

**HOME**

- Articles
- Trigger Points
- TP Basics
- Do's & Don'ts
- Exercise
- Specialists
- Understanding Pain
- Treatment Areas
- Head & Neck
- Face
- Upper Back
- Mid-back
- Subscapula
- Low Back
- Buttocks
- Upper Legs
- Lower Legs
- Feet
- Shoulder
- Upper ribs
- Upper arms
- Lower Arms
- Hands
- Chest
- Ribs
- Diaphragm
- Colon
- Abdominal Organs
- Psoas
- Treatment Schedule



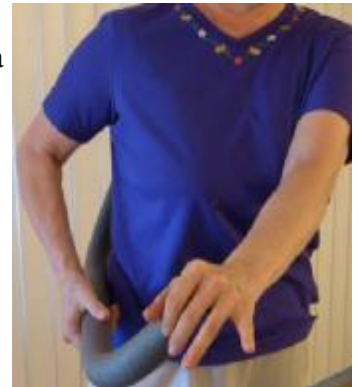
## Subscapular Muscles

Body Region:	Subscapular Muscles
Conditions Associated with TPs:	Frozen shoulder, generalized shoulder pain
General Symptoms:	Pain on movement of the arm/shoulder, shoulder weakness
Common Causal Activities:	Generally overuse or Repetitive Stress Injury (RSI)
Anatomy Picture:	<p style="text-align: center;">Medial edge . . . . . Lateral edge</p>
Self Care:	<p>To get under the scapula to trigger points is difficult. The best way is with a hook tool that is placed along the medial edge of the scapula and pulled to the side in order to get the hook under the scapula. In bad cases this may seem impossible as the scapula is so tight it won't allow movement under it. It will increase movement and decrease pain over time. Another method is to use an exterior wall corner (one like a door frame) while standing by folding the arms, placing the medial edge of the scapula on the corner edge, moving the feet slightly away from the wall, sliding down a few inches and rolling the corner under the scapula. Get as much as possible of the medial edge and bottom point of the scapula.</p> <p>For the lateral edge of the scapula, place the fingertips of a flat hand under the opposite armpit and against the ribs. You will feel the scapula as the bone just behind the armpit. Place the treating hand with straight fingers against the scapula edge, grab the elbow of the treating arm with the other hand and pull with the other hand across the body to press the treating hand fingers under the scapula.</p>
	<p>The easiest way to do this therapy is with the patient on their side with the treating (medial ) side of the scapula up. The medial side is done while standing in front of the patient and reaching behind the</p>

Therapist Care:	<p>done while standing in front of the patient and reaching behind the patient to drive a double thumb post downward under the scapula. Use a stiff arm and let gravity do your work for you.</p> <p>On the lateral side have the patient on their opposite side with the treating shoulder up (turn the patient onto their other side). Have the patients hand and arm raised over their head and resting on their ear as much as possible. Stand in front of the patient and pull tissue slack from just behind the lateral edge of the scapula with the fingers toward the side while a double thumb post presses under the scapula along the ribs toward the back. Don't press down into the ribs. Your line of drive should be along the ribs.</p>
Special Notes:	<p>Initially many patients will find very little space to get under the scapula on either margin (edge). Over time this space will increase as the TPs improve. Most care in the past has taken several weeks for noticeable results. With this treatment a 25% to 30% or more improvement can be found at the end of the first treatment. Once the TPs are gone and in people without them most people find the actual treatment a welcome massage technique.</p>



The subscapula region has two edges, the mid-back or medial edge and the front or lateral edge under the arm. Both need to be treated. Depending on how tight the muscles are it may seem impossible to get under the Scapula but over time the muscles will become looser and allow deeper penetration under the bone.



Using the tool on the medial edge is a modification of the mid-back technique. The key is to place the hook end of the ABT at the medial edge of the Scapula, pull the shoulder blade back in such a way as to "wing" the shoulder blade out from the ribs and try to hook the end under the bone. Because the direction of force is NOT forward but to the side the straight end is NOT pulled forward but to the side with a slight forward direction to it. Twisting the ABT slightly sometimes makes it easier to position the ABT. Please note the different hand positions and direction of force between the correct upper picture for the Subscapula region and the incorrect lower picture for the mid-back region.



Once the hook end is in place the supporting hand (the right hand in the picture) is held steady while the left hand tries to push the straight end forward, sideways and downward all at the same time. It has the effect of using the right hand as a fulcrum point for a lever to push the hook end up and under the Scapula.

Since the directions in "Self Care" above explain the treatment for the outside of the Scapula a picture is not shown here. It would be difficult to show the position of the hand and fingers under the other supporting hand and arm.

[\(Return to top\)](#)

