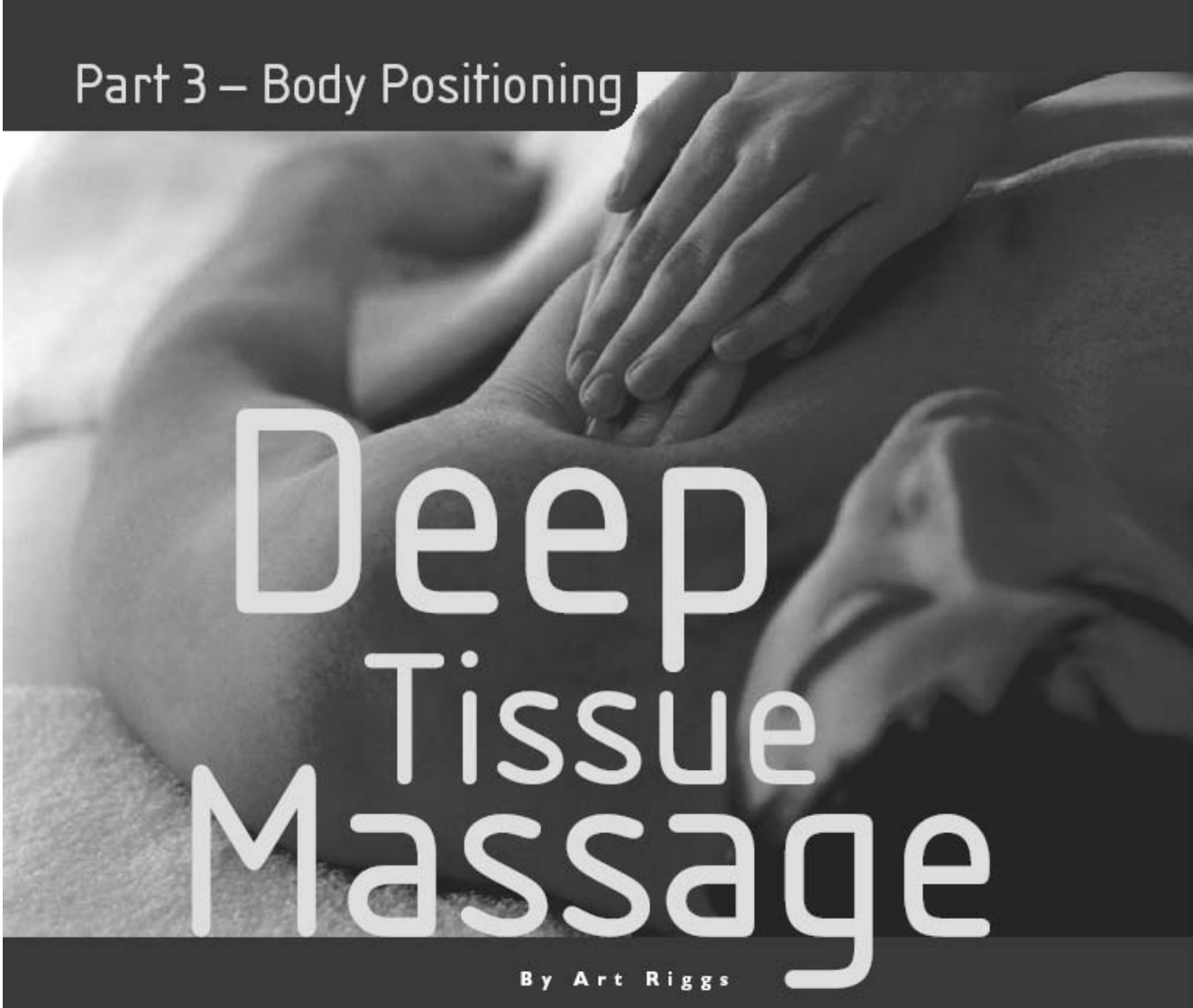


Part 3 – Body Positioning



Deep Tissue Massage

By Art Riggs

The previous two articles have progressed from proper use of the tools of deep tissue massage to specific intentional stroke strategies to increase effectiveness in your work (OTMS35, page4; OTMS36, page 4). One of the major tenets of the previous articles is the importance of stretching tissue instead of simply compressing or kneading it – remember the importance of not using too much lubrication so you are able to grab and stretch tissue rather than just sliding over it. From the first article, you should have a full range of tools from fingers, knuckles, fists, forearms, and elbows. From the second article, you should be working with precise intentions and goals behind each stroke. With the positioning options presented here, you should now feel free to creatively combine both tools and stroke strategies to suit your needs.

Basic Principles

By creatively positioning your clients, it is possible to place muscles into a stretched position to affect a more profound release that can actually reprogram stretch receptors and lengthen muscles. Just as the muscles are the levers that move the bones, in a massage, you can move the bones to create a stretch on muscles while working.

Much of the everyday pain and dysfunction clients report occur at the end range of motion rather than in a neutral position. Working to lengthen muscles near the relaxed and comfortable end range can extend the limits of restricted motion, thus enabling more freedom of movement. One must be cautious, however, to not over-emphasise this principle. If the muscle is put on too much of a stretch (muscles can be more sensitive to intense work when stretched), it will be difficult to sink into the tissue. Also, if a joint is extended, flexed, or rotated too intensely, the muscles stabilizing the joint will contract to protect the joint. Move slowly and position the body so that muscles and joints are near their comfortable end range, and then slowly extend the limits of the stretch by working in the direction of lengthening.

The principles are useful on virtually any muscle group in the body, and your clients will immediately notice the clarity of intention and effectiveness of the work. Remember, this work does not need to be intense or create discomfort for your clients. Even if you are giving a nurturing relaxation massage, the precision of your strokes will be appreciated and make your work more fun. Let's begin by demonstrating these principles with a fairly simple example: the arms. →

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— Art Riggs



Figure 1 — Working the extensor compartment of the forearm.

Creating Increased Mobility in the Forearm and Wrist

Although the example may seem to be common sense and rather elementary, it is surprising how many therapists simply work on the arms and wrists in a neutral position and miss out on the opportunity to improve wrist flexion, extension, and forearm rotation. In this example, we cover the extensor compartment of the forearm, but the same principles apply to the flexor compartment. Notice in Figure 1 now the non-working hand is flexing the wrist to stretch the forearm extensors. The broad surface of the fist feels very comfortable to the client and provides a wide surface area to efficiently grab and stretch tissue in the direction of lengthening. Initially, the work can be directed toward the wrist to give the cue of lengthening, while more precise, focused work in fibrosed areas might utilize the knuckles or fingers to perform ‘anchor and stretch’ strokes in the opposite direction, as demonstrated in the previous article.



Figure 2 — Improving rotation in the forearm.

Often, the inflexibility of the forearm is located in the muscles that control the rotation of the radius around the ulna. The pronator teres and supinator muscles are the most important, but superficial fascial restrictions and tightness anywhere from the elbow to the distal forearm and wrist can also be a factor. As in the previous example, the key to stretching shortened tissue lies in manipulation of the forearm and wrist to stretch the tissue while working. By supinating the wrist and externally rotating the forearm as in Figure 2, the pronator teres is stretched and given the cue to lengthen, thus enabling better rotational mobility. Conversely, to provide increased pronation, the same principle would be applied in the extensor compartment of the forearm by rotating the forearm and wrist into pronation to stretch the supinator muscle while working. →

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Working on the Quadratus Lumborum

The quadratus lumborum muscles are extremely important factors in creating a working connection between the pelvis and the spine and ribs. Unilateral shortness will cause side-bending and rotation of the lumbar as the ribs on one side are pulled toward the pelvis or the pelvis is elevated toward the ribs. Bilateral shortness can cause compression of the lumbar and inhibit rib movement and inspiration of breath. Working in the neutral prone position affords little possibility of actually stretching these muscles, but some positioning options allow for easy access and release of the quadratus.



Figure 3 — Side-lying positioning for quadratus lumborum work.

By positioning the top leg slightly posterior and reaching inferior (it may be necessary to support the knee with a pillow), the right ilium is pulled down to stretch the quadratus. At the same time, the arm is abducted above the head to pull the rib cage up. The left leg is flexed at the hip with the knee bent to provide rotational stability in the pelvis and spine. Notice how much more length is afforded in this position than in a normal, knees-bent side-lying position. Work proximal and distal attachments and the belly of the quadratus. Although a soft fist, as shown in Figure 3, is useful to stretch superficial tissue, the muscle belly of the quadratus lumborum requires precise work. Using a scooping motion with the fingers will offer the most comfortable and effective release as you engage deeper tissue.



Figure 4 — Prone quadratus work.

If time constraints prevent utilization of the side-lying strategy, moving the legs to one side will stretch the contralateral side. Again, fingers, or possibly knuckles, will enable the most precise work, as shown in Figure 4. Always be cautious to work at an oblique angle around the 12th rib and the kidneys.

Freeing the Shoulder Girdle

To provide balance and freedom of the shoulder girdle, two very different goals need to be addressed. The humerus must be free to internally and externally rotate and to abduct and adduct in the glenoid fossa of the scapula – in other words, the humerus needs to be freed from scapular restrictions. However, abduction of the arm above horizontal is accomplished by scapular rotation rather than movement of the humerus in the joint capsule. To accomplish this, the scapula must be free to slide and rotate on the ribs. First, let's look at some strategies to improve mobility of the scapula:

Mobilising the Scapula

Many factors can pull the scapula anterior (lateral from the spine), and limited space prevents precise strategies for the different factors such as the broad fascial restrictions, the teres muscles, serratus anterior and latissimus dorsi, to name a few. Although it certainly is helpful to know the names and specific actions of the individual muscles, the most important skill for you to have is the ability to move the limbs through their range of motion and intuitively focus on restrictive tightness. The side-lying position affords many options to abduct the arm and use your own proper body mechanics to lever the scapula posterior and stretch muscles.



Figures 5 & 6 — Freeing the lateral scapula.

The forearm and fist are useful tools to release broad fascial restrictions, while fingers or knuckles are useful for working with the teres muscles or specific fibrosed areas. In Figure 5, notice how the left hand is externally rotating the humerus and leveraging the scapula posterior. At the same time, the elbow is an ideal tool to work anywhere along the lateral border of the scapula, as shown in Figure 6. Work slowly, and wait for the melt of tissue. This does not need to be intense or painful, and your clients will immediately notice the improvement in shoulder mobility and the ability of the shoulders to fall back.

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Figures 7 & 8 — Rhomboid positioning options.

Figures 7 and 9 exemplify the importance of a clear understanding of the mechanics of scapular movement to plan your positional strategies. Many people just visualize the rhomboids as one muscle that pulls the scapula toward the midline, while in reality; the upper and lower fibres can have very different angles of force. In addition to sliding up or down, or lateral or medial, the scapula must be able to rotate clockwise or counterclockwise. By abducting the right arm above the head, the scapula is rotated in a counterclockwise direction, which stretches the lower fibres of the rhomboids and allows them to release while being addressed. In this position, it will not be as effective to work on the upper rhomboids because they will be bunched into a shortened position and will not have a cue to lengthen.

By adducting the arm down to the side in the second example, the opposite movement is accomplished as the scapula rotates clockwise and stretches the upper fibres and the trapezius. Using the knuckles, fist, or elbow with either cross fibre strokes or to lengthen in the direction you want the stretch will be useful strategies.

Freeing the Humerus from Scapular Restrictions

Now that the scapula is sliding freely, for proper arm movement, the humerus must be able to glide with ease in the glenoid fossa of the scapula. However, the complex weave of muscles, tendons and ligaments that provide movement and stability across the joint may restrict proper movement. Again, space limitations prevent a detailed strategy for specific muscles, but some body positioning suggestions will enable you to express your creativity.

Working in the anterior plane offers freedom of movement in abduction, adduction and rotation. Most restrictions will manifest themselves with the arm in abduction, so it is necessary to position the arm near the end range of restriction to improve mobility.

Notice in Figure 9 the opposite hand is stabilizing the shoulder so that the internal rotational force applied to the humerus is focused at the glenoid fossa rather than in elevating the shoulder. Test the restriction to see where tight tissue prevents internal rotation. Work on the anterior or posterior deltoid, coracobrachialis, the teres minor, or subscapularis at the medial border of the scapula. You certainly may access the posterior muscles

of the rotator cuff, which are external rotators of the humerus and would restrict internal rotation, but the prone position affords better access to the rotator cuff.



Figure 9 — Improving internal rotation of the humerus.

Externally rotating the arm in an abducted position enables a stretch of the pectoralis muscles and fascia, both teres muscles (with increased stretch on the teres major since it is an internal rotator), and clarification of the border between the pectoralis major and the anterior deltoid. Abducting and externally rotating the arm above the shoulder enables an excellent stretch of the pectoralis major (an internal rotator and adductor of the humerus) utilizing the fist or forearm, but this position would also provide excellent access to the teres and the subscapularis muscles. Notice in Figures 10-12, the arrows indicate you may either traction (distract) or compress the shoulder joint while rotating the humerus. Many classes only demonstrate tractioning joints, but compressing any joint may also slacken tight ligaments and allow more mobility while you are working. Experiment with each client to determine which works best.



Figures 10, 11, & 12 — Improving external rotation and abduction.

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