

Trapezius

References

Clin Ap: Vol 1 pp. 188-194,
320-329
Platzer: 134, 144, 148, 322
Innervation: Spinal accessory
and cervical plexus

Trapezius: upper fibers - medial third of nuchal line and ligamentum nuchae to the lateral third of the clavicle; middle fibers - spinous processes and interspinous ligaments of C6-T3 to the acromion and spine of scapula; lower fibers - spinous processes and interspinous ligaments of T3-T12 to the root of the spine of the scapula

Precaution: Listen carefully for communication from a postoperative patient.

Step 1: Compress the cervical portion of the trapezius between the thumb and fingers. Manipulate its fibers between the thumb and fingers. Apply friction to the occipital attachments.

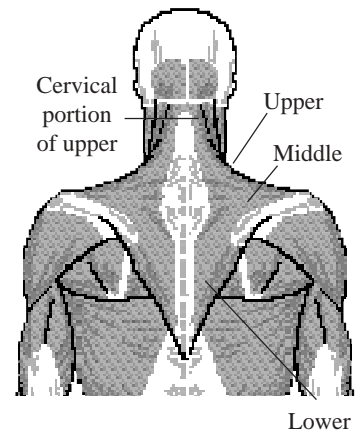
Step 2: Compress the upper trapezius at its mid-fiber region. Compression can also be applied along the fibers at thumb width intervals. Most trigger points will be found at mid-fiber region. 'Uncoil' the upper trapezius to find taut fibers by drawing 3 fingers on the anterior surface against posterior thumb pressure. Release your weight to assure correct hand placement. Treat taut fibers with compression and thumb glides.

Step 3: Grasp and compress the middle trapezius. Elevation of the humeral head 3-6" (roll up towel, wedge) may shorten the middle and lower trapezius, allowing the fibers to be more easily grasped and lifted.

Step 4: Grasp and compress the lower trapezius. Apply manipulation on the outer (distal) edge of lower trapezius, if tolerable, then lower the humeral head, if elevated.

Step 5: Apply gliding strokes to attachments in the lamina groove and to scapular and acromial attachments of the trapezius.

Step 6: "Smooth and soothe" the trapezius with lubricated, gliding strokes in all directions. Effleurage can be applied to all portions of the trapezius.



Splenii

References

Clin Ap: Vol 1 pp. 197-198
Platzer: 72, 78
Innervation: Branches of dorsal divisions of cervical nerves (varying, C1-C6)

Splenius capitis: lower half of ligamentum nuchae, spinous processes and supraspinous ligaments of C5-T4 vertebrae (varies), coursing diagonally to the mastoid process and occipital bone; **Splenius cervicis:** spinous processes of T3-T6 to the transverse processes of C1-3



Precautions:

* Stay posterior to the transverse processes to avoid the brachial plexus and to avoid gliding on the often sharp tubercles which are on the anterior aspect of the transverse processes.

Preparation: With the right hand fingers cupping across the back of the neck like a shirt collar, place the right thumb at the base of the neck anterior to the trapezius and posterior to the transverse process of T1 while pointing the thumb toward the person's feet.



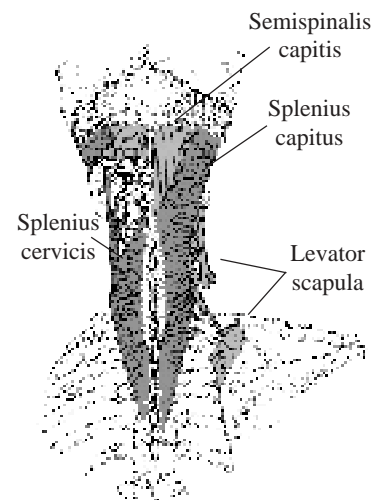
Step 1: The left hand lifts and supports the head. The right hand fingers lie across the back of the neck at the occipital ridge with the thumb placed next to the lateral surface of the spinous process of T1. The practitioner's elbow should remain low and the arm should remain in the same plane as the cervical spine.

Step 2: Use the left hand to rotate the head toward the side being treated (ipsilaterally) while the right hand rotates with the neck as if glued to it. This rotating movement will open the 'pocket' and also rotate the thumb pad to face the ceiling and angle the thumb tip toward the opposite side of the chest. Do not apply pressure until the head is rotated.



Step 3: If the 'pocket' does not allow penetration or if pressure of the thumb produces more than moderate discomfort, gently pull the head away from the 'mouth' of the pocket until the tissues relax enough to allow the thumb to enter.

Step 4: Press into the lateral surface of the spinous processes and simultaneously toward the ceiling for 8-12 seconds. The thumb will be pressing into the tendons of the **splenius capitis** and **splenius cervicis** as well as the deeper muscles of the **rotatores**, **multifidi** and (perhaps) **serratus posterior superior**. Press the thumb into the pocket a little deeper and repeat the pressure. The direction of pressure can also be altered to treat surrounding tissues. Friction can also be applied, if tolerable.



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