The Wheelhouse Protocol\textsuperscript{SM} Laboratory
At the end of this laboratory, the participant should:

- Be able to demonstrate at least three PRT techniques for the spine and pelvis
- Have the ability to articulate how to identify an anterior innominate rotation
- Be able treat an anterior innominate rotation with the Wheelhouse Protocol™
Tender point (TP) Location:
• Muscle belly of upper trapezius

Treatment Procedure:
- Patient is supine
- Move the head into lateral flexion towards TP or TrP
- Move the arm into flexion to approximately 90-120 degrees
- Move the arm through horizontal abduction and adduction
- Rotate the humerus while stabilizing the elbow against your body
- Apply either distraction or compression of the humerus for fine-tuning

Palpation Tip:
➢ Grasp the belly of the trapezius and roll forward and backward to separate.
WHEN THINGS DON’T GO WELL

- Reassess
  - palpation area
  - positioning
  - order of palpations
  - MOI
- Try another position or technique
- Repeat again
- Hold longer
- Release slower
- Check for conflicting TPs (ant. vs. post.)
- Consider other causes
  - If no improvement in 3-5 visits, re-evaluate root
1. Use the FRM© (Fasciculatory Response Method) as a guide for assessment & treatment

2. When a fasciculatory response is not elicited, assess the tissue for its most relaxed position and hold for 2 min.

3. All treatment positions involve multiplanar positioning and joint and tissue manipulation

4. Anterior TP are **usually** treated in FLEXION

5. Posterior TP are **usually** treated in EXTENSION

6. If a TP is on or near the midline, it is treated with more pure FLEXION for anterior TP, and more pure EXTENSION for posterior TP

7. If a TP is lateral to the midline, it is treated with the addition of SIDE BENDING, ROTATION or both
TREATMENT SUMMARY

- Educate the patient
- Scan and record
- Treat lesion based on severity and location
- Monitor throughout
- Hold release until achieved
- Return slowly
- Reassess
THE WHEELHOUSE PROTOCOL®

- PRT (Start on Involved Side First)
  1. Inferior Ischium (Pubis) – If painful at SI, STOP and release Post. 1st
  2. Sartorius Tendon
  3. Repeat 1&2 on Non-Involved Side
  4. Psoas (Involved, then Non-Involved)
  5. Sacroiliac Joint (Involved > Non-Involved)
  6. Lumbar Erector Spinae (Involved > Non)
  7. Quadratus Lumborum (Involved > Non)
  8. Gluteus Medius (Involved > Non)

- Thermal Ultrasound
  - 3 or 1 MHz (Involved SI Joint)

- Joint Mobilization (Maitland- II)
  - Sacral Base
  - Ulnar Chop (Lumbosacral Jct.)

- Muscle Energy
  - Bicycle, Adductor x 2

- HVLA – Hip & Ankle (The Speicher Whip ©)- Involved 1st

- Patient HEP- Daily and Reassess in 1wk
THE ONE MINUTE WHEELHOUSE SCREENING®

- Step 1: Check their History
- Step 2: Check Hip Level
- Step 3: Check Inferior ASIS Level
- Step 4: Check for Fire Hydrant Sign
- Step 5: Check for Leg Shifting at the Ankles
Tender point (TP) Location:

- Inferior ramus of pubis

Treatment Procedure:

- Patient supine
- Place lower leg on therapist thigh
- Move hip into marked flexion, abduction and external rotation
- Fine-tune with rotation and calcaneal inversion

Palpation Tip:

- Between pubis symphsis and ischial tuberosity. Locate pubis symphsis and move lateral and inferior.
Tender point (TP) Location:
* Inferior and just medial to the ASIS

Treatment Procedure:
- Patient supine
- Hip flexion with external rotation and abduction
- Rest lower leg on clinician knee or support with arm
- Apply calcaneal inversion if possible

Palpation Tip:
- Locate ASIS and move medially to strum the sartorius tendon
Tender point (TP) Location:
✱ Between ASIS and navel

Treatment Procedure:
❑ Patient supine with legs on clinicians shoulders or exercise ball.
❑ Laterally flex hips towards tender point
❑ Cross ipsilateral leg over contralateral
❑ Apply marked hip flexion towards tenderpoint and place clinician thigh under patient ipsilateral pelvis to produce posterior pelvic tilt
❑ Use lateral flexion and rotation for fine-tuning

Palpation Tip:
➢ Place leg on thigh and place in slight abduction and external rotation. Palpate upon exhalation.
Tender point (TP) Location:

- Directly over SI Joint

Treatment Procedure:

- Patient prone with knees flexed and ankles supported
- Apply compression downwards on the contralateral side.
- Fine tune by rotating the sacrum and overlying tissue towards the tender point with the near hand

Palpation Tip:

- Trace posterior iliac crest towards sacrum. The SI joint is a distinct depression just lateral to the spine. If the patient has little adipose tissue, they will appear as dimples.
Tender point (TP) Location:

*L4 to T7 on the muscle bellies of the erector spinae

Treatment Procedure:

- Patient prone
- Place a pillow or bolster under the upper thorax to midline
- The head should be rotated toward the side of the tender point
- Stand on the opposite side of the tender point
- Grasp the anterior iliac spine of the tender point side and rotate pelvis toward the therapist
- The involved side’s hip and knee can be flexed to accentuate spinal extension
- The thoracic erector spinae should be treated by pulling the shoulder and torso towards the therapist in a similar fashion to that of the lower procedure

Palpation Tip:

- Strum across the three muscles with deep pressure that make up the erector spinae to differentiate among them
Tender point (TP) Location:

- Above posterior iliac crest lateral to the erector spinae extending to the 12th rib

Treatment Procedure:

- Patient is positioned prone
- Move both legs laterally
- Extend and abduct the involved leg
- Apply femoral compression to elevate hip
- Rotate femur to fine-tune

Palpation Tip:

- While pushing medially inwards and down with your thumb, have your patient hike their hip to feel contraction of the quadratus lumborum.
**Tender point (TP) Location:**

- Gluteal posterior surface of ilium extending to ASIS

**Treatment Procedure:**

- Patient prone with knee flexed
- Leg is taken through extension and abduction to determine optimal position
- Apply external rotation
- Fine-tune with rotation

**Palpation Tip:**

- The posterior portion can be difficult to palpate due to coverage of gluteus maximus. Medial portion can be palpated with abduction contraction in side-lying position.
THE WHEELHOUSE PROTOCOL™

- Thermal Ultrasound
  - 3 or 1 MHz?
- Joint Mobilization (Maitland- II)
  - Sacral Base
  - Ulnar Chop (Lumbosacral Jct.)
- Muscle Energy
  - Bicycle, Adductor x 2
- HVLA – Hip and Ankle (The Speicher Whip ©)
- Patient HEP- Daily and Reassess Weekly
  - Phase I (Week 1)
    - Supine Focused
  - Phase II (Week 2)
    - Supine, Quadriped, Standing
  - Phase III (Week 3)
    - Diphramatic and Functional