



## 86b Orthopedic Massage: Technique Review and Practice - Neck Pain

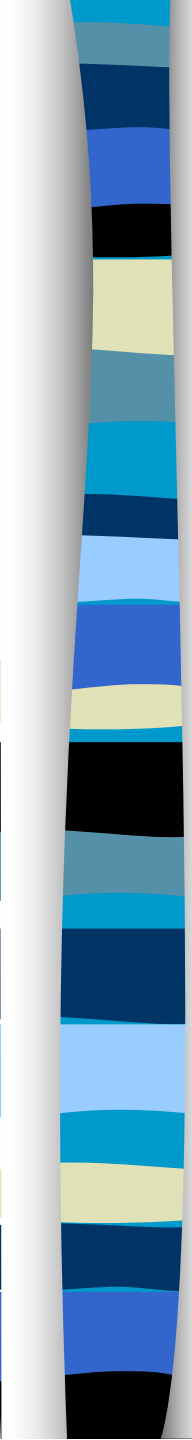


# 86b Orthopedic Massage:

## Technique Review and Practice - Neck Pain

### 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	



# 86b Orthopedic Massage: Technique Review and Practice - Neck Pain

## Class Reminders

### **Spot Checks and Assessments:**

- 87b Orthopedic touch Assessment

### **Exams and Quizzes:**

- 89a Practice MBLEx  
- 100 Questions in 120 minutes
- 90a Kinesiology Quiz (erectors, multifidi, rotatores, quadratus lumborum, levator scapula, trapezius, splenius capitis and cervicis, semispinalis capitis)

### **Assessments:**

- 87b Orthopedic Touch Assessment

### **Preparation for upcoming classes:**

- 87a MBLEx Prep
- 87b Orthopedic Touch Assessment



# Classroom Rules

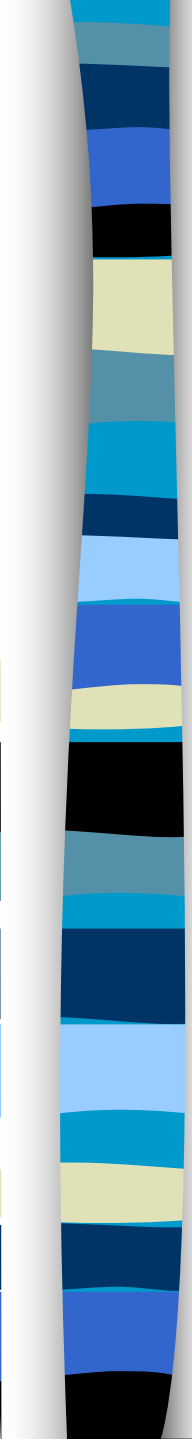
**Punctuality** - everybody's time is precious

- 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.*



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

Includes:

Neck pain- detailed

SI/Piriformis- simple

Low back pain- simple

RC/CT- simple

TOS- simple



# 86b Orthopedic Massage: Technique Review and Practice - Neck Pain

Packet J - 117



## SUPINE

1. Posterolateral neck: superficial fascia assessment (bilateral)
2. Posterolateral neck: myofascial release
3. Posterolateral neck: warming and softening
4. Posterolateral neck: deep longitudinal stripping
5. Lamina groove: deep longitudinal stripping
6. Cervical extensors: deep stripping with active lengthening after PIR
7. Cervical lateral flexors: deep stripping with active lengthening after PIR
8. Passive stretches: neck lateral flexion
9. Passive stretches: neck rotation



# Neuromuscular Neck Pain Protocol- Soft-Tissue Manipulation Supine Details





## SUPINE DETAILS - Neck Pain

### **1. Posterolateral neck: superficial fascia assessment (bilateral)**

- Work without lubricant and remove any from you and your client
- Sit at the head of the table facing down toward the feet
- Client's head and neck are in a neutral position
- Place your finger pads flatly on the skin surface working bilaterally
- Apply light tangential pulling pressure without sliding
- Take note of restrictions before switching to a different area or direction
- Use before and after treating superficial fascia to gauge progress<sup>1</sup>



## SUPINE DETAILS - Neck Pain

### 2. Posterolateral neck: myofascial release (bilateral)

- Work without lubricant and remove any from you and your client
- Sit at the head of the table facing down toward the feet
- Client's head and neck are in a neutral position
- Place your finger pads flatly on the skin surface working bilaterally
- Apply light tangential pulling pressure without sliding
- Hold. Wait for a subtle tissue release or indication from the client
- Repeat in different areas or in different directions
- Address all restrictions discovered in the posterolateral neck



## SUPINE DETAILS - Neck Pain

### 3. Posterolateral neck: warming and softening

- Address upper trapezius, levator scapula, suboccipitals, splenius, semispinalis, erectors, multifidi, and rotatores
- BMT: head & neck rotation with posterior cervical compressions & release
- BMT: alternating scapular depressions with trapezius compressions
- Swedish:
  - Sit at the head of the table facing down toward the feet
  - Work unilaterally with head rolled slightly to the opposite side
  - Effleurage longitudinally
  - Fingertip circles
  - Broad cross-fiber with one thumb, progressing inferiorly
- Continue until the muscles are thoroughly warmed and softened



## SUPINE DETAILS - Neck Pain

### 4. Posterolateral neck: deep longitudinal stripping

- Address upper trapezius, levator scapula, suboccipitals, splenius, semispinalis, erectors, SCM, scalenes, multifidi, and rotatores
- Sit at the head of the table facing down toward the feet
- Work unilaterally with head rolled slightly to the opposite side
- Use finger pads to work in 2 to 4 inch sections
- Work inferiorly
- Melt in or repeat in areas of palpated or reported tension
- Progressively work more deeply as tissues soften



## SUPINE DETAILS - Neck Pain

### 5. Lamina groove: deep longitudinal stripping

- Address multifidi and rotatores
- Lamina groove is between transverse and spinous processes
- Sit at the head of the table facing down toward the feet
- Work unilaterally with head rolled slightly to the opposite side
- Use finger pads to work in 2 to 4 inch sections
- Work inferiorly
- Melt in or repeat in areas of palpated or reported tension
- Progressively work more deeply as tissues soften



## SUPINE DETAILS - Neck Pain

### 6. Cervical extensors: deep stripping with active lengthening after PIR

- Address upper trapezius, levator scapula, suboccipitals, splenius, semispinalis, erectors, multifidi, and rotatores
- Sit at the head of the table facing down toward the feet
- Work unilaterally with the client's head in a neutral position
- Instruct the client:
  - o "Using light pressure (25%), press your head back into the table" (isometric neck extension)
  - o "Hold this pressure for 5 seconds and then slowly relax your head" (post-isometric relaxation)
  - o "Now slowly lift your head bringing your chin to your chest"
- As the client does this, strip the cervical extensors inferiorly
- Repeat a few times.
- Progressively work more deeply as tissues soften



## SUPINE DETAILS - Neck Pain

### 7. Cervical lateral flexors: deep stripping with active lengthening after PIR

- Address upper trapezius, levator scapula, SCM, scalenes, splenius, and erectors
- Work unilaterally with the client's head in a neutral position
- Stand or sit by the belly facing toward the head of the table
- Place your outside hand along the side of the head to resist lateral flexion
- Instruct client:
  - o "Keeping your nose pointing toward the ceiling, slide your left (right) ear toward your left (right) shoulder"
  - o "Using light pressure (25%), press the side of your head into my hand" (isometric neck lateral flexion)
  - o "Hold this pressure for 5 seconds and then slowly relax your head" (post-isometric relaxation)
  - o "Now slowly slide your head toward the opposite shoulder."
- As the client does this, strip the cervical lateral flexors inferiorly
- Repeat a few times.
- Progressively work more deeply as tissues soften



## SUPINE DETAILS - Neck Pain

**8. Passive stretches: neck lateral flexion**

**9. Passive stretches: neck rotation**





## **Piriformis/SI Joint Dysfunction Protocol:**

### **PRONE**

1. Sacroiliac ligament: deep transverse friction
2. Low back: superficial fascia assessment
3. Low back: myofascial release
4. Gluteals: draping
5. Gluteals: superficial fascia assessment
6. Gluteals: myofascial release
7. Low back: warming and softening
8. Low back: deep longitudinal stripping
9. Sacroiliac ligament: deep transverse friction
10. Hamstrings: warming and softening
11. Hamstrings: deep longitudinal stripping
12. Gluteals: warming and softening
13. Piriformis: deep longitudinal stripping
14. Piriformis: pin and stretch
15. Piriformis: deep longitudinal stripping after PIR
16. Piriformis: passive stretching after PIR
17. Sacroiliac ligament: deep transverse friction

### **SUPINE**

18. Gluteals: passive stretch
19. Low back: passive stretch
20. Hamstrings: active-assisted stretch with PIR



## Low Back Pain Protocol:

### PRONE

1. Low back: superficial fascia assessment
2. Low back: myofascial release
3. Low back: warming and softening
4. Erector spinae: deep longitudinal stripping
5. Quadratus lumborum: deep longitudinal stripping
6. Lamina groove: deep longitudinal stripping

### SIDE-LYING

7. Side-lying: draping and positioning
8. Quadratus lumborum: pin and stretch with active engagement
9. Quadratus lumborum: active-assisted stretch after PIR

### SUPINE

10. Iliopsoas: active-assisted stretch after PIR
11. Quadriceps femoris: superficial fascia assessment
12. Quadriceps femoris: myofascial release
13. Quadriceps femoris: warming and softening
14. Quadriceps femoris: deep longitudinal stripping

### PRONE

15. Rectus femoris: passive stretch



## Rotator Cuff and Carpal Tunnel Protocol:

### 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
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 stretch
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 and Carpal Tunnel Protocol continued:

### 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 shoulder: deep longitudinal stripping
19. Subscapularis: deep friction and melting
20. Subscapularis: passive stretch
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



## **Thoracic Outlet Syndrome Protocol:**

**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

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



## 85b Orthopedic Massage: Technique Demo and Practice - Neck Pain