BACKGROUND The Ilio-psoas is an important muscle linking the trunk, pelvis and the lower limbs, but above all, it is enwrapped by the Fascia Iliaca which is in contiguity with many parts of the body. This, in part, includes the thoracic diaphragm and pillars, lumbar spine, hilus of kidneys, adrenals and vessels, the head and tail of the pancreas, the splenic vessels, fourth duodenum, peritoneum, aorta, IVC, colic vessels, anterior mesenteric artery, inferior mesenteric vein, the spinal muscles, lumbar sympathetic plexus, lumbar vessels, ALL, splanchnic nerves, common iliac vessels with lymphatic ganglia, mesenteric root, appendix, caecum, the SI joint, the uterus, spermatic or utero-ovarian vessels, infundibulo-pelvic lig, iliolumbar ligaments, lumbosacral trunk, anterior femoral head, links with the femoralis fascia, femoral arteries and veins. It is necessary to liberate the tissue that can put tension on each of the structures mentioned above and many more.

APPROACH To respect the biomechanics of the fascia, we need to do the inverse of all the components of the muscle action: Hip extension/IR/decoaptation/abduction, pelvic retroversion/iliac inflare, and spinal flexion/opposite SB/ipsilateral rotation/contra-lateral positive torsion/decoaptation.

RESULTS .This results in a complete tensioning of the system by including all parameters of the muscular insertions. We can see that it is necessary to perfectly perform a stretch of the fascia iliaca to normalize all the contigual relationships.

CONCLUSIONS To successfully treat any issues in the small pelvis, the links with lesioned structures must be considered, and all ramifications of altered biomechanics taken into account.