

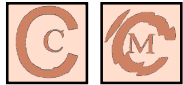
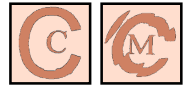
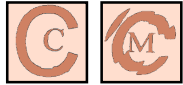
-Teres Major, Teres Minor-

-Latissimus Dorsi-

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Steps

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☞ Position> The client is in the side arm position. The therapist is positioned below the upper arm (seated or kneeling), resting it on the therapist's shoulder. The client can support the arm being treated with the hand of their other arm by bending the other arm at the elbow and resting it on the table. On the arm of the side being treated, the elbow must remain level to or lower than the head of the humerus.

1) Starting with the thumb and fingers as close as possible to the posterior humeral attachment of the teres minor, apply '**C**' **compression** along the entire belly of the teres minor up to the attachment at the lateral border of the scapula. Re-treat with **manipulation compression**.

- This treats the teres minor.

2) Starting 1-2" inferior and lateral to the teres minor, treat the teres major with '**C**' **compression** and **manipulation compression** from the inferior, posterior aspect of the humerus to the attachment on the lateral border of the scapula.

3) Moving inferior and lateral again, and standing to better isolate the latissimus dorsi, apply '**C**' **compression** and **manipulation compression** along the most lateral edge of the posterior axilla following the latissimus dorsi as far caudally as possible to where it attaches to the thoracolumbar fascia in the low back.

- Be sure to raise the arm being treated when you stand during treatment until the thoracic attachments of the lats are reached.

4) Allow the arm to drape as far forward as possible. Apply **cross-fiber friction** and **static pressure** to the lateral border of the scapula.

- This treats the origins of the teres major and minor.

-Teres Major, Teres Minor-

-Latissimus Dorsi-

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Summary

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👉 Position> The client is in the side arm position. The therapist is positioned below the upper arm (seated or kneeling), resting it on the therapist's shoulder.

- 1)   teres minor
- 2)   teres major
- 3)   latissimus dorsi
- 4)   origins on the lateral border of the scapula