SOFT TISSUE MOBILIZATION

Goal of STM is to loosen and prepare muscles and fascia for other treatments. There are any number of different techniques from parallel stroking, cross-friction, Rolfing/deep tissue, muscle activation therapy, active release, functional mobilization, and others.

This lecture/lab demonstration will show some of the different techniques that I commonly use on shoulder patients. I may not perform all of these techniques on all of these muscles each session but 99% of my patients get some type of hands-on treatment each treatment session.

We will be performing parallel stroking or stripping, cross-friction massage, active release and functional mobilization.

**Parallel stroking/stripping** - performing massage parallel to the direction of muscle fibers

**Cross-friction massage** - performing massage perpendicular to muscle fibers

**Active release** - finding restriction in tissue, push into restriction and hold tension as patient actively moves joint that the muscle crosses to lengthen muscle

**Functional mobilization** - finding restriction in tissue and which direction the mobility is most limited, push into restriction and hold tension as patient moves a distal or proximal joint

**SIDE LYING**

- **Scalenes** - parallel stroking/stripping  
  Active release - find restriction, tension on and SB head

- **Upper Trapezius** - parallel stroking  
  Active release - SB head, depress shoulder

- **Levator Scapula** - parallel stroking  
  Cross-friction  
  Active release - SB head

- **Rhomboids** - cross-friction  
  Active release - protract shoulder or abduct shoulder

- **Posterior Deltoid** - cross-friction  
  Active release - horizontal adduction

- **Teres Major** - parallel stroking  
  Functional release - elbow flexion/extension
Active release- abduction

Infrapinatus/Teres Minor- parallel stroking
Active release- horizontal adduction in S/L
IR in prone
Functional mobilization- elbow flexion/extension

SUPINE

Pect Minor- cross-friction (must get under pect major)
Active release- abduction or scapular retraction

SCAPULAR PNF

One of key components to complete shoulder rehabilitation is getting scapula to more ideal position on the rib cage. Vast majority of population has abducted and protracted scapula. This changes the length tension relationships of the scapular stabilizers and they become ineffective at stabilizing. This decreased stabilization leads to poor rotator cuff firing since the rotator cuff muscles all originate on the scapula. Scapular PNF diagonals are good tool to release the muscles first then re-educate them to maintain the more ideal position.

Technique:
Patient supine
Clinician standing behind patient, facing caudally but on cephalad side of shoulder

Part 1:
Patient moves shoulder in anterior depression to posterior elevation diagonal
Clinician can provide combination of resistances to work muscles concentrically or eccentrically

Part 2:
Clinician moves to caudal position but facing cephaladly
Clinician again provides combination of contractions to promote scapular repositioning to a retracted and depressed position
Once get the scapula re-positioned, use sustained isometrics to re-train the scapular stabilizers

*Active Release inventors are P. Michael Leahy and Tim Patterson