

2 more reasons you've got 'tight' hamstrings

My previous post, 3 reasons you've got 'tight' hamstrings went down pretty well at the start of the week so I thought I'd expand upon the content and add a couple more reasons we see clients and athletes present with hamstring based symptoms. If you missed my first post catch it in the archived resources section '3 reasons you've got tight hamstrings.'

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Result of injury

The reason someone may present with hamstrings symptoms might simply be that they have a current injury or a previous injury that has failed to recover fully. In any instance advice should be sort from a medical professional to determine the best way to treat and rehabilitate such a problem.

We know that any injury to the hamstrings group will generally involve the muscles themselves but possibly also the tendons, nerves, fascia and surrounding soft tissues. These tissues will need assessing and treatment then directed towards improving the necessary structures.

The way you would treat a hamstring 'muscle' injury and a hamstring 'neural' injury are very different. Smashing up someone's hamstring via manual therapy may improve muscle tissue quality but might also continue to irritate the sciatic nerve via manual compression.

Therefore, it is important to determine what structures are involved in order to treat them correctly.

If in doubt, get assessed.

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The hamstrings are protecting

This point links back to the section in my first post about poor pelvic position and the resulting effects on the lumbo-pelvic system. For an individual in anterior pelvic tilt and associated lumbar lordosis the hamstrings will be positionally long due to the pelvis being rotated forwards. We know the hamstrings will be

operating sub optimally as they are in a lengthened position. This does not mean however that they are not working hard. Sometimes quite the opposite.

The hamstrings may be working hard to prevent further anterior pelvic tilt and lumbar lordosis to prevent extension related problems such as spondylosis and spondylosisthesis. In many ways you could say the hamstrings are 'ON' and struggle to switch off or relax.

In such individuals soft tissue techniques such as manual therapy or those self administered are likely to help reduce this protective tension and are the go to techniques for such examples. In addition, pelvic position also needs to be fixed up otherwise problems are likely to continue.

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