

Reduce stress and mobilize the thorax

Positioning: prone, supine, sidelying and seated are all appropriate. Pt will know how they can lay

Hydro: fascial steam 5 mins prior to tx 5 drops of eucalyptus, benzoin and frankense (expectorants). Heat- lower posterior intercostals, pec major 1 side at a time

GSM with relaxation context

Reduce fascial restrictions on lats, lower intercostals and QL.

GSM: upper traps, levator scap, serratus post sup, erectors, posterior intercostals and QL. Tx to TRP's.

PAUVP, TVP, rib springing and rythmic mobs to scaps.

Levator costrum recoil

Turn pt supine; place small towel rolled up down the spine if hyperkyphosis is present

Work within pt pain tolerance

Fascial techniques: pecs, sternum, abdominals and lower intercostals

Diaphragm attachments are treated next.

GSM to pec major, pec minor, subclavius, serratus anterior, anterior intercostals and abdominals include effleurage, over-handed palmar kneading on the abdomen, fingertip kneading, mm stripping amd O&I techniques

Intercostals worked symmetrically medial to lateral.

Trp's in pecs intercostals

Scalenes, SCM, upper traps, levator scap, suboccipitals and post cervical muscles are treated with GTO release, mm stripping and fingertip kneading.

Effleurage to shoulders and neck.

Joint plays; resisted breathing and rib springing

Anterior and lateral challenges to hypomobile cervical vertebrae

PIR to cervical muscles (scalenes and pecs)

Postural drainage if necessary

Hyperkyphosis, hyperlordosis and other conditions are treated in later tx's