85a Orthopedic Massage: Introduction - Neck Pain

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Class Outline

5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture:
25 minutes	Lecture:
15 minutes	Active study skills:
60 minutes	Total

85a Orthopedic Massage: Introduction - Neck Pain

Class Outline

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

- **Written Exam:**
  - 89a Practice MBLEx (100 questions in 120 minutes)

- **Quizzes:**
  - 87a Kinesiology Quiz (semispinalis, splenius capitis, and splenius cervicis)
  - 90a Kinesiology Quiz (erectors, multifidi, rotatores, quadratus lumborum, levator scapula, trapezius, splenius capitis, splenius cervicis, and semispinalis capitis)

- **Spot Checks:**
  - 87b Orthopedic Massage: Touch Assessment
  - **Bring your grading sheet for evaluation A: 87**

Preparation for upcoming classes:

- 86a MBLEx Prep
  - Using ABMP Exam Coach, select "Study Subjects", and then "Special Populations"
  - For each of the 7 Massage Theory Topics, "Take a Practice Quiz" 4 times (28 total)
  - Research anything that isn't clear on the Internet and bring what you find to class

- 86b Orthopedic Massage: Technique Review and Practice - Neck Pain

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

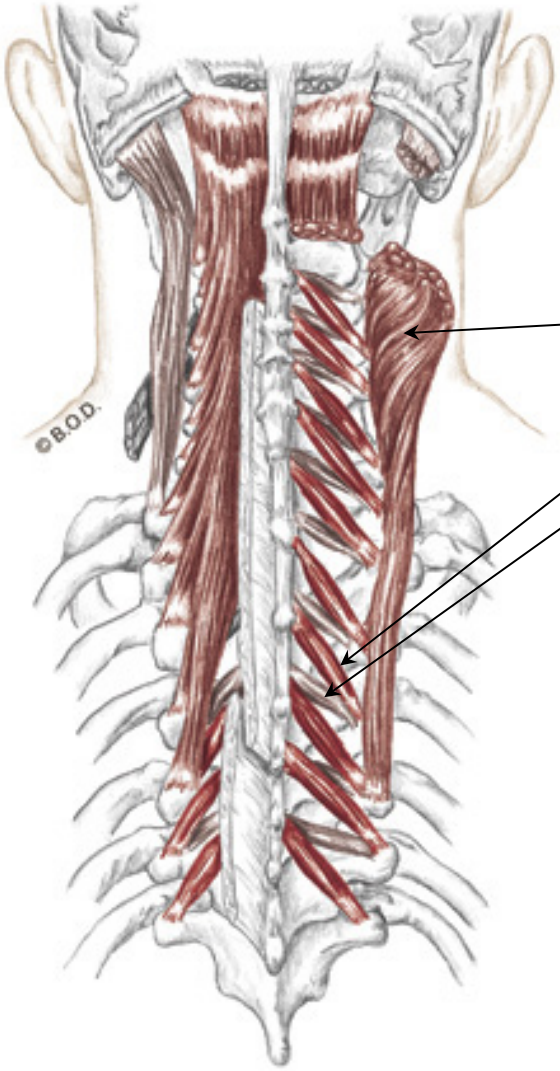
The following are not allowed:

- 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.

Transversospinalis Group

Trail Guide, Page 200



Posterior View

Transversospinalis group:

- Multifidi
- Rotatores
- Semispinalis capitis

These 3 muscles are deep to the erectors.

New to us, the semispinalis capitis muscle can be seen as the “twin speed bumps” on the posterior neck.

Semispinalis Capitis, page 201

A Extend the vertebral column and head

O Transverse processes of C4-T5

I Between the superior and inferior nuchal lines of the occiput

Posterolateral View

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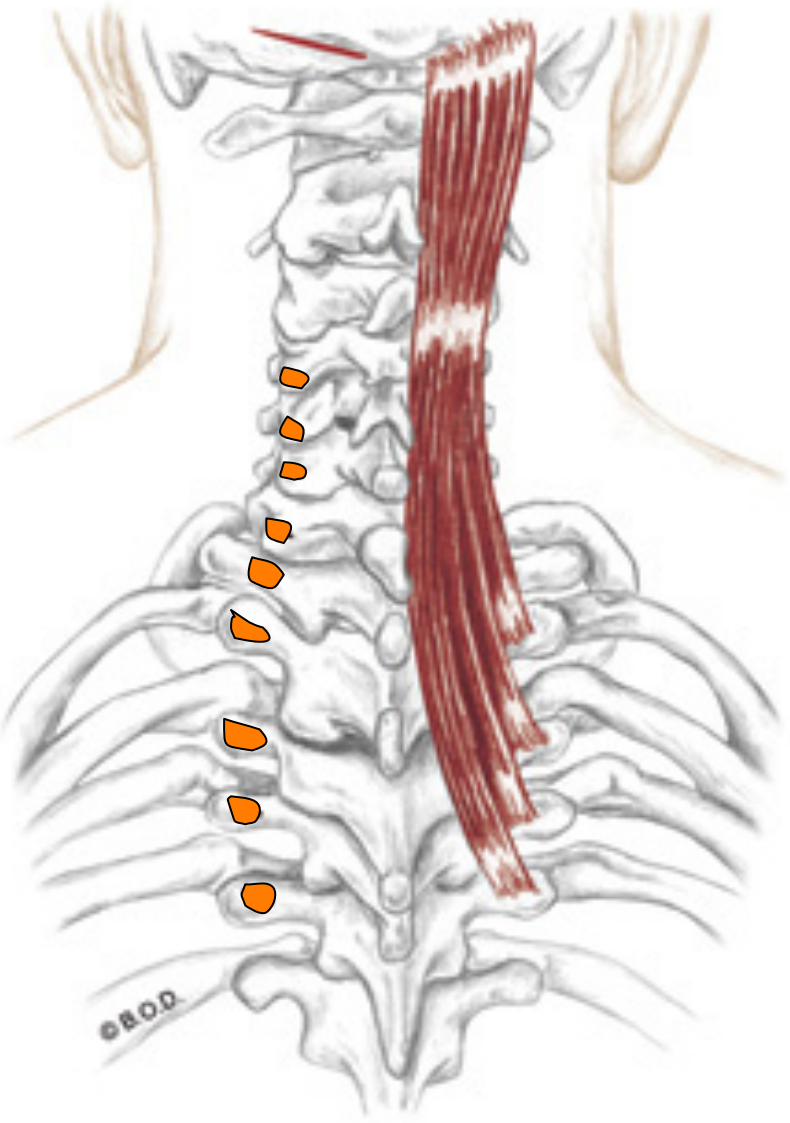

