

Dimensional Massage Techniques for the Shoulder Girdle Muscles

LEARNING OUTCOMES

After completing this chapter, you should be able to:

- 5-1** Define key terms.
- 5-2** List goals of individual techniques.
- 5-3** Describe deep-tissue therapy.
- 5-4** Give examples of some general principles of body mechanics.
- 5-5** Practice safe body mechanics.
- 5-6** Demonstrate specific techniques on shoulder girdle muscles.
- 5-7** Incorporate dimensional massage therapy techniques in a regular routine or use them when needed.
- 5-8** Identify two underlying principles for the theory of dimensional massage.
- 5-9** Determine safe treatment protocols and refer clients to other health professionals when necessary.

KEY TERMS

Body mechanics	Deep transverse friction	Functional unit	Parallel thumbs	Technique goals
Compression	Dimensional massage therapy	Ischemic compression	Sequence	Treatment protocol
Cross-fiber friction	Elliptical movement	Jostling	Splinting	Trigger point release
Deep-tissue therapy		Myofascial stretches	Stripping	Trigger points

Introduction

Although nothing can replace the kinesthetic quality of touch, it is important to learn about the body, its structure, and its functional foundation. The more knowledge a student retains about how the muscles work, where they are located, and how they are attached, the more she will be able to demonstrate critical thinking in a therapeutic setting. For the student, there are two very significant principles of motion:

- *Aggregate muscle action:* Muscles work in groups and in paired opposition.

- *Law of reaction:* For every action there is an opposite and equal reaction.

As discussed in Chapter 2, muscles perform specific roles in relation to the typical diarthrodial joint. Agonists and antagonists are both prime movers, but they oppose each other and are usually located on opposite sides of the joint; synergists assist; stabilizers protect the joint in movement and allow other muscles to function; and neutralizers resist actions or act as brakes to stop motion. All of these actors practice as the muscles pull on the bones to move the joints. Range of motion, or the

joint's ability to function within its complete range, is dependent on the **functional unit**: muscles cooperating to work in groups and in paired opposition. A practitioner cannot ignore the work that the synergists perform or contribute to a joint's range of motion or to the stabilizers protecting the joint. When a muscle is injured, the remaining areas of the functional unit have to compensate for the less than normally functioning actor. It does not take long for the whole joint to debilitate. Treating the whole joint and all the muscles involved in the functional unit is a dimensional approach.

As the manual therapist works to unwind the soft tissue in an area of the body, she needs to be aware of which actions a client performed to overload the muscles, which joints are involved, and how the joints and muscles are dependent on each

other for movement and stability. A practitioner always works on the muscles that operate together to provide the action and makes sure that the opposing muscles were not shortened or lengthened in the process of whatever repetitive action or injury took place. The shoulder girdle and shoulder joint are so dependent on one another that if a soft-tissue problem of the shoulder joint muscles exists, the shoulder girdle muscles are apt to be very tight, even splinting the problem in the shoulder joint. **Splinting** is a supportive action that a muscle or muscles may perform so that another joint and group of muscles can function appropriately. The splinting muscle may contract isometrically or dynamically. To treat all the offending soft-tissue structures, a therapist must explore the entire kinetic chain right up to the head, neck, and trunk.

Treatment Protocol

This book assumes that the student has learned how to perform an appropriate intake, including a medical history, client interview, and appropriate SOAP notes, and has had practice observing posture, gait, and the exploration of range of motion of joints. The **treatment protocol** below is a synopsis of an overall approach to a massage session.

Technique Goals and the Mystery of Deep-Tissue Therapy

Technique goals are the outcomes expected from choosing techniques for a particular purpose; because each person is unique, treatment goals should be based

on the client's individual needs. A therapist's goals are to lengthen, separate, lift, and broaden fibers to release hypertonicities, increase range of motion, reduce pain and/or discomfort, increase circulation, and help relieve any joint restrictions. This book assumes that the student has practiced Swedish techniques (also called *classical Western*), such as effleurage, petrissage, friction, tapotement, vibration, and nerve strokes and that they require no further definition. Proficiency comes with practice; however, for a review of Swedish technique definitions, refer to the Glossary.

Deep-tissue therapy is simply a series of specific techniques designed to unwind the soft tissue in a particular pattern or sequence with an end result that includes meeting specific goals. *Deep* does not necessarily mean a lot of pressure; rather, it means more appropriate pressure that is determined by palpation and the

TREATMENT PROTOCOL

- Take the client's medical history, interview the client, and record SOAP notes.
- Observe postural assessment, gait, and the range of motion of joints.
- Perform palpation.
- Passively shorten muscles and/or position shoulders and scapula whenever possible.
- Work superficial to deep.
- Release hypertonic muscles.
- Use dual-hand distraction methods when possible.
- Work individual muscles, their attachments, synergists, stabilizers, and antagonists; study the functional unit.
- Do not overwork areas.
- Do trigger point work last on passively shortened muscles.
- Stretch tissue and joints as appropriate.
- Discuss additional massage sessions and suggested self-help measures.
- Refer to other health professionals when necessary.

client's need. Using deep-tissue techniques means that the practitioner is not randomly using a sequence but is, instead, critically thinking about a specific result. Compressive effleurage is an example of a valuable deep-tissue technique. Deep-tissue techniques do not have to be complicated; they are simply additional techniques that could be part of every practitioner's tool belt. Because each client is unique and has his own set of injuries, chronic and/or repetitive conditions, and specific structure, the same set of techniques is not likely to work on everyone. Practitioners need to practice with a wide variety of techniques and modalities in order to serve the tremendous variations they will inevitably find in their clients. The success of a practitioner's session depends on the critical use of her therapeutic skills.

Before beginning with the sequence itself, students are encouraged to read the following definitions, as well as "Sequence" later in the chapter, for more information on how to use the techniques in an orderly, intelligent fashion.

