

Raise Your Hand (If You Can)

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When a patient presents with pain in the shoulder and humeral flexion that is limited and/or painful beyond 90 degrees, I ask them to raise their hand in the air as if they are asking a teacher a question. I will stabilize their thorax and apply posterior to anterior force into the elevated humerus to evaluate the strength of their lower trapezius muscle. I can compare this test bilaterally to confirm to myself and the patient the difference between the healthy side versus the affected side.

It is amazing how even very strong men will fail this test when the muscle is in a dysfunctional state. After demonstrating to the patient the weakness found during eccentric break muscle testing, I will address the fibers that are most involved and correct them.

Addressing the affected muscle can be accomplished with three to five gentle presses into the most tender fibers at the angle of maximum sensitivity (five-second hold or three cycles of pin and stretch). These are the fibers that are most stressed and need the most help. In the case of treating the lower trapezius muscle, the insertion points include the spine of the scapula at the superior end and the spinous processes of the 6th through 12th thoracics inferiorly.

Post-treatment test results are achieved quickly and the patient may comment that I did not push as hard on the retest. When I use a dynamometer with the patient, they get to see the change in their muscle power output directly, and there is no doubt in their mind about how their muscle improved significantly with just a few light presses. I call this the "wow" factor.

Proper stimulation of the golgi tendon organs at the osteotendinous junction helps to reduce muscle tension and provides the central nervous system the opportunity to update the status of the muscle from a guarded, weakened state to a more normal tone and power output. This gentle treatment approach is mind-blowing to patients who are expecting me to do some aggressive, traumatic move to fix their problem.

Correction of the nervous system does not require massive effort, lightning speed or extensive time. The clinical markers that indicate neurological dysfunction include range of motion and muscle power output. Evaluation of these markers pre- and post-adjustment reveals to the provider and the patient the effectiveness of treatments rendered.

I teach my patients the premise that a healthy muscle is strong, flexible and pain-free. Anywhere the body has pain, stiffness and/or weakness indicates a dysfunctional neuromuscular connection. The goal of treatment is to restore normal muscle power output and mobility, and reduce pain.

Challenge yourself to evaluate the lower trapezius muscles bilaterally on your next 10 patients. When you find a weak muscle, use the correction techniques described above and document what you have observed. I expect you will find the patient amazed at what a great doctor you are to have found and fixed their shoulder problem.

