

LATERAL HAMSTRING ORIGIN SYNDROME

The *Lateral Hamstring Origin Syndrome* is another of those singular syndromes that has not (to the author's knowledge) been reported in any of the medical or paramedical literature available. It was named for the peculiar position of the zone of high skin resistance pattern associated with it (illustrated below), which is in near proximity to the originating lateral hamstring tendon.

Under scrutiny, the *Lateral Hamstring Origin Syndrome* continues to be peculiar. The pattern associated with it follows the typical sciatic pattern down the leg, and also refers pain up into the low back. This may be due to the coincidental placement of the inflamed zone over the sciatic nerve as it laterally descends the thigh, and associated interstitial pressure applied to the nerve just under it. Typically, those who suffer from this syndrome also have a tendency to suffer from the *Piriformis Syndrome*, if not simultaneously, before or after its own appearance. As in the *Piriformis Syndrome*, the most common source of injury seems to be prolonged direct pressure into the area. A hard chair seat has been suggested as the most common vector of injury. Some minor swelling may be observed within and around the inflamed zone.



The high skin resistance pattern commonly associated with inflammation of the Lateral Hamstring Origin Syndrome

Treatment

Treatment of the *hamstring origin syndrome* is also peculiar in that the key to successful treatment is mechanical vibration of the inflamed zone. Any electrical stimulation of the inflamed zone seems to further irritate and increases the level of the patient's perception of pain. Treatment should be directed at eliminating any inflammation and adhesions that may be present.

Application:

- Icepack the inflamed zone for 10 minutes.
- Manipulate the soft tissues in and around the involved inflamed zone to eliminate any adhesions that may be present.
- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.5 W/cm². Ultrasound the inflamed zone, utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six minutes.
- Vibrate the inflamed zone for two minutes.

Avoid electrical stimulation of the inflamed zone altogether, since clinical experience has proven, without doubt, that in the case of this syndrome both medium frequency and wide-pulsed electrical stimulation significantly increases the patient's post treatment level of pain.

Successful treatment may take two or three sessions.

Post Treatment Suggestions:

Instruct the patient to avoid direct hard pressure into the inflamed zone, especially for prolonged periods.

It would also be helpful, if the patient could mechanically vibrate the inflamed zone, with either a hand vibrator or by sitting on a padded foot vibrator, for two minutes, twice daily.

Trigger Points

The following trigger point formations may, singly or in combination, imitate or contribute to the pain associated with the *Lateral Hamstring Origin Syndrome*: Multifidus (S4), Longissimus thoracis (L1), Longissimus thoracis (T10-T11), Multifidus (L2-L3), Multifidus (S1-S2), Iliocostalis lumborum (L1), Caudal (lower) rectus abdominis, Gluteus medius, Gluteus minimus, Adductor longus, Biceps femoris, Vastus medialis, Gastrocnemius, Anterior tibialis, Long toe extensors, Soleus, Peroneus longus, Short toe extensors, and Abductor hallucis.