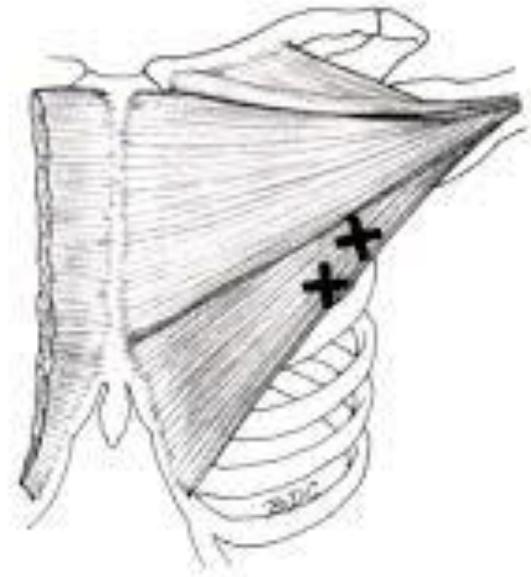
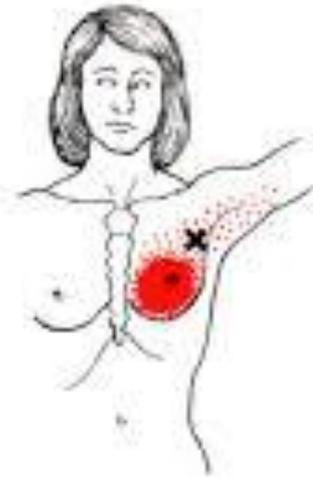


Pec Major Costal Portion

Test

Check for rounded shoulders. If one shoulder is more rounded than other may be serratus anterior. Test in supine with shoulder abducted about 90 degrees and resist horizontal adduction.



Pec Major Costal Portion

Treatment

Supine

Treat first in short position with arm elevated to about 120 degrees and internally rotated. Then treat in long position with shoulder externally rotated.

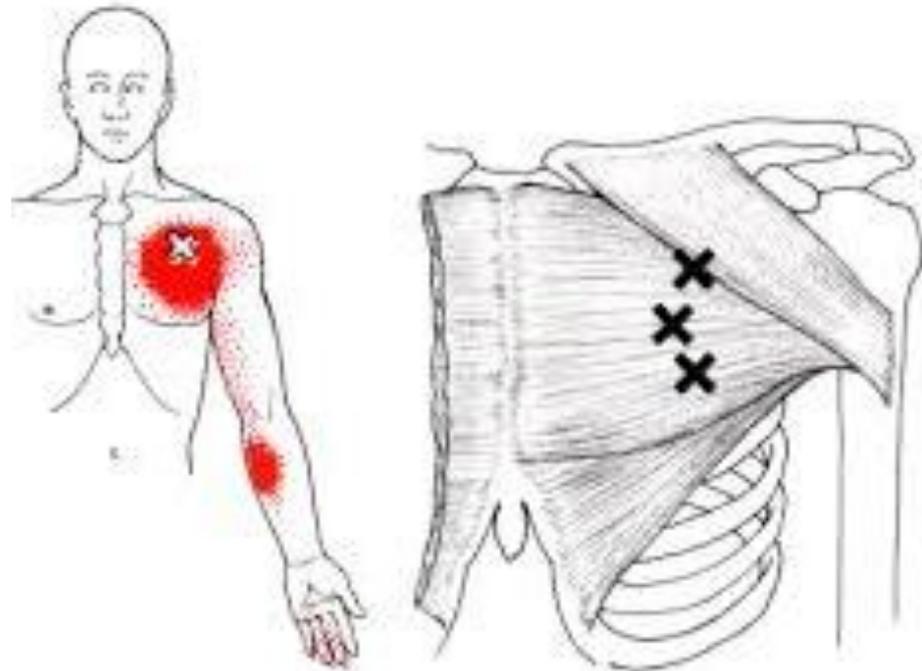


Notes:

Pec Major Sternal Portion

Test

Check for rounded shoulders. If one shoulder is more rounded than other may be serratus anterior. Test in supine with shoulder abducted about 90 degrees and resist horizontal adduction.



Pec Major Sternal Portion

Treatment

Supine

Treat first in short position with arm elevated to about 120 degrees and internally rotated. Then treat in long position with shoulder externally rotated.

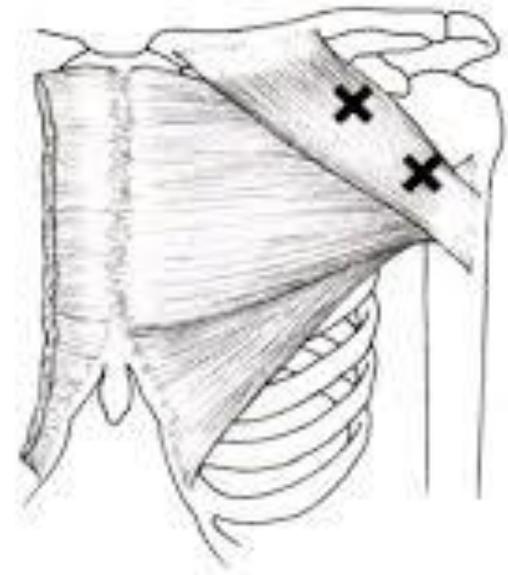


Notes:

Pec Major Clavicular Portion

Test

Check for rounded shoulders. If one shoulder is more rounded than other may be serratus anterior. Test in supine with shoulder abducted about 90 degrees and resist horizontal adduction.



Pec Major Clavicular Portion

Treatment

Supine

Treat first in short position with arm elevated to about 120 degrees and internally rotated. Then treat in long position with shoulder externally rotated.

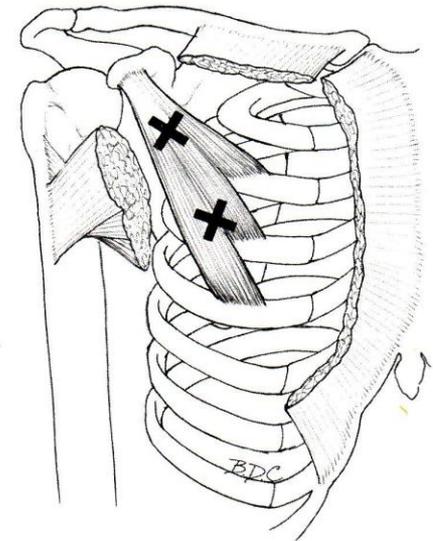
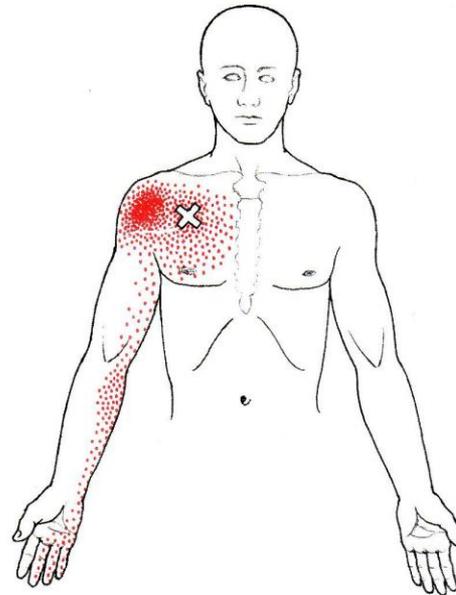


Notes:

Pec Minor

Test

Check for rounded shoulders.
Check for pain or weakness
with resisted forward
shoulder movement in supine



Pec Minor

Treatment

Supine

Treat with arm elevated to about 120 degrees in order to get under the pec major.

