

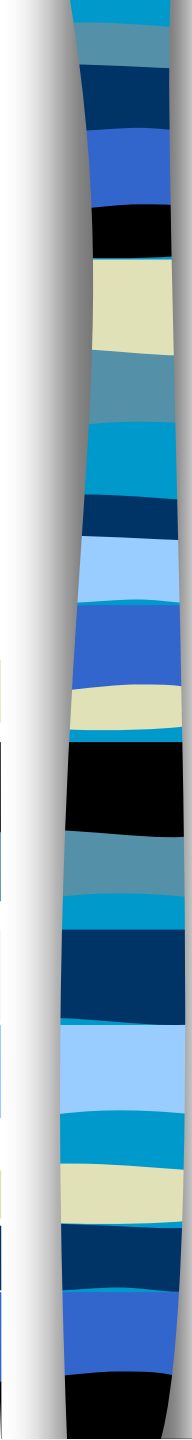


## 83b Orthopedic Massage: Technique Review and Practice - Thoracic Outlet



## 83b Orthopedic Massage: Technique Review and Practice - Thoracic Outlet Class Outline

15 minutes	Break
5 minutes	Attendance, Breath of Arrival, and Reminders
75 minutes	1 <sup>st</sup> trade technique demo and practice
20 minutes	Break and switch tables
75 minutes	2 <sup>nd</sup> trade technique demo and practice
20 minutes	Break down, clean up, and discussion
Total time: 3 hours 30 minutes	



# 83b Orthopedic Massage: Technique Review and Practice - Thoracic Outlet Class Outline

## ■ Quizzes:

- 84a Kinesiology Quiz (pectoralis major, pectoralis minor, coracobrachialis, biceps brachii, sternocleidomastoid, and scalenes)
- 87a Kinesiology Quiz (semispinalis, splenius capitis, and splenius cervicis)

## ■ Spot Checks:

- 84b Orthopedic Massage: Spot Check – Thoracic Outlet **Bring your grading sheet for evaluation A: 103**
- 87b Orthopedic Massage: Touch Assessment **Bring your grading sheet for evaluation A: 87**

## ■ Assignments:

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

## ■ Preparation for upcoming classes:

- 84a MBLEx Prep
  - Using ABMP Exam Coach, select “Study Subjects”, and then “Pathology”
  - For each of the Topics “Basics”, “Meds”, and “Integumentary System;”, “Take a Practice Quiz” 4 times (12 total)
  - Research anything that isn’t clear on the Internet and bring what you find to class
- 84b Orthopedic Massage: Spot Check - Thoracic Outlet
  - Packet J: 107-108.



