

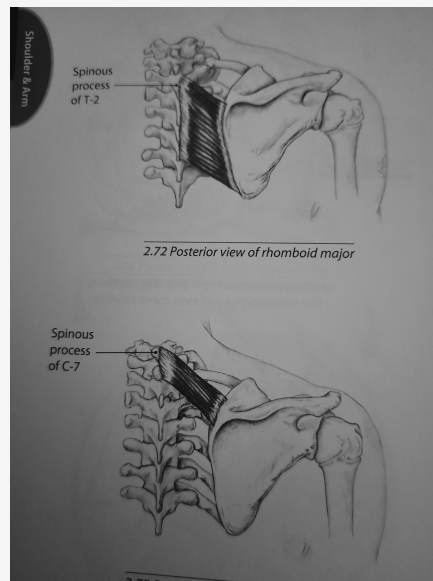
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Rhomboids



Rhomboid Major:

Origin: Supraspinatous ligament of the 2nd-5th Tx

Insertion: Medial border of the Scapula

Rhomboid Minor:

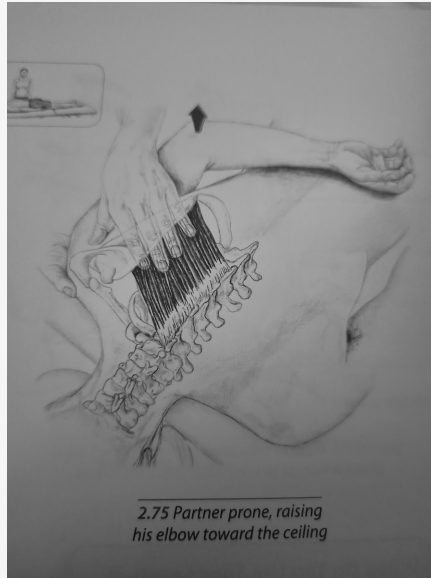
Origin: Lower Ligmentum Nuchae, Spinous Processes of 7th Cx - 1st Tx

Insertion: Medial end of the Spine of the Scapula

Nerve: Dorsal Scapula Nerve (C4-C5)

Action: Scapular retraction and stabilisation

Rhomboids palpation



- Deep to traps - rhomboid fibres feel more oblique

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Trps



- SML C7-T5
- Upper traps can cause satellite Trps in Rhomboid Minor
- Causes a snapping Scapula

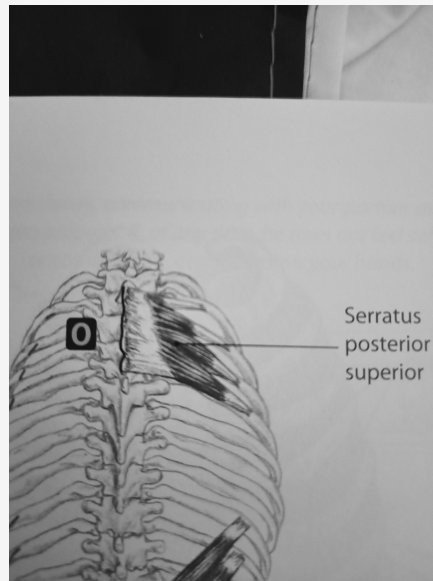
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Serratus Posterior Superior



Origin: Aponeurosis of the nuchal ligament + SPs of 7th Cx vertebra and 2-3 Tx VB and their supraspinus ligaments

Insertion: Upper borders and external surfaces of 2-5th Ribs

Nerve: 2-5th Intercostal nerves

Action: Elevation of the ribs - respiration

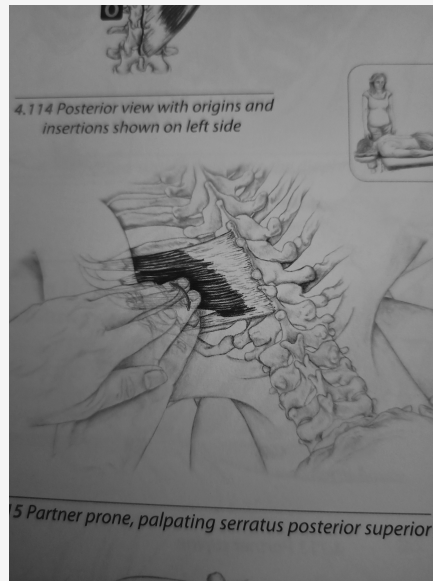
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Serratus Posterior Superior - Palpation



- Pt's arm off bench (draws scapula laterally)
- Deep to rhomboids, ask patient to inhale

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TrPs



- T1-T4 SML
- Lying on a tennis ball over interscapular region with arms across chest
- Mimics C8-T1 Radioculopathy
- Aggravated by breathing/coughing