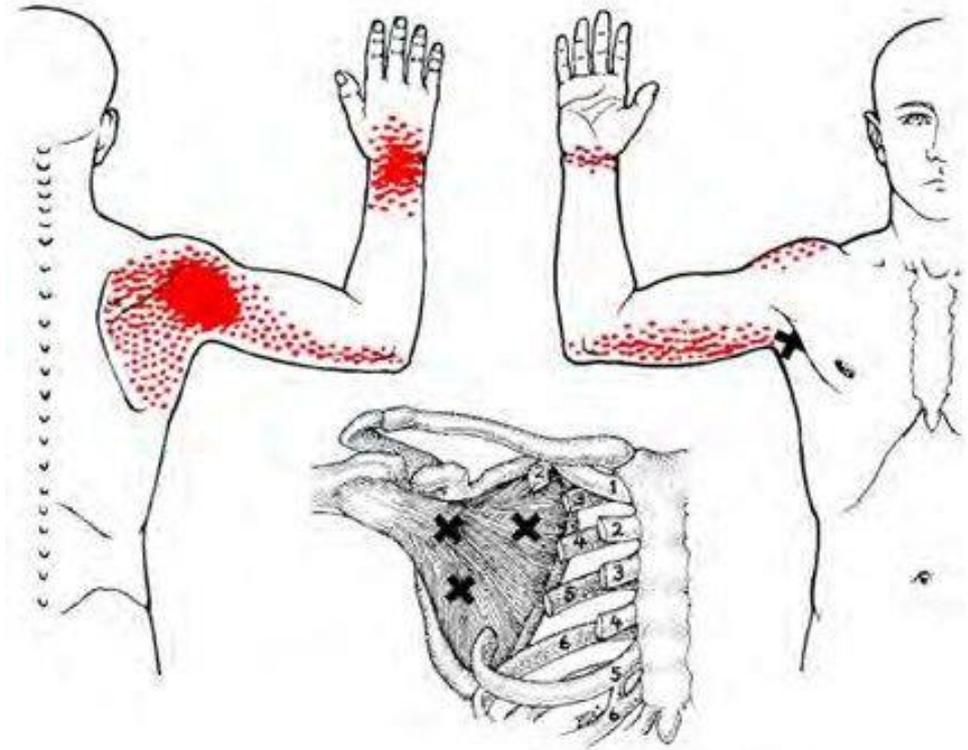


Notes:

Subscapularis

Test

Check for subscapular restriction into ER with arm abducted to 90 degrees and elbow bent. Subscapularis will not limit scapular mobility but will limit glenohumeral movement.

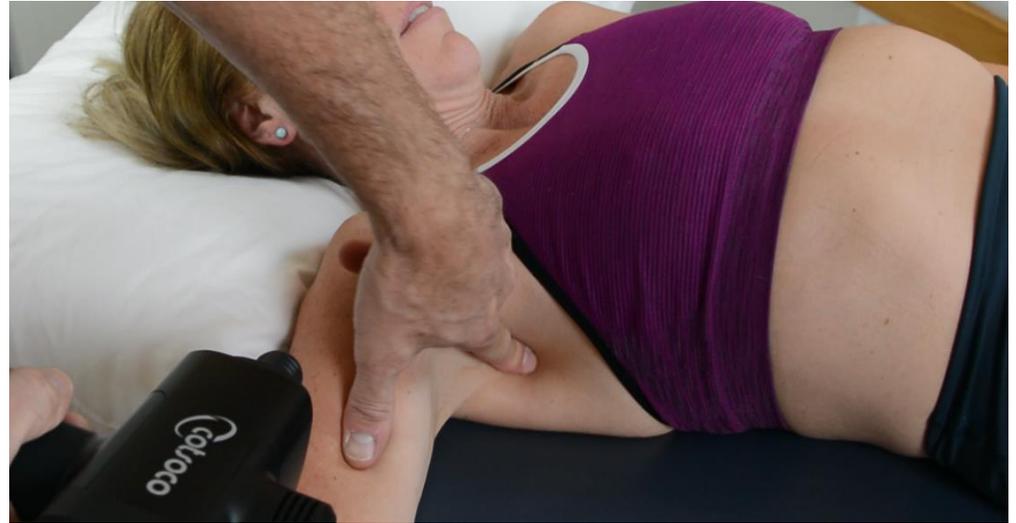


Subscapularis

Treatment

Supine

Treat in short position with abducted and IR of the shoulder. Treat in long position with arm abducted greater than 90 and shoulder in ER.

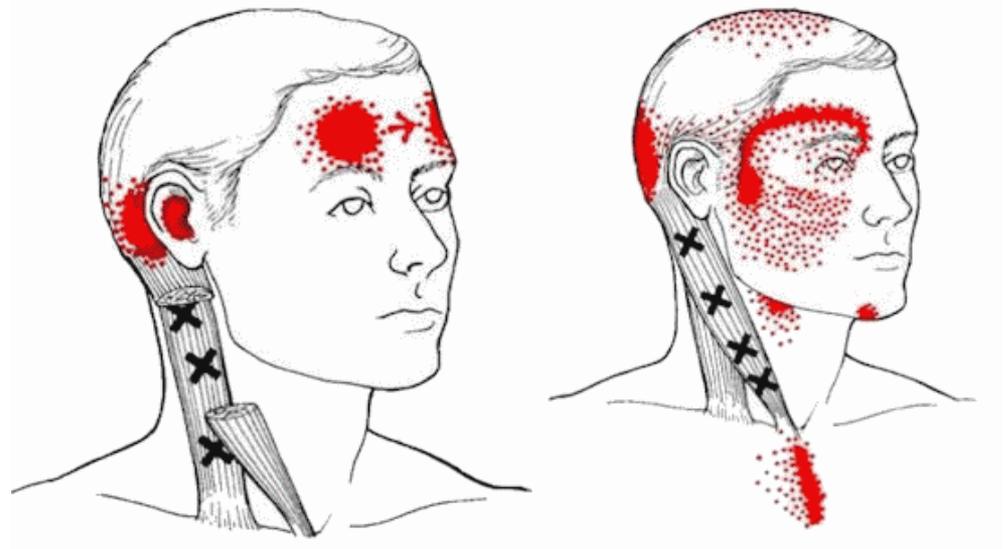


Notes:

SCM Muscles

Test

Check forward head posture with extension at the base of the skull. Patient may have difficulty with axial extension.



SCM Muscles

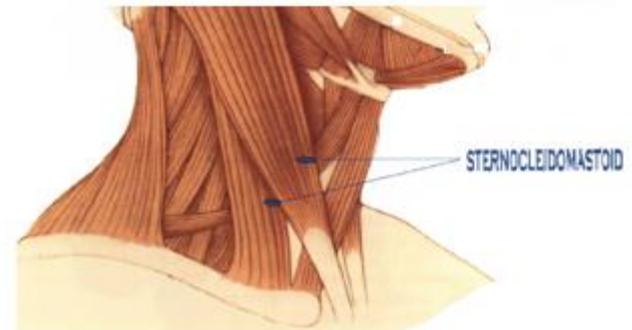
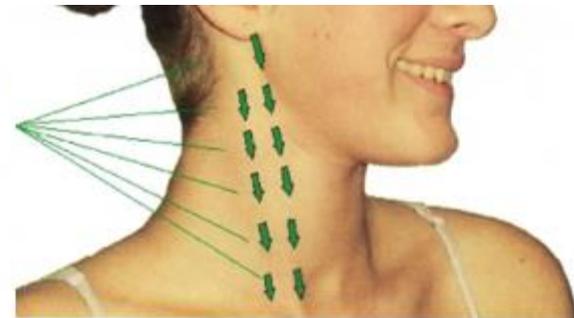
Treatment Supine

Treat with neck in neutral.
Can treat in short and long by
rotating to opposite side to
treat in short position first.

Manual technique can be
seen in bottom picture.



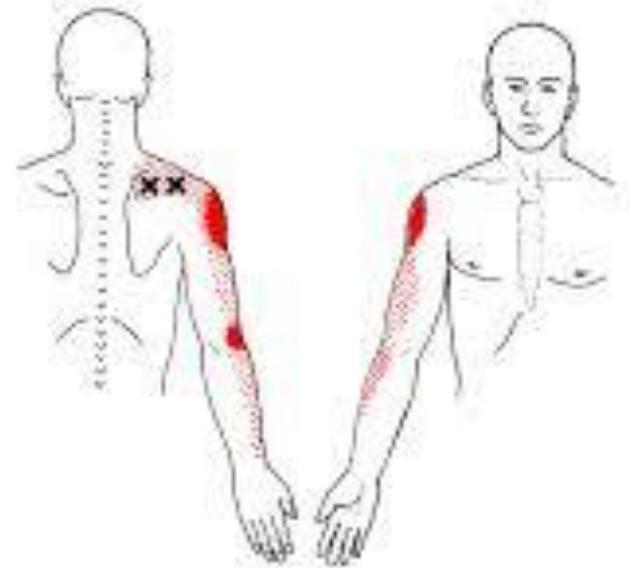
Release SCM from
Mastoid Process to
Clavicle. Gently
pinching and
kneading the
muscle.



