



Information Taken From James Waslaski's New DVD Series

Integrated Manual Therapy and Orthopedic Massage for Complicated Shoulder Conditions 2013

Integrated Manual Therapy and Orthopedic Massage for Low Back Pain, Hip Pain and Sciatica 2013

Clinical Massage Therapy: A Structural Approach to Pain Management
By Pearson Education, 2011

Adhesive Capsulitis Protocols for Shoulders and Hips

- Adhesive Capsulitis, is a disorder in which the shoulder or hip capsule, the common connective tissue surrounding the glenohumeral joint or femoral head, becomes adhesive and stiff, and grows together with abnormal bonds of tissue, called adhesions, greatly restricting motion and causing pain.
- Exact cause is unknown, and some medical experts claim it usually last 5 months to 3 years or more. We believe capsular patterns follow muscle imbalance patterns.
- Some cases are caused by injury or trauma to the area, but may appear for no reason at all.
- Manual therapists need to know the difference between adhesive capsulitis and true frozen shoulders and hips, because treatment protocols are very different.
- It may also have an autoimmune component, with the body attacking healthy tissue in the shoulder.

Early Onset Adhesive Capsulitis or Complicated Frozen Shoulder?



Early Onset Adhesive Capsulitis or Frozen Hip?



Capsular Pattern Evaluation Protocols for Shoulders and Hips

- Proper Evaluation is critical to confirm the **bone on bone like end feels** found with adhesive capsules for shoulders and hips. **Bone on Bone Like end feel** is usually found early onset in external shoulder rotation and between 20 degrees and 90 degrees of passive shoulder abduction as it capsular patterns progress.
- Hip extension and medial or lateral rotation will also be restricted with a "**bone on bone like end feel**". (Check Passive End Feel)



Adhesive Capsulitis Protocols for Shoulders and Hips

- Once your initial evaluation determines there is indeed a **bone on bone like end feel**, you must apply capsular work with musculoskeletal balancing techniques.
- Fascial and Capsular Techniques to the hip and shoulder must be extremely slow, and done pain free. It must be applied exactly at the point where each new **"bone on bone like end feel"** is found during your ongoing evaluation and throughout the treatment.
- If there is a muscular strain or sprain, the soft tissues must be brought into balance pain free. As muscle groups are brought to their normal muscle resting lengths, strains must be treated prior to capsular work being done.
- That is the only way to keep the work pain free throughout the entire treatment.

Adhesive Capsulitis Protocols for Shoulders and Hips

- The basis, or hypothesis, of the capsule work is based on the following factors:
 - 1. Strain Counter – Strain or positional release allows the scar tissue to relax and better release.
 - 2. Deeper Early Onset Fascial Adhesions can be mobilized through the application of pressure, movement, and slow velocity stretch.
 - 2. Movements and eccentric forces can re-align disorganized collagen.
 - (i.e. Gently compressing and then tractioning the humerus down away from the acromium, can eccentrically load the scar tissue in the shoulder area, and decompress the bursa and supraspinatus, to assist in freeing up advanced stage adhesions in the joint capsule)

Adhesive Capsulitis Protocols for Shoulders and Hips-You must work the joint capsule exactly where it is **bone on bone like "Pain Free"**



Adhesive Capsule Release of The Hips



With True Frozen Shoulders There Are Associated Strains or Sprains Complicating the Capsular Patterns. That Makes Soft Tissue Balancing and Treatment of Strains and Sprains A Critical Part To Proceed The Capsular Work.



Tendinosis Research & Clinical Case Study

Excerpted and quoted from 2 Sources:

