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TYPES OF MASSAGE APPROACHES FOR IMPACT ON M. SUBSCAPULARIS

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Abstract: The massage approaches for impact on m. Subscapularis are present in almost every back massage treatment plan. A number of standard sub-muscle processing techniques are used in practice. They can be reached thanks to a template method. Most therapists perform techniques aiming the same place. When a trigger point, that emits a pathological impulse, is missed, then a chronical pain in the shoulder can be observed. Thanks to the literature and information gathered, we offer a variety of approaches and localizations for impact on a more complete m. Subscapularis therapy. Approaches for impact in a starting sitting position, the patient's respective hand is placed behind his back. The shoulder is lifted by the therapist's own hand, and the sub-scapular and intercostal muscles are treated with the finger tips. The physical therapist uses his forearm to place the shoulder in the required position. This requires considerable force on the flexors of his upper limb. The manual grip can lead to a rapid exhaustion of the therapist. Most specialists involved in performing a healing massage on a working day are going to have a moment when they will stop using this approach in order to avoid fatigue. Overcoming gravity and a part of the weight of the upper limb. There are analytical techniques for the treatment of subalboreal and intercostal muscles. One hand restrains the shoulder and the other hands slides down and rubs. If the hand is supinated, it affects the subcutaneous muscle, if it is pronated - on the intervertebral muscles. We believe that it is safer for the therapist to use a specially developed healing massage tool, which on one hand protects the therapist's fingers, on the other hand it has a better impact thanks to its shape. In this way, prevention of some more common occupational diseases such as tendovaginitis, arthrosis and arthritis is provided. Physical therapists can develop a number of modifications of techniques with a specialized healing massage tool and displace a large percentage of manually operated hands only. This makes us to think that it will certainly make the massage procedure more attractive. Inevitably in the future it will increase the length of professional experience.
Keywords: trigger point, subscapular muscles, approaches

1. INTRODUCTION

In practice, standard techniques are used to mobilize the scapula and to treat the subscapularis muscle. The study of classical therapeutic approaches to influence from different starting positions (s.p.) will show us the possible omissions and localizations that are underestimated.

Primus for action on subscapularis muscles - IP bed or seating, the patient's respective hand is placed behind his back. The shoulder is lifted by the therapist's own hand, and the sub-pulmonary and intercostal muscles (Yanev, 2010).

The kinesitherapist uses his forearm to place the shoulder in the required position. This requires considerable force on the flexors of his upper limb. The manual grip can lead to a rapid overwhelm of the therapist. For most therapists, after several massage procedures during the day, they will need to stop the method to retain strength. Gravity and some of the weight of the upper limb must be overcome. Priyom is particularly suitable for the medial part and the lower lip of the scapula.

Techniques to influence subscapularis muscles. One hand restrains the shoulder and the other hand down and rubs. If the hand is supinated, it affects the subcutaneous muscle, if it is pronated - on the intervertebral muscles.

Method of impact on the muscles around the shoulder blade (Jelev, 2011). S.p. sitting, one hand secures the upper end of the shoulder blade. With the II-III-IV finger and thumb, the broad backbone is enclosed in the region of the outer edge and lower shoulder blade angle. Massage techniques are applied with the fingers in the direction of the occipital bone.

With the two techniques described above, the therapist applies an impact with dorsal pressure. The upper limb position is in mild abduction, flexion and internal rotation and an anterior arm relaxed on the thigh of the same name. From this position hard pressure is applied to the front surface of the scupula.

Straight-sliding massaging on the medial edge of the blade with protraction and retraction of the shoulder belt in the direction from caudal to cranial (Kraidjikova, 2011**).**

S.p. is a side-lying position, the therapist is behind the patient's back. The working position may lead to intervertebral neuralgia due to the torsos rotation. The disease associated with severe arterial pain on the anterior - lateral surface of the chest area. Significant force is required for the distal flexor groups and the adjusters of the

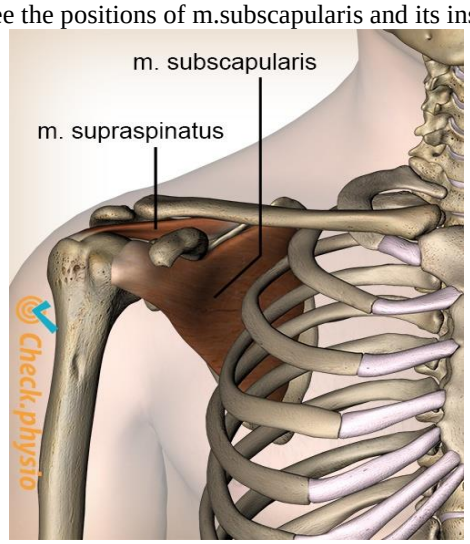
shoulder joint of the therapist. This manual method combines passive movements of the blade with healing massage, resulting in simultaneous effects on the soft tissues and joints of the treated area.