Supraspinatus

Test

Test with arm behind back to touch opposite scapulae to check for restriction, May have difficulty holding the arm in the abducted position in standing and less painful if performed in supine.



Supraspinatus

Treatment

Prone

Treat with arm abducted first,
then treat with arm at side.

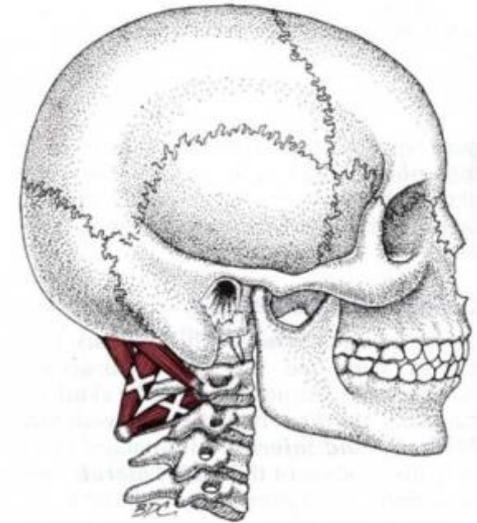
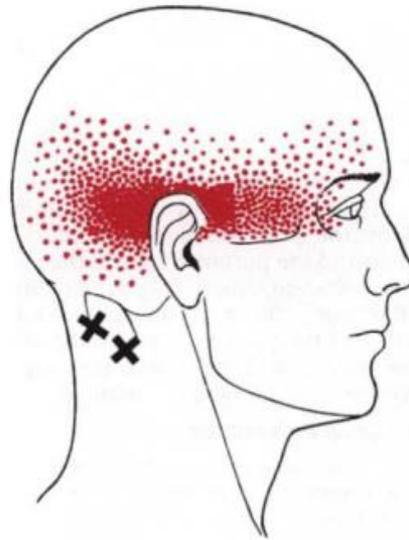


Notes:

Sub Occipital Muscles

Test

Check forward head posture with extension at the base of the skull. Patient may have difficulty with axial extension.



Sub Occipital Muscles

Treatment

Treat with neck in neutral.

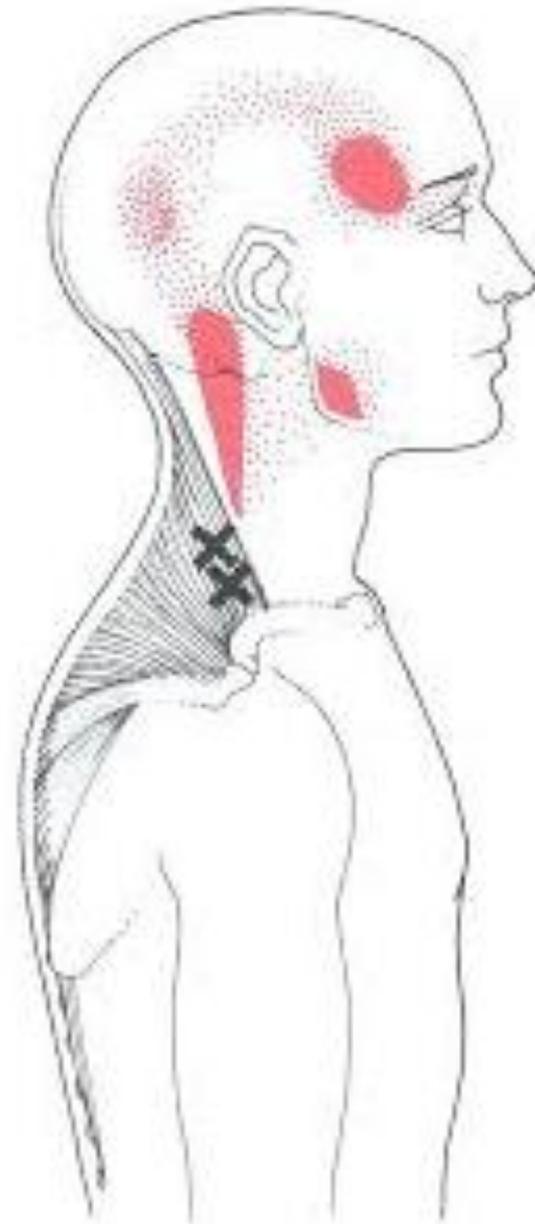


Notes:

Upper Trapezius

Test

May have stiff neck and elevated shoulders. When patient attempts to extend the shoulders and retract the scapulae's you see increased Upper Trap activity.



Upper Trapezius

Treatment

Treat with neck in neutral.

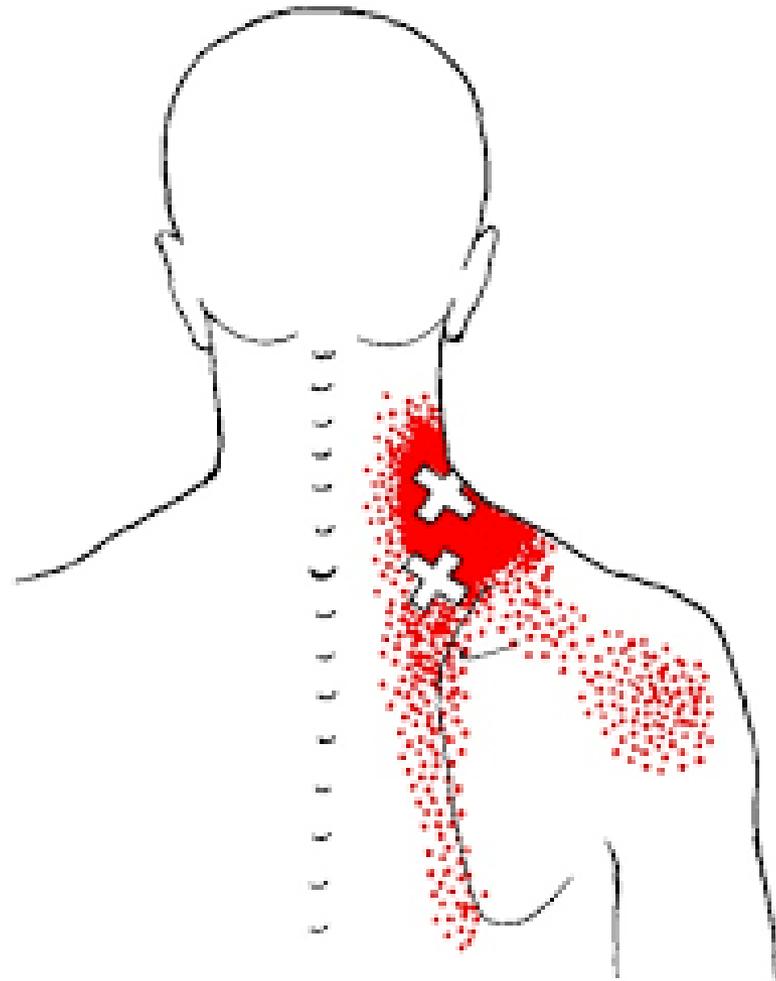


Notes:

Levator Scapulae

Test

May have stiff neck and elevated shoulders. May cramp when turning head to the side.

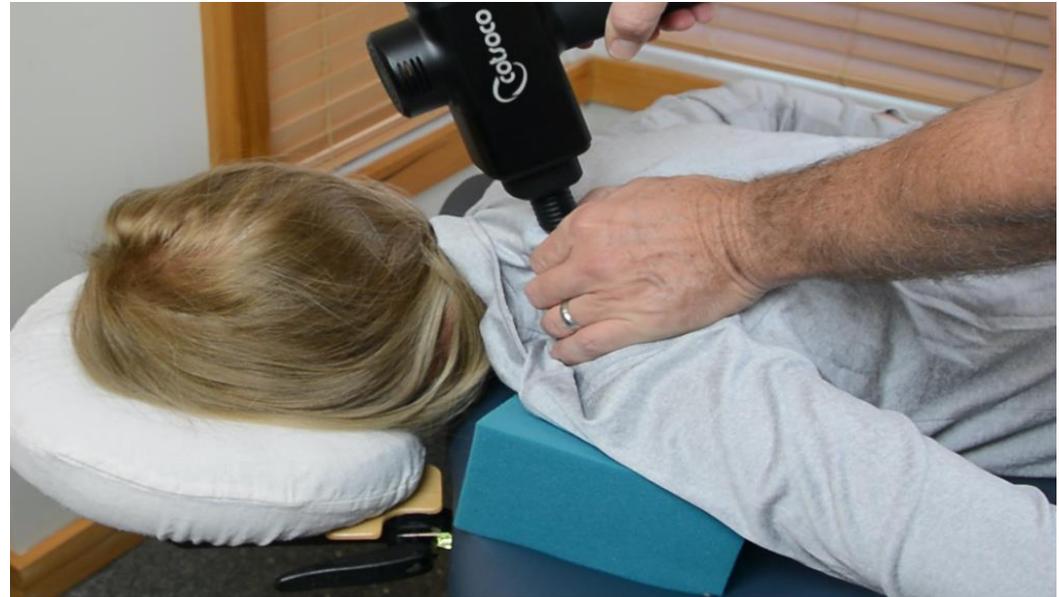


Levator Scapulae

Treatment

Prone

Treat with neck in neutral.
Can treat in short first with
arm at side then in long
position with arm elevated to
at least 90 degrees.

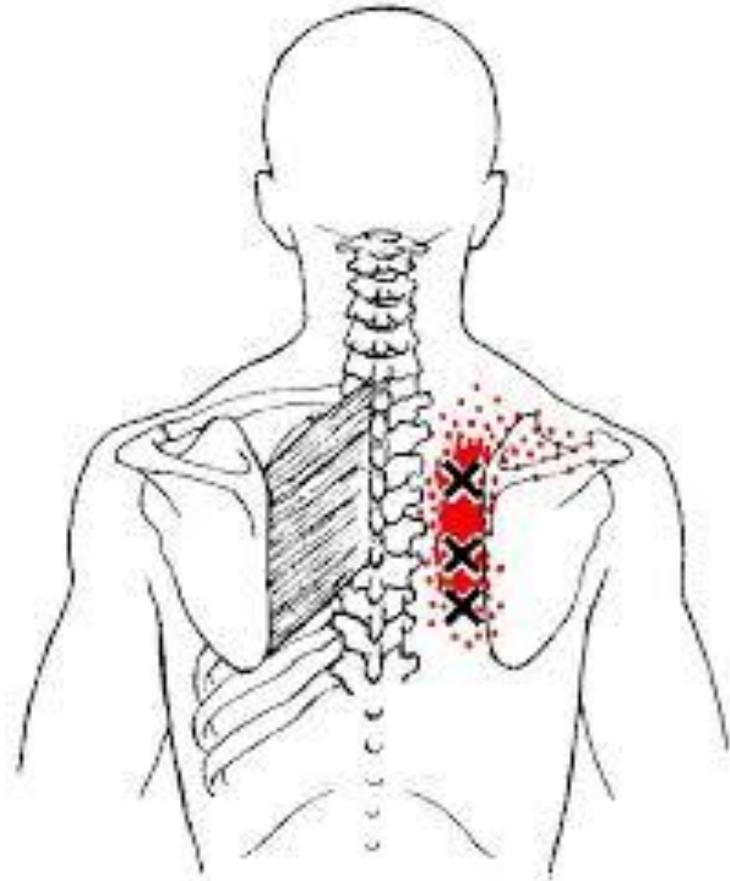


Notes:

Rhomboid

Test

Check for elevated rounded shoulders.



Rhomboid

Treatment

Treat with neck in neutral.
Can treat in short placing a
wedge under the shoulder.

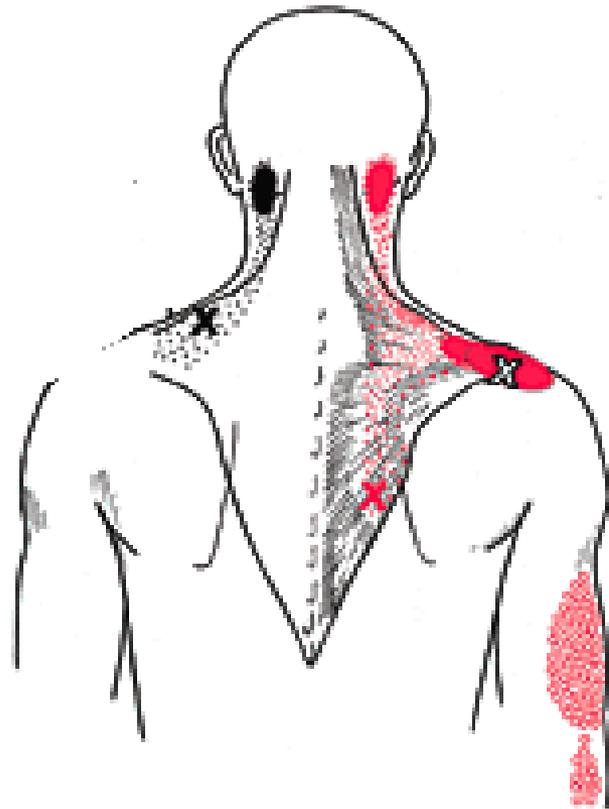


Notes:

Mid and Lower Trapezius

Test

Check for elevated rounded shoulders.



Mid and Lower Trapezius

Treatment

Prone:

Treat with neck in neutral.

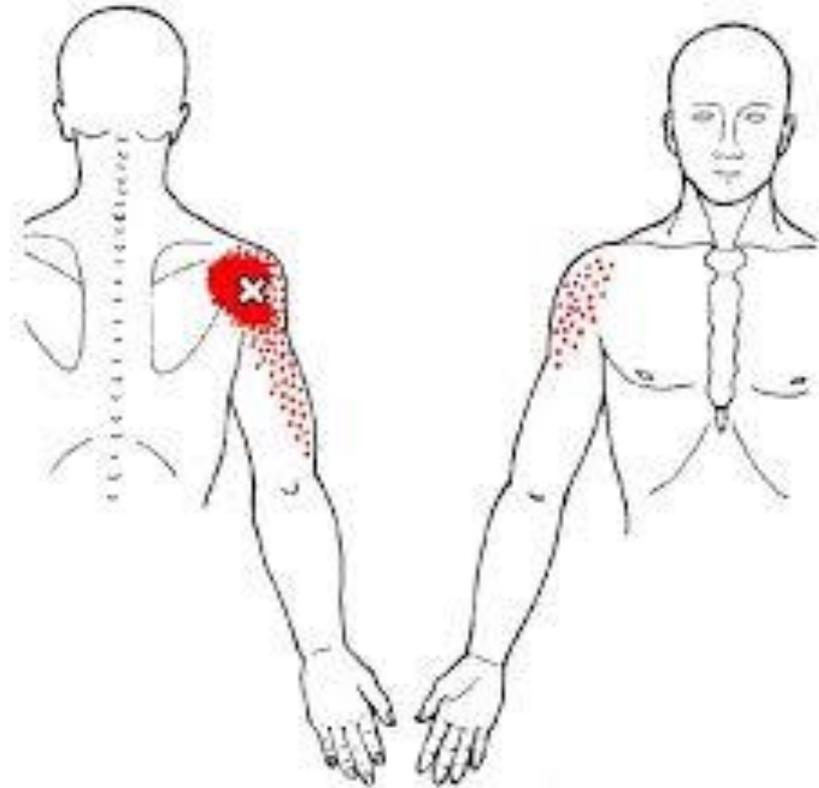


Notes:

Post. Deltoid

Test

Pain with horizontal abduction and IR.



Post. Deltoid

Treatment

Prone:

Treat in prone with arm at side.

