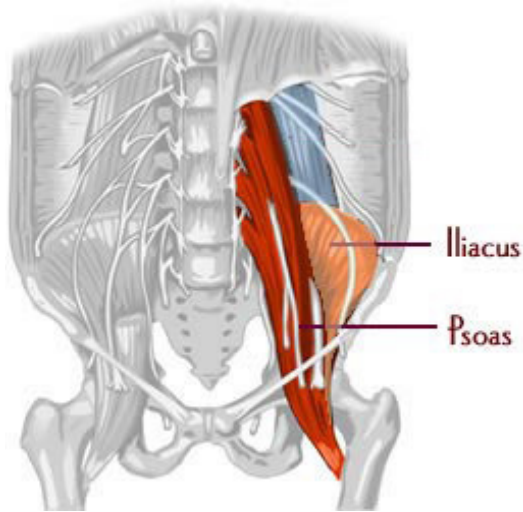


# DOCTOR'S CORNER

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## Psoas Syndrome



The psoas and iliacus muscles provide powerful flexion of the thigh, the ability to flex and bend the lumbar spine laterally, and assist in maintaining the balance of the trunk. When the spine is fixed, the psoas/iliacus flexes the thigh and aids in lateral rotation of the hip and torso. When reversed (thigh is fixed), the psoas/iliacus laterally flexes the lumbar spine or increases lumbar lordosis (curvature).

A shortened, fibrotic, or weakened psoas can impact the biomechanics of a broad range of physical activities including walking, running, and cycling, figure skaters, and jumpers.

Problems with this structure may manifest biomechanically as:

- Weak hip flexion
- Limited, or poor, hip extension during gait
- Stressing and overwork of the rectus femoris - causing it to perform most of the hip flexion
- Poor posture with the pelvis tilted forward
- Hip may be externally rotated with the foot everted

The patient may complain of:

- Facet syndrome
- Strain of the rectus femoris
- Low back pain
- Difficulty rising from a seated position
- Chronic quadriceps strain
- Hyperlordotic lumbar spine

**FYI**

Patients who do sit-ups from a supine to a full-flexed position are really strengthening their iliopsoas rather than their abdominal muscles. They are creating an increased lordosis during the sit-up. The crunch method of sit-ups with the spine flat on the ground and the knees flexed over a chair is the recommended method.