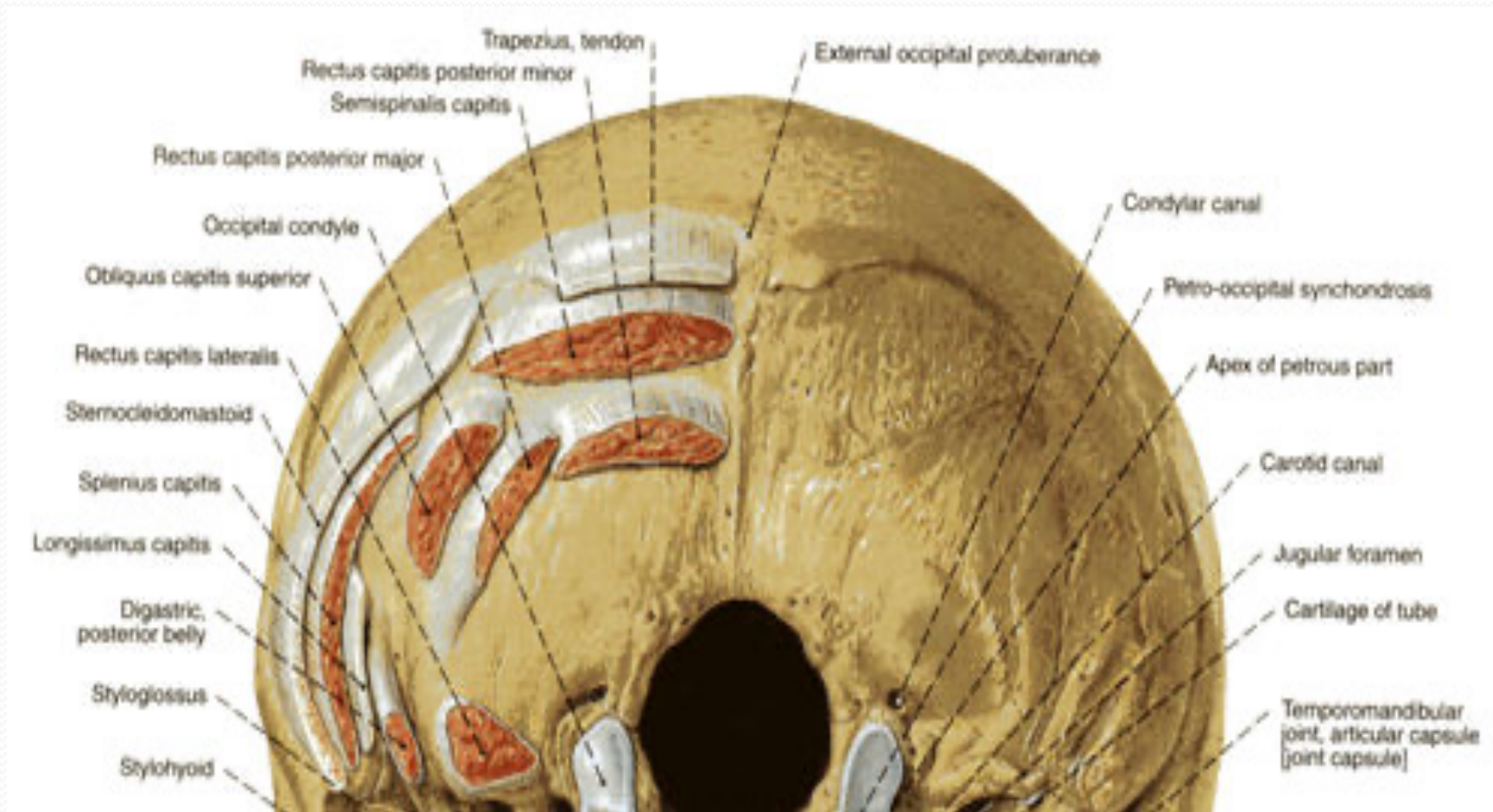
OCCIPITO-CERVICAL DISABILITY

LIGAMENT AND TENDON
RELAXATION

REFERRED PAIN
AREAS