Dimensional massage therapy is a philosophical approach to therapy that is based on science, structure, and soft-tissue functions and that uses a variety of techniques for the client's benefit.

DEEP-TISSUE TECHNIQUES

Jostling rattles the fibers back and forth and is a form of vibration. Grasp the muscle loosely closest to the origin, apply a slight traction, and shake toward the insertion. For a better grasp of the tissues, do not use lubrication.

Compression efficiently speeds circulation to the area when executed correctly. This stroke can be combined with petrissage to make a dual-hand distraction technique. Press the muscle and soft tissue straight down against the bone, flattening and spreading tissues repeatedly with the palm and heel of the hand. Make sure that the surface is not slippery when applying compression.

Stripping is a deep-tissue technique that lengthens fibers and empties or pushes fluids. Place your thumb or forefinger of one or both hands at the distal end of the muscle and then slowly and deeply glide along the length of the muscle toward the origin. Use a minimal amount of lubrication. This technique should be used intelligently in the order of a sequence.

Deep transverse friction, or cross-fiber friction, is useful at tendinous attachments for releasing spasms and reducing adhesions; it can often be substituted with digital circular friction. Apply the technique against the fibers at a right angle with the fingers or thumb, using enough pressure to separate and flatten the fibers. Be careful, as the tech-

nique may be painful. Adjust pressure, and use the technique appropriately in the order of a sequence. (*Note to students:* This technique should be practiced only under the supervision of an instructor.)

Myofascial stretches are a series of techniques designed to stretch and warm up the tissues. The fascia is literally pulled off the structures in a rhythmic pace. As the fascia warms, it becomes more pliable, stretchy, and less "stuck" to the underlying soft tissue. Myofascial stretches are usually performed with little to no lubrication.

Elliptical movement is an alternating clockwise and counterclockwise distraction movement sometimes executed on joints such as the shoulder girdle and done most often while the therapist is engaged with muscles. The two alternating directions release any tension the client may be holding onto; this is because the client cannot focus on the direction of the movement and hold the tension at the same time. For a better grip, try to use this technique before applying lubrication.

Trigger points are irritated or hyperactive areas, often located in hypertonic tissue, that are either *active* (refer pain to a specific area) or *latent* (have a positive reaction to pain in the area of the trigger point). Sometimes trigger points form palpable nodules, but most often the therapist must rely on client feedback. *Satellite* trigger points are often located in functional units of synergistic muscles.

Ischemic compression, or trigger point release, applies digital pressure, whereas a *pincer palpation* places the tissue between the thumb and the forefinger. The purpose of the digital pressure is to try to interrupt the pain pattern by robbing the tissue of oxygen for a short period of time. (*Note:* This book does not offer an exhaustive study on trigger points. Students seeking complete information about trigger points and treatment options for them should refer to books devoted to that topic. See Appendix A for suggested texts.)

Parallel thumbs is a deep-tissue technique executed by alternately applying pressure with the thumbs in a rolling-over motion. The thumbs face and are parallel to each other; they should be at a right angle to the muscle fibers.

Sequence

Sequence is a specific series of techniques chosen to accomplish a particular goal in a session. It is determined by the client's medical history, the structure, and the area of the body needing the work. Evaluation of pressure and technique may be determined by the stage of the condition: acute, subacute, or chronic. Therapists

A Few Words about Body Mechanics

How many treatments does a massage therapist complete in a day, week, month, or year? It would be easy to add them up, but the equation of repetitive action times the amount of clients sometimes equals injury instead of a successful practice. Fortunately, good **body mechanics** that utilize ergonomically safe methods and practices to execute techniques can prevent injury, support self-care, provide balanced energy, and promote a long career in the massage therapy industry.

Practicing *aikido*, a special form of martial arts, teaches balance, the location of one's center of energy, and effortless movement. Applied to massage therapy, aikido teaches the therapist how to utilize the body's momentum for strength by applying an Eastern philosophy to a Western style of bodywork so that, ultimately, the massage therapist sinks into the soft tissue rather than pressing into it. Achieving and practicing good body mechanics is actually quite easy. Lower the massage table to enable your fingertips to just brush the top of the table when you are standing by its side. Remember that adding a person to the table means you will actually be working higher. The larger the person, the lower the table has to be set. If a client requires a side-lying position, the table should be adjusted to an appropriate lower level.

Aikido teaches that when the body moves, it should be relaxed, and that strength is not in how much force one uses but is in how the body's momentum is utilized. It is a silent strength that comes from balance and movement from the center of one's energy. The "center" of energy in the abdominal area is a Japanese concept referred to as the *hara*. Shiatsu (the Japanese rendition of acupressure), aikido, and other modalities and martial arts utilize this philosophy. The energy itself is called *chi* (Chinese) or *ki* (Japanese). How a person directs her ki forms the basis of her body mechanics.

Here are some general principles of good body mechanics:

- Always keep your back as straight as possible. As soon as you find yourself bending at the waist, your body mechanics have been compromised.
- Always move with your technique, using the momentum of movement to assist in the action. Your ki will follow your momentum as long as you are in balance. For effleurage of the extremities, for example, keep your back straight and lunge with your lower extremities, using mostly the quadriceps for strength. Relax your hands, and use your body weight over your hands to sink into the soft tissues as your momentum carries you forward.
- Always maintain balance so that you do not fall over if you need to step back for a moment.
- When you are standing straight, bend your knees so that movement is easier and springier.
- Stay over your hands as much as possible. As soon as your hands are reaching out in front of your body (a position known as the "Superman complex"), you have lost the center of balance and have no body strength to support the technique.

