

## The Rib-Roll Stretch for Thoracic Spine Mobility

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Decreased thoracic spine rotation may play a pivotal role in many musculoskeletal injuries. An optimally functioning thoracic spine should have more mobility than the lumbar spine for efficient movement. Today's largely sedentary population, with their dysfunctional postures, live with perpetual thoracic hyperkyphosis, [rounded shoulders](#), forward neck translation and decreased hip extension. The anterior fascial chain is inherently tight and the posterior chain weak and underused.

Restricted thoracic mobility will cause decreased stability in distal points, resulting in repetitive-injury, microtraumatic dysfunction. Rarely are the symptoms of thoracic spine rotational dysfunction presented in the thoracic area. Look beyond the pain and focus on functional movement. It's no wonder there are rampant increases in chronic musculoskeletal pain syndromes. Teaching your patients self-help techniques in conjunction with your treatments should be a primary goal of a long therapy program.

The rib-roll thoracic spine stretch is one such technique. It stretches many dysfunctional areas at one time and patients will have positive changes after one session of proper coaching. Simple, effective, fast-acting and fun for patients to do is what makes this movement so powerful. Here is how you perform the stretch and primary cueing techniques. Watch the video that accompanies this article for 3-D action of the stretch.

<iframe width="560" height="319"src="http://www.youtube.com/embed/rZz4q1zOacU?rel=0" frameborder="0"allowfullscreen></iframe>

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### How to Do the Stretch

- Patient should be side-lying with hips and shoulders stacked. Use a cervical spine support to maintain a comfortable line with a "packed (neutral) neck." Too much lateral flexion will put the patient in a high threshold protective strategy and they will be unable to relax.
- Flex your top leg up to 90 degrees and hold onto it with your bottom hand. Place a support underneath the knee as shown in the video to prevent excessive lumbar spine rotation. Remember, you want to isolate thoracic spine rotation, not transition into lumbar compensation.
- Bottom hand rests on the top thigh; bottom leg remains straight.
- Once in the position, contract the glutes (butt muscles) in the bottom leg to activate extension patterning.
- The top hand goes underneath the bottom rib cage to assist in end-range stretch.
- Lightly press the top leg into the support (adduction) to engage the core.
- Look in the direction you will be turning and then let the head follow. Go full cervical rotation to comfort level.
- Cue leading with the posterior shoulder. Almost like trying to touch the top posterior deltoid to the floor. Great movement for activation of the notoriously weak extensor and posterior chain muscles of the upper torso. Activate the latissimus dorsi at end range.
- At end range, assist with bottom hand, pulling torso farther into the stretch.

- Exhale on the rotation and inhale on the return to starting position.
- Complete four more rotations by exhaling and at the end range, maintain stretch for four seconds, breathing through your diaphragm.
- Do a total of eight repetitions on each side. On the more restricted side, complete another set of eight.
- Don't strain your neck or pull too hard at the end range. A good benchmark of too much stretch is an inability to breathe through [the diaphragm](#). This is a sign that your nervous system has reached a high threshold barrier, and compensations will occur.

#### Tips to Maximize Success

- Videotape the patient doing this movement so they can remember how to do it correctly. (I use the patient's own phone video camera so they have it readily available.)
- Use proprioceptive feedback via touch so the patient can feel where you want them to contract or stretch.
- Assist at end range with slight push into the stretch as the patient relaxes. Excellent way to gauge end feel of the rib cage.
- There should be *zero* pain on this stretch. If there is pain, regress to other stretches until the patient is ready for this movement.
- Primary muscles to contract are the gluteus maximus and latissimus dorsi.

Suggested conditions conducive to effective use of the rib roll include elbow tendinitis, shoulder impingement syndrome, cervical pain, [carpal tunnel](#) problems, and hip pain.

Empower your patients to take back control of their life from pain. Teach them how to move smarter and better. The rib roll is a wonderful way to introduce movement into the lives of more people. You will find it to be one of your primary go-to correctives.

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