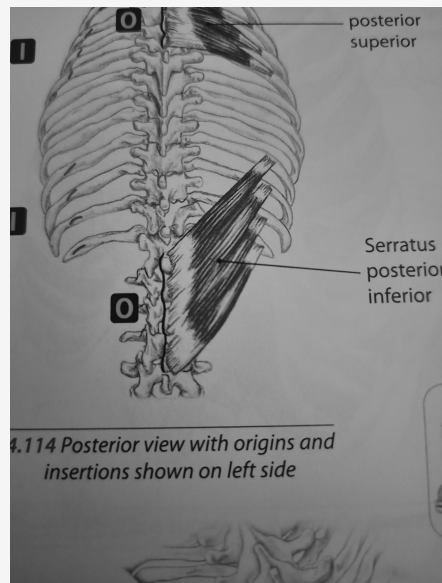
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Serratus Posterior Inferior



Origin: SP of the lower 2 Tx and upper 2/3 Lx and their supraspinatous ligaments (aponeurosis)

Insertion: Outer surfaces of the lower 4 ribs

Nerve: Ventral Rami 9th-12th Tx spinal nerves

Action: Accessory muscles of respiration

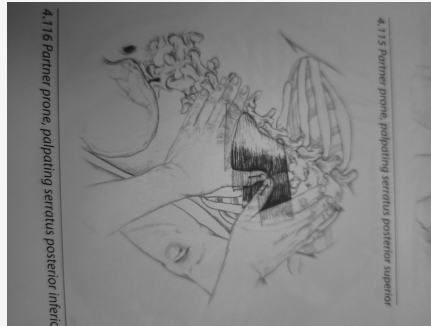
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Serratus Posterior Inferior - Palpation



- Bottom of rib cage
- Pt exhales

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TrPs



- T/L SML + Manipulable Lesions of lower 4 ribs

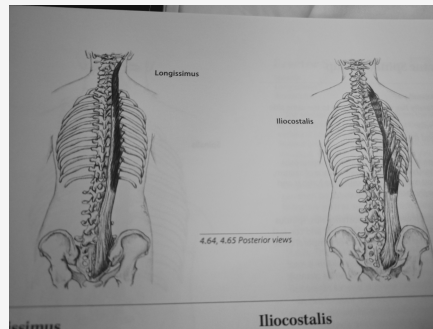
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Iliocostalis + Longissimus Thoracis



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Longissimus and Iliocostalis

Origin: Fascicles attach to sites that are in relation to the ribs

Iliocostalis Cervicis: Posterior Tubercles of the 4-6th Cx

Insertion: 3rd-6th ribs

Iliocostalis Thoracis

Origin: TVPs of 7th Cx VB and superior borders of the angles of the upper 6 ribs

Insertion: Upper borders of the angles of lower six ribs

Iliocostalis Lumborum:

Lumbar: Origin: First four Lx TVP and posterior surface of middle layer of thoracolumbar fascia

Insertion: Medial end of the iliac crest and dorsal segment of iliac crest, L4 and L1 fascicle

Thoracic Origin: Lower eight/nine ribs

Insertion: Medial and dorsal end of iliac crest



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Longissimus and Iliocostalis (cont)

Nerve: Intersegmental lateral branches of the dorsal rami

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Longissimus and Iliocostalis (cont)

Action: Extends vertebral column

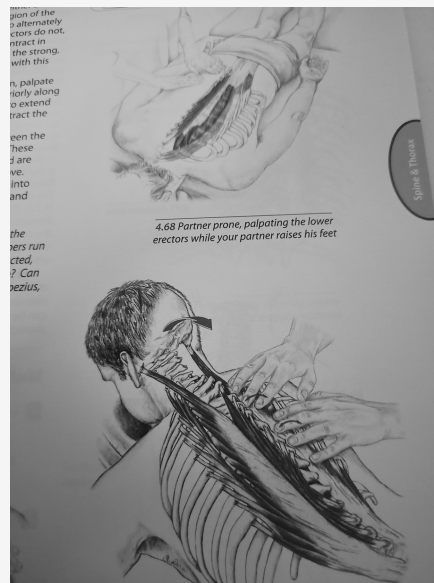
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Longissimus and Iliocostalis - Palpation



- get patient to raise feet slightly to activation
- Extend head if further up at scapula level
- Should feel ropy

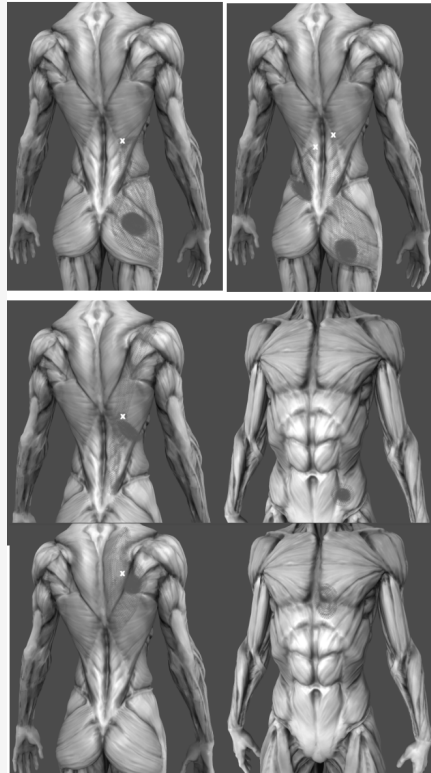
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TrPs