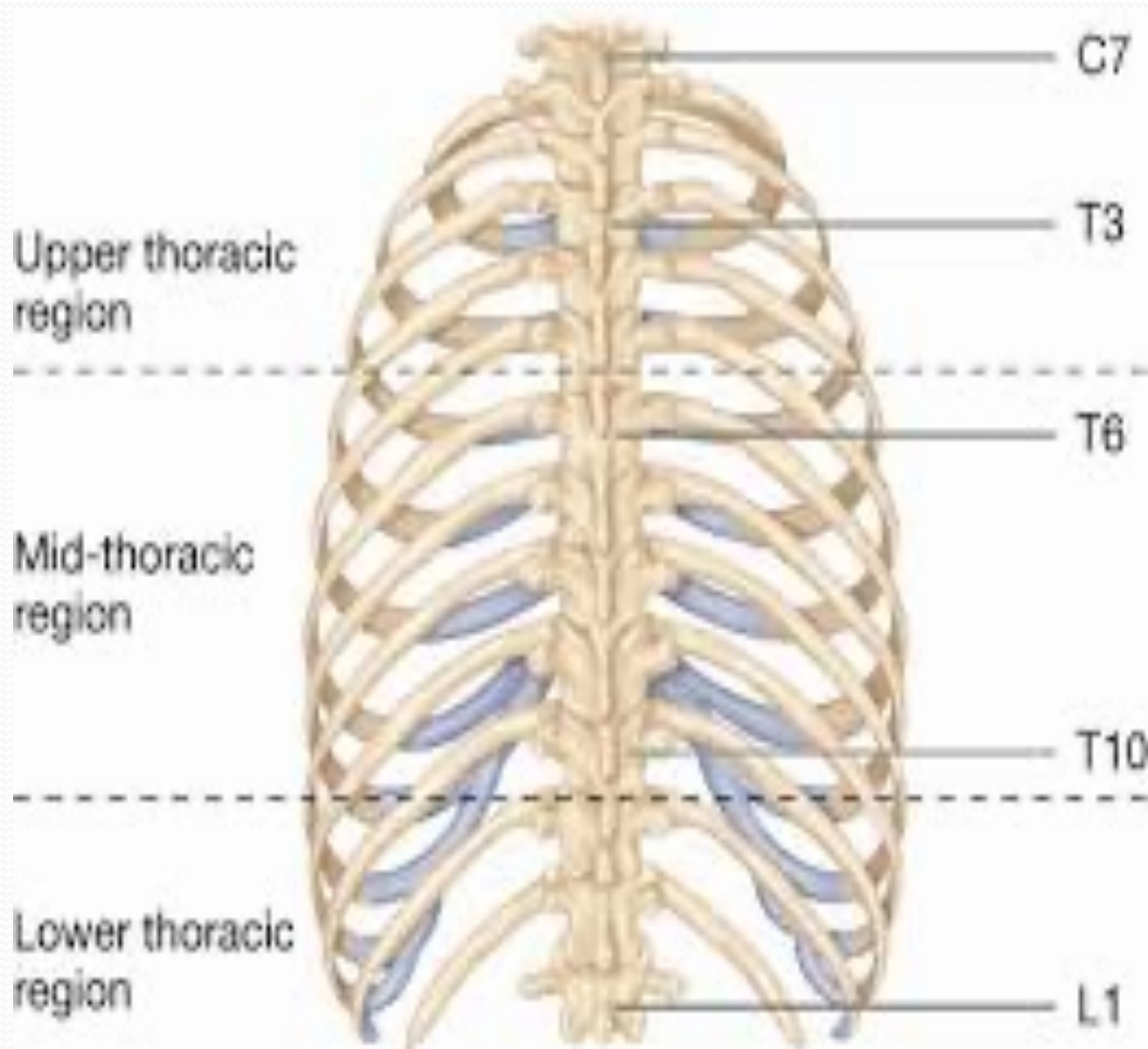
The Rectus Capitus Posterior Minor muscle has been found to have direct fibrous connection with the Dura Mater