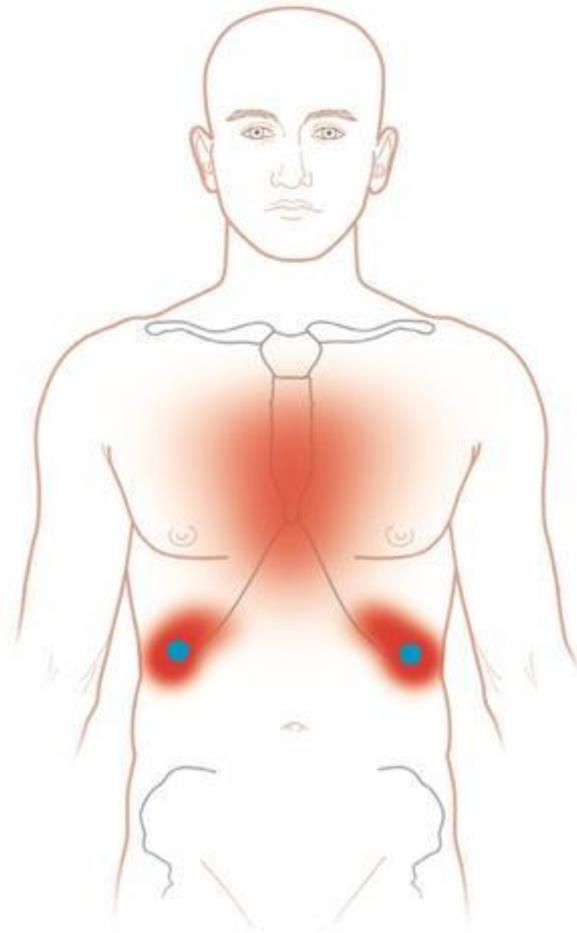


Notes:

Diaphragm

Test

Check for rounded shoulder.
With deep breath belly will
sink in instead of protruding
out.



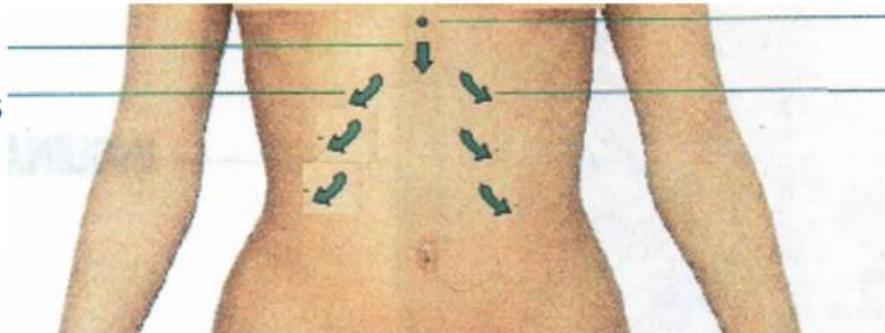
Diaphragm

Notes:

Diaphragm Release

1. Gentle Fascial Release

3. Make three moves under right rib cage on exhale.



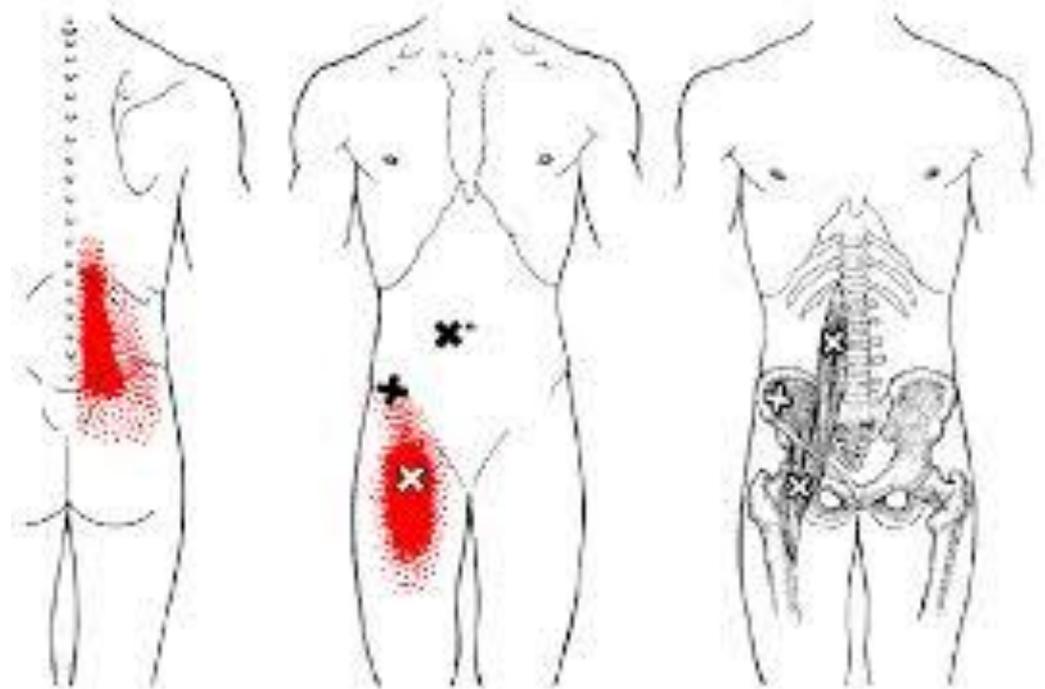
Stay distal Xyphoid Process

2. Make three moves under left rib cage on exhale.

Iliopsoas

Test

Thomas test.



Iliopsoas

Treatment

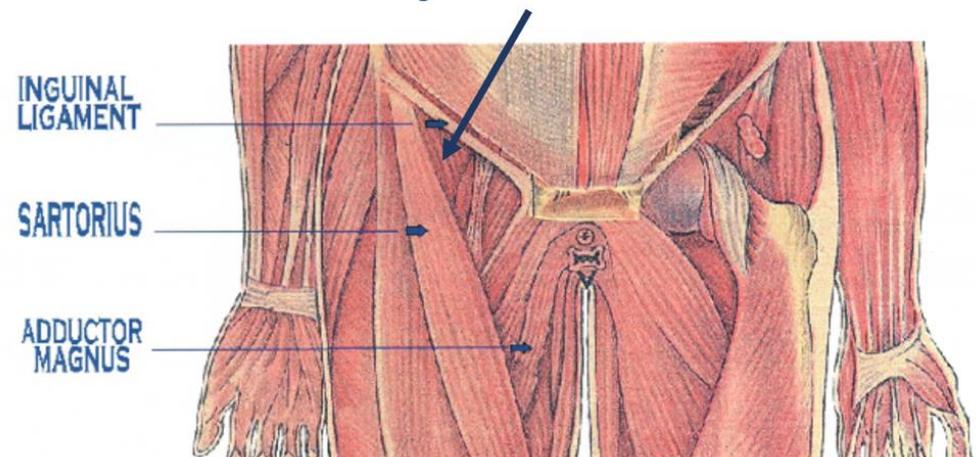
Supine:

Treat just distal to the inguinal ligament. Treat with hip flexed. Then treat with hip extended.

Manual technique: Use index and middle finger, depress the tissue in the region noted in the bottom picture. As you depress the Psoas trigger point flex the hip and hook the Inguinal Ligament. Cradle the carefully when returning to neutral position as to not re activate the Psoas.



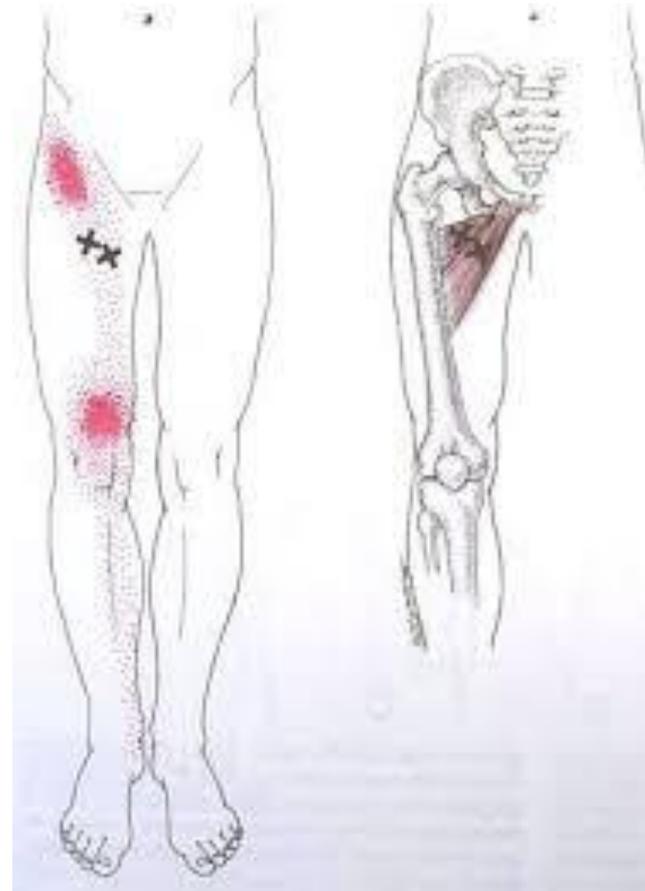
To get to Iliopsoas, go distal to Inguinal Ligament and Medial to Sartorius



Hip Adductors

Test

Restriction of hip flexion
when hip is abducted.



