

First Stage of Labor Protocol: (as discussed in our meetings)

1. Piriformis muscle energy
2. Psoas muscle energy
3. Eberly Technique
4. Sacroiliac articulation
5. Pubic symphysis decompression (supine muscle energy pelvic gapping)
6. Frog-leg sacral release
7. Supine lumbosacral articulation (Chicago roll without thrust)
8. Rib raising, focused from T10-L2

All techniques are performed with the patient in the supine position (laying on her back).

Steps 1-4 will be done in sequence on each side before moving onto step 5. (This is to make the protocol more time-efficient.)

1. Piriformis Muscle Energy

- The patient is instructed to flex her knee and hip on the side closer to the physician. The bent knee is then brought across midline and the patient is instructed to push her leg back toward the physician. Repeat 3 times.

2. Psoas Muscle Energy

- That same leg is then brought into the patient's chest and held there. The patient is instructed to gently lift her contralateral leg up toward the ceiling against the physician's hand on her anterior thigh. This stretches the psoas contralateral to where the physician is standing. Repeat 3 times.

3. Dr. Eberly's Sacropelvic Technique

- Place the cephalad hand on the ASIS near you (assumed to be the inferior ASIS, but will be done bilaterally) and apply a cephalad and posterior rotation force vector.
- The patient is instructed to flex the other knee and place the sole of her foot against the opposite leg; physician places caudad hand on medial aspect of her flexed knee.
- The physician applies gentle cephalad pressure on the ASIS and gentle pressure toward the floor on the bent knee.
- The patient is then instructed to push her knee medially against the physician's hand while straightening her leg and maintaining foot contact on opposite leg as long as possible.

4. Sacroiliac Articulation

- The patient's hip and knee are flexed to approximately 90 degrees at the hip.
- The physician places pressure through the bent knee to the hip and takes the straight leg through a full range of motion then returns the leg to the table. Repeat 2x.

5. Pubic Symphysis Decompression

- Patient supine with knees and hips flexed, feet on table
- Knees adduct - physician hugs patient's knees and asks patient to pull them apart gently and firmly for 5 seconds, relax 2 seconds, repeat 3 times.
- Knees abduct – physician puts hand/arm as barrier between patient's knees and asks patient to bring knees together gently and firmly for 5 seconds, relax 2 seconds, repeat 3 times.

6. Sacroiliac Frog-leg Kick"

- Patient lifts buttocks and physician places hand (palm up) underneath the sacrum
- Patient places soles of feet together with knees and hips flexed and legs externally rotated.
- Physician puts caudad traction on the sacrum and the patient is instructed to press her feet together and extend legs along the table with a kicking motion
- Repeat 3-5 times.

7. Supine lumbosacral articulation

- The patient is instructed to clasp her hands behind her head and leave her elbows out to the side, loose and flexible.
- The physician stabilizes the contralateral ASIS with the caudad hand and with the cephalad hand reaches across to behind and through the contralateral elbow to roll the patient's upper body toward the physician.
- This is done once then repeated on the other side.

8. Rib Raising

- Patient is instructed to give herself a hug, then the physician reaches hand's under the patient palms up.
- Gentle rhythmic stroking is done approximately 20 times.
- All ribs and paraspinal musculature are treated with focus on T10-L2.

Second Stage of Labor Techniques to be done as needed:

- Sacral Inhibition
- Frog-leg sacral release

techniques to consider adding to the First Stage protocol:

Lateral Recumbent Lumbosacral Decompression

- Patient is placed in the Lateral Recumbent position (usually left side, but either is fine).
- Physician stands behind patient and crosses arms placing one hand on the sacrum and the other on the lower lumbar.
- Physician applies cephalad and caudad pressure using hypothenar eminences (heel of hand) to gap the lumbosacral junction. Hold until a release is felt.

Thoracolumbar Springing

- Patient is seated or lateral recumbent
- Thumb or fingers are placed on the thoracolumbar junction paraspinals.
- Repetitive percussive deep tissue pressure is applied for about 1 minute to stimulate sluggish/stalled labor
- *** This technique has been found to be clinically effective in improving suboptimal uterine contractions. - Most likely by addressing facilitated segments to decrease hypersympathetic tone to the uterus (T10-L2) permitting better perfusion.