79b Orthopedic Massage: Technique Demo and Practice Rotator Cuff and Carpal Tunnel

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Class Outline

15 minutes	Break
5 minutes	Attendance, Breath of Arrival, and Reminders
75 minutes	1st trade technique demo and practice
20 minutes	Break and switch tables
75 minutes	2nd trade technique demo and practice
20 minutes	Break down, clean up, and discussion

Total time: 3 hours 30 minutes

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Class Outline

Quizzes:

- 81a Kinesiology Quiz (supraspinatus, infraspinatus, teres minor, subscapularis, flexor digitorum superficialis, extensor digitorum, flexor pollicis longus, flexor digitorum profundus)
- 84a Kinesiology Quiz (pectoralis major, pectoralis minor, coracobrachialis, biceps brachii, sternocleidomastoid, and scalenes)

Spot Checks:

- 81b Orthopedic Massage: Spot Check – Rotator Cuff & Carpal Tunnel
- 84b Orthopedic Massage: Spot Check – Thoracic Outlet

Assignments:

- 85a Orthopedic Massage: Outside Massages (2 due at the start of class)

Preparation for upcoming classes:

- 80a MBLEx Prep
  - Using ABMP Exam Coach, select "Study Subjects", and then "Ethics, Boundaries, and Laws"
  - For each of the 4 Massage Theory Topics, "Take a Practice Quiz" 4 times (16 total)
  - Research anything that isn't clear on the Internet and bring what you find to class

- 80b Orthopedic Massage: Technique Review and Practice - Rotator Cuff & Carpal Tunnel
  - Packet J: 95-96.

Classroom Rules

Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.

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J - 85

Soft-Tissue Manipulation
Seated Details

SEATED DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

1. TCL: myofascial release

- Perform while client is seated during interview
- Only for conditions with mild to moderate symptoms
- Begin to full the transverse carpal ligament
- Stop just beyond the scaphoid/trapezium and pisiform/hamate and hold it for 20 seconds
- Monitor for a subtle sensation of release that you feel or that is reported by the client

Soft-Tissue Manipulation
Prone Details

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

2. Upper back and shoulder: superficial fascia assessment

- Work without lubricant
- Use your palm and fingers to apply light tangential pulling pressure
- Place your fingertips flatly on the skin surface
- Press in just enough to traction the superficial fascia without sliding
- Slowly traction in all directions taking note of restrictions
- Use before and after treating superficial fascia to gauge progress

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

3. Upper back and shoulder: myofascial release (bilateral)

- Work without lubricant
- Assess the fascia before and after to track effectiveness
- Arms crossed: place hands 5 to 10 inches apart on either side of the spine
- Apply a light degree of pulling force between the hands
- Hold. Wait for a subtle sensation of tissue release or a working sign
- Slowly release and repeat (between the T1 and T10)

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

4. Upper back and shoulder: warming and softening

- Address trapezius and supraspinatus
- BMTs: shoulder mobilization with trapezius/supraspinatus compressions
- Swedish: effleurage, kneading, and skin rolling
- Deep tissue: upper trapezius/supraspinatus deep effleurage

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

5. Upper back and shoulder: deep longitudinal stripping

- Address trapezius and supraspinatus
- Use thumbs or fingertips with hands stacked for stability
- Work in 2-4 inch sections from origin to insertion
- Melt in or repeat stripping in areas of palpated or reported tension
- Progressively work more deeply as tissues soften

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

6. Supraspinatus insertion tendon: deep transverse friction

- Use fingertips or thumb
- Work just inferior to the lateral edge of the acromion process
- Use moderate pressure for 1 minute

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

7. GH lateral rotators: warming and softening

- Address infraspinatus, teres minor, and posterior deltoid
- BMTs: scapular mobilization with deltoid compressions
- Swedish: effleurage, kneading, and skin rolling
- Deep tissue: deltoid/infraspinatus/teres minor deep effleurage

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

8. GH lateral rotators: deep longitudinal stripping

- Address infraspinatus, teres minor, and posterior deltoid
- Use thumbs or fingertips with hands stacked for stability
- Work in 2-4 inch sections from origin to insertion
- Melt in or repeat stripping in areas of palpated or reported tension
- Progressively work more deeply as tissues soften

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

9. GH lateral rotators: deep stripping with active engagement lengthening

- Address infraspinatus, teres minor, and posterior deltoid
- Bring the client into "cactus position" on one side:
  - Shoulder abducted 90 degrees and elbow flexed 90 degrees
  - Shoulder laterally rotated as far as comfortable
- Instruct the client:
  - "Hold this position for 5 seconds"
  - "Very slowly drop your arm and hand toward the floor"
  - (lengthening of the lateral rotators via eccentric medial rotation)
- As the client does this, strip longitudinally from origin to insertion
- Repeat Hold-Rotate-Stripping to address all relevant fibers

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

10. GH lateral rotators: passive stretch

- Address infraspinatus, teres minor, and posterior deltoid
- Joint mobilization: medial and lateral rotation
- Instruct the client:
  - "Place the back of your hand on your low back"
  - "Bring your arm in so that it is touching your torso"
  - "Let me know when you feel a good stretch"
- Head hand gently, flatly, and firmly presses the scapula so that it lies flat on the ribcage
- Foot hand tractions slightly and slowly presses the elbow toward the floor
- When the client says that it is a good stretch, hold it for three of your breath cycles
- Release and repeat up to 3 times to facilitate more length

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

11. Triceps and anterior forearm: superficial fascia assessment

- Work without lubricant
- Use your palm and fingers to apply light tangential pulling pressure
- Place your fingertips flatly on the skin surface
- Press in just enough to traction the superficial fascia without sliding
- Slowly traction in all directions taking note of restrictions
- Use before and after treating superficial fascia to gauge progress

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

12. Triceps and anterior forearm: myofascial release

- Work without lubricant
- Assess the fascia before and after to track effectiveness
- Fulling position: place hands 2 to 5 inches apart
- Apply a light degree of pulling force between the hands
- Hold. Wait for a subtle sensation of tissue release or a working sign
- Slowly release and repeat to address all relevant muscle fibers

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

13. Triceps and anterior forearm: warming and softening

- Address muscles that cross the elbow and wrist
- Swedish: effleurage, fulling, kneading, stripping, and skin rolling
- Deep tissue: triceps brachii deep effleurage
- Tissues must be thoroughly warmed and softened before proceeding

PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

14. Anterior forearm: deep effleurage distally

- Place the arm palm up with slight flexion in the elbow
- Support the elbow by holding it in one hand and rest it on the table
- Use a loose fist to effleurage distally
- Lighten up on distal 1/3 of forearm
- Melt in or repeat in areas of palpated or reported tension
- Progressively work more deeply as tissues soften

Soft-Tissue Manipulation
Supine Details

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

15. Chest and anterior deltoid: superficial fascia assessment

- Work without lubricant
- Use your palm and fingers to apply light tangential pulling pressure
- Place your fingertips flatly on the skin surface
- Press in just enough to traction the superficial fascia without sliding
- Slowly traction in all directions taking note of restrictions
- Use before and after treating superficial fascia to gauge progress

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

16. Chest and anterior deltoid: myofascial release

- Work without lubricant
- Assess the fascia before and after to track effectiveness
- Use a light and slow force to lengthen the fascia
- Hold. Wait for a subtle sensation of tissue release or a working sign
- Slowly release and repeat to address all relevant muscle fibers

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

17. Chest and anterior deltoid: warming and softening

- Focus on pectoralis major and anterior deltoid
- BMTs: shoulder mobilization with pectoral compressions
- Swedish: effleurage, kneading, and skin rolling
- Deep tissue: pectoralis major compressive effleurage
- Deep tissue: pectoralis major superficial and deep friction

- Tissues must be thoroughly warmed and softened before proceeding

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

18. Chest and anterior deltoid: deep longitudinal stripping

- Focus on pectoralis major and anterior deltoid
- Address all fibers that are available according to appropriate draping
- Use thumbs or fingertips with hands stacked for stability
- Work in 2-4 inch sections from origin to insertion
- Melt in or repeat stripping in areas of palpated or reported tension
- Progressively work more deeply as tissues soften

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

19. Subscapularis: deep transverse friction and melting

- Check in with the client because this can feel intense
- Bring the client into this position:
  - Abduct the shoulder 90 degrees
  - Flex the elbow 90 degrees with hand pointing toward the ceiling
- Gently hold the client's arm in this position with your head hand
- Foot hand addresses accessible distal fibers of subscapularis:
  - Fingertips contact the lateral surface of the ribs near the axilla
  - Using finger pads, slide posteriorly and medially
  - Press flatly and posteriorly into the fibers to compress the muscle against the subscapular fossa
  - Melt in or deep friction into areas of palpated or reported tension
  - Progressively work more deeply as tissues soften
- **Variation: T.P. deactivation with active engagement lengthening**
  - "As I maintain this pressure, slowly let your arm and hand drop down toward the head of the table"
  - "Now bring your arm and hand back up to the starting position"

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

20. Subscapularis: passive stretch

- Mobilize the glenohumeral joint
- Bring client into this position:
  - Abduct the shoulder 90 degrees
  - Flex the elbow 90 degrees
- Instruct the client: "Let me know when you feel a good stretch"
- Lightly traction the humerus distally with the foot hand
- Laterally rotate shoulder with the head hand
- When the client indicates a good stretch has been reached, hold this position for 3 of your breath cycles and slowly release

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

21. Anterior upper extremity: warming and softening

- Address muscles that cross the elbow and wrist
- BMTs: wrist, elbow, and shoulder mobilization
- BMT: deltoid/biceps/brachialis/brachioradialis fiber spreading
- Swedish: effleurage, fulling, kneading, and skin rolling
- Deep tissue: finger and wrist flexor stripping with traction
- Deep tissue: thenar and hypothenar eminence cross fiber friction

- Tissues must be thoroughly warmed and softened before proceeding

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

22. Finger and wrist flexors: deep stripping with active lengthening

- Address the entire width of the forearm using multiple stripping paths
- On the first pass, use a broad tool such as a loose fist
- On subsequent passes, use thumbs or fingertips stacked for stability
- Lie client's forearm on the table palm up with hand hanging off the side
- Instruct the client:
    - "Make a fist and curl your wrist" (flexion)
    - "Now slowly uncurl your wrist and open your fingers" (extension)
- During extension, strip longitudinally and proximally 2 to 4 inches
- During flexion, pause holding your place
- Melt in or repeat in areas of palpated or reported tension
- Progressively work more deeply as tissues soften

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

23. Flexor pollicis brevis: passive stretch

- Stand by the shoulder facing toward the foot of the table
- Bring the client into this position:
  - Abduct the shoulder 90 degrees
  - Flex the elbow 90 degrees
- Instruct the client:
  - "I'm going to stretch your short thumb flexors"
  - "Let me know when this is a good stretch for you"
- Outside hand gently pulls the client's wrist into hyperextension
- Inside hand grasps the thenar eminence and pulls the thumb into full extension
- Hold for three of your breath cycles
- Slowly release and repeat up to 3 times total

SUPINE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

24. Median nerve: mobilization

- Establishes free movement of the median nerve through the carpal tunnel
- Only do this in the later stages of rehabilitation
- Bring client into this position:
    - Abduct the shoulder 90 degrees
    - Fully extend the elbow
    - Hyperextend the wrist
- Slacken the nerve slightly and return it to a fully stretched position
- Do not hold this stretched position, but repeat the activity multiple times
- Symptoms may recur at the fully stretched position

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