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Call Karen
021 757871
06 3676465

Ever heard of “The Law of Attraction”?
“The Law of Attraction can be understood by understanding that ‘like attracts like’. What this means is that whether we realize it or not, we are responsible for bringing both positive and negative influences into our lives. A key part of the Law of Attraction, is understanding that where you place your focus can have an intense impact on what happens to you. If you spend your days wallowing in regrets about the past or fears of the future, you’ll likely see more negativity appearing, but if you look for the silver lining in every experience then you’ll soon start to see positivity surrounding you every day. Therefore, the Law of Attraction encourages you to see that you have the freedom to take control of how your future develops, shaping it in the ways you choose.”

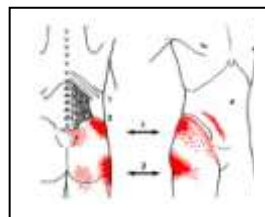
<http://www.thelawofattraction.com/>

Which brings me to this month’s topic of the Quadratus Lumborum muscle, QL for short. Since September 2016 I have been experiencing hip lower back pain, too sore to stretch, exercise made it worse and pain relief was not an option being a clean mindful type of person.

The more I focused on the discomfort and the fact I couldn’t go swimming twice a week and walk 8kms on Sundays the more and more people came to see me with the same thing. In fact for some time it was every 2nd person presenting with QL issues.

The ‘Trick Dicky’ mischievous QL is a deep lower back muscle that attaches to the 12th rib, spine vertebrae L1-L4 and onto the Ilium. This muscle is used for bending sideways at the waist, to bring the hip up as you walk and when both sides work together it extends the spine backwards.

When trigger points ‘knots’ form in the QL muscle or it goes into spasm due to overload or injury, then it can give you lots of painful trouble!



It is more commonly felt in one-sided than the other, giving a real lopsided feeling, which makes you feel like you have one leg shorter than the other or that your “pelvis is out”.

The QL mimics sciatica (yes down to the leg and foot), lumbago, lumbar myalgia, back ache referring pain into the sacro-iliac area, hip and buttocks. Referral pain can also be felt in the hip bone (greater trochanter) like bursitis, into the

this issue

Mischievous QL muscleP.1

Osteoporosis.....P.2

groin and abdominal region and the top of the Ilium. The pain is not always in the side of the lower spine where the muscle sits.

This muscle can drop you to the floor on all fours but the most indicative symptom is not being able to turn in bed, sitting or coughing.

Causes:

- QL trigger points can be activated by overload of the muscle.
- Bending and reaching movements (especially if holding something heavy)
- Awkward movements are the most common method of injury.
- Major body trauma like car/motorbike accidents
- Repetitive activities
- Having a genetically short leg that causes a lateral tilt in pelvis
- Walking or running on a sloping surface (camber side of the road)
- A soft bed

The QL muscle is not easy to stretch but if you find you have lower back pain first get it assessed by a professional. If know discs aren’t involved then you can:

Lay on the floor with your knees up to your chest. Place a tennis ball or massage ball into your lower back to one side between the last rib and the pelvis bone. You can either move the same side knee back and forth or in and out slowly. This will put your lower back to the tennis ball. Use as able.

My discomfort has abated. I knew what was wrong but couldn’t reach where needed. So with confirmation from our local Osteopath and Treatment from fellow Massage Therapist Edwin I am now on the road to recovery with swimming.

I am thankful I have experienced this Quadratus Lumborum pain. It helps me understand clients like yourself.

Videos

[1. QL causes to back pain.](#)

[2. Disc involvement.](#)

To take Fosamax Drugs or Not? [Further Reading](#)

Alternative to Fosamax

Calcium
Vitamin D
Boron

Osteopenia refers to bone density that is lower than normal peak density but not low enough to be classified as osteoporosis.



A bone density test enhances the accuracy of calculating your risk of breaking bones.

A bone density test uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone.

The bones that are most commonly tested are in the spine, hip and forearm.

Monday - Friday 9-5pm
Saturday 9-12pm

021757871 or 06 3676465
538 Queen Street, Levin.
www.positiveposturenz.com

Osteoporosis

When we're young, our bone tissue is constantly being created and destroyed, but as we age, this process slows down, and our bodies gradually lose bone faster than new bone is built. For some people, this deterioration causes their bones to become especially weak, brittle, and porous—a condition called osteoporosis. People with this disease are more susceptible to bone breakage—particularly in the hip, spine, and wrist—and can also experience pain, limited mobility, and stooped posture.

While osteoporosis can develop in both men and women at different ages, it most frequently affects older women (80%) who have gone through menopause (estrogen levels drop during menopause). The good news, though, is that there's a lot you can do to strengthen your bones and reduce your risk of getting osteoporosis later on.

Bone stops regenerating at the age of 35 years so start now to prevent more bone loss!



Stay active

One of the very best things you can do for healthy bones is to establish an exercise

routine you can stick to. These need to be weight-bearing exercises as well as other forms of resistance training like yoga, running, tai chi, and brisk walking. Or even better, taking part in a plyometrics workout: According to a study from Brigham Young University, exercises that involve jumping may significantly improve hip bone mineral density in premenopausal women.

Eat the right foods

The diet choices you make can help build strong bones for life: "Calcium and vitamin D are very important for bone health," says Dr. Adimoolam. Apart from dairy other bone-building foods to load up on: Bananas (potassium may help increase bone strength by reducing resorption), prunes (vitamin K may promote bone health), and olive oil (it contains a compound called oleuropein that may prevent bone loss).

Maintain a healthy weight

Women who are underweight are at risk of developing osteoporosis at an earlier age. Also abdominal fat could also up your risk: Recent research from Harvard found that premenopausal women who had more visceral fat had decreased bone mineral density.

Understand your risk factors

Some women have greater risk of developing osteoporosis than others. If these factors apply to you, consider discussing bone health with your doctor. He or she might recommend a bone density scan to start monitoring your bone mass from an earlier age.

You have a family history. If osteoporosis runs in your family, such as if your mother or grandmother has it, you have an increased risk of developing it yourself. This is especially true if a family member had early onset osteoporosis, meaning it started before age 60.

You have irregular periods. Because estrogen may be linked to bone density, a woman who isn't having a regular period may not be benefiting from the hormone's protective effects on bone health.

You have premature ovarian failure. Women who have this condition, which occurs when the ovaries fail before age 40, have a higher risk of osteoporosis.

You're a smoker. Then stop!! In addition to lung cancer, heart disease, and stroke, smoking cigarettes can also contribute to osteoporosis.



Gift
Certificates

CONGRATULATIONS

A reward for You, for taking the time for your wellbeing. Each time you have an appointment with me your name will go into the monthly draw. The winner will receive an extra 30 minutes to their next appointment.

'Congratulations' Our May winner knows her organics.

