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Ischial Bursitis/Tendinitis: an Associated Disorder

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This is a syndrome which is most often a joint-associated disorder. The patient presents with ischial tuberosity pain, with or without low-back pain. There may be some buttock and/or hamstring soreness.

Once upon a time, I would have treated this with a therapy protocol, including some type of massage. Now I know better. It is usually an associated disorder. Just like Osgood-Schlatter's syndrome, it should be viewed as a disorder linked to low-back mechanics. It could be called bursitis or tendinitis. The patient will locate it right over and under the ischial tuberosity.

When performing a static and motion analysis of the low back, you will almost always find a locked and immobile sacroiliac joint. The ilium will be locked in the AS mode, not moving downward with the standing knee raise. It can be right or left-sided, but seems to favor the right side. As I have stated previously in articles for Dynamic Chiropractic and in my manual, The Connection, there is usually an L-5/S-1 dysfunction precipitating the AS ilium fixation. The AS ilium fixation is usually part of the "counter-nutation" process, aiming to stabilize L-5/S-1.

There is a muscular reaction sequence which again I have outlined in previous articles. It is as follows:

1. Gluteal and hamstring muscles become overworked and overstretched as a result of PI (posterior inferior) downward ilium motion loss.

2. Gluteal and hamstring muscles tighten as a result of very frequent overstress, i.e., each time the hip is flexed during walking.

3. Tightened hamstrings shorten and pull on their attachments, such as the ischial tuberosity region.

4. The result is bursitis and/or tendinitis at this location.

Treatment

1. Analyze the low back. Correct the last lumbar dysfunction, if present. It will be some variety of an LP (left posterior) listing. This should release both SI joints if both were fixated. It will release the left SI joint if it were fixated. If only the right SI joint were fixed AS, then the right SI joint may not release fully, or at all. You may try to follow up with a right AS adjustment. You probably will not hear an audible release, but sometimes you will. Keep in mind that by adjusting the right ilium, you destabilize the lumbar spine. It is a clinical decision. If you have a disc problem or serious radiculitis, do not do it. You may also perform a supine knee-to- just loosen up the AS compensation. This is the associated part! The association is the lumbar/sacroiliac mechanics and muscle/tendon reactions.

2. Use electrostim on the hamstring belly, especially the biceps femoris. Bring the current up to an intensity which mildly contracts these muscles. You can use two to four pads. Use for 15 to 30 minutes.

3. Use microcurrent on + polarity over the pain, or use a very low intensity electrostim current (millicurrent) over the pain site. Use 15 to 30 minutes.

4. Massage the hamstring muscles crosswise and longitudinally.

5. Ultrasound pulse the hamstring muscles at 1 to 1.8 w/cm2 intensity for five to 10 minutes.

6. Additionally, you may place a cold pack over the ischial tuberosity region while the electric current is going.

7. Exceptions to the above adjusting procedures may involve hyperlordotic lumbar spines and transition vertebrae. In any cases, mid to upper lumbar and lower thoracic adjusting of fixations may be very contributory to stabilization and resolution of symptoms. Flexion traction may enhance the lumbar stabilization in some cases and irritate the lumbar region in other cases. For hyperlordosis of the lumbar spine, flexion traction is usually necessary, in addition to or in place of adjusting. In spines with normal or less curvature, flexion traction still can be used before or after your lumbar adjustment.

Resolution of pain is usually immediate, but may require some follow-up visits. The patient is advised to sit in such a way that the chair edge does not exert a lot of pressure on the hamstrings, which could irritate and exacerbate the condition. Placing something under the feet to raise the thighs can be helpful. Remember, get the big picture first before you jump into any situation!

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