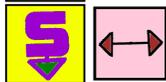


-Anterior Thorax / Side Arm Position-

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Steps

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Position> The client is in the side arm position with the arm drawn forward to pull the pectorals off the ribs. On females, the breast tissue will drop toward the therapy table and away from the belly of the lower pectorals. The therapist is caudal to the extended arm and grasps the pectoralis major with the upper hand.

1) With the thumb and forefingers, apply '**C**' **compression** to the costal division of the pectoralis major. Start at the inferior medial attachment on the ribs and continue along the lateral border toward the insertion at the bicipital groove. Treat as close to the ribs as possible. Repeat the approach for the sternal and clavicular sections.

- Avoid entrapping breast tissue
- This treats the belly of the pectoralis major.

2) Re-treat these sections with **manipulation compression**.

3) With the thumbs, apply **static pressure** to any unreleased areas.

4) Continue with the thumb of the lower hand, reach under pectoralis major and apply **static pressure** to the lateral head of the pectoralis minor at its attachment on the 5th rib. Apply **cross-fiber friction** with light pressure along the lateral head of the pectoralis minor up to the coracoid process. Repeat this process for the middle head which attaches on the 4th rib and the medial head which attaches on the 3rd rib.

- This treats the pectoralis minor.
- The pectoralis minor can attach to any of the 1st through 6th ribs and all of them should be examined.

Position> The therapist moves to the head of the client.

5) Continue by protracting the scapula as far forward as possible to lift the clavicle off the ribs and wrap the fingers and thumb around the clavicle so that the fingers can apply **medial-lateral friction** to the underside of the clavicle in intervals from the sternum to the coracoid process.

- If the clavicle can be moved forward enough to grasp around it, reach around the inferior aspect with the finger pads and around the superior aspect with the thumb pad. When the pads meet, the subclavius can be manipulated between the thumb and fingers.
- Moving the shoulder forward lifts the clavicle off the chest wall to allow distinct palpation of the subclavius while guarding the subclavian artery and brachial plexus from direct pressure.
- If an electric-like shock is felt down the arm, release immediately, pull the client's arm forward and reposition to avoid the brachial plexus.
- Light pressure treats the sternal attachment of the pectoralis major.
- Deeper pressure treats the subclavius.

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Summary

☞ Position> The client is in the side arm position with the arm drawn forward to pull the pectorals off the ribs.

1)  belly of the pec major, medial to lateral, inferior to superior

•  avoid entrapping breast tissue

2)  belly of the pec major

3)  unreleased areas

4)   belly of the pec minor

☞ Position> Therapist moves to the head of the client.

5)  clavicular attachment of the pec major, subclavius

•  avoid the brachial plexus