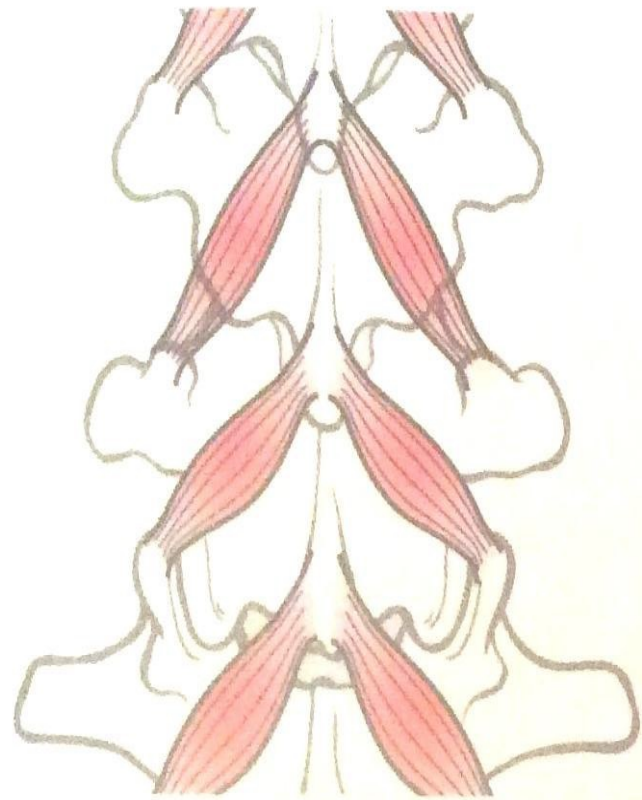


Inferior Nuchal Line and C2 SP

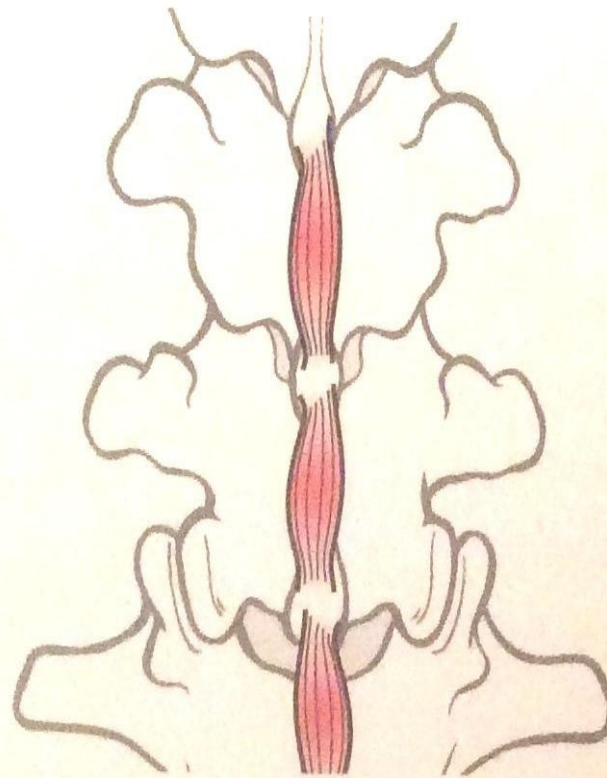


Thorax and ribs

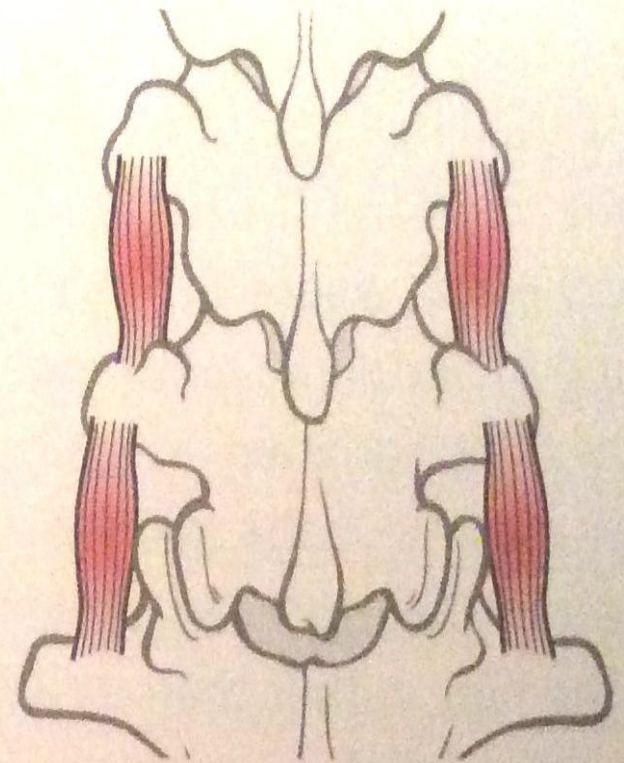




Rotatores

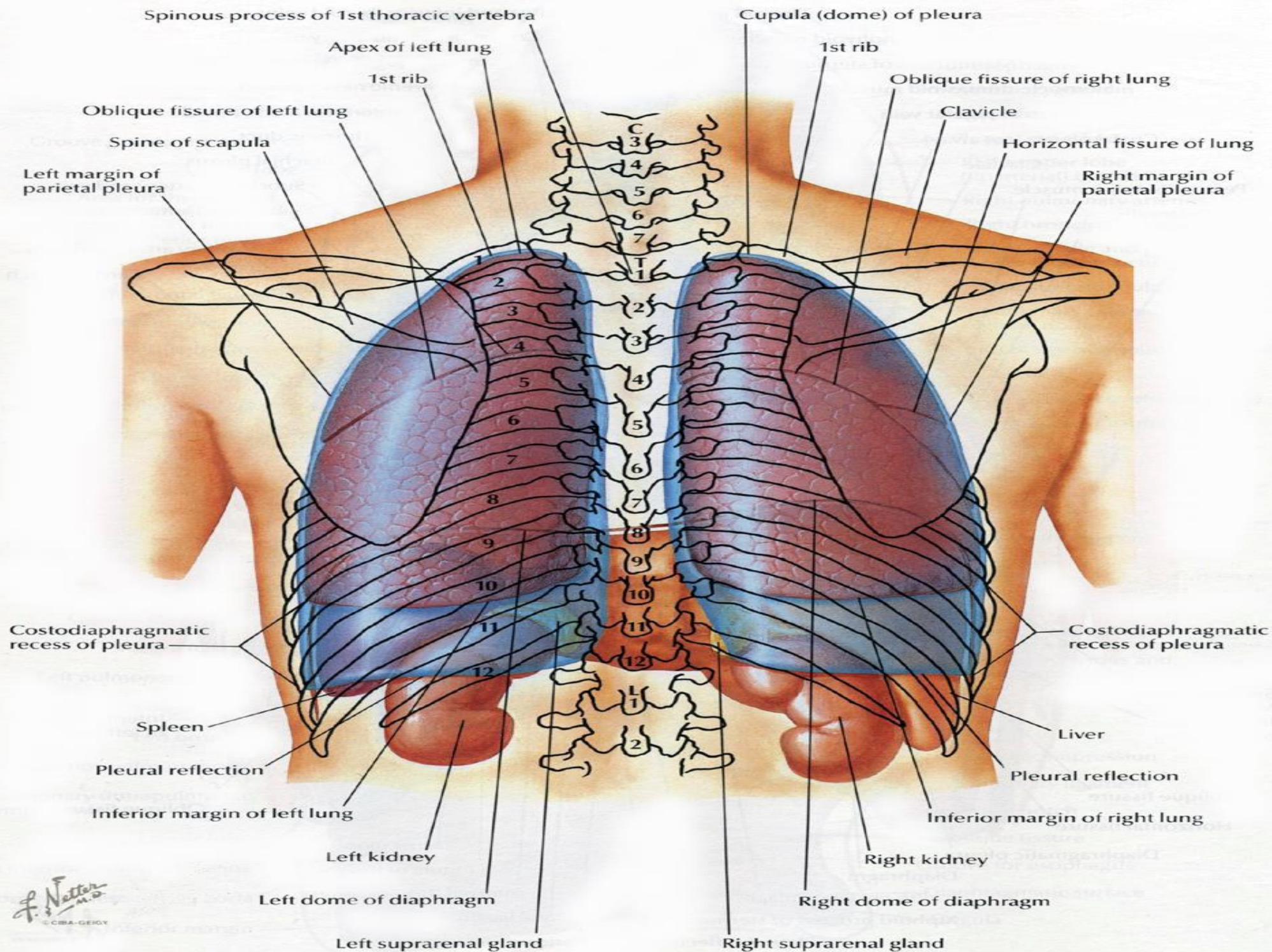


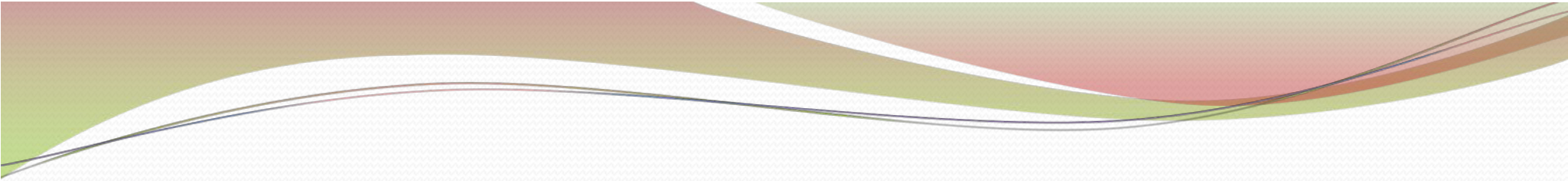
Interspinales



Intertransversarii

Fig. 3.20 The deepest level of the spinal musculature demonstrates three primary patterns: spinous process to transverse process, spinous process to spinous process, and transverse process to transverse process. The more superficial muscles can be analyzed as ever-longer express versions of these primary locals.



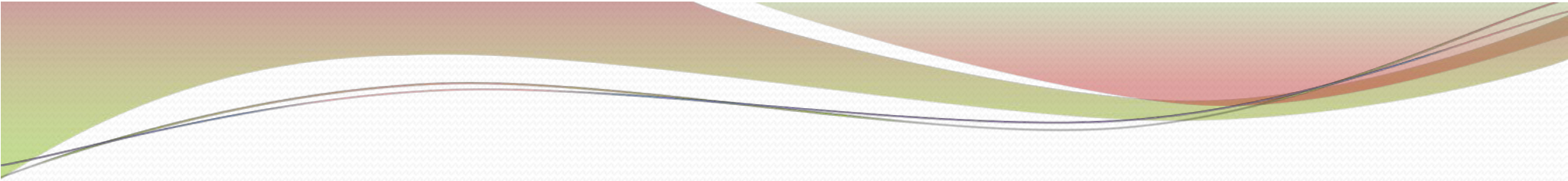


Hands on

- Assessment