Hip Adductors

Treatment

Supine:

Treat with hip adducted.
Then treat with hip abducted.

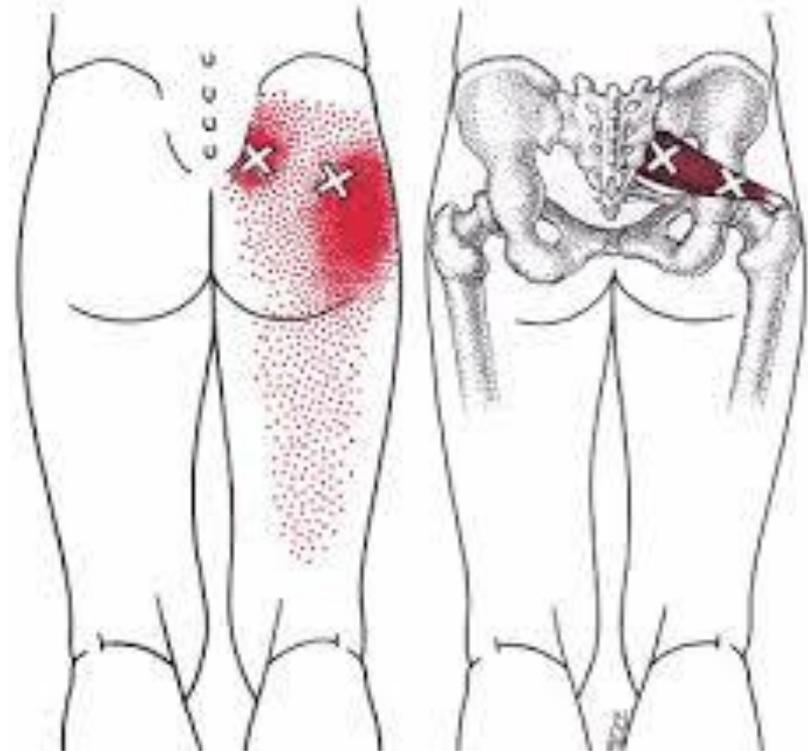


Notes:

Piriformis

Test

Limited adduction in side lying with hip at 90 degrees.

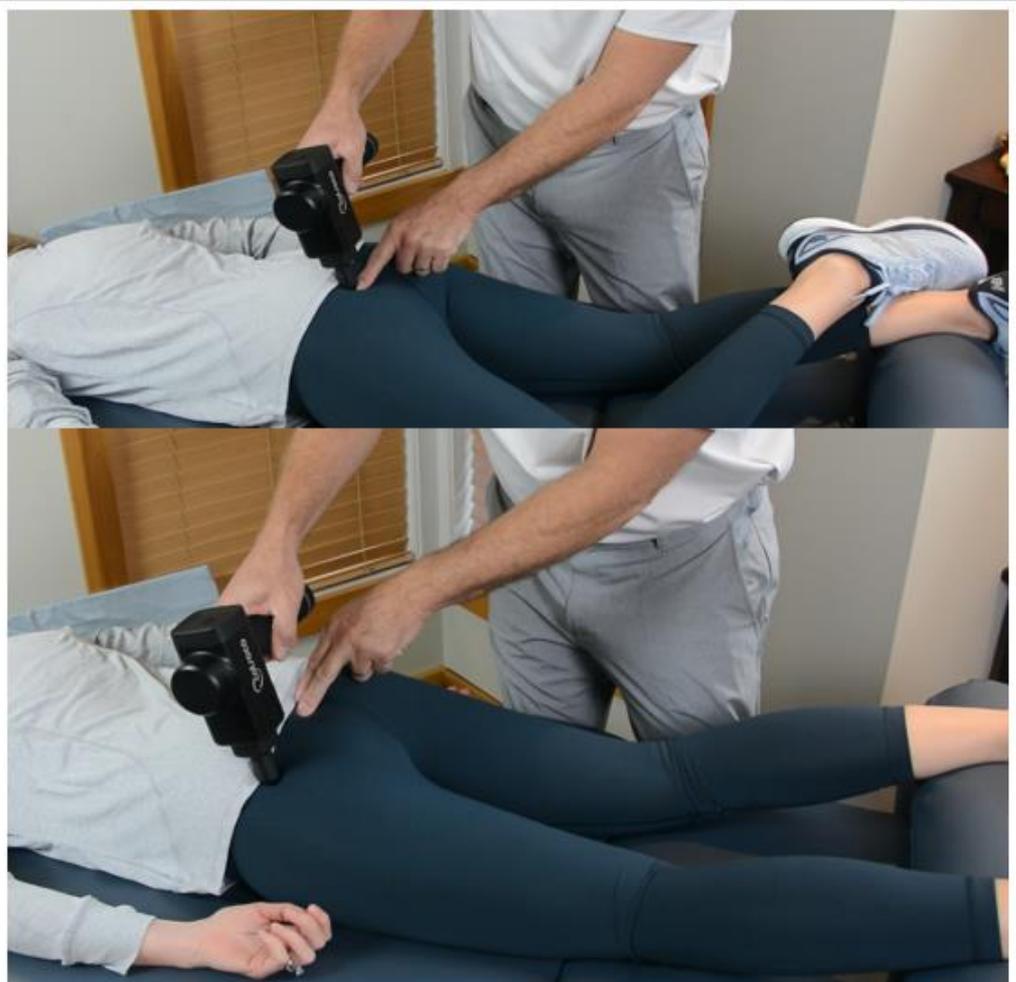


Piriformis

Treatment

Prone:

Treat in short position first with hip bolstered in external rotation. Then treat with hip in IR.



Notes:

Piriformis

Treatment

Side lying:

Treat in short bolster hip in ER. Treat lengthened with hip bolstered in IR.



Notes:

Semimembranosus Semitendinosus

Test

90/90 hamstring test.



Semimembranosus Semitendinosus

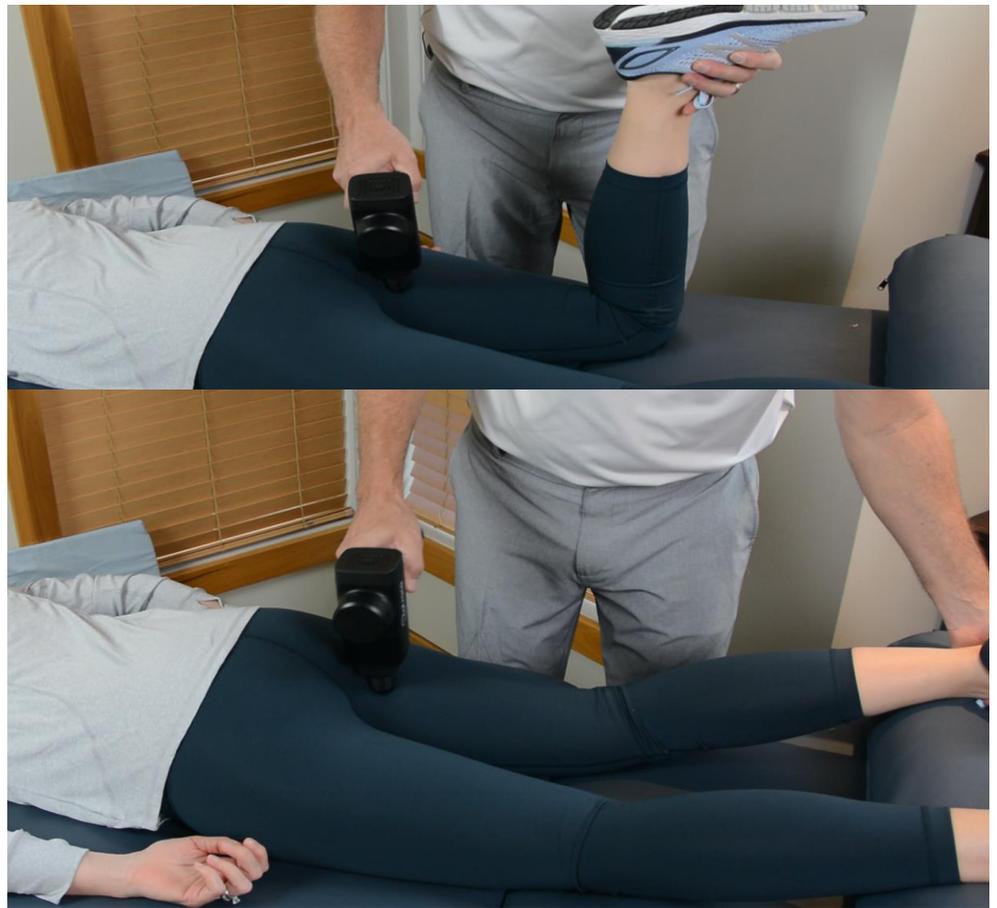
Treatment

Prone:

Treat in short position first with knee flexed. Then treat with knee extended .

Side lying:

Treat in short with knee flexed. Treat lengthened with knee extended.

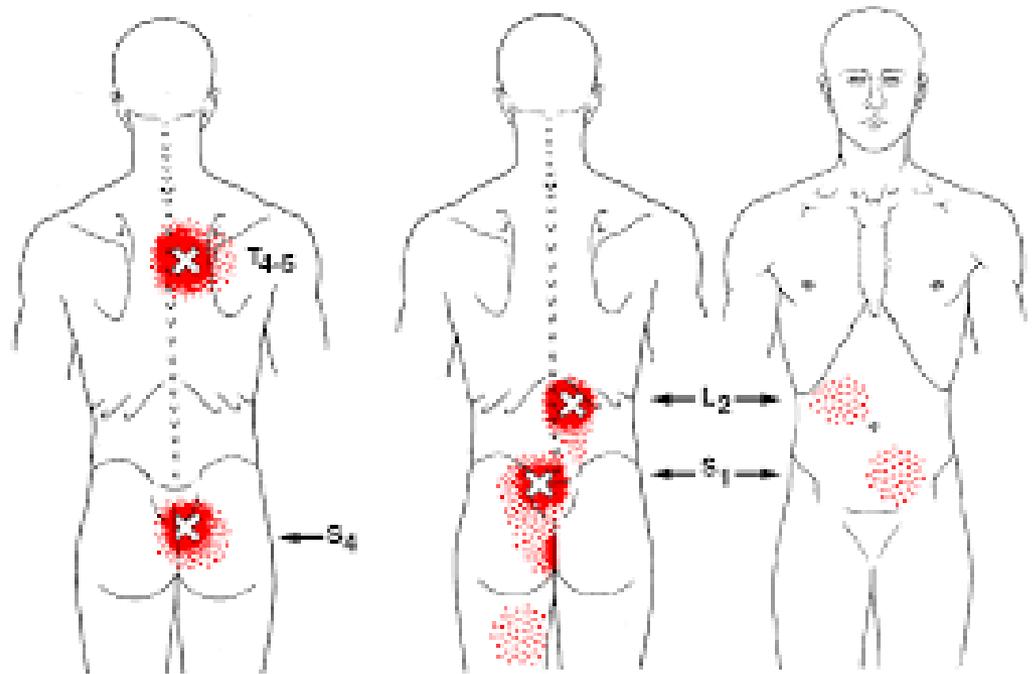


Notes:

Multifidus

Test

Tap on spinous process for tenderness.

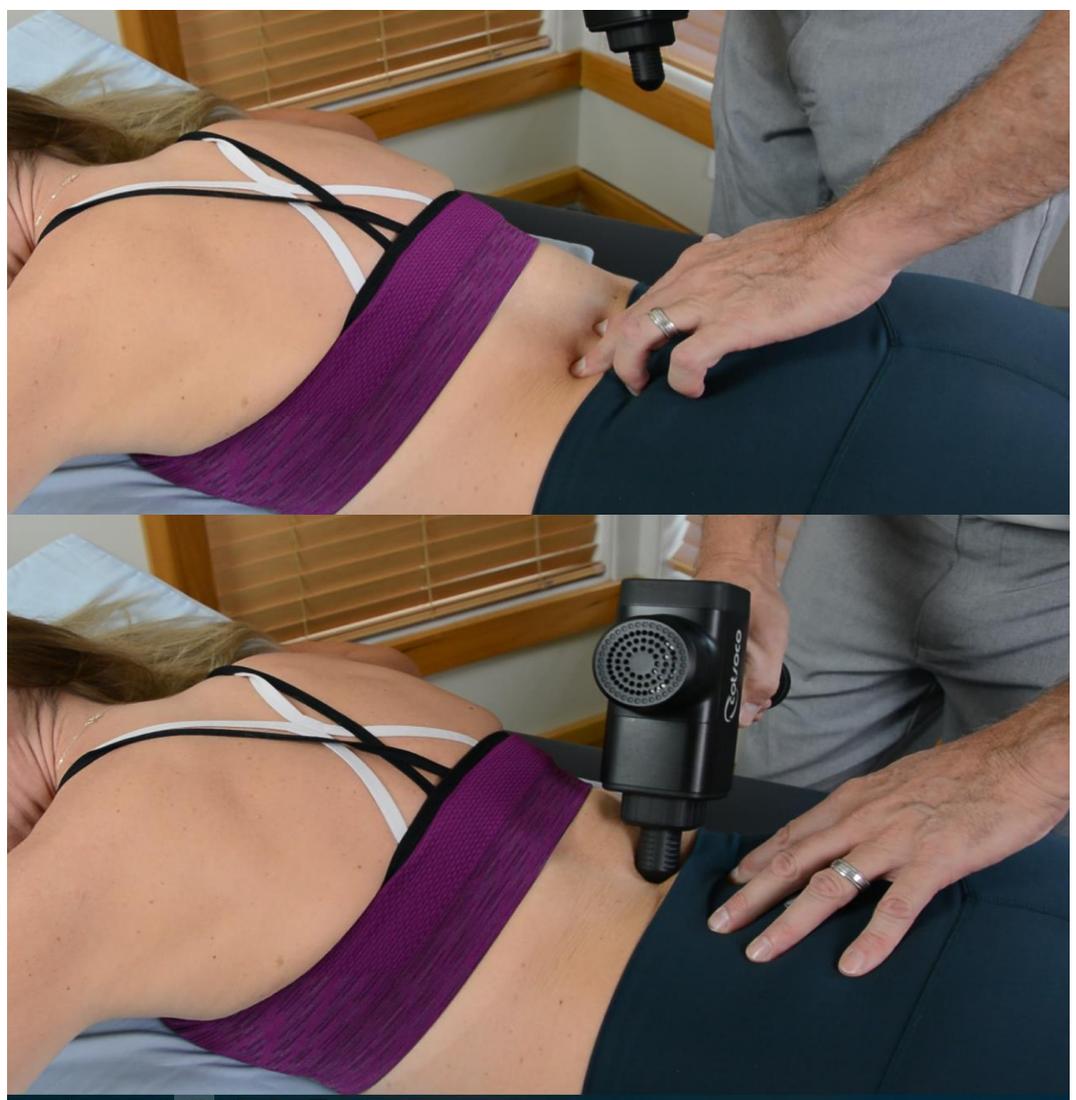


Multifidus

Treatment

Prone:

Treat in short position first with back extended. Then treat with back in neutral.



