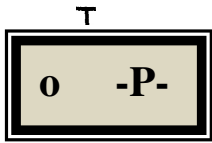


-Levator Scapula-

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Steps

☞ Position> The client is prone with the chin tucked toward the chest. The therapist is at the side of the table facing the head.



1) Start with the thumbs pressing into the insertion of the levator scapula on the greater angle, **glide superiorly** up the muscle to the transverse processes of C4-C1. Contact the transverse processes of the upper four vertebrae at a 45 degree angle and pass under the SCM to treat the attachment of the levator scapula on the transverse process of C1. *Repeat 4-6x.*



- It may be necessary to tilt the head to treat the levator scapula as it passes under the SCM and onto the transverse process of C1.



- Pressing into the sharp bony protrusions of the cervical transverse processes at a 90 degree angle may traumatize the tissues.



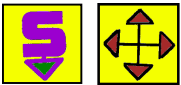
2) With the thumbs or fingers, apply **cross fiber friction** on the transverse processes of C1-C4.

- This treats the attachments of the levator scapula and splenius cervicis.

☞ Position> The therapist moves above the head.



3) Re-treat the belly of the muscle with the thumbs **gliding inferiorly** from the transverse process of C1 to the greater angle of the scapula. *Repeat 4-6x.*



4) With the thumbs, apply **static pressure** and **multi-directional friction** to the attachment of the levator scapula at the greater angle of the scapula.

☞ Position> Put a rolled towel under the humeral head of the scapula and place the client's forearm behind their back. This raises the vertebral border of the scapula. The therapist's lower hand is woven under the elbow of the client and onto the inferior angle of the scapula.



- Beware of pain in the anterior shoulder! If anterior shoulder pain exists when the arm is placed behind the back, release the latissimus dorsi, teres major and subscapularis which connect the scapula to the anterior head of the humerus. Release the latissimus dorsi and teres major with flat/manipulative compression. Release the subscapularis by cupping the fingers into the subscapular fossa and applying static pressure followed by gentle multi-directional friction. Release of the pectoralis major and minor may also be necessary.

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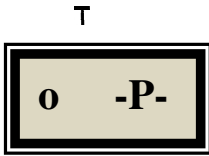
✎ Position> Place the upper (treating) hand of the therapist **around the anterior fibers of the trapezius** so that the relaxed, medial aspect of the fingers are on the anterior aspect of the greater angle.



- 5) With the fingers of the upper hand, apply **static pressure** onto the attachment of the levator scapula for 8-12 seconds.
- 6) Continue holding the upper hand in place on the levator attachment and using the lower hand to move the scapula, apply **multi-directional friction** *by moving the scapula over the relaxed fingers of the upper hand*. From this position on the anterior superior border the therapist may treat the levator scapula and four other subscapular attachments.
 - Moving laterally from the attachment of the levator scapula about 2" allows palpation of the omohyoid.
 - Extending the fingers inferiorly as far as possible near the vertebral border examines the origin of the rhomboid minor.
 - If the fingers of the therapist are long enough and the scapula is elevated far enough superiorly, the subscapularis and serratus anterior can be examined by flexing the fingers into the subscapular fossa near the middle of the superior border.

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Summary

☞ Position> Client is prone with chin tucked. Therapist is at the side of the table.


1)  from greater angle to transverse of C4-C1. 4-6x.

•  pass under the SCM, contact the transverse processes at 45 degrees

•  avoid pressing into the sharp protrusions at 90 degrees


☞ Position> The therapist moves above head of client.

2)  transverse processes of C1-C4

3)  from C1-C4 to the greater angle of the scapula. 4-6x.

4)   levator at the greater angle

☞ Position> Place a rolled towel under the client's shoulder. The client's arm is behind their back and the lower hand of therapist under elbow on the inferior angle.

•  beware of shoulder pain!

☞ Position> Place upper (treating) hand around the trapezius onto the anterior aspect of the greater angle

5)  anterior greater angle

6)  anterior greater angle and associated tendons, lower hand moves the scapula