Manual technique for m. Subscapularis coupled with dorsal mobilization of the armpit bone (Dimitrova, 2008)**.** In the case of anterior instability of the shoulder, it is good to change the manual technique and to ensure dorsal mobilization of the head of the humerus during stretching. The ventral mobilization of the head of the humerus stimulates the restoration of the external rotation of the arm. If the main therapeutic goal is to increase the volume of this movement, it is appropriate to perform a manual technique with S.p on the affected side. In this manual technique, the therapist provides distal arm fixation and ventral mobilization of the humerus head by dosing with his elbow.

The amount of external rotation in the shoulder joint is reduced very often in a number of diseases. When choosing a therapeutic technique, we must consider choosing a suitable starting position. In patients with cardiovascular disease, strokes and lung diseases are more appropriate s.p supine half lying position and sitting.

2. MATERIALS AND METHODS

We described the main maneuvering techniques available to influence m. Subscapularis and the shoulder blade was convinced of their combination with the ultimate goal of better therapeutic action. We use the anatomical knowledge for each muscle so that we do not miss an untreated localization. Muscle fiber has a certain direction that we use in the healing massage. In Pic1.You can see the positions of m.subscapularis and its insertions (5)



Pic.1 Catching places of m.subscapularis

Actually, this muscle stabilizes the head of the humerus inside the glenodial fossa. It is innervated by and n.subscapularis, which starts with the fifth and sixth cervical nerve, forming the back bundles of the brachial plexus. Not only physical overload can cause muscle problems but also cervical hernia when roots (C5-6) are affected. The muscle is thick and fills the whole scapula as it passes beneath it and makes its way under the arm to the tuberculum minus humeri and incerts to it.

When a trigger point is missed, that emits a pathological pulse, a chronical pain in the shoulder can be observed.

The following sequence can be used to manually manipulate m.subscapularis with a spoonbill tool (Pic.2) using different starting positions sitting, side-lying position or face-lying position:

- ✓ Reflector-segmental massage in the area of the cervical roots C5-6. Dosage: 8-12 min.
- ✓ Classical techniques for impact on the subscapularis muscle of s.p face-lying for the lower and medial surface of the shoulderblade
- ✓ S.p supine lying. We put a hand under the axillary well and palpate m.subscapularis immediately medial from m.latissimus dorsi. Palpation should be careful because it can cause muscle inflammation and injury.
- ✓ The patient rotates his armpit in and out with his other hand, the therapist presses his thumb with the point on the front surface of the shoulder blade, and the other fingers are on the back-side surface of the scupula above the angulus inferior scapulae. In this way, we are sure that we have localized exactly the impact site.

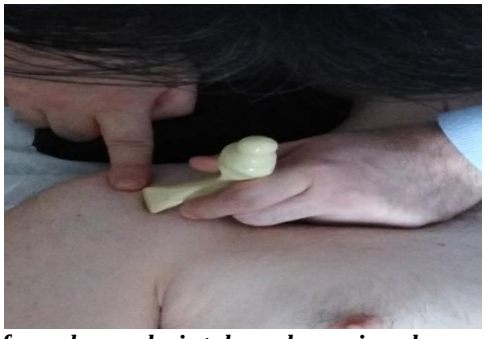
- ✓ Place a towel under the dorsal surface of the blade. The upper limb abducts up to 90 degrees in the shoulder joint, resulting in an upper rotation in the scupula to allow the anterior surface to be accessible. Using a spoonbill tool (Pic.2) , we perform careful compression on a trigger point located on the front surface of m.subscapularis

Pic.2 Handheld Spoonbill tool

- ✓ With one hand, the therapist covers the distal part of the forearm, and at a 90-degree elbow, a passive external rotation occurs in the shoulder joint while simultaneously processing the trigger point with the healing massage tool (Pic.3).

Pic.3 Passive external rotation in the shoulder joint by treating the trigger point with the healing massage tool

- ✓ For a more safe effect, the same technique is used, but when rotation in the shoulder from a relieved starting position with an elongated elbow.
- ✓ Treat the incertion of m.subscapularis tuberculum minus with a tool for impact on bone base (Pic.4) to re-perform active external rotation to make sure we are in the right place.



Pic.4 Treatment of incertion of m.subscapularis tuberculum minus humeri with an impact on bone base.

3. CONCLUSION

We believe it is safer for the therapist to use a specially developed spoonbill tool (6) that protects the fingers of the therapist , and has a better shape. It is hand-made taking into account the anatomical features of the processed segment.

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