



-Anterior Cervical

- Deep-

-NMT routines-

Steps

-  The attachments of the styloid process should be addressed before treating rectus capitis lateralis. This will soften the area and eliminate any associated tenderness.
-  The superficial anterior neck treatment should precede this treatment. Releasing these superficial tissues will make treatment of the deep tissues more comfortable for the client, protect against superficial bruising and allows the therapist to better palpate the region to stay safe and effective during the deep treatment.




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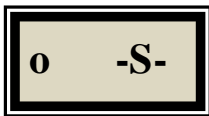
Position> The therapist stands facing the client at shoulder level.



The client is supine with the head rotated contralateral to the side being treated at approximately 45 degrees. This rotates the atlas 45 degrees to make the rectus capitis lateralis available for palpation. To further rotate the atlas, the therapist's lower hand is positioned across the table on the side of the clients opposite cheek. Ask the client rotate the head again in the contralateral direction while the therapist resists the movement. This allows the longus colli to continue to rotate the vertebral column since it is not attached to the cranium and further exposes the rectus capitis lateralis for palpation.



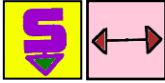
- 1)  With the index finger of the upper hand, **palpate** the anterior surface of the transverse process of the atlas. Position the finger at a 45 degree angle to the neck and gently press superiorly as far as possible under the angle of the mandible.
- This procedure will position the index finger medial to the SCM, longissimus capitis, splenius capitis, diaphragmaticus and styloid process. The carotid artery will be medial to the index finger.
 -  The therapist should palpate the styloid process and carotid artery to determine the safe position of the finger.
 -  Pressure on the styloid process should be avoided. It is extremely sharp. Pressure may cause trauma to the stylopharyngeus muscle and the glossopharyngeal nerve.



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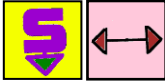
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
- 2)  With the index finger of the upper hand on the anterior surface of the transverse process of the atlas, apply **static pressure** and **medial-lateral friction** to the transverse process of the atlas.



- This treats the rectus capitis lateralis.
- This treatment is often tender and may require several treatments of light pressure before moderate pressure is possible.

Position> The client turns the head to face directly up. The therapist stands at the side of the table.

- 3)  With the thumb of the lower hand at the level of the hyoid bone, displace the hyoid bone, esophagus and trachea contralaterally, just beyond the midline of the body. It may be necessary to pull and anchor some excess skin from the other side to make this movement more comfortable for the client. The fingers of the lower hand support the lower cheek and turn the head slightly ipsilateral. With the index finger of the upper hand at a 45 degree angle, apply gentle **static pressure** and **medial-lateral friction** into the space between the anterior occiput and the atlas.

-  The displacement of the trachea, esophagus and hyoid bone makes room for the treating fingers, which otherwise may apply pressure to the carotid artery. Enter the tissues sensitively, If you feel a pulse, withdraw, displace again and reposition the treating fingers.
- Before starting the procedure, ask the client to alert you by raising their hand if they need to breathe or swallow.
- This treats the rectus capitis anterior and longus capitis attachment.

- 4)  Continue to apply **medial-lateral friction** in segments descending along the anterior aspect of the vertebrae staying in the notch between the vertebral bodies and transverse processes. Continue inferiorly until the manubrium interferes with palpation.

-  Any risk of thrombosis contraindicates this treatment.
-  Do not move the index finger laterally off the end of the anterior tubercles as this may cause intrusion onto the carotid artery.
- This treats the tissues which attach to the anterior surface of the cervical vertebrae including longus colli, longus capitis and the anterior longitudinal ligament.

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Summary




Position> The client is supine with the head rotated contralateral


-  Precede the treatment by addressing the styloid process.

-  Precede the treatment by clearing the anterior cervicals.



1) anterior surface of the TP of the atlas



-  Determine the exact position first.


-  Avoid pressure on the styloid.




2) rectus capitis lateralis


Position> The client faces directly up

3)   at the junction of the anterior atlas and occiput

-  enter gently, reposition if a pulse is felt

4)  continue inferiorly between the TP and bodies of the vertebrae

-  thrombosis contraindicates this treatment.

-  avoid the carotid artery