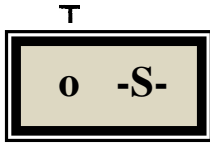


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Steps



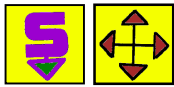
Position> The client is supine with the therapist standing at the side at shoulder level.



- 1) With the thumbs facing each other, pressing up under the clavicle at the sternum, apply **medial-lateral friction** to the subclavius moving laterally to the coracoid process. Apply **static pressure** to any trigger points. **Glide laterally** from the sternum to the coracoid process.



- If an electric -like shock is felt, release pressure and reposition to avoid the brachial plexus.
- This treats the subclavius and clavicular attachments of the pectoralis major.



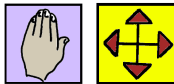
- 2) With the thumbs just medial and about 1" inferior to the coracoid process, apply **static pressure** and **multi-directional friction** to the tendons that attach to the coracoid process.
- This treats (from medial to lateral) the tendons of pectoralis minor, coracobrachialis and biceps brachii.



- 3) With the thumbs on the lateral border of the sternum, apply **multi-directional friction** moving from the sternoclavicular joint inferiorly along the border of the sternum and along the 7th rib.



- Avoid entrapping breast tissue.
- This treats the sternal and costal attachments of the pectoralis major and sternalis.



- 4) **Palpate** the tip of the xiphoid process. Move to the right of the xiphoid process about 2" and about 1" superior. Apply **multi-directional friction** within that intercostal space as well as the intercostal space above and below it.
- This treats the cardiac arrhythmia point.
 - Many women do not have a xiphoid process. Estimate the position and proceed to palpate for the trigger point.

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Position> The therapist sits at the head of the table.



- 5) With the thumb and forefingers, apply **flat compression** and **manipulation compression** to the pectoralis major from the humeral head to the attachment on the ribs. Retreat any unreleased areas with '**C**' **compression**.



- Avoid entrapping breast tissue. Be sure to completely release any trigger points that refer into the breast tissue.
- This treats the lateral belly of the pectoralis major.

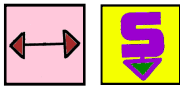


Position>The therapist again stands beside the client at shoulder level.



- 6) With the back of the fingers, **glide inferiorly** from the coracoid process down along the lateral head of the pectoralis minor to its attachment on the 5th rib. Repeat on the heads which attach to the 4th and 3rd ribs. **Cross-fiber** the rib attachments then apply **static pressure** to any unreleased areas.

- This treats pectoralis minor



- 7) With the thumbs at the intercostal space just below the sternoclavicular joint, apply **medial-lateral friction** moving lateral along the intercostal space. Continue inferiorly to treat the upper intercostal spaces. Re-treat any unreleased areas with **static pressure**.



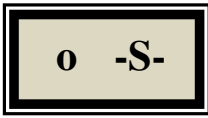
- Avoid entrapping breast tissue.

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Summary

T




Position> The client is supine with the therapist standing at the side at shoulder level.

- 1)    subclavius from medial to lateral

-  avoid the brachial plexus

- 2)   tendons at the coracoid process


- 3)  sternal and costal attachments of the pectoralis major

-  avoid entrapping breast tissue

- 4)   locate and treat the arrhythmia point

Position> The therapist sits at the head of the treatment table.


- 5)    lateral belly of the pectoralis major

-  avoid entrapping breast tissue

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

- 6)    belly and rib attachments of the pectoralis minor

- 7)   upper intercostals

-  avoid entrapping breast tissue