- Diagnosis-is there a problem appropriate for prolotherapy? Is the patient in a position to heal and respond to prolotherapy?
- Marking/preparation for injections-see handout with example of anatomy marking for injection

Resources/references

- Osteoarthritis: Diagnosis and Treatment KEITH SINUSAS, MD, Middlesex Hospital, Middletown, Connecticut *Am Fam Physician*. 2012 Jan 1;85(1):49-56.
- Diagnostic and Therapeutic Injection of the Hip and Knee
<http://www.aafp.org/afp/2003/0515/p2147.html>
- Musculoskeletal Care
<http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=17>
- Joint-by-Joint Musculoskeletal Physical Exam
<https://www.youtube.com/playlist?list=PLijalQObzAG7giwNTjHPusirYphK6Now9>
- Animated Orthopedic Anatomy Tutorials
<https://www.youtube.com/playlist?list=PLdFi-NEDUoHcJLwxK7Jn4kbvx-BUEDwPb>



Resources/references

- *Ligament and Tendon Relaxation, Treated by Prolotherapy*, G. S. Hackett, G. A. Hemwall and G. A. Montgomery, Gustav A. Hemwall, Oak Park, Ill, 1993
- *Principles of Prolotherapy*, T. H. Ravin, M. S. Cantieri and G. J. Pasquarello, American Academy of Musculoskeletal Medicine, Boulder, CO, 2008
- *Anatomy – A Regional Atlas of the Human Body*, C. D. Clemente, Lea & Febriger, Philadelphia, PA, 1975
- T. Dorman, *Whiplash Injuries: Treatment with Prolotherapy and a New Hypothesis*, *Journal of Orthopaedic Medicine* 21[1] (1999), pp. 13–21.