Posterior View

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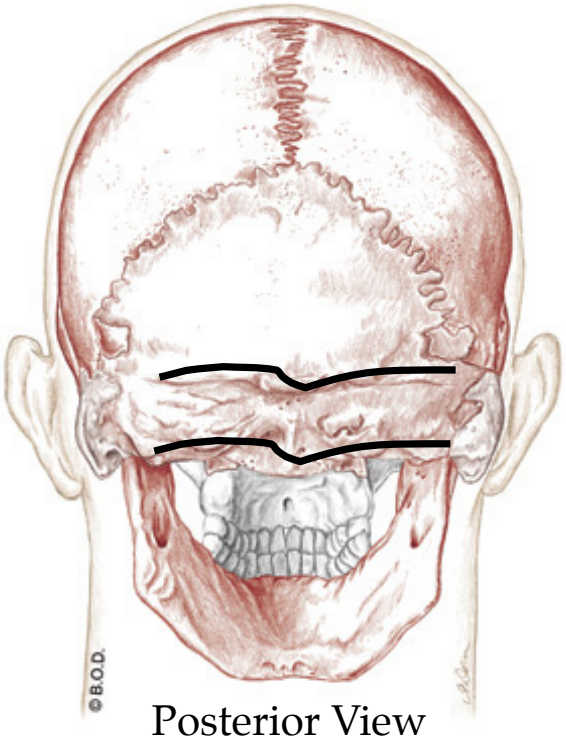

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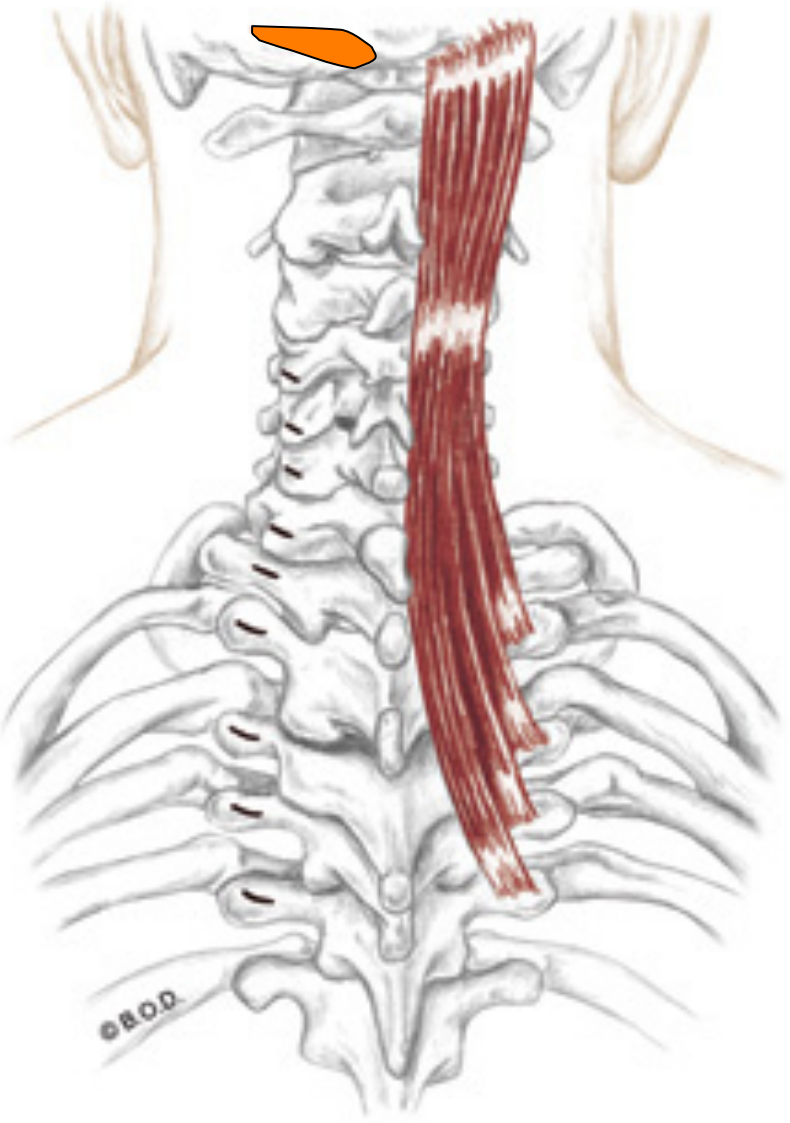

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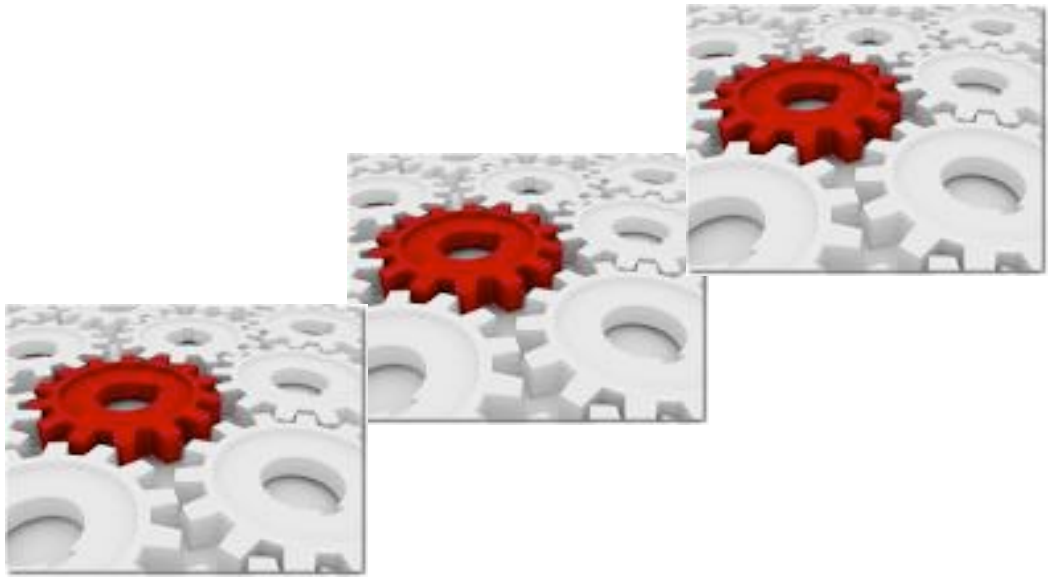


Splenius Capitis, page 203

A Unilaterally:
Rotate the head and neck to the same side

Laterally flex the head and neck

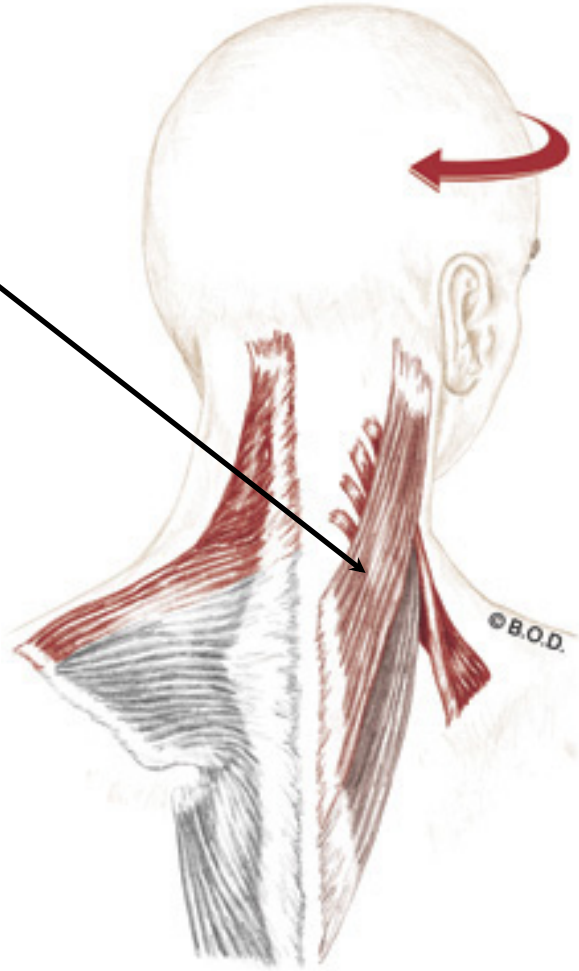
Bilaterally:
Extend the head and neck

O Inferior 1/2 of ligamentum nuchae

Spinous processes of C7 to T4

I Mastoid process

Lateral portion of superior nuchal line



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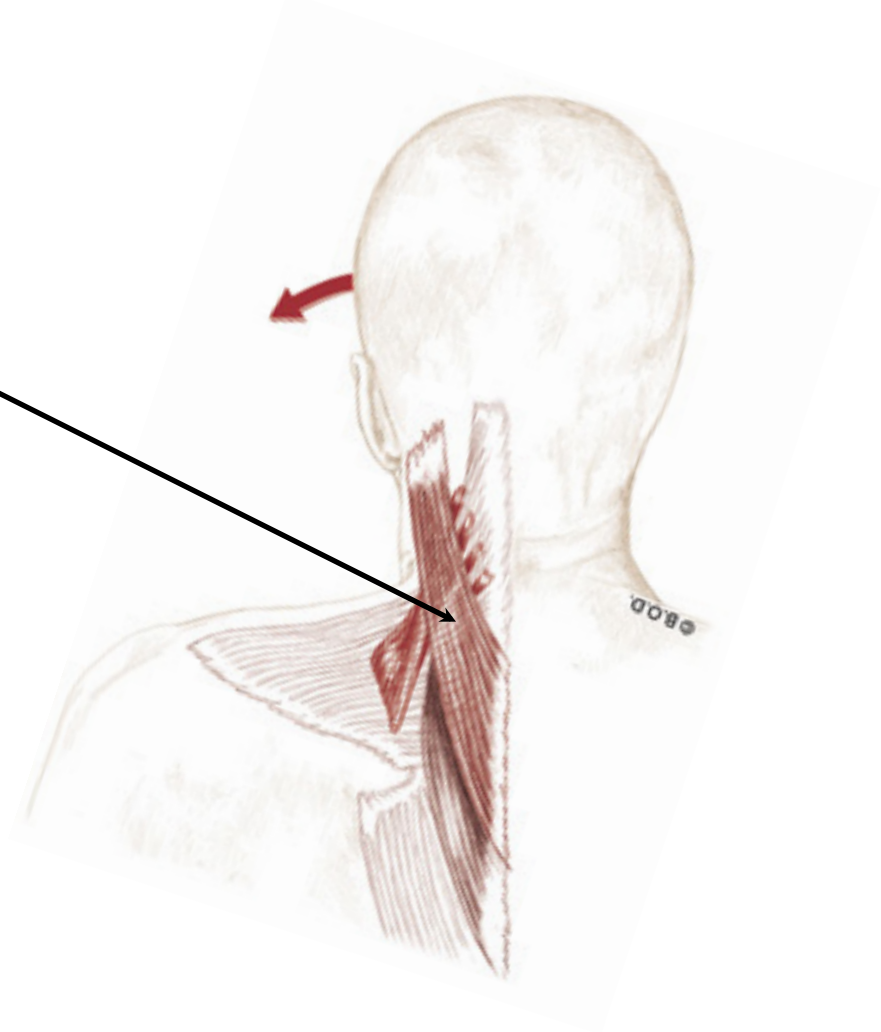

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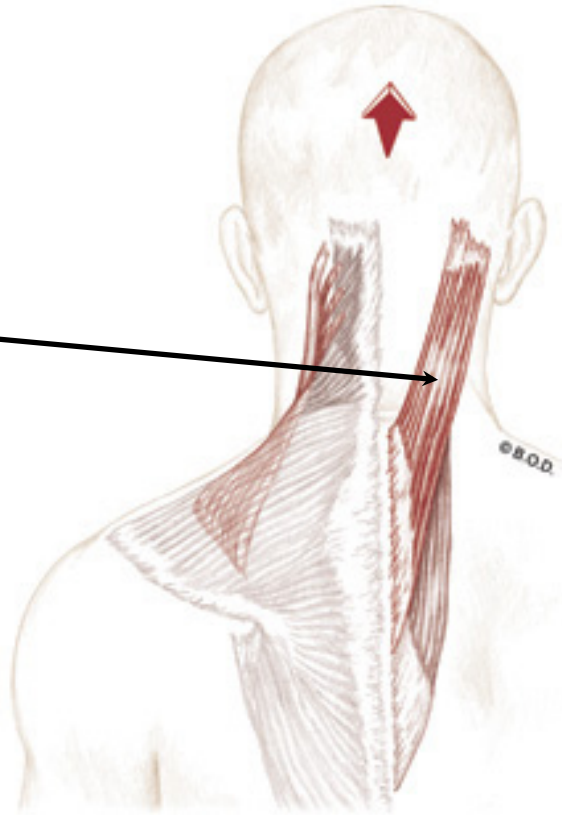

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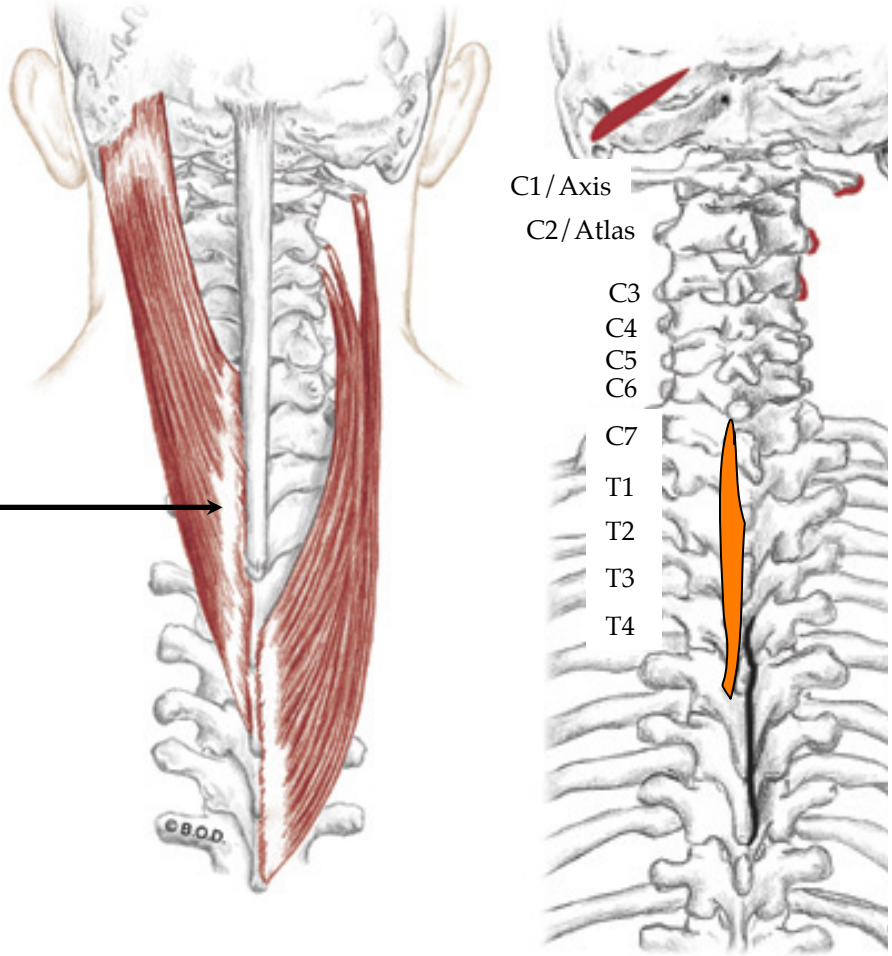

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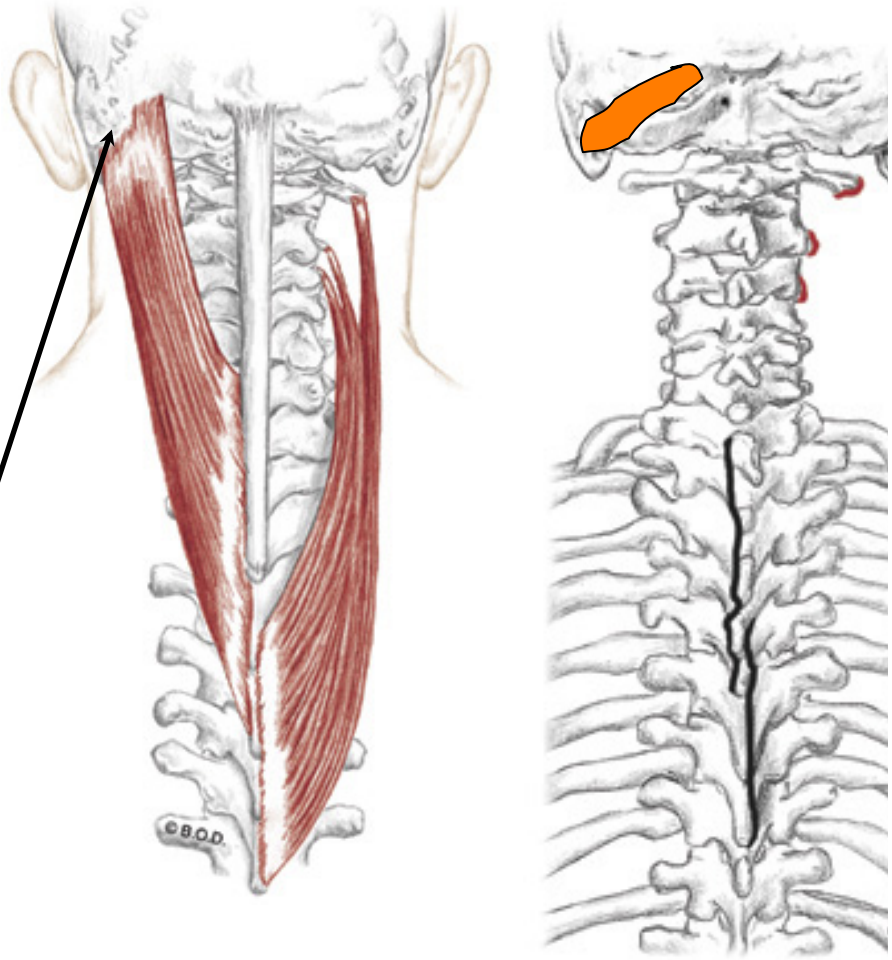

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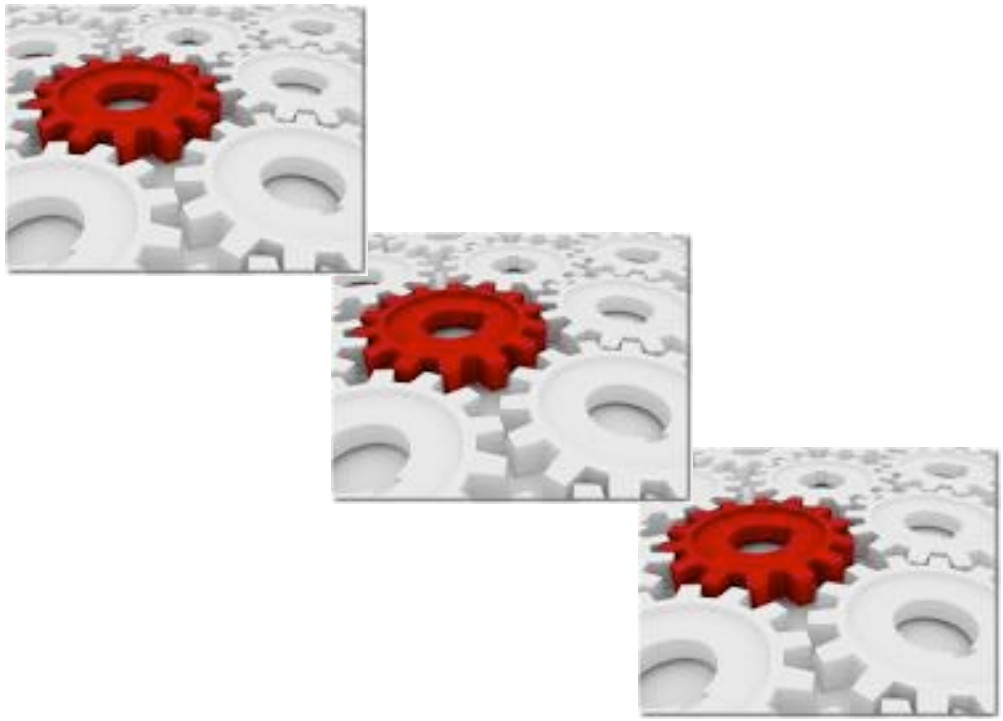

Splenius Cervicis, page 203

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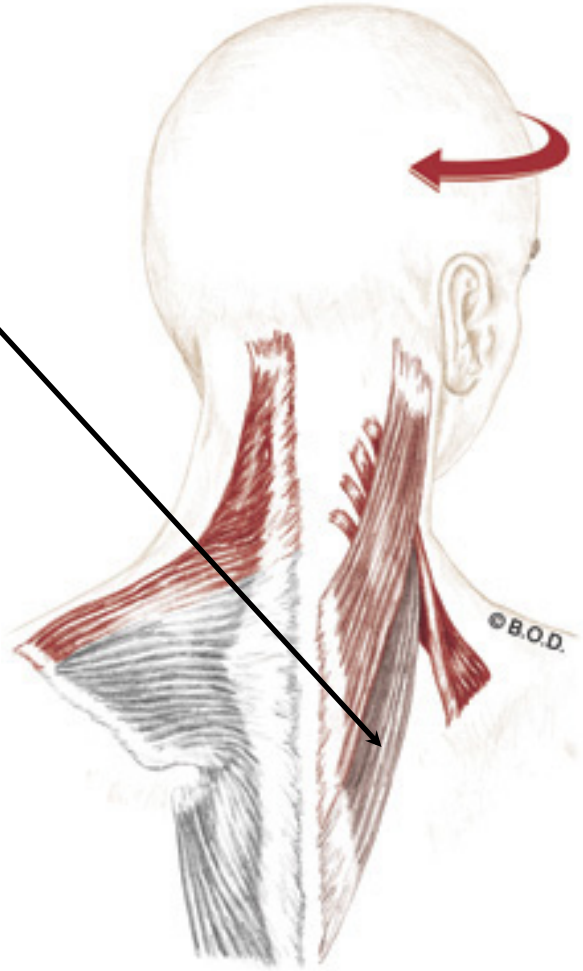
Extend the head and neck

O Spinous processes of T3 to T6

I Transverse processes of C1 to C3



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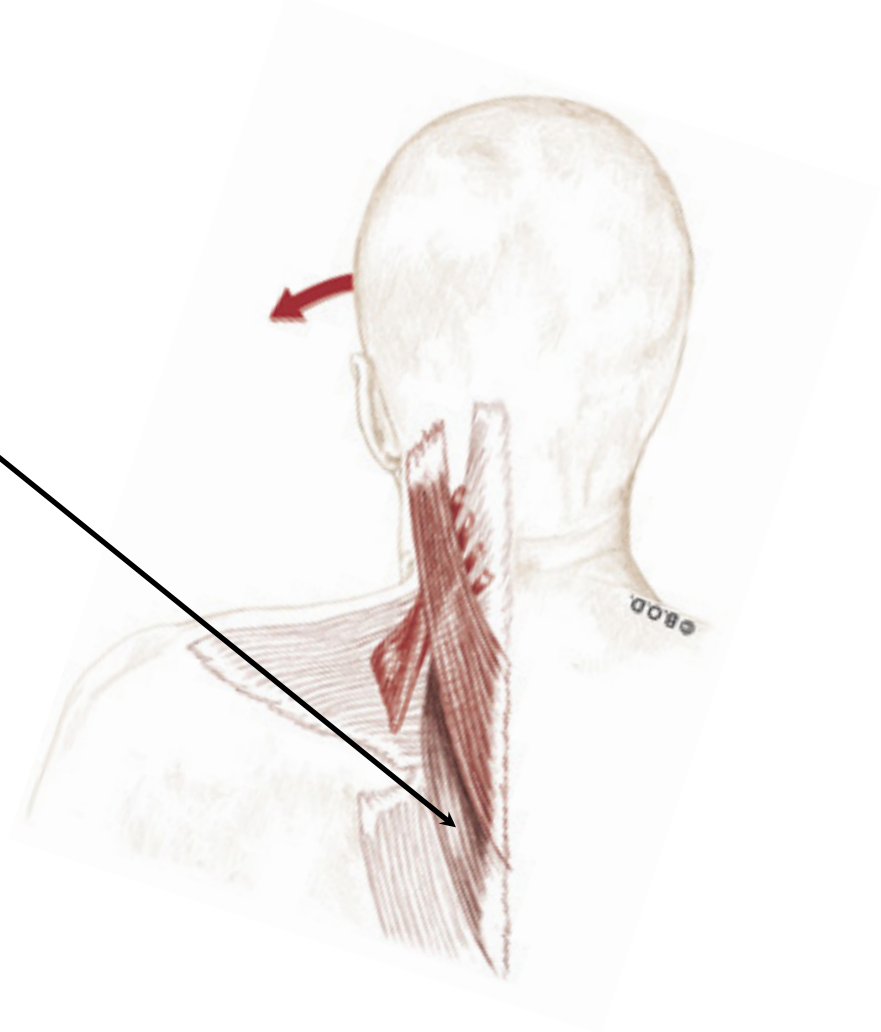

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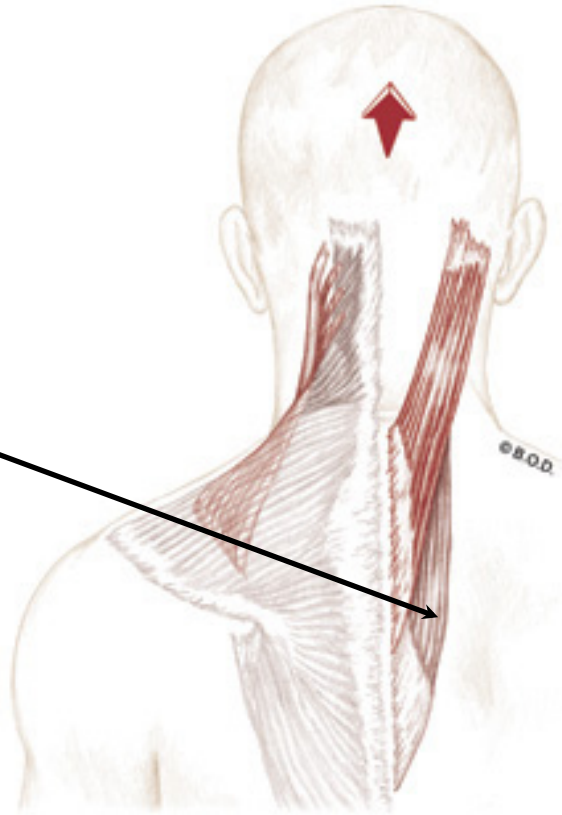

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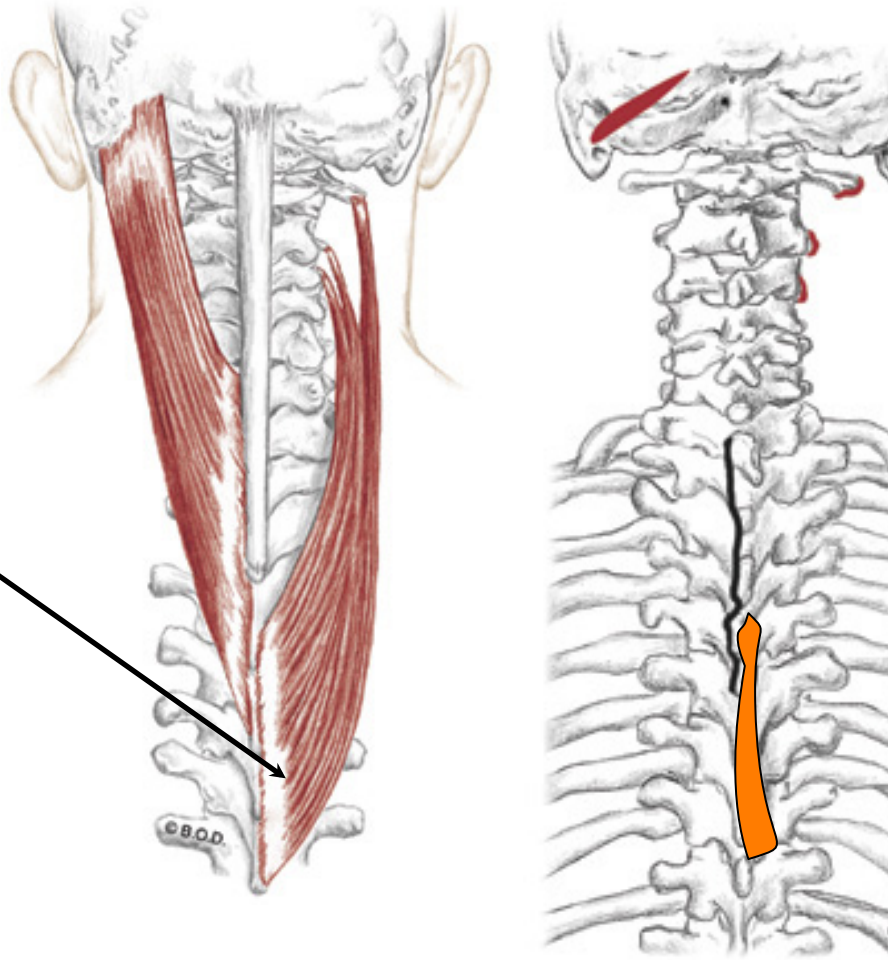

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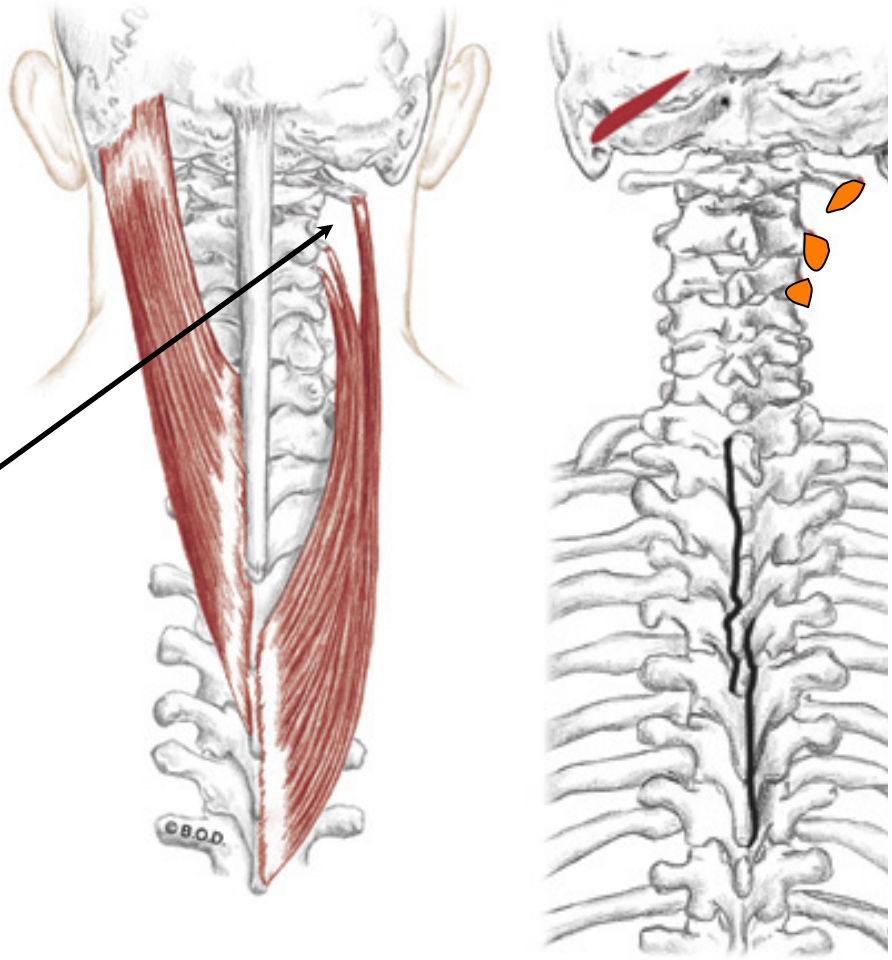


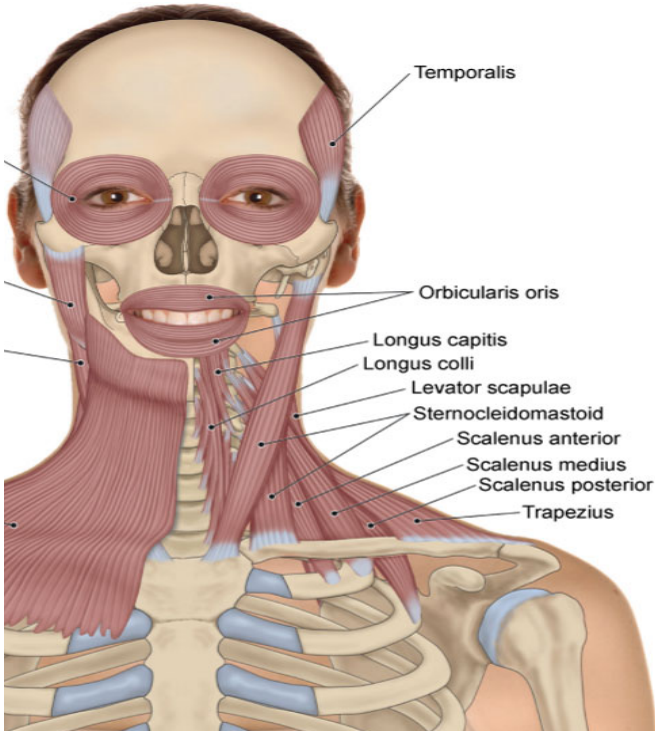
Posterior View

85a Orthopedic Massage: Introduction - Neck Pain

Packet J - 109

Neuromuscular neck pain

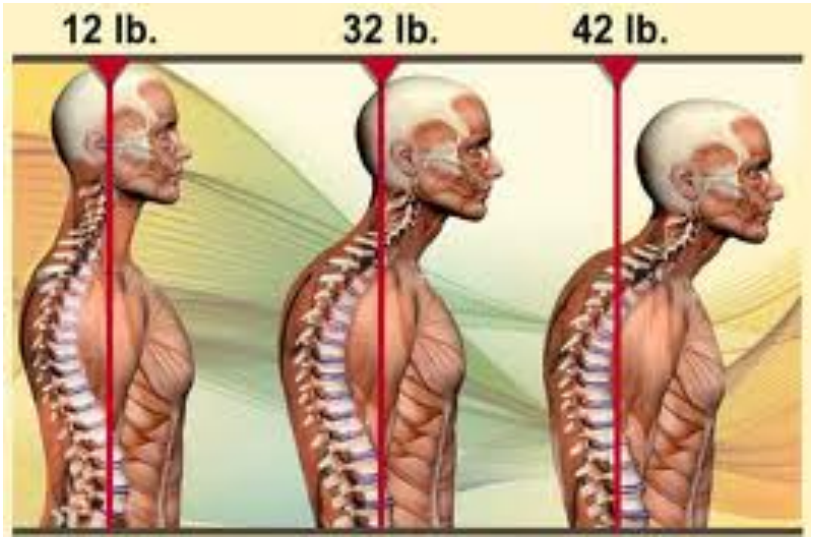
Neuromuscular neck pain Hypertonicity either throughout an entire neck muscle or in localized areas of a neck muscle.



Anterior View

Etiology

- Keeping the head in an upright position places postural strain on cervical muscles and other soft-tissues.
- Once the head moves forward of the center of gravity, there is a significant increase in muscle activity to hold the head upright.



- This can lead to muscular dysfunction in the form of trigger points or hyper-tonicity in an entire muscle.

Etiology

- A pain-spasm-pain cycle can result from even slight muscular dysfunction.
- Sudden loading of hypertonic cervical muscles can produce symptoms in other areas such as the temporomandibular joint.

Etiology

- Because many cervical muscles maintain constant isometric contractions during the day just to keep the head erect, patterns of dysfunction are facilitated by the very act of attempting to hold the head upright.

- These patterns of dysfunction can have a tendency to recur any time the individual is exposed to physical, psychological, or chemical stressors.

Traditional Treatments

Immobilization using a cervical collar

- Variable effectiveness: only used if the pain is severe and joint hyper-mobility is a serious concern.

Rest

- Variable effectiveness: continue normal daily functions, but avoid any painful activities.

Traditional Treatments

Instruction in body mechanics, stretching, and strength training

- Effective: if done properly and regularly

Anti-inflammatory medications

- Variable effectiveness: reduces pain if there is inflammation

Considerations and Cautions for Neuromuscular Neck Pain

- Neuromuscular pain is established by constant reinforcement. Early in your treatment, encourage the client to change these movement patterns to complement the myofascial manipulation.

Considerations and Cautions for Neuromuscular Neck Pain

- Stretching and flexibility enhancement are essential to treating neuromuscular pain. Stretching is most effective after soft-tissue manipulation has enhanced tissue pliability.

Considerations and Cautions for Neuromuscular Neck Pain

- This treatment can dramatically alter muscular proprioception resulting in spasms in an easily overloaded muscle. Have the client move slowly and carefully when first getting up from the massage table and for a short time afterward.

Considerations and Cautions for Neuromuscular Neck Pain

- Clients with sensitivity during head and neck movement may brace with protective muscle guarding. Be aware of these guarding possibilities, and make sure that your treatment encourages relaxation.

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