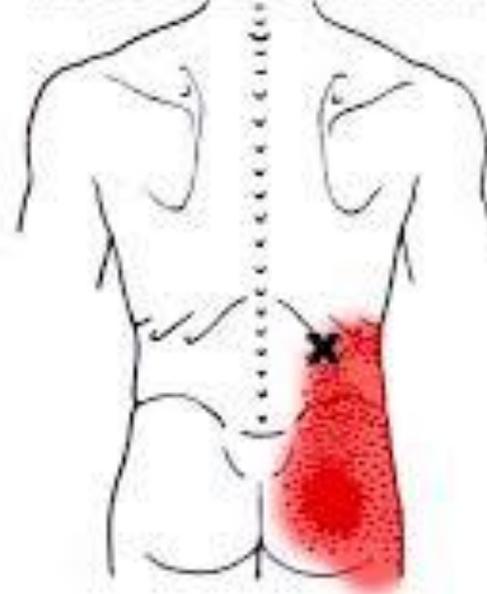
Notes:

Erector Spinae

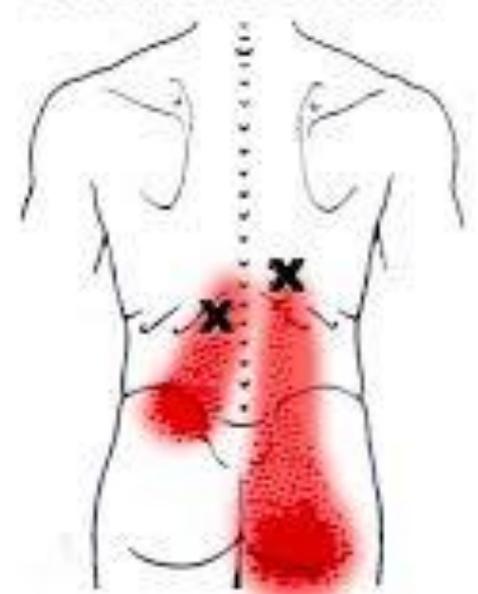
Test

Check for bulge with forward flexion.

ILLIOCOSTALIS LUMBORUM



LONGISSIMUS THORACIS

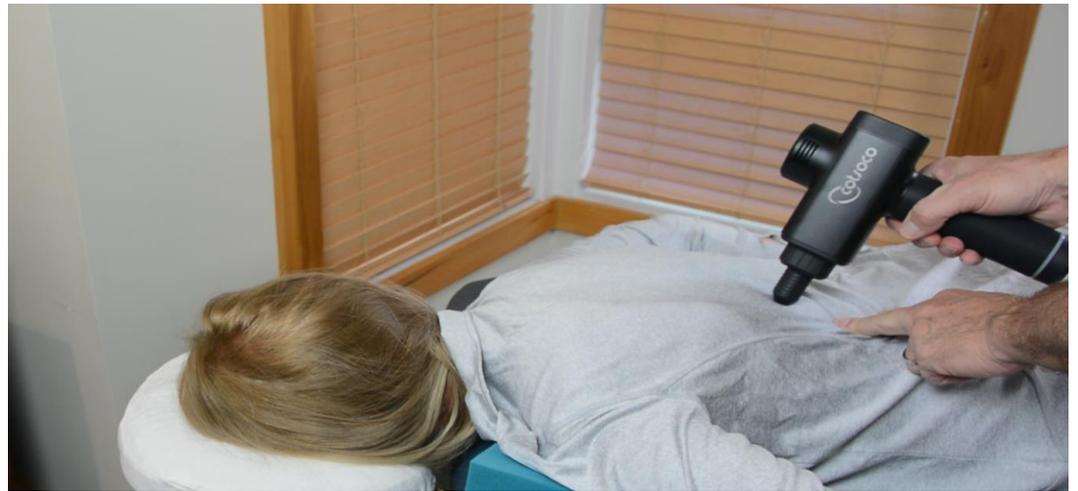


Erector Spinae

Treatment

Prone:

Treat in short position first with back extended. Then treat with back in neutral.

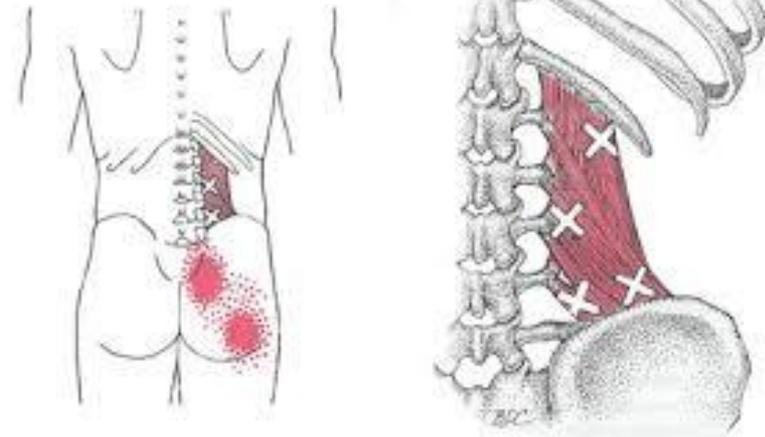
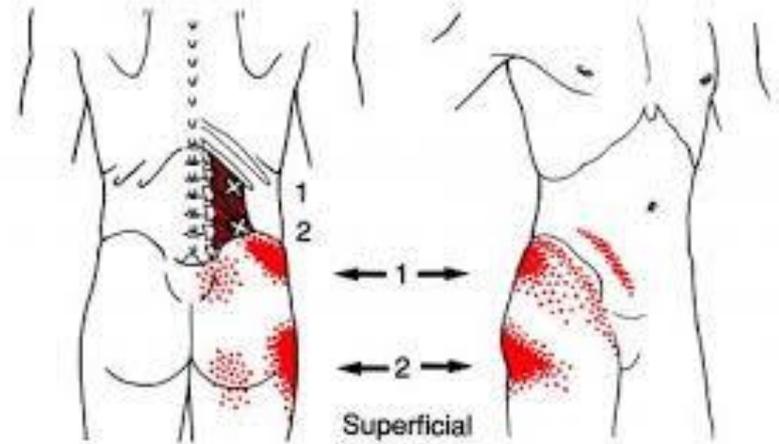


Notes:

Quadratus Lumborum

Test

Check for limited side flexion and rotation.



Quadratus Lumborum

Treatment

Prone:

Treat with patient lying neutral.

Side Lying

May be easier to get to the deep fibers in side lying with trunk bolstered in side bending on treatment side.

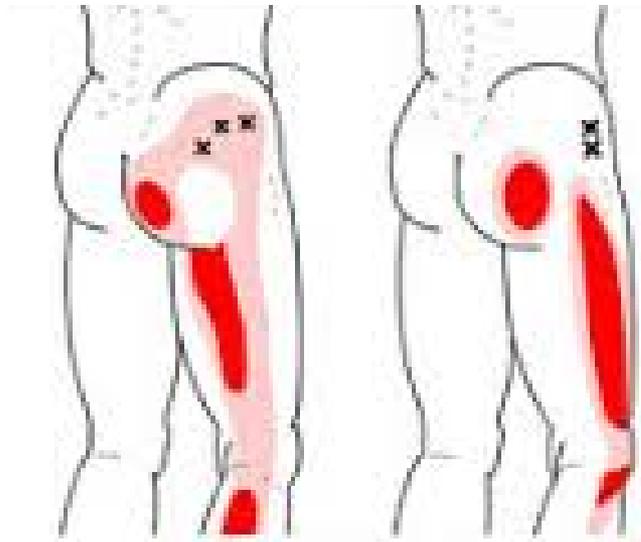
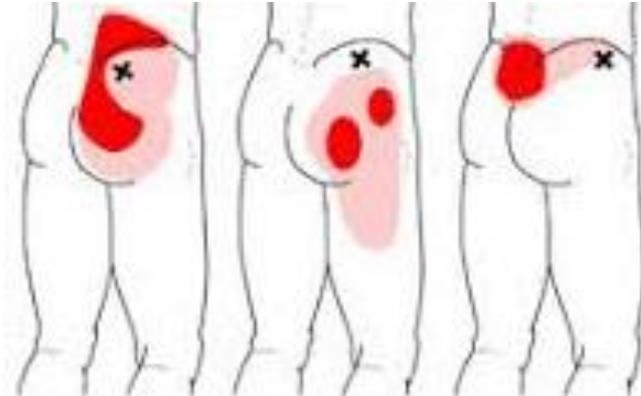


Notes:

Gluteus Minimus and Medius

Test

Check restricted hip
adduction.



Gluteus Minimus and Medius

Treatment

Prone:

Treat with patient lying neutral.

Side Lying

Treat with patient bolstered into abduction. Then treat with hip in adducted position.



Notes: