# 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 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:

- 84a Kinesiology Quiz
- 84b Orthopedic Massage: Spot Check Thoracic Outlet
- 85a Orthopedic Massage: Introduction Neck Pain
  - Packet J: 109-112
- 85b Orthopedic Massage: Technique Demo and Practice Neck Pain
- 86a MBLEx Prep Special Populations all 7 topics
- 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.

# 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

# 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 in the anterior, lateral, and posterior cervical areas.

# 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 2<sup>nd</sup> and 3<sup>rd</sup> 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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