

Re-Education of the Shoulder Girdle

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The shoulder (glenohumeral) joint is the articulation between the glenoid fossa of the scapula and the humerus. As a multi-axial joint, it allows movement in three planes. The motions possible are: flexion and extension in the sagittal plane, abduction and adduction on the frontal plane, external and internal rotation and horizontal flexion and extension in the transverse plane, and circumduction in a combination of planes. The scapula and glenohumeral joints work together and use highly synchronized and coordinated movements to perform most functions of the upper extremities.

According to Dr. Travell and Dr. Simon's book on neuromuscular trigger point therapy most muscles in the shoulder girdle at the height of dysfunction have shortened and limited range of motion. Using kinesiology to first test each muscle in the shoulder girdle you can find and document the locking or unlocking response taught in Touch For Health. Touch For Health techniques give you non-verbal information on the status of the individual muscles along with verbal feedback from the client on possible pain or tightness elicited from the testing procedure.

With this information in mind you then begin a systematic elimination of tender points in each unlocked or dysfunctional muscle until all or most areas are released and all shoulder girdle muscles are covered. The techniques that are most effective in achieving this goal are direct pressure to the most tender point, cross fiber friction of the entire muscle along with its attachments and gliding with your thumbs or fingers from the origin to the insertion. These techniques are even more effective when used with a lubricating oil and the tissue is warmed by using friction and kneading (grasp and release) to promote a softening of the muscle and fascia. Energy work such as Reiki, Healing Touch, or Therapeutic Touch are also good to begin the healing process and elicit the relaxation response of the client.

When the entire area, if time allows, or the affected area is covered then a stretching technique such as Proprioceptive Neuromuscular Facilitation stretching or post isometric muscle release is then applied to return the muscles of the shoulder girdle to their normal resting length.

The final test in the reeducation of the shoulder girdle is to take the humerus into its full range of motion and then retest each initial muscle to see if the results of your first set of kinesiology tests have improved. This entire procedure may have to be repeated a number of times depending on the individual's response to treatment, length of time of the injury or dysfunction, age, physical shape and willingness to go through possible slight discomfort felt in changing old patterns engrained in the neuromuscular myofascial system.

The list of possible muscles and their functions that may be involved in this procedure is shown on the next page:

MOVEMENT	MUSCLE	ARTICULATION	ACTION		
Shoulder flexion	Biceps brachii	Shoulder	Flexion		
		Elbow	Flexion		
		Radioulnar	Supination		
	Anterior deltoid	Shoulder	Flexion		
			Transverse flexion		
Shoulder extension	Coracobrachialis	Shoulder	Transverse flexion		
			Flexion		
	Pectoralis major (clavicular)	Shoulder	Flexion		
			Transverse flexion		
			Extension		
Shoulder abduction	Posterior deltoid	Shoulder	Extension		
		Triceps	Shoulder	Extension	
			Elbow	Extension	
Shoulder adduction	Teres major	Shoulder	Medial rotation		
			Middle deltoid	Adbuction	
				Supraspinatus	
Shoulder lateral rotation	Pectoralis major	Shoulder	Adduction		
			Sternoclavicular	Protraction	
	Latissimus dorsi	Shoulder	Adduction		
			Teres major	Medial rotation	
			Infraspinatus	Lateral rotation	
Shoulder transverse abduction	Teres minor	Shoulder	Lateral rotation		
			Pectoralis major	Shoulder	Transverse adduction
				Sternoclavicular	Protraction
Shoulder medial rotation	Coracobrachialis	Shoulder	Flexion		
			Anterior deltoid	Transverse abduction	
				Triceps	Extension
Shoulder transverse abduction	Posterior deltoid	Shoulder	Transverse abduction		
			Extension		
Shoulder medial rotation	Latissimus dorsi	Shoulder	Medial rotation		
			Teres major		