- Relax your thumbs, hands, and arms between techniques. Bodyworkers tend to hurt themselves with the repetitive holding of tension in their hands and arms. Do not hold your fingers or thumbs in extension while you are executing techniques.
- Always place your feet in the direction you are headed so that your body can move in that direction efficiently and easily.
- Try not to press into soft-tissue structures. Lean or sink into the tissues with your body weight. Ki extends from the center of your body, allowing you to move into the tissues. You will be surprised at how much deeper the tissues will allow you to go when you do not force your way into their fibers. It is a myth that one must be Hercules to do bodywork! Too much pressure applied incorrectly will cause discomfort and invoke immediate instinctive tension in the client's tissues. If you do not have passive tissues to work with, it is very difficult to get an effective result.
- Never sacrifice yourself to a technique or to the client's structure.
- Breathe. Students often forget the importance of breathing. Breathing is rhythmic; it silently teaches grace, promotes relaxation, and makes centering easier.
- Center yourself often. Remember that the person on the table has engaged your services. Thus, you need to be "present" for that person.

If you have no experience with any martial arts, *tai chi* will add to your practice by helping you to understand energy, discipline, balance, and movement. Tai chi is meditation, grace, and dance. It is good for the soul. In *Care of the Soul*, Thomas Moore says, "Care of the soul requires craft—skill, attention, and art. To live with a high degree of artfulness means to attend to the small things that keep the soul engaged in whatever we are doing." Massage therapy is the art of touching other human beings; thus, therapists are engaged in a relationship of response. It is the therapists' ethical duty to prepare themselves well and practice self-care. Paying such attention to your craft will feed your soul.

Good body mechanics are the basis of your success with any type of bodywork. Having someone videotape you working will help you determine whether your body mechanics are still in good form. Are your shoulders elevated while you work? Are you bending over at the waist? More to the point, does your back hurt? Do your forearms or hands hurt anywhere? If the answer is yes to any of these questions, you need to revisit your body mechanics and take a critical look at how you are executing your techniques. Becoming a "wounded healer" makes it very difficult, if not impossible, to continue in your chosen profession.

If you are already injured, seek a diagnosis and appropriate care.

should never dive into the structure. Rather, they should use superficial strokes to experiment with various palpation skills and to prepare the involved joint or joints for further deep-tissue techniques. Unwinding an area involves patience, structural knowledge, and intelligent use of a sequence of techniques. Warm-up techniques include an efficient use of effleurage and myofascial stretches. Depending on the problem, therapists might begin with techniques that require no lubrication. If possible, they should place the body part and muscle in a passively shortened position.

Some of the techniques described below will be old friends from previous technique courses. Use them wisely, and combine them with newer techniques to add variety, flow, and skill to your repertoire. Remember that all parts of the body are connected entirely: When a technique is not working on a specific muscle group, the problem may not be the technique—it may be the opposing muscles that are causing restrictions and preventing complete relaxation, or it may be another area of the body. For example, many people have back and neck conditions from flat feet and gait issues.

The shoulder girdle surrounds the body and provides the mechanism for attachment that allows muscles to connect to the head and neck and gives the upper extremity free movement with the ball-and-socket joint. Sequentially it makes sense to start the client in a supine position to utilize the head to assist with passively shortening muscles efficiently.

The following sequence should give a solid basis for unwinding the shoulder girdle muscles and setting up a foundation for working on other areas of the body. Chapter 14 presents postural perspectives and additional techniques for the head and neck area.

Dimensional Massage Therapy for the Shoulder Girdle Muscles

SUPINE POSITION

Slide the client's shoulders superiorly to passively shorten the upper and middle trapezius. Test the trapezius for relaxation.

Effleurage around Shoulders

Use lubrication with this effleurage technique. Stand with one foot in front of the other at the head of the table. Place your hands just below the client's clavicle, facing your fingers of both hands toward the sternum. Follow the line of the clavicle, and stroke around the deltoids and up the back of the trapezius to the occipital ridge. Give a slight traction at the end of the stroke. Really feel the shape of the pectoralis major, and sink into the tissue there as you begin this stroke. Use your body weight. Lighten your pressure around

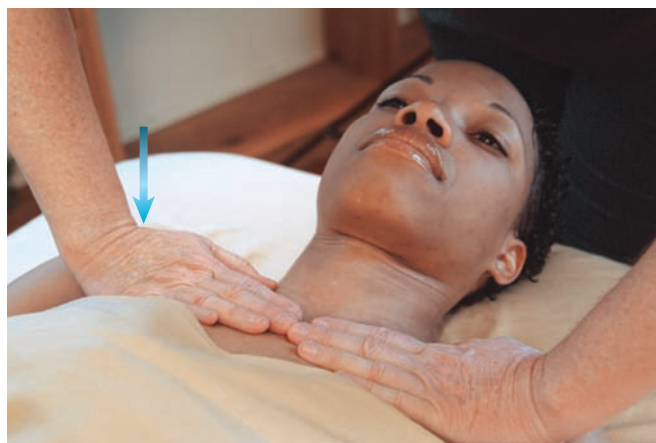


FIGURE 5.1 Effleurage around shoulders

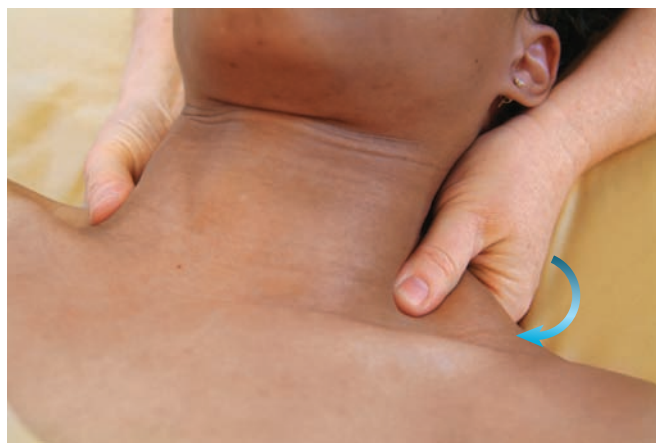


FIGURE 5.2 Petrissage of the trapezius

the shoulder joint, and use your backward momentum to help draw your hands to the back of the neck. Repeat several times. (See figure 5.1.)

Petrissage of the Trapezius

Petrissage the client's trapezius, alternately moving your whole body and keeping your forearms in alignment with your hands. While bracing the head with your other forearm, petrissage one side of the trapezius at a time. Repeat on the other side. Remember to relax your hands after the completion of each technique. (See figure 5.2.)

Closed-Palm Shaping

With the dorsal side of your hand, make a *relaxed*, loose fist, engage the client's trapezius, and stroke superiorly and inferiorly, posterior to sternocleidomastoid. Support the head on the opposite side with your forearm while you complete the stroke. Try to keep the head in a fairly neutral position, and use care, as always, to engage the tissues with an appropriate amount of pressure. Repeat on the opposite side. (See figure 5.3.)



FIGURE 5.3 Closed-palm shaping of the trapezius

Alternating-Hands Neck Stretch

Start at the base of the neck (C7), and cup the cervical spine with one hand; the spine should be nestled between your thumb and index finger. As you stroke superiorly toward the C1 area, the other hand takes the place of the first hand, alternating and repeating the stretch stroke. The client's neck should arch in this technique, but the head should remain on the table. Again, the hands are in a straight line with the forearms. Do not compromise your wrists to complete the technique. (See figure 5.4.)

Cup-Stripping the Upper Trapezius

Place one hand under the client's head to give you access to the neck. Arch the neck, pointing the client's chin in the air. With your other hand, straddle the cervical spine with your index finger and thumb. Lift the head slightly, and glide down the upper trapezius to the 7th cervical. Repeat. This should be a fluid movement. (See figure 5.5.)

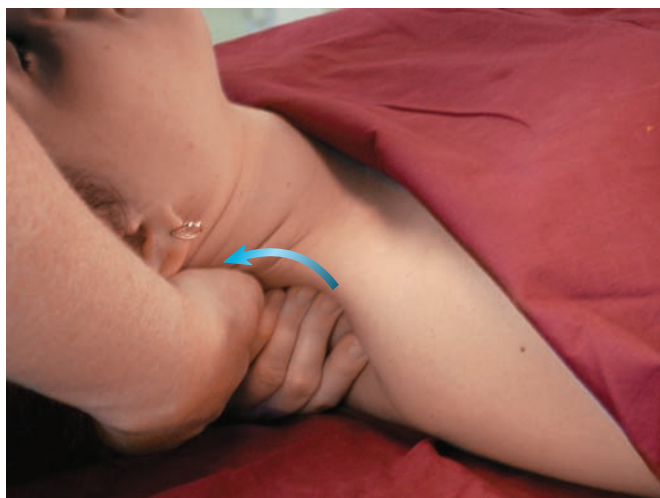


FIGURE 5.4 Alternating-hands neck stretch

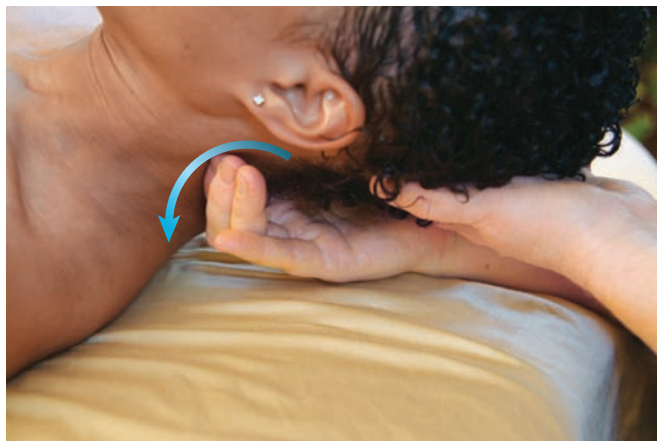


FIGURE 5.5 Cup-stripping the upper trapezius

Edging the Upper Trapezius

Stand at the head of the table behind your client, who is in a supine position. Bend the client's elbow to passively shorten the upper trapezius. For the left upper trapezius, place your right hand under the client's neck, and engage the edge of the upper trapezius at the occiput on the side you intend to stretch. Place your left thumb on the client's left upper trapezius close to the insertion at the clavicle, and draw your hands away from each other, stretching the trapezius in opposite directions. Be careful to use slight to no lubrication with this technique. Repeat with the other side, exchanging hand positions. (See figure 5.6.)



FIGURE 5.6 Edging the upper trapezius

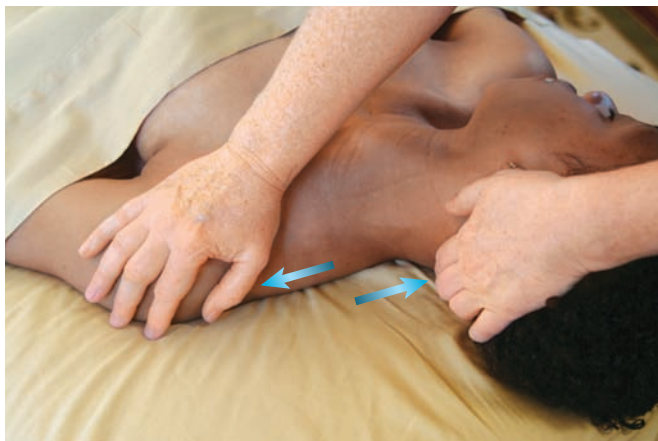


FIGURE 5.7 Neck stretch to side

Neck Stretch to Side

Rotate the client's head to the side. Standing on the opposite side of the table (facing the client's face), place one hand on the shoulder and one hand on the back of the head. Glide the hand from the shoulder to the head. Take the other hand off the head, and place it on the shoulder. Stretch, glide, stretch. Do not bend the ear. (See figure 5.7.)

Opposite-Side Petrissage of the Trapezius—Comb the Trapezius

Standing to the side of the table, place your inferior hand under the client's head and grasp the opposite trapezius. Your fingers will comb and pull on the trapezius while your thumb completes a circular friction between the spine and the scapula. Your superior hand should brace the head while you complete the technique. (See figure 5.8.) Repeat the neck stretch and this technique on the opposite side.



FIGURE 5.8 Opposite-side petrissage of the trapezius



FIGURE 5.9 Hands under back

Hands under Back

This technique connects the lower trapezius with the upper trapezius and lengthens fibers of the erectors. Place your hands under the client's back, and push down on your forearms to slide down to the lower thoracic spine. Stroke superiorly in any combination of effleurage, vibration, or circular friction. End with a little traction on the occipital ridge. Keep your fingers stiff for extra pressure. Repeat several times. (See figure 5.9.)

Head Rock

With the client's head in the palms of your hands, slightly push on the head with your palms; the chin will lift. Retract the head with your fingertips by grasping the occipital ridge and bringing the chin back in. Repeat a few times slowly and with an even rhythm. (See figure 5.10.)

Head-Forward Stretch with Breath

Have the client inhale. On the exhale, lift the head forward in a slight passive flexion stretch, slowly and carefully. Ask the client to signal when she feels the



FIGURE 5.10 Head rock

stretch. Gently and slowly lower the head to the table. Finish with an effleurage around the shoulders and a slight traction to the occipital ridge.

PRONE

Myofascial Stretches and Techniques

Picking up the fascia and releasing it from underlying structures provides a unique opportunity for deep-tissue work. *Technique 1:* Push the fascia in a clockwise manner with one thumb into the opposite hand as it gathers the tissue between the thumb and the forefinger. All the fingers of the gathering hand should help with the momentum of the stroke. *Technique 2:* Pick up the tissue with the fingers of both hands in a slight half-moon, and draw it over the thumbs as the thumbs press forward toward the fingers. Both of these techniques are done repetitively over a region. (See figures 5.11 and 5.12.)



FIGURE 5.11 Myofascial warm-up half-moon



FIGURE 5.12 Myofascial warm-up technique



FIGURE 5.13 Myofascial pull on the upper trapezius

Myofascial Stretch on the Upper Trapezius

Stand facing the client's side. Straddle the client's neck with your thumbs parallel to each other on the closest side of the upper trapezius. Brace your thumbs on the closest side, and draw the tissue over your thumbs with the fingers from the opposite side of the upper trapezius. Repeat several times. (See figure 5.13.)

Myofascial Stretch on the Middle Trapezius

Stand facing the client's side. Grasp the opposite side of the middle trapezius, bracing your thumbs on the dorsal side. Draw the tissue over your thumbs with the fingers from the ventral side of the trapezius. Repeat several times. (See figure 5.14.)



FIGURE 5.14 Myofascial pull on the middle trapezius



FIGURE 5.15 Movement 1

Range of Motion for the Shoulders

This is passive movement that will interact with the shoulder joint and shoulder girdle. Keep the movement easy, simple, and fluid. This is a simple technique that becomes a sequential automatic function. With the client prone, stand facing one upper extremity at the side of the table. Bend your knees slightly, and widen your leg stance. Keep your back straight. Pick up the client's arm just above the elbow with both of your hands. The forearm and hand will hang off the table.

1. Swing the arm passively in a back-and-forth motion (figure 5.15). Continue to hold and swing the arm, and with your hand that is closest to the client's feet, catch the client's ventral wrist.
2. Circulate the arm, first in one direction and then in the opposite direction, by leading with the elbow and guiding with the wrist. (See figure 5.16.)



FIGURE 5.16 Movement 2

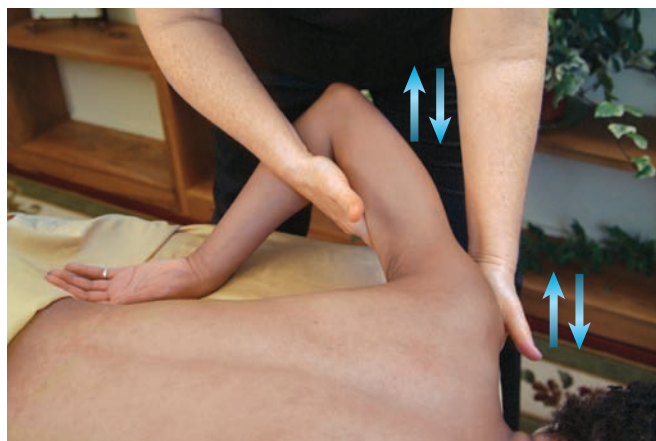


FIGURE 5.17 Movement 3

3. Place the wrist on the table so that the elbow is bent out from the table. Place your hand that is closest to the client's feet on the inside of the arm grasping the biceps. Take your other hand and grasp the deltoid area. Alternate movement of the inside hand and deltoid hand in a one-two motion. (See figure 5.17.)
4. Draw the upper extremity down by the client's side. Place one hand underneath the shoulder and one on the dorsal side of the joint. Passively move the entire shoulder first ventrally in a circle and then dorsally in a circle. Repeat these motions until they blend quickly into each other and are done fluently and without effort. This takes a little practice. (See figure 5.18.)

Elliptical Movement of the Entire Scapula

Stand on the opposite side of the table. Place your superior hand on the middle trapezius above the



FIGURE 5.18 Movement 4



FIGURE 5.19 Elliptical movement of the entire scapula

spine of the scapula, with the thumb dorsal side up. Grasp the teres major–latissimus area with your inferior hand, with the thumb dorsal side up. Alternately rotate the shoulder by passively moving it first clockwise and then counterclockwise repetitively. Another option is to draw the vertebral side of the scapula over the thumbs in this position. *Variation—two-hand elliptical:* Anchor your hands on the back and engage the muscles in alternate directions. (See figure 5.19.)

Jostle and Stretch the Upper and Middle Trapezius

Facing the client at a right angle, grasp the upper and middle trapezius on the shoulder closest to its origin loosely with your thumb on the dorsal side and your fingers on the ventral side. Slightly traction the muscle, and shake with a drag toward its insertion. Repeat several times. (See figure 5.20.)

Compress the Rhomboids

Where you stand often depends on the size of the client. For this technique, position your hand so that your palm rests lightly on the rhomboid closest to you and your fingers rest lightly over the spine. Flatten the rhomboids with a pumping action of your wrist repeatedly, with the palm and heel of your hand. Be careful not to use the edge or bony part of your palm as doing so could potentially hurt the client. (See figure 5.21.)

Effleurage and Circular Friction

Apply regular Swedish techniques. Continue to deepen your effleurage to a compressive stroke. *Friction:* Using the entire ventral surface of your hands, broadly sweep in a circular motion; move one hand clockwise and move the other hand counterclockwise over the expanse of the back.

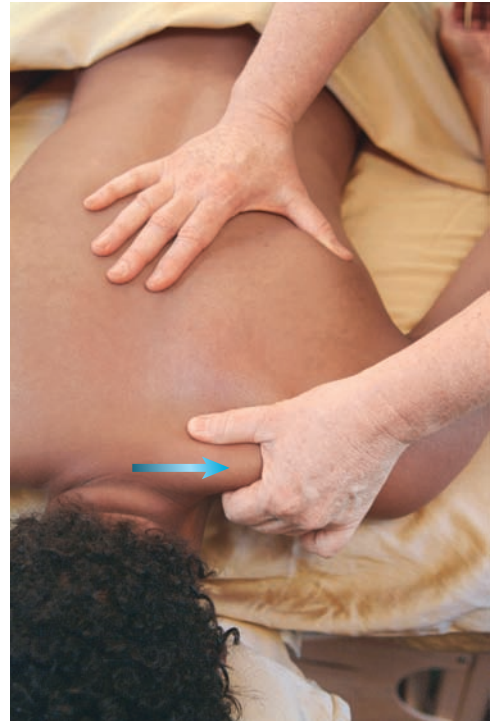


FIGURE 5.20 Jostling the middle trapezius

Alternating Petrissage of the Upper and Middle Trapezius and Compression of the Rhomboids

This is a dual-hand maneuver. Depending on the size of your client, stand on the same side or opposite side of the table. Place the hand closest to the head on the trapezius and the other hand over the rhomboids. Alternately petrissage the trapezius and compress the rhomboids. (See figure 5.22.)

Claw-Strip the Rhomboids

Place your curled fingers at the origin of the muscles at the spinous processes on one side of the client's

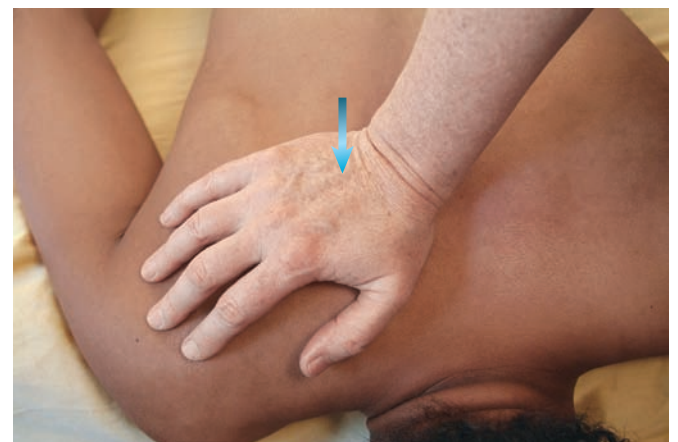


FIGURE 5.21 Compression of the rhomboids



FIGURE 5.22 Alternating petrissage of the upper and middle trapezius and compression of the rhomboids

body. Apply pressure with your other hand by placing it on top of the hand that is already in position on the rhomboid. Draw both hands toward the insertion of the muscles on the vertebral side of the scapula. You are essentially stripping the fibers, so keep a steady, even pressure as you draw your fingers toward the insertion of the muscles. (See figure 5.23.)

Deep Transverse Friction of the Interspinales between the Spinous Processes

Place your thumbs between the spinous processes of thoracic 12 (T12) and thoracic 11 (T11). Make a half-circular motion with your alternating thumbs as you

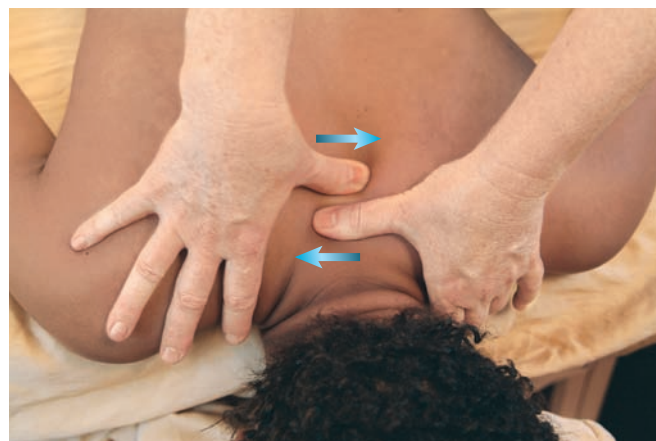


FIGURE 5.24 Deep transverse friction of the interspinales

travel in a superior direction up the spine. Keep the stroke fluid and continuous. (See figure 5.24.)

Straddle the Spine and Claw Down the Spine with Support over the Fingers

Start at about C7 if possible, and straddle the spine with the fingers of one hand. Place your other hand at a right angle over the hand in position on the spine. Slowly drag your fingers down the spine to the lumbar region. Effleurage superiorly up the back and repeat. (See figure 5.25.)

Strip the Levator

Stand to the side of the table, and place your closest hand on the top of the shoulder, depressing it slightly. Place your thumb of your opposite hand on the insertion of the levator. Strip toward the origins of the muscle with a little bit of lubrication. Repeat four times going toward each origin (C1–C4 transverse

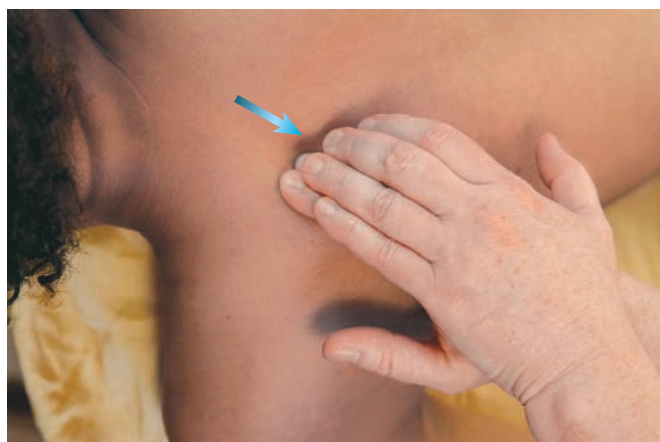


FIGURE 5.23 Claw-strip of the rhomboids

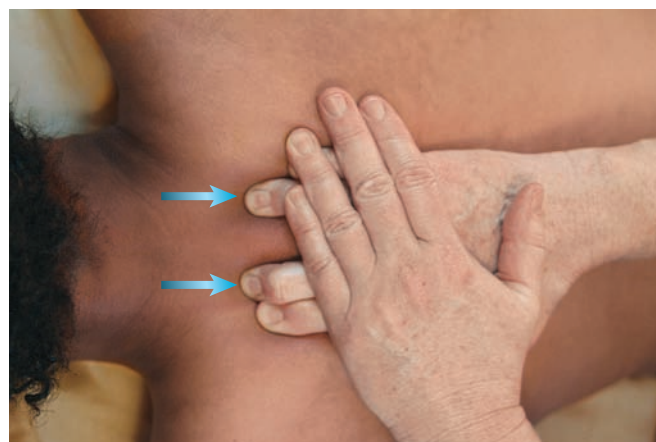


FIGURE 5.25 Straddling the spine and clawing down

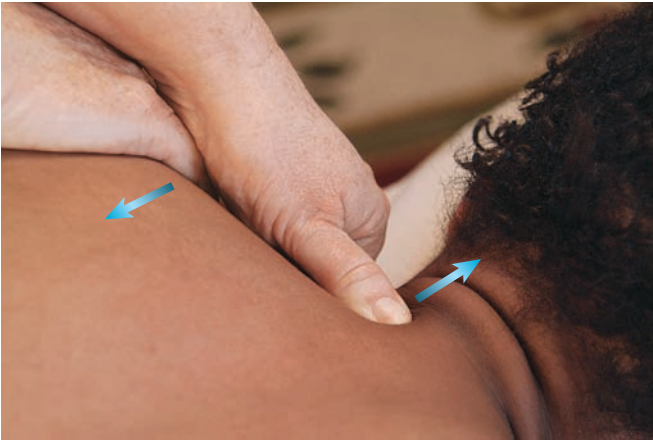


FIGURE 5.26 Stripping the levator scapulae

processes). Be careful not to press hard on C1, as it moves easily. (See figure 5.26.)

Anchor and Stretch the Upper and Middle Trapezius

Stand to the client's side, facing the head. Place your inside hand with your thumb on the upper trapezius at the base of the skull. Grasp the middle trapezius with your other hand, and stretch the two hands away from each other, stretching the trapezius. (See figure 5.27.)

Deep Transverse Friction of the Rhomboid Insertion

Open the shoulder region as you normally would to apply pressure on the muscles in the medial vertebral region of this bone. As you brace the ventral side of the shoulder with one hand, apply steady pressure with the thumb of your other hand to the vertebral



FIGURE 5.27 Anchoring and stretching the upper and middle trapezius



FIGURE 5.28 Deep transverse friction of the rhomboid insertion

border of the scapula. Start inferiorly and move superiorly. (See figure 5.28.)

Parallel Thumbs on the Lower Trapezius

Locate the lower trapezius closest to the lowest thoracic attachment. Place your thumbs facing and parallel to each other and proceed to apply pressure alternately, first with one thumb and then the other, as one thumb replaces the other in the thumb-over-thumb movement. Move toward the vertebral border and the root of the spine of the scapula. (See figure 5.29.)

Locate Trigger Points

Passively shorten the muscle, if possible. Determine whether the trigger points are active or latent. Determine pressure tolerance. Apply tolerable pressure until either there is a release or you have spent enough time on the area. Remember to use the client's breathing



FIGURE 5.29 Parallel thumbs on the lower trapezius

with the application of pressure. Stretch the tissue after applying pressure.

Serratus Anterior Trigger Point

Locate the trigger point in the axilla region between the ribs; apply tolerable pressure to this point as the client exhales. Stretch the tissue. See Chapter 7 for technique directions for the serratus anterior in the side-lying position.

Claw-Strip the Serratus Anterior and Intercostals between the Ribs

Stand on the opposite side of the table, and separate your fingers (with one hand on top of the other)

between the ribs. Draw them toward your body from ventral to dorsal. Repeat several times.

Vibration and Friction

These techniques should be interwoven within the above routine. For example, one can vibrate down the spine instead of gliding. Intersperse vibration after deep work to add variety to applied techniques. Make a habit of locating attachments, and apply deep transverse friction or digital circular friction to them.

Techniques for the pectoral region and serratus anterior are included in Chapter 7. Chapter 14 has additional techniques for the soft tissue of the head and neck.

CHAPTER summary

Introduction

- ✓ Dimensional massage therapy is a philosophical approach to therapy that is based on science, structure, and soft-tissue functions and that uses a variety of techniques for the client's benefit. Two underlying principles of motion are important to remember with dimensional massage therapy: (1) *aggregate muscle action*: Muscles work in groups and in paired opposition; and (2) *the law of reaction*: For every action there is an opposite and equal reaction.
- ✓ Muscles *perform* roles in the functional unit. Agonists, antagonists, synergists, stabilizers, and neutralizers make up a functional unit.

Treatment Protocol

- ✓ A treatment protocol is a synopsis of an overall approach to a massage session.
- ✓ It must be based on a medical history, interview and SOAP notes, structure of the client, observation skills, palpation, and a dimensional approach to treatment.

Technique Goals and the Mystery of Deep-Tissue Therapy

- ✓ Each technique that is chosen for use in a sequence has a purpose. Practitioners should be familiar with the use and purpose of each technique to obtain a particular goal or outcome.
- ✓ Deep-tissue therapy is a series of techniques executed on soft tissue for a specific outcome.
- ✓ Deep-tissue techniques include, but are not limited to, jostling, compression, stripping, deep transverse friction,

circular friction, myofascial stretches, elliptical movement, ischemic pressure and pincer palpations for trigger point therapy, parallel thumbs, and dual-hand distraction combinations.

- ✓ The therapist must practice safe body mechanics when performing a sequence of techniques.
- ✓ To avoid injury, the therapist must use the correct positioning to apply the techniques, adjust the table to the correct height, stay in balance during the session, and use body weight and momentum to execute the techniques.
- ✓ Practitioners must always practice safe body mechanics, or they risk sustaining an injury. Wounded healers are clients, not practitioners.

Sequence

- ✓ Always use treatment protocols to determine the sequence of a therapeutic session.
- ✓ Use warm-up techniques first, and determine pressure intelligently.
- ✓ Follow a dimensional approach, and critically think about the involved joints and kinetic chain.

Dimensional Massage Therapy for the Shoulder Girdle Muscles

- ✓ Try the supine position first to efficiently prepare the neck and shoulder muscles for further work.
- ✓ Prone techniques assist with further unwinding of the shoulder girdle muscles.

CHAPTER
review



True or False

Write true or false after each statement.

1. Synergists assist only antagonists.
2. Myofascial techniques can help to warm up and loosen soft tissue.
3. Jostling is a form of ischemic pressure.
4. Compression should be accomplished with a soft hand flattening out the tissue in a pumping action of the wrist.
5. Medical history, interview, and SOAP notes are all part of the treatment protocol.
6. Deep-tissue therapy is only trigger point therapy.
7. It is a good idea to use a lot of pressure on the rhomboids because the soft tissue is so thick.
8. It is necessary to passively shorten muscles for more immediate results with techniques.
9. For good body mechanics, practitioners should set the table higher than their waist.
10. Deep transverse friction strokes are in the direction of the fibers.

Short Answers

Write your answers on the lines provided.

1. List two principles that assist in critical thinking for practicing a dimensional approach to massage therapy.

2. Give examples of agonists, antagonists, synergists, and stabilizers of the shoulder girdle.

3. List some components on which treatment protocols of a session should be based.

4. Define *jostling*, *compression*, *stripping*, *deep transverse friction*, *myofascial stretches*, *elliptical movement*, *trigger points*, *ischemic pressure*, *pincer palpation*, and *parallel thumbs*.

5. How does a practitioner determine an appropriate sequence for a massage session?

Multiple Choice

Circle the correct answers.

1. It makes sense to unwind the ____ trapezius first.
 - a. upper
 - b. lower
 - c. middle
 - d. none of the above
2. Muscles work in groups and in ____ opposition.
 - a. singular
 - b. paired
 - c. no
 - d. none of the above
3. Sequence is:
 - a. a specific series of techniques chosen to accomplish a particular goal in a session
 - b. a haphazard approach to massage

- c. not necessary
 - d. determined by guesswork
4. A medical history is:
- a. never necessary
 - b. a part of treatment protocol
 - c. a ridiculous idea
 - d. only necessary if the client is seeing a physician
5. Stripping:
- a. is a technique that shortens fibers
 - b. is never necessary
 - c. is a deep-tissue technique that lengthens fibers
 - d. can always be used first
6. Claw-stripping can be easily used on the:
- a. levator scapulae
 - b. rhomboids
 - c. biceps
 - d. pectineus
7. Body mechanics:
- a. that utilize ergonomically safe methods to execute techniques can prevent injury, support self-care, provide balanced energy, and promote a long career in the massage therapy industry
- b. describe how to fix a car
 - c. are never useful
 - d. do not help therapists stay in the field
8. The coracoid process is palpable on the ____ side of the body.
- a. posterior
 - b. lateral
 - c. medial
 - d. anterior
9. The upper and lower trapezius act as agonist and:
- a. antagonist
 - b. stabilizer
 - c. synergist
 - d. none of the above
10. People often carry their tension in the ____ trapezius.
- a. lower
 - b. middle
 - c. upper and middle
 - d. upper

EXPLORE
& practice

1. Palpate bony landmarks of the scapula and clavicle on a partner.
2. Palpate the origin and insertions of the shoulder girdle muscles on a partner.
3. Demonstrate how to passively shorten the upper and middle trapezius.
4. Demonstrate some principles of safe body mechanics while you perform massage techniques.
5. Demonstrate warm-up techniques without lubrication.
6. Practice deep-tissue techniques individually and in a sequence on a willing participant.