- Patient runs hand up and down back - iliocostalis + side to side - lower rectus abdominus
- Causes Buttock pain

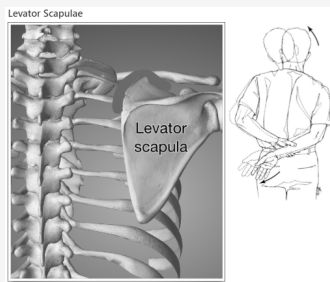
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Interscapular Pain



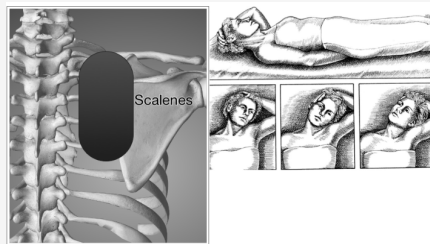
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Scalenes



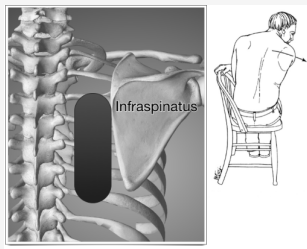
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Infraspinatus



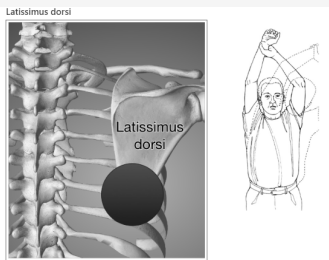
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Lats



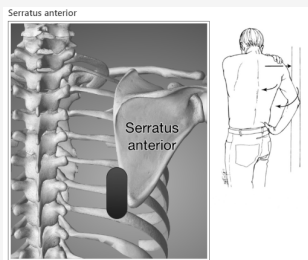
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Serratus Anterior



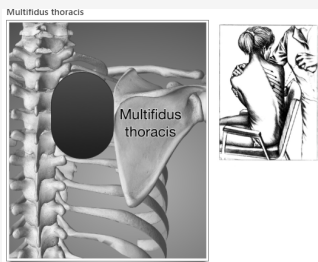
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Multifidus Thoracis



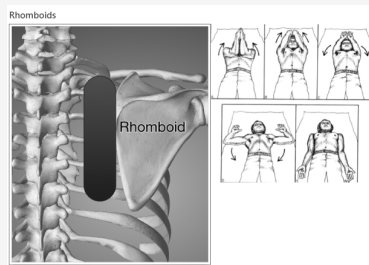
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Rhomboids



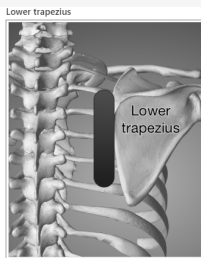
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Lower Traps



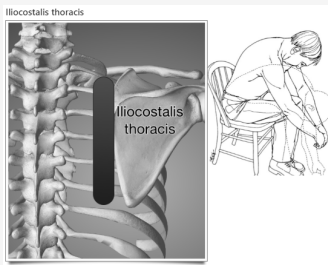
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Iliocostalis Thoracis



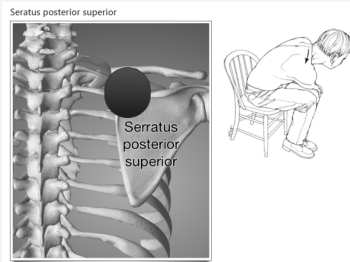
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Serratus Posterior Superior



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Sympathetic Intrafusal Tension Syndrome

- Muscles of the upper back more affected by this

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Sympathetic Intrafusal Tension Syndrome (cont)

- Tone changes due to activation of the sympathetic nervous system

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Sympathetic Intrafusal Tension Syndrome (cont)

Treatment: Patient education, decrease caffeine, increase water

Myofascial distortion: TrP therapy in a relaxed posture, heat afterwards

Treat associated manipulable lesions

CV Exercise: 3-5 x week, 15-20 mins per session **Muscle tension and pain diary** - pain and tension out of 10 and timing

Progressive tension relaxation: Patient fires middle traps for 10 seconds without moving scapula for 10 seconds - patient relaxes muscle for a few breaths - Contract again with half the tension for 10 seconds then relaxes, then half the tension again then relax

Abdominal Breathing Relaxation exercise: Breath through nose in a slow breath , don't hold breath in but hold for 3 following each exhalation, 3-5 breaths when patient feels stress



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Sympathetic Intrafusal Tension Syndrome (cont)

Once control of tension is regained, stretching starts

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