-Scalenes Supine-

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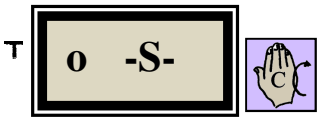
Steps



Position> The client is supine with the head rotated slightly contralateral and in the crook of the therapist's supporting elbow. The head is raised at least 45 degrees off the therapy table so that the SCM is in a relaxed and shortened state. Place the fingers of the treating hand just posterior to the SCM and just below the mastoid process. With the fingers of the treating hand, gently displace the SCM anterior toward the mandible. Hook the fingertips around the anterior surface of the vertebrae. Be cautious to stay off the nerve roots as they exit the vertebral column.

1) With the fingers on the anterior tubercles, apply light **cranial-caudal friction** in 1" segments on the anterior scalene attachments from C3-C6. *Repeat 4-6 times.*

- The brachial plexus and axillary artery emerge from above the 1st rib and between the anterior and medial scalene. If the client feels an electric-like shock while treating the scalene group, release the pressure immediately and reposition.
- This treats the anterior scalene origins and the lateral margin of longus colli and longus capitis.

Position> The client's head is lowered to the table and **turned contralateral**.

- If the head is tilted posteriorly, raise the head with a folded towel just enough to level the position of the head. A relaxed palm lying flat may also be used to raise the head.

2) With the thumb pad or fingertips of the index and third fingers, apply tiny movements of **multi-directional friction** on the posterior tubercles of the transverse processes of C7 to C2**.**

- This treats the origins of the posterior and medial scalenes.
- To most effectively address the origins of the medial and posterior scalenes within their small space on the posterior tubercles, it helps to: 1. Cup the finger and treat while standing, 2. Begin multi-directional friction with cranial caudal movements to relax the space. As the space opens up to move to medial-lateral friction through the "valley" along the posterior tubercles.

Position> The therapist cups the occipital ridge with the head **rotated contralaterally** to expose the anterior scalene which is partially obstructed by the clavicular head of the SCM. The therapist is at the head of the table with the contralateral hand cupping the occipital ridge while the ipsilateral (treating) hand cups the neck. Lubricate between the two heads of the SCM.

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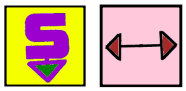
3) Place the ipsilateral thumb between the two heads of the SCM near the clavicle. Lift the head while pressing into the inferior attachment of the anterior scalene on the 1st rib. **Glide superiorly** while flexing the thumb pad gently into the anterior scalene muscle from the clavicle along the anterior tubercles of the transverse processes to C3. Extend the neck while gliding. *Repeat 4-6 times.*

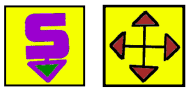
- Avoid pressing into the brachial plexus which passed between the anterior and medial scalene. If the client feels electric-like shock, release immediately and reposition.
- This treats the belly of the anterior scalene.



4) With the fingers lateral to the brachial plexus, apply **static pressure** and **medial-lateral friction** from the 1st rib to posterior tubercles of C7-C2.

- This treats the insertion and belly of the medial scalene.

- Avoid pressing into the brachial plexus which passes between the anterior and medial scalene. If electric-like shock is felt under the clavicle and down the arm, release and reposition.



5) Place the thumb anterior to the trapezius and anterior to the coronal plane onto the posterior scalene attachment on the 2nd rib. (It may be necessary to have the client shrug their shoulder.) Apply **static pressure** and **medial-lateral friction**. Continue in segments along the belly of the muscle to the posterior tubercles of the C6-C4.

- This treats the insertion and belly of the posterior scalene.
- The levator scapula lies superior to the posterior scalene and may also be treated.
- To relax the scalenes even more, show the client how to breathe through the mouth, and use the diaphragm, so the scalenes remain relaxed for treatment.
- Although this routine allows the therapist to conveniently treat the **medial and posterior scalenes** in the supine position, they are more easily accessed and **more effectively treated in the side arm position**. The side-arm position is easier for working unobtrusively under the clavicle, protects the brachial plexus, and allows easier entry to the 1st and 2nd ribs to treat the medial and posterior scalene insertions.

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Summary

- Position>  The client is supine with the head rotated slightly contralateral and in the crook of the therapist's supporting elbow. Displace SCM.

1)  anterior scalene attachments (origins C3-C6) *4-6x*

-  Avoid the brachial plexus.

- Position>  lower and turn head

2)  origins of the posterior and medial scalenes C7-C2

- Position>  cup the occipital ridge with the head rotated contralaterally

3)  anterior scalene, while flexing the neck

-  Avoid the brachial plexus.

4)   medial scalene, 1st rib to C7-C2

-  Avoid the brachial plexus

5)   posterior scalene, 2nd rib to C6-C4