82b Orthopedic Massage: Technique Demo and Practice - Thoracic Outlet

82b Orthopedic Massage: Technique Demo and Practice - Thoracic Outlet 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 and 30 minutes

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Class Reminders

Early Warning:

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

Quizzes:

- 84a Kinesiology Quiz (pectoralis major, pectoralis minor, coracobrachialis, biceps brachii, sternocleidomastoid, scalenes, rotator cuff, flexor digitorum superficialis, extensor digitorum, Flexor pllicis longus, and flexor digitorum profundis)
 - 50 questions in 40 minutes

Spot Checks and Assessments:

84b Orthopedic Massage: Spot Check – Thoracic Outlet

Assignments:

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

Preparation for upcoming classes:

- 83a Clinical Assessment: Structural Anatomy (Part II)
- 83b Orthopedic Massage: Technique Review and Practice Thoracic Outlet
- 84a Kinesiology Quiz
- 84b Orthopedic Massage: Spot Check Thoracic Outlet
- 85a Orthopedic Massage: Introduction Neck Pain
 - Packet J: 109-112

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 - 101

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

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

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.

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

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

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

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

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.

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

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 <u>slightly</u> 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

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:
 - o "Move past the head of the table to hang your head off the edge"
 - o "Rotate it slightly to the left (right) as I support it with one hand"
 - o (This results in the practitioner holding the client's head in one hand with it rotated to one side)
 - o "Now take the weight of your head"
 - o "Lift your head slightly and hold for 5-8 seconds" (isometric)
 - o "Slowly relax your head" (post-isometric relaxation)
 - o "Slowly lower your head toward the floor" (active lengthening)
- As the client does this, longitudinally strip the accessible scalene fibers inferiorly with your 2nd and 3rd fingers.

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

13. Neck passive stretches: lateral flexion

14. Neck passive stretches: rotation

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