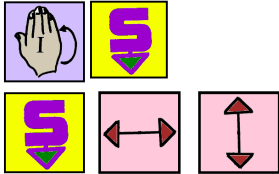
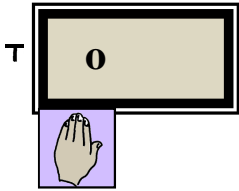


-Suboccipital Supine-

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Steps



👉 Position> The client is supine with the therapist seated behind their head.

1) With the fingers cupped under the occipital ridge, **palpate** the tissues gently with equal pressure on both sides. Feel for the difference in tightness of the tissues.

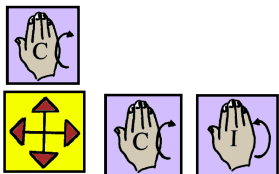
2) With the fingers still cupped under the head, apply **static pressure** to the tight side by gently rocking the head onto the fingers on the tight side.

3) With the fingers cupped into the space between C1 and the occiput, apply **static pressure** just under the occipital ridge. Apply **medial-lateral friction** and then **cranial-caudal friction** gently separating the trapezius from the underlying tissues.

- Deeper pressure, when indicated, will address the semispinalis capitis and the rectus capitis posterior minor.

- This treats the trapezius tendon and rectus capitis posterior major.

👉 Position> Rotate the client's head contralaterally in segments, as you treat more laterally along the occipital ridge.



4) **Deeper multi-directional friction** addresses the deeper tissues near the mid-line. Rotate the client's head slightly contralateral. Continue to apply **multi-directional friction** while moving laterally *until the mastoid process is reached*. Continue backward *until the midline is reached*. Then *repeat* these steps treating out to the mastoid and back on the original side.

- Treatment of the occipital ridge should not continue past the tendon attachment of the SCM at the mastoid process. Just anterior to this tendon attachment is the styloid process, a delicate, sharp, bony protuberance.

- Treating underneath the SCM will more thoroughly address the obliquus capitis superior which attaches to the atlas and is partially obstructed by the SCM. Further rotation of the head will move the SCM off the obliquus capitis superior exposing it to palpation.

- This treats the rest of trapezius, semispinalis capitis, rectus capitis posterior major, the tendon of splenius capitis and partially the tendons of the SCM, longissimus capitis and obliquus capitis superior.

5) With the fingers pointing directly up into the tissues between C1 and C2, apply **multi-directional friction**. (This will be about 1/2" below the area just treated.) Continue laterally *until the transverse process of C1 is treated*.

- This treats the obliquus capitis inferior and the tendon attachments of the splenius cervicis and levator scapula on the transverse process of C1.

6) Apply **static pressure** on any ischemic areas or trigger points in the region between C2 and the occiput.










-Suboccipital Supine-

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Summary

👉 Position> The client is supine with the therapist seated behind his head

- 1)  fingers cupped, palpate ridge
- 2)   roll the client's head onto the tight side
- 3)    insertion of trapezius, near mid-line

👉 Position>  Rotate the client's head contralaterally in segments, as you treat more laterally along the occipital ridge.

- 4)    deeper tissues both sides

•  Do not press on the styloid!

• Repeat these steps on the other side

- 5)  straighten fingers between C1 and C2, TP of C1

- 6)  ischemic areas and trigger point