

### Functional Core Stability in Chronic Musculoskeletal Conditions

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# Background



## **Core Stability & Function**

- Local stabilizers & global movers
- Consideration of various moving parts
- Lower crossed syndrome presence
- Degree of difficulty in task







### **Lumbopelvic-Hip Complex**





## Lower-Crossed Syndrome

#### Tight (Shortened)

- Erector spinae
- Latissimus dorsi
- Adductors
- Hip flexor complex
- Soleus
- Gastrocnemius



#### Weak (Lengthened)

- Internal oblique
- Transverse abdominis
- Gluteus medius
- Gluteus maximus
- Posterior tibialis
- Anterior tibialis



### **Potential Injuries**





### **Back Injuries**



Low Back Pain (LBP) Chronic LBP

**Up to 23%** 

Non-Specific LBP (NSLBP)



(Balague 2012)

### **Knee Injuries**



Overuse Injuries/ Chronic Knee Pain

Anterior Knee Pain

Up to 25%

**Patellofemoral Pain** 

(Devereaux 1984)



## **Muscle (Dys)function**

- Lack of spinal stabilization in NSLBP literature (Mannion 2010, Key 2013, Macedo 2014)
- Gluteus maximus & medius weakness well established in PFPfocused literature (Crossley 2016)
- Cross-over of lumbopelvic-hip complex contribution
- If so...
  - How do we assess?
  - How do we measure?
  - Address the weakness?
  - Address the instability?



## LPH Assessment



## **Ultrasound Imaging**

- Visual solution
- EMG, USI, MRI
- Ultrasound Imaging (USI)
  - Positioning
  - Sample Size
  - Reliability Measures
    - Tabletop (Lariviere, 2013, Whittaker, 2013)
    - Functional in Healthy (McPherson, 2012, Linek, 2014)







## **Ultrasound Imaging**

- 2D Cross-sectional image
  - Measure muscle thickness
  - Calculate percent change during active contraction
- Used frequently for abdominal wall
  - Transverse Abdominis
  - Lumbar Multifidus
  - Internal and External Oblique (Koppenhaver, 2009)
    - Reliable in functional positions (Mangum, 2016)





### **Clinical Advantage**









#### **External Oblique**

Internal Oblique

#### Transverse Abdominis











### Rest

**External Oblique** 

Internal Oblique

Transverse Abdominis

### Removing the Guess Work

### ADIM

**External Oblique** 

Internal Oblique

Transverse Abdominis



### Rest



### Removing the Guess Work



### **Hip Abduction**



### **Progressive Utilization of USI**









#### WIRELESS portable ultrasound unit





### **Maximizing USI Capacity**



![](_page_18_Picture_2.jpeg)

![](_page_18_Picture_3.jpeg)

![](_page_18_Picture_4.jpeg)

![](_page_18_Picture_5.jpeg)

![](_page_18_Picture_6.jpeg)

## **Functional US in Rehab**

- Moving beyond tabletop
- Biofeedback single session vs. learning over time
- Benefits for:
  - Clinician
  - Patient
  - Other stakeholders

![](_page_19_Picture_7.jpeg)

![](_page_19_Picture_8.jpeg)

![](_page_20_Picture_0.jpeg)

# **Back in Action**

![](_page_20_Picture_2.jpeg)

## **USI in Functional Tasks**

- TrA thickness changes during single leg squat
- SLS performance
- Lack of noteworthy relationships in healthy population

Bipedal/Unipedal

Single Leg Squat

UCF

- Side-to-side correlation strongest
- Natural transition to clinical usage

Tabletop

![](_page_21_Picture_6.jpeg)

## **Clinical Implications**

- Connection to activity during specific positions
  - Moving off tabletop to assess and treat
  - Healthy athletes review linking core stability & lower extremity function (DeBlaiser et al 2018)
- Different chronic MSK groups
- Use of functional tasks
  - Portable nature of USI
  - Single leg squat
  - Support for advanced task assessment with USI

![](_page_22_Picture_9.jpeg)

![](_page_22_Picture_10.jpeg)

### **LPH Pathologic Spectrum**

![](_page_23_Picture_1.jpeg)

Tabletop

### ...Middle Ground...

Highly Functional

UCF

![](_page_23_Picture_5.jpeg)

### LPH Pathologic Spectrum

- Subcategories of low back pain
- Difference in presentation for highly active people

**Functional** 

- Appear "normal" on tabletop
- Disparity appears in functional activities

### **Impairment-Based Rehabilitation**

- Designed from individual patient deficits
  - Range of motion, strength, core strength, movement patterns in functional tasks
    - Patellofemoral pain (Glaviano 2016)
  - Can be adapted to any MSK pathology
  - Mirrors assessment structure
- Progression based on performance
  - Individualized impairment-based model (Selfe 2013)

![](_page_25_Picture_8.jpeg)

![](_page_25_Picture_9.jpeg)

## **Impairment-Based Rehabilitation**

- Knee-focus (quadriceps)
- Hip-focus (gluteus medius)
- Core-focus (TrA, multifidus)
- Quality of movement

![](_page_26_Picture_5.jpeg)

#### (Baldon et al, 2012)

#### TREATMENT PROTOCOL PERFORMED BY THE SUBJECTS IN THE FUNCTIONAL STABILIZATION TRAINING GROUP

![](_page_26_Figure_8.jpeg)

![](_page_26_Picture_9.jpeg)

### **Impairment-Based Rehabilitation**

Wee

1-2

### 4-week adaptation

- Knee-focus (quadriceps)
- Hip-focus (gluteus medius)
- Core-focus (TrA, multifidus) 34
- Quality of movement

ks	Exercise	Set	Repetitions or Seconds, s
	4-Way SLR	3	10
	Seated Knee Flexion and Extension	3	10
	Wall Squats	3	10
	Isometric Hip Abd/ER	3	10
	Clam Shells	3	10
	Pelvic Tilt Prone	3	20s
	Pelvic Tilt on Swiss Ball	3	20s
	Single Leg Balance, eyes open	3	30s
	Single Leg Balance, eyes closed	3	30s
	4-Way SLR	3	10
	Seated Knee Flexion and Extension	3	10
	Wall Squats	3	10
	Step Ups/Downs	3	10
	Lateral Rotation in CKC	3	10
	Pelvic Drops	3	10
	Clam Shells	3	10
	Planks (Anterior and Lateral)	3	30s
	Trunk Extension on Swiss Ball	3	10
	Single Leg Balance, eyes open	3	30s
	Single Leg Balance, eyes closed	3	30s
	Single Leg Squat w/ mirror training	3	10
	Lunge w/ mirror training	3	10
	Single Leg Deadlift w/ mirror training	3	10

![](_page_27_Picture_7.jpeg)

![](_page_27_Picture_9.jpeg)

### **Innovative Approach**

- Gain novel USI info, use in impairment-based rehab
- Real-time USI during variety of tasks
- Increase clinical efficiency
- Pair with rehab to elevate care

![](_page_28_Picture_5.jpeg)

![](_page_28_Picture_6.jpeg)

# Thank You!

![](_page_29_Picture_1.jpeg)

![](_page_29_Picture_2.jpeg)

![](_page_29_Picture_3.jpeg)