# 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.*



## 83b Orthopedic Massage: Technique Review and Practice - Thoracic Outlet

J - 107

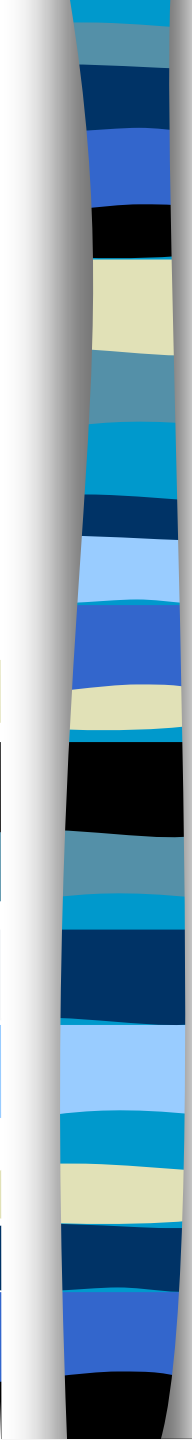


## SEATED

1. Vertebrobasilar insufficiency test (VBI test)

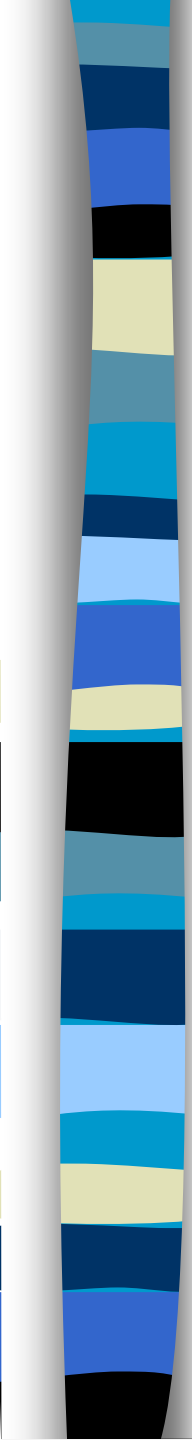
## SUPINE

2. Upper chest: superficial fascia assessment
3. Upper chest: myofascial release
4. Upper chest: warming and softening
5. Pectoralis minor: deep longitudinal stripping
6. Pectoralis minor: pin and stretch



## **SUPINE, continued**

7. Anterolateral neck: superficial fascia assessment
8. Anterolateral neck: myofascial release
9. Anterolateral neck: warming and softening
10. Scalenes: deep longitudinal stripping
11. Scalenes: deep longitudinal stripping with active lengthening after PIR
12. Brachial plexus: mobilization
13. Passive stretches: neck lateral flexion
14. Passive stretches: neck rotation



The following slides are included in this presentation so that you may refer to the details of techniques during review classes.





# Soft-Tissue Manipulation Seated Details



## SEATED DETAILS - Thoracic Outlet

### 1. Vertebrobasilar insufficiency test (VBI test)

- Perform while client is seated during interview
- Instruct the client:
  - “Look up and over your shoulder to one side”
  - “Hold this position for 30 seconds”
- The test is positive if the client experiences any of the following:
  - **Vertigo** Perception of a spinning motion (due to dysfunction of the vestibular system)
  - **Dizziness** Sensation of feeling off balance
  - **Nausea** Sensation of unease and discomfort in the upper stomach with an involuntary urge to vomit
  - Double vision or blurred vision
- **NOTE:** Vertebrobasilar insufficiency is a contraindication for active cervical flexion with longitudinal stripping



# Soft-Tissue Manipulation Supine Details



## SUPINE DETAILS - Thoracic Outlet

### 2. Upper chest: 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 - Thoracic Outlet

### 3. Upper chest: myofascial release

- Work without lubricant
- Sit at the head of the table facing down toward the feet
- Place each hand flatly on the skin surface working bilaterally
- Use your fingers to apply light tangential pulling pressure
- Press in just enough to traction the superficial fascia without sliding
- Hold. Wait for a subtle tissue release or indication from the client
- Repeat in different directions and areas to address restrictions in the anterior, lateral, and posterior cervical areas.



## SUPINE DETAILS - Thoracic Outlet

### 4. Upper chest: warming and softening

- Address pectoralis major and pectoralis minor
- BMT: unilateral ribcage compression and mobilization
- BMT: bilateral upper ribcage compressions
- BMT: shoulder mobilizations with pectoral compressions
- Swedish: effleurage, kneading, fiber spreading, stripping, and skin rolling
- Deep tissue: compressive effleurage
- Deep tissue: superficial friction
- Deep tissue: deep friction and melting
- Continue until the muscles are thoroughly warmed and softened



## SUPINE DETAILS - Thoracic Outlet

### 5. Pectoralis minor: deep longitudinal stripping

- Address all three bellies from coracoid process to ribs 3, 4, and 5
- This area can be tender, so adjust pressure accordingly
- Use thumbs or fingertips with hands stacked for stability
- Work inferiorly in 2 to 4 inch sections
- Melt in or repeat stripping in areas of palpated or reported tension
- Progressively work more deeply as tissues soften
- Immediately stop if neurovascular symptoms are reproduced

## SUPINE DETAILS - Thoracic Outlet

### 6. Pectoralis minor: pin and stretch

- Immediately stop if neurovascular symptoms are reproduced
- This area can be tender, so adjust pressure accordingly
- Stand at the head of the table facing toward the feet
- Use thumbs or fingertips with hands stacked for stability
- Make positive contact with pectoralis minor, checking to see if neurovascular symptoms are exacerbated by this contact
  - o “Keeping your arms alongside your torso, reach as far down toward your toes as possible” (scapulothoracic depression which concentrically contracts the pectoralis minor)
- Pin the pectoralis minor: apply pressure to pectoralis minor that is moderate to significant but within the client’s comfort tolerance
  - o “Bring your shoulders up toward your ears” (scapulothoracic elevation which lengthens the pectoralis minor)
- As the client does this, maintain your position and pressure
- **Variation: strip inferiorly as the client elevates the scapula**
- Repeat to address tension in all three bellies of pectoralis minor





## SUPINE DETAILS - Thoracic Outlet

### 7. Anterolateral neck: 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 - Thoracic Outlet

### 8. Anterolateral neck: myofascial release

- Work without lubricant
- Sit at the head of the table facing down toward the feet
- Place each hand flatly on the skin surface working bilaterally
- Use your fingers to apply light tangential pulling pressure
- Press in just enough to traction the superficial fascia without sliding
- Hold. Wait for a subtle tissue release or indication from the client
- Repeat in different directions and areas to address restrictions in the anterior, lateral, and posterior cervical areas.



## SUPINE DETAILS - Thoracic Outlet

### 9. Anterolateral neck: warming and softening

- Address the anterolateral neck one side at a time
- Specifically, SCM, scalenes, levator scapula, and upper anterior trapezius
- BMT: head & neck rotation with posterior cervical compressions & release
- BMT: alternating scapular depression with trapezius compressions
- Swedish: effleurage, and broad cross-fiber with one thumb
- Continue until the muscles are thoroughly warmed and softened



## SUPINE DETAILS - Thoracic Outlet

### 10. Scalenes: deep longitudinal stripping

- While working in this area, be cautious of:
  - o Carotid artery and jugular vein (vascular structures)
  - o Trachea (respiratory structure)
  - o Cranial nerves (neural structures)
- Address the accessible portions of anterior and middle scalenes
- Roll head slightly away from the area to be addressed
- Use fingertip of first 2 fingers to work in 2 to 4 inch sections
- Work inferiorly to best avoid loosening any blood clots
- Melt in or repeat in areas of palpated or reported tension
- Progressively work more deeply as tissues soften



## SUPINE DETAILS - Thoracic Outlet

### 11. Scalenes: deep longitudinal stripping with active lengthening after PIR

- Warning: Vertebrobasilar insufficiency contraindicates this technique
- If the client is not comfortable with their head hanging off the end of the table, use a bolster or pillow under the upper back so there is room to move the head into hyperextension
- Instruct the client:
  - “Move past the head of the table to hang your head off the edge”
  - “Rotate it slightly to the left (right) as I support it with one hand”
  - (This results in the practitioner holding the client’s head in one hand with it rotated to one side)
  - “Now take the weight of your head”
  - “Lift your head slightly and hold for 5-8 seconds” (isometric)
  - “Slowly relax your head” (post-isometric relaxation)
  - “Slowly lower your head toward the floor” (active lengthening)
- As the client does this, longitudinally strip the accessible scalene fibers inferiorly with your 2<sup>nd</sup> and 3<sup>rd</sup> fingers.



## SUPINE DETAILS - Thoracic Outlet

### 12. Brachial plexus: mobilization

- Stand by the hips facing toward the head of the table
- Instruct the client:
  - o “Keeping your nose pointing toward the ceiling, slide your head toward your left (right) shoulder” (lateral neck flex)
- Bring the client into this position:
  - o Abduct the arm 90 degrees
  - o Flex the elbow 90 degrees and hold it with your outside hand
  - o Hyperextend wrist and fingers with your inside hand so that the fingertips are pointing inferiorly.
  - o Holding this configuration, bring the arm and hand toward the client’s ear.
- Do not hold the client in this final stretch position
- Bring the arm back to neutral and repeat several times



## SUPINE DETAILS - Thoracic Outlet

**13. Neck passive stretches: lateral flexion**

**14. Neck passive stretches: rotation**



## 83b Orthopedic Massage: Technique Review and Practice - Thoracic Outlet