



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



# 79b Orthopedic Massage: Technique Demo and Practice

## Rotator Cuff and Carpal Tunnel

### 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	



# 79b Orthopedic Massage: Technique Demo and Practice

## Rotator Cuff and Carpal Tunnel

### Class Reminders

#### Early Warning:

- 85a Orthopedic Massage: Outside Massages – Begin these now!

#### Quizzes:

- 84a Kinesiology Quiz (pec major and minor, coracobrachialis, biceps, SCM, scalenes, rotator cuff, flex. Dig. Super., ext. dig., flex. Pollicis longus, flex dig. profundis)  
– 50 questions in 40 minutes

#### Spot Checks:

- 81b Orthopedic Massage: Sport Check – Rotator Cuff and 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
- 80b Orthopedic Massage: Technique Review and Practice – Rotator Cuff and Carpal Tunnel
- 81b Orthopedic Massage: Spot Check – Rotator Cuff and Carpal Tunnel
- 81a MBLEx PREP
- 81b Orthopedic Massage: Spot Check – Rotator Cuff and 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 pull 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
- Pulling 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:
  - o Abduct the shoulder 90 degrees
  - o Fully extend the elbow
  - o 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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