I. Definition 1: A passive positional procedure that places the body in a position of greatest comfort, thereby relieving pain by reduction and arrest of inappropriate proprioceptor activity that maintains somatic dysfunction.

II. Definition 2: A mild overstretching applied in a direction opposite to the false and continuing message of strain which the body is suffering.

HISTORY AND THEORY

A. Developed by Lawrence Jones, D.O. The rational and theory behind its efficacy is based on the work of Irvin Korr, Ph.D. in “Proprioceptors and Somatic Dysfunction.”

B. In a state of dysfunction, the proprioceptor input to the muscle spindle is altered and the gamma bias is too high. This is a somatic reflex and Strain-Counterstrain corrects the aberrant proprioceptor input thereby decreasing the gamma bias and interrupting the reflex.
C. There are over 200 distinct tender points throughout the body. These are NOT trigger points. These are manifestations of somatic dysfunction. Travell notes latent trigger points that do not respond to spray and stretch or injection. These are SCS tender points.

D. What is a tender point?
   1. Small zone of tense, tender edematous muscle and fascial tissue about 1 cm in diameter.
   2. Sensory manifestation of a neuromuscular or musculoskeletal dysfunction
   3. Does not respond to spray and stretch or injection.
   4. At least 4x as tender to palpation than normal tissue

E. Technique
   1. Locate tender point
   2. Find position of comfort or mobile point
   3. Monitor tender point as hold position of comfort for 90 seconds
   4. Return to neutral slowly
   5. Recheck tender point

F. General Rules
   1. Hold treatment position for 90 seconds
   2. Return to neutral very slowly
   3. Anterior tender points are usually treated in flexion
   4. Posterior tender points are usually treated in extension
   5. Tender points on or near midline are treated with more flexion and extension
   6. Tender points lateral to midline are treated with more rotation and sidebending
   7. With multiple tender points, treat the most severe first
   8. If tender points are in a row, treat the one in the middle first
   9. Tender points in the extremities are usually on the opposite side of pain
   10. Warn patient that they may be sore after a counterstrain treatment
   11. Only contraindication is (+) vertebral artery test for some cervical treatments
ANTERIOR SHOULDER TENDER POINTS
Anterior First Rib (AR1)

Tender Point: On the first costal cartilage beneath the clavicle next to the sternum

Treatment: Patient supine
           Flexion- mild cervical
           Rotation- markedly toward
           Sidebend- toward

Anterior Second Rib (AR2)

Tender Point: On second rib in the mid clavicular line

Treatment: Same as first rib

Anterior Acromio-clavicular (AAC)

Tender Point: Anterior aspect of the distal end of clavicle

Treatment: Patient supine, clinician stands on the opposite side of tender point
           Adduction- arm obliquely across the body ~0-30 degrees
           Traction- arm obliquely caudally

Bursa (BUR)

Tender Point: Underneath acromion process with arm raised 90 degrees

Treatment: Patient supine
           Flexion- of arm 120 degrees
           Rotation- slight external with elbow flexed

Alternative treatment:
           Abduction- of arm 120 degrees
           Rotation- moderate external with elbow flexed

Long Head of Biceps (LH)

Tender point: Over the long head tendon in the bicipital groove

Treatment: Patient supine
           Flexion- of arm so dorsum of hand on forehead
           Rotation- fine tune with internal or external rotation
Short Head of Biceps (SH)

Tender point: Inferior lateral aspect of coracoid process

Treatment: Patient supine
Flexion- of arm to 90 degrees, elbow flexed, forearm supinated
Adduction- moderate horizontal adduction

Medial Coracoid (MC)

Tender Point: Medial aspect of coracoid process

Treatment: Patient sitting
Extension- or arm to 30 degrees
Adduction- slight
Rotation- internal
Protraction- shoulder and push elbow forward

Lateral Coracoid (LC)

Tender Point: Superior lateral side of coracoid process

Treatment: Patient supine with head off end of table
Extension- markedly of neck
Sidebend- away
Rotation- toward

Subscapularis (SUB)

Tender Point: Lateral margin of scapula anywhere in subscapularis muscles

Treatment: Patient supine at edge of table
Extension- of arm 30 degrees
Rotation- marked internal
Adduction- slight

Latissimus Dorsi (LD)

Tender Point: Anterior aspect of humerus below bicipital groove

Treatment: Patient supine at edge of table
Extension- of arm 30 degrees
Rotation- internal
Traction- of arm caudally
Adduction Shoulder (ADD)

Tender Point: High on lateral border of axilla on medial humerus

Treatment: Patient supine
Adduction- tight to side of body
Compression- to shoulder through shaft of humerus to elevate shoulder and abduct lower border of scapula, thus increasing adduction

Subclavius (SUBC)

Tender Point: Under surface of mid-clavicle

Treatment: Patient supine, clinician on opposite side of tender point
Adduction- of arm horizontally
**Posterior Acromio-Clavicular (PAC)**

Tender Point: Posterior aspect of the distal end of clavicle

Treatment: Patient prone, clinician on opposite side of tender point
  Adduction- of arm obliquely across body 0-30 degrees
  Traction- of arm obliquely

**Supraspinatus (SUP)**

Tender Point: belly of supraspinatus

Treatment: Patient supine
  Flexion- of arm 45 degrees
  Abduction- of arm 45 degrees
  Rotation- marked external

**Medial Second Thoracic Shoulder (MTS2)**

Tender Point: Superior vertebral angle of scapula

Treatment: Patient supine
  Flexion- of arm 110-120 degrees with elbow flexed
  Rotation- fine tune

**Lateral Second Thoracic Shoulder (LTS2) (Infraspinatus)**

Tender Point: Infraspinatus fossa ~2 cm below spine

Treatment: Patient supine
  Flexion- of arm 90-110 degrees
  Abduction- moderate horizontal abduction
  Rotation- maybe external

**Point of Spine (POS)**

Tender Point: On the spine of the scapula

Treatment: Same as LTS2
Third Thoracic Shoulder (TS3)

Tender Point: Belly of infraspinatus muscle

Treatment: Patient supine
Flexion- of arm 135 degrees
Fine tune with adduction/abduction and rotation

Teres Major (TM)

Tender Point: 1. Dorsal surface of the inferior angle of the scapula
2. Posterior axilla, lateral to subscapularis point

Treatment: Patient sitting
Extension- of arm 30 degrees
Adduction- slight
Rotation- marked internal

Teres Minor (TMi)

Tender Point: Lateral border of scapula in belly of teres minor

Treatment: Patient sitting or supine
Extension- of arm 30 degrees
Adduction- slight
Rotation- marked external

Trapezius (TRP)

Tender Point: In upper trapezius fibers

Treatment: Patient supine
Sidebend- head toward tender point
Flexion- of arm overhead
Traction- of scapula superiorly by pulling on arm cephaladly

Levator Scapula (LS)

Tender Point: In levator scapula muscle

Treatment: Patient supine
Adduction- of arm by side, elbow flexed 90 degrees
Sidebend- head toward tender point
Elevate- scapula by pushing cephalad through humerus
Rhomboids (RHM)

Tender Point: Medial border of scapula

Treatment: Patient prone, arm by side, clinician stands on opposite side of tender point
Adduction- of scapula
Elevation- of scapula