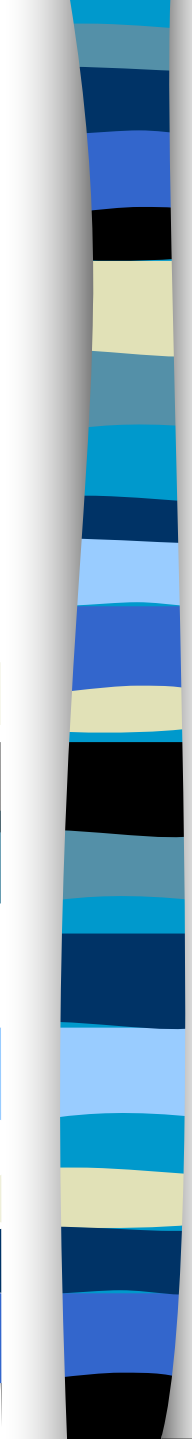


80b Orthopedic Massage: Technique Review and Practice

Rotator Cuff and Carpal Tunnel

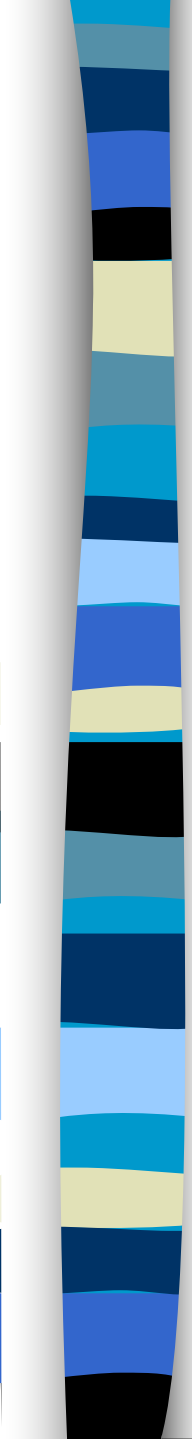


80b Orthopedic Massage: Technique Review and Practice

Rotator Cuff and Carpal Tunnel

Class Outline

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



80b Orthopedic Massage: Technique Review 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:

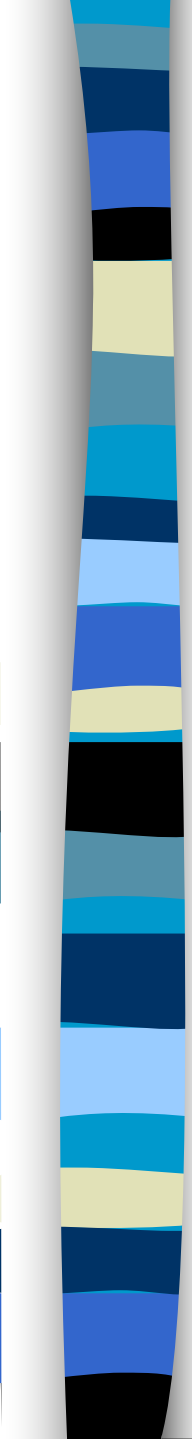
- 81b Orthopedic Massage: Sport Check – Rotator Cuff and Carpal Tunnel
- 84b Orthopedic Massage: Spot Check – Thoracic Outlet

Assignments:

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

Preparation for upcoming classes:

- 81a MBLEx PREP
- 81b Orthopedic Massage: Spot Check – Rotator Cuff and Carpal Tunnel
- 81b Orthopedic Massage: Spot Check – Rotator Cuff and Carpal Tunnel
- Packet J: 95-96
- 82a Orthopedic Massage: Introduction – Thoracic Outlet
- Packet J:102-106
- 82b Orthopedic Massage: Technique Demo and Practice – Thoracic Outlet



Classroom Rules

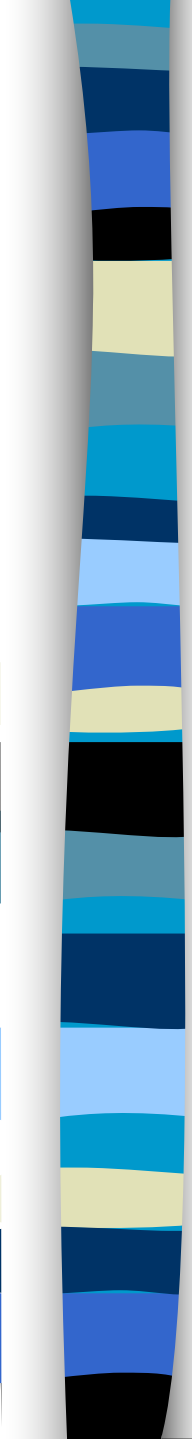
Punctuality - everybody's time is precious

- 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:

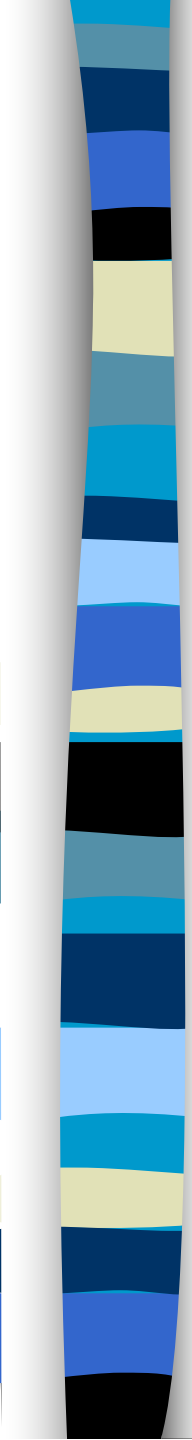
- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

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



80b Orthopedic Massage: Technique Review and Practice Rotator Cuff and Carpal Tunnel

J - 95



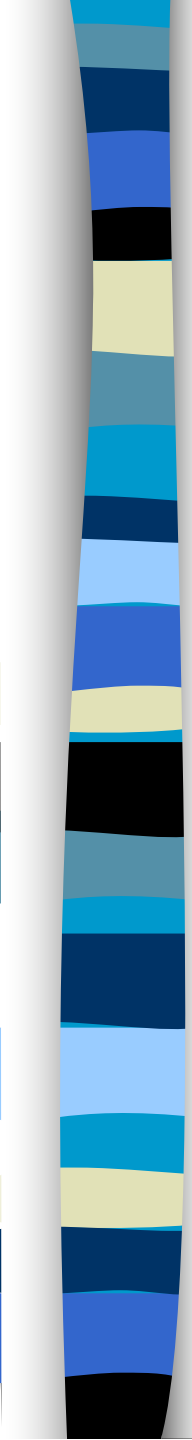
Rotator Cuff & Carpal Tunnel

Seated

1. TCL: myofascial release

PRONE

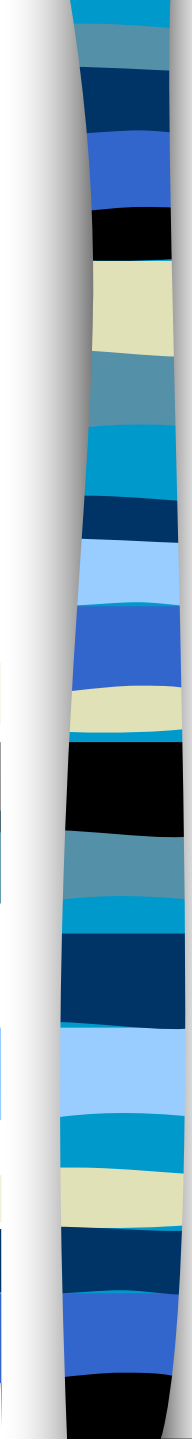
2. Upper back and shoulder: superficial fascia assessment
3. Upper back and shoulder: myofascial release (bilateral)
- 4 . Upper back and shoulder: warming and softening
5. Upper back and shoulder: deep longitudinal stripping
6. Supraspinatus insertion tendon: deep transverse friction



Rotator Cuff & Carpal Tunnel

PRONE, continued

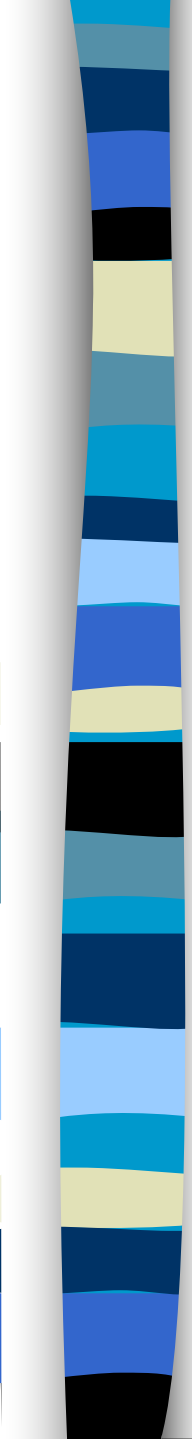
7. GH lateral rotators: warming and softening
8. GH lateral rotators: deep longitudinal stripping
9. GH lateral rotators: deep stripping with active engagement lengthening
10. GH lateral rotators: passive stretches
11. Triceps and anterior forearm: superficial fascia assessment
12. Triceps and anterior forearm: myofascial release
13. Triceps and anterior forearm: warming and softening
14. Anterior forearm: deep effleurage distally



Rotator Cuff & Carpal Tunnel

SUPINE

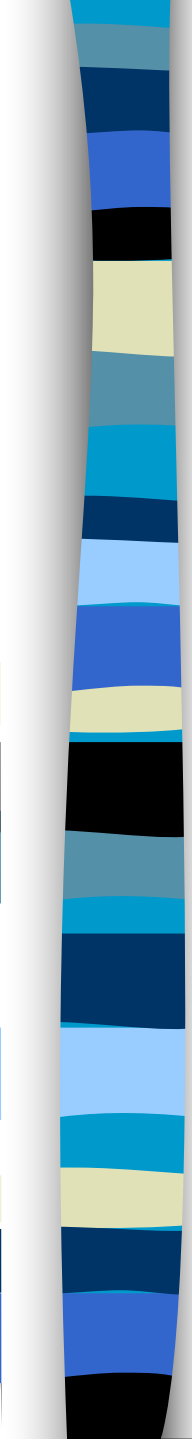
15. Chest and anterior deltoid: superficial fascia assessment
16. Chest and anterior deltoid: myofascial release
17. Chest and anterior deltoid: warming and softening
18. Chest and anterior deltoid: deep longitudinal stripping
19. Subscapularis: deep friction and melting
20. Subscapularis: passive stretch



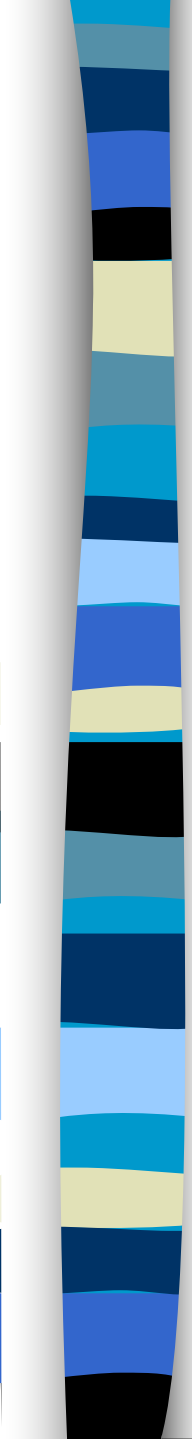
Rotator Cuff & Carpal Tunnel

SUPINE, continued

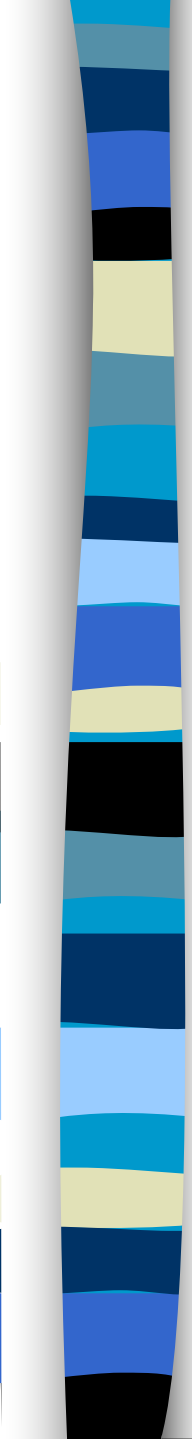
21. Anterior upper extremity: warming and softening
22. Finger and wrist flexors: deep stripping with active lengthening
23. Flexor pollicis brevis: passive stretch
24. Median nerve: mobilization



The following pages are the same as the slides used in
79b Orthopedic Massage: Technique Demo and Practice –
Rotator Cuff & Carpal Tunnel
but are included here as reference material for this class.



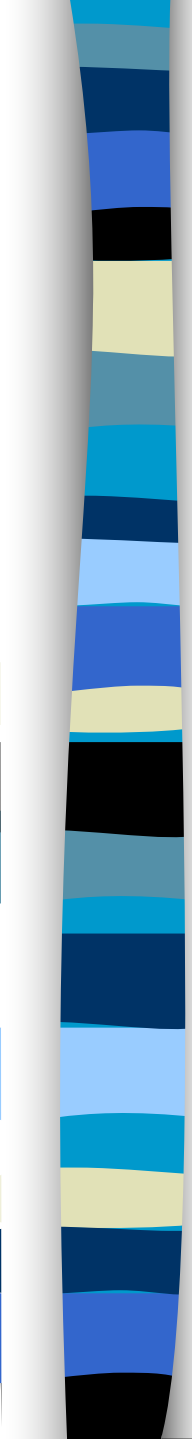
Soft-Tissue Manipulation Seated Details



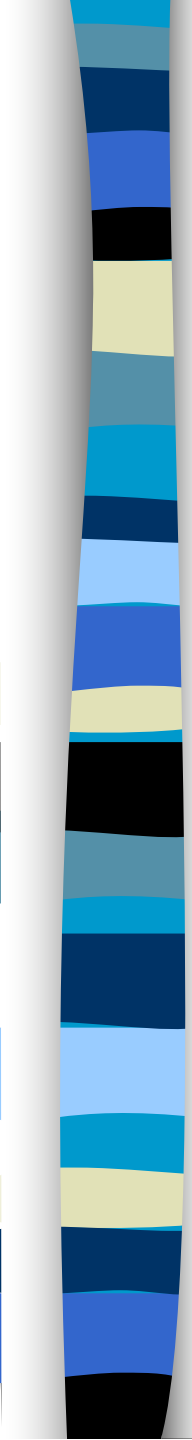
SEATED DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

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



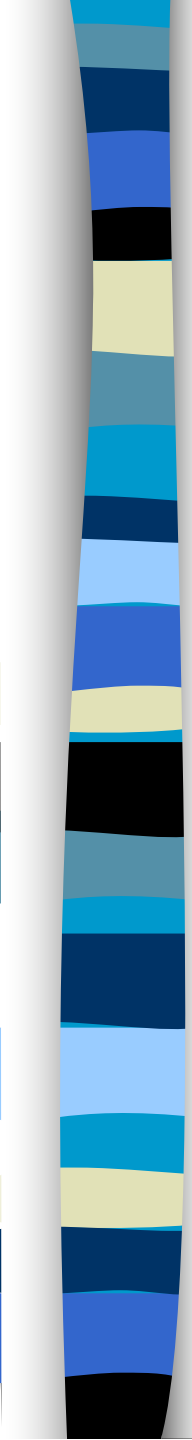
Soft-Tissue Manipulation Prone Details



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

2. Upper back and shoulder: superficial fascia assessment

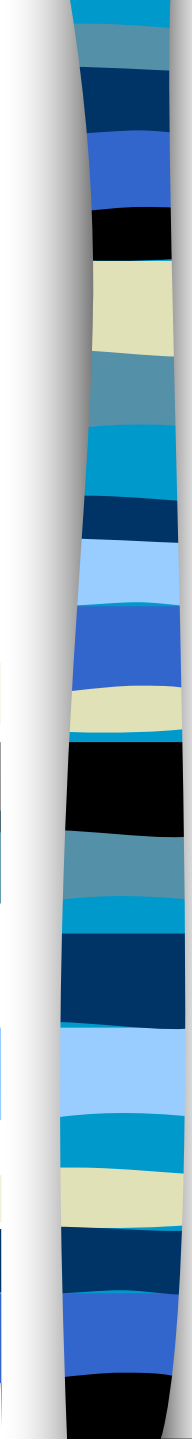
- Work without lubricant
- Use your palm and fingers to apply light tangential pulling pressure
- Place your fingertips flatly on the skin surface
- Press in just enough to traction the superficial fascia without sliding
- Slowly traction in all directions taking note of restrictions
- Use before and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



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

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

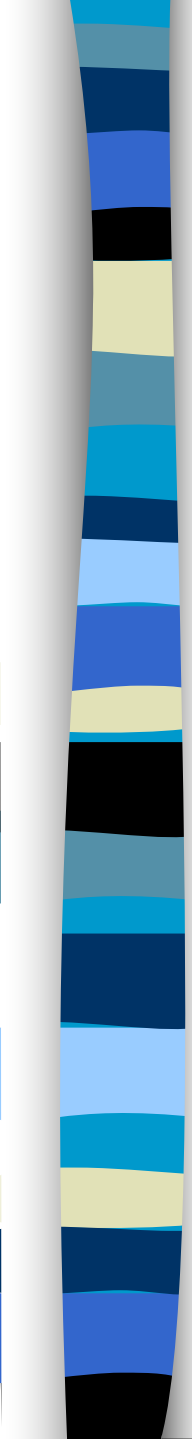
- Work without lubricant
- Assess the fascia before and after to track effectiveness
- Arms crossed: place hands 5 to 10 inches apart on either side of the spine
- Apply a light degree of pulling force between the hands
- Hold. Wait for a subtle sensation of tissue release or a working sign
- Slowly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

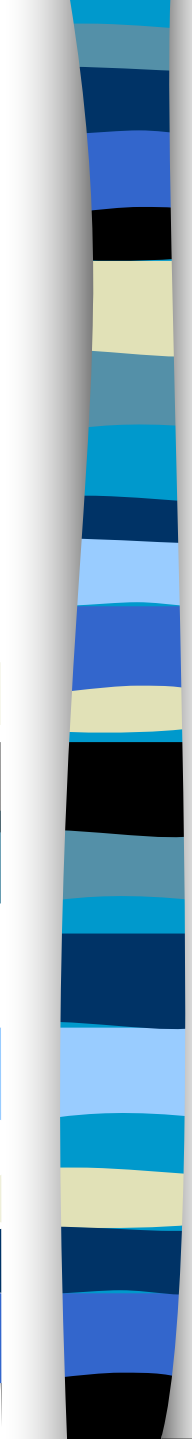
- Address trapezius and supraspinatus
- BMTs: shoulder mobilization with trapezius/supraspinatus compressions
- Swedish: effleurage, kneading, and skin rolling
- Deep tissue: upper trapezius/supraspinatus deep effleurage



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

5. Upper back and shoulder: deep longitudinal stripping

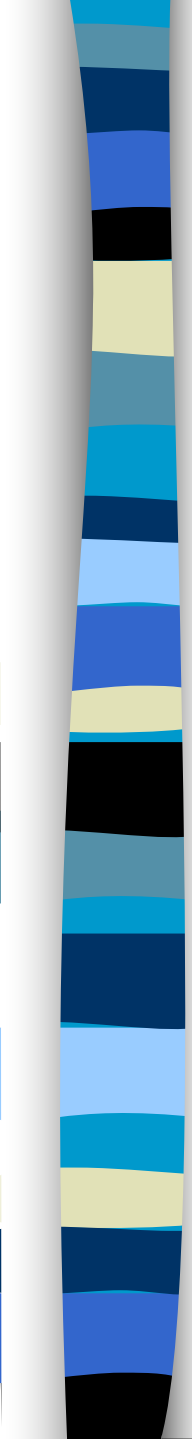
- Address trapezius and supraspinatus
- Use thumbs or fingertips with hands stacked for stability
- Work in 2-4 inch sections from origin to insertion
- Melt in or repeat stripping in areas of palpated or reported tension
- Progressively work more deeply as tissues soften



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

6. Supraspinatus insertion tendon: deep transverse friction

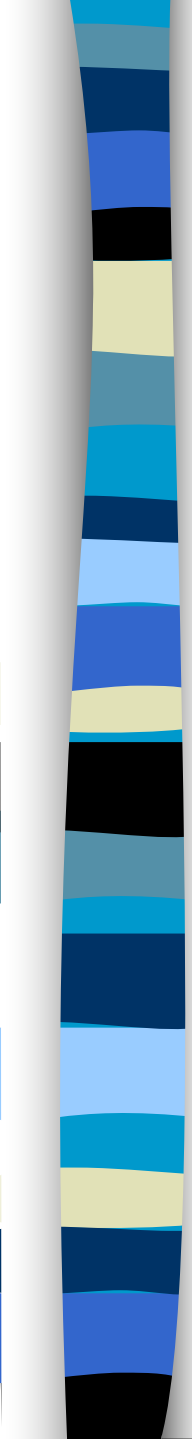
- Use fingertips or thumb
- Work just inferior to the lateral edge of the acromion process
- Use moderate pressure for 1 minute



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

7. GH lateral rotators: warming and softening

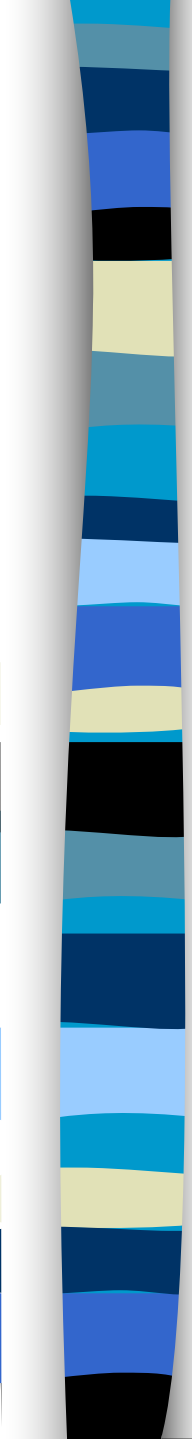
- Address infraspinatus, teres minor, and posterior deltoid
- BMTs: scapular mobilization with deltoid compressions
- Swedish: effleurage, kneading, and skin rolling
- Deep tissue: deltoid / infraspinatus / teres minor deep effleurage



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

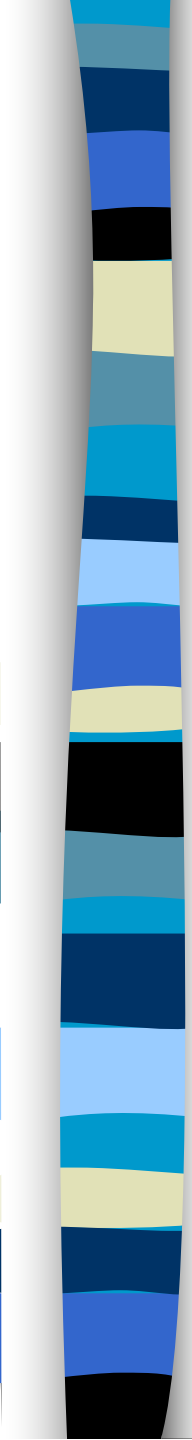
9. GH lateral rotators: deep stripping with active engagement lengthening

- 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

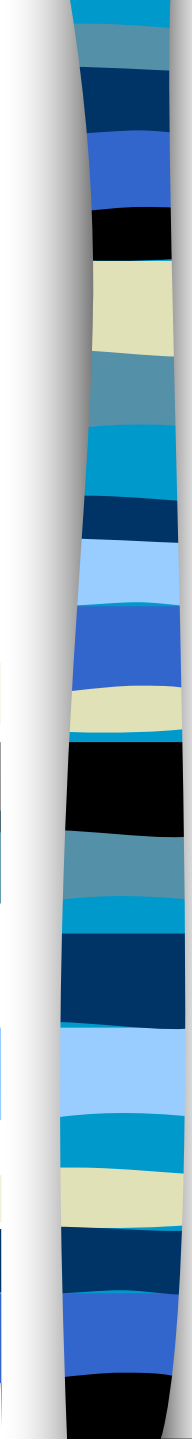
- Address infraspinatus, teres minor, and posterior deltoid
- Joint mobilization: medial and lateral rotation
- Instruct the client:
 - “Place the back of your hand on your low back”
 - “Bring your arm in so that it is touching your torso”
 - “Let me know when you feel a good stretch”
- Head hand gently, 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

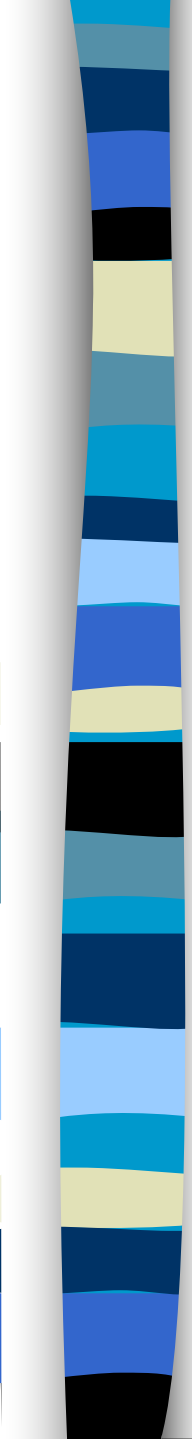
- Work without lubricant
- Use your palm and fingers to apply light tangential pulling pressure
- Place your fingertips flatly on the skin surface
- Press in just enough to traction the superficial fascia without sliding
- Slowly traction in all directions taking note of restrictions
- Use before and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



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

12. Triceps and anterior forearm: myofascial release

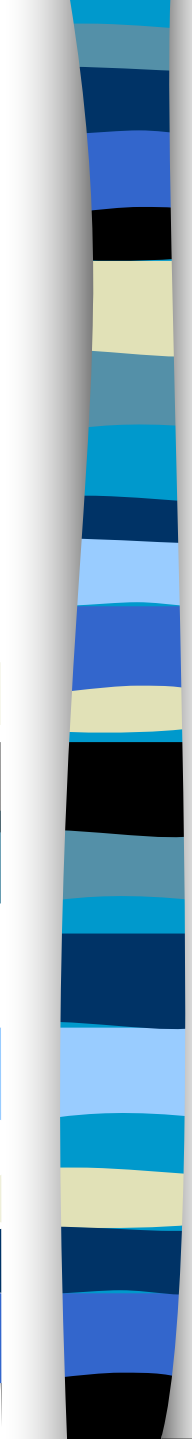
- Work without lubricant
- Assess the fascia before and after to track effectiveness
- Pulling position: place hands 2 to 5 inches apart
- Apply a light degree of pulling force between the hands
- Hold. Wait for a subtle sensation of tissue release or a working sign
- Slowly release and repeat to address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



PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

13. Triceps and anterior forearm: warming and softening

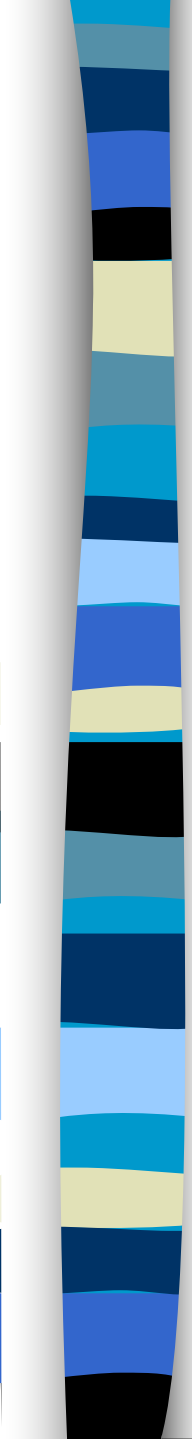
- Address muscles that cross the elbow and wrist
- Swedish: effleurage, fulling, kneading, stripping, and skin rolling
- Deep tissue: triceps brachii deep effleurage
- Tissues must be thoroughly warmed and softened before proceeding



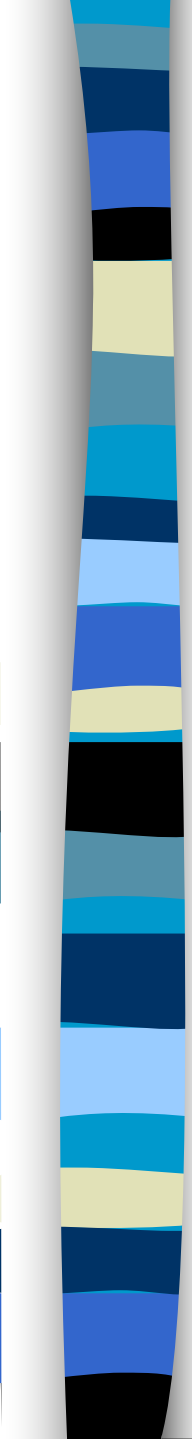
PRONE DETAILS - Rotator Cuff Strain and Carpal Tunnel Syndrome

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



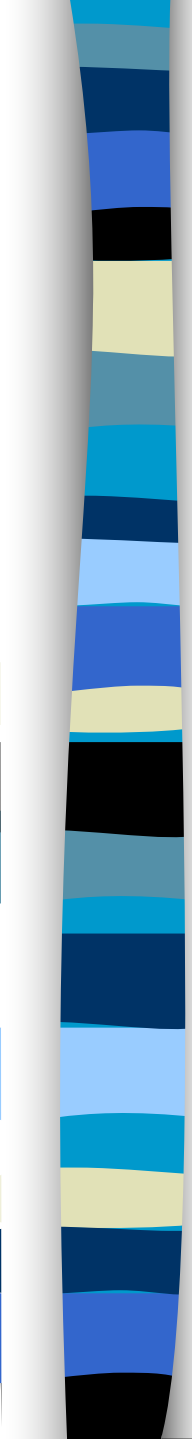
Soft-Tissue Manipulation Supine Details



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

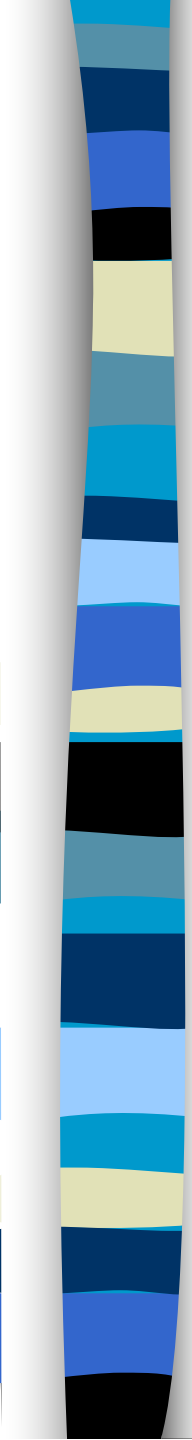
16. Chest and anterior deltoid: myofascial release

- 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

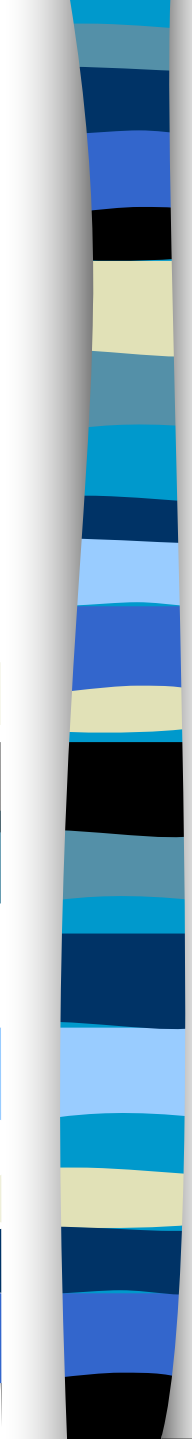
19. Subscapularis: deep transverse friction and melting

- 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

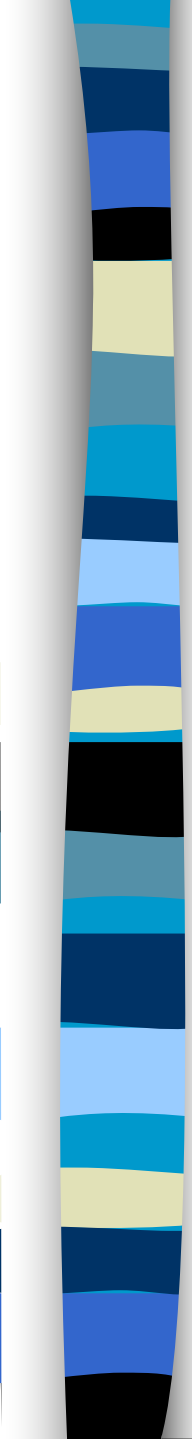
- Mobilize the glenohumeral joint
- Bring client into this position:
 - Abduct the shoulder 90 degrees
 - Flex the elbow 90 degrees
- Instruct the client: “Let me know when you feel a good stretch”
- Lightly traction the humerus distally with the foot hand
- Laterally rotate shoulder with the head hand
- 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

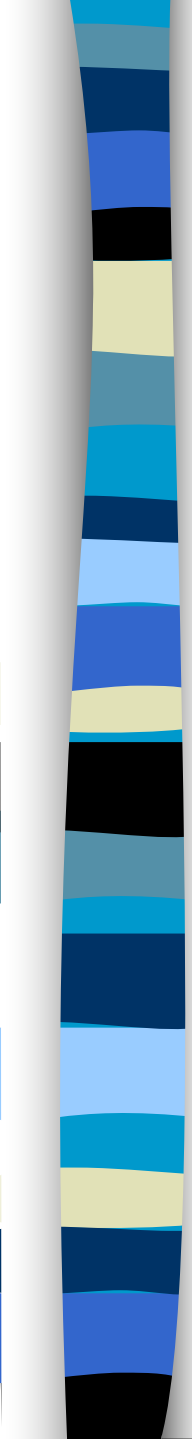
- Address muscles that cross the elbow and wrist
- BMTs: wrist, elbow, and shoulder mobilization
- BMT: deltoid / biceps / brachialis / brachioradialis fiber spreading
- Swedish: effleurage, fulling, kneading, and skin rolling
- Deep tissue: finger and wrist flexor stripping with traction
- Deep tissue: 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:
 - o "Make a fist and curl your wrist" (flexion)
 - o "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

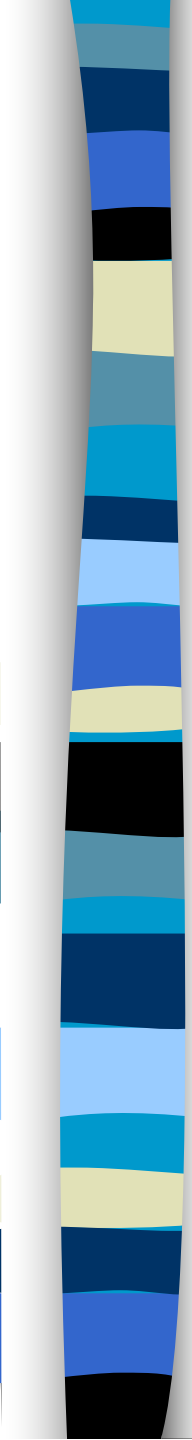
23. Flexor pollicis brevis: passive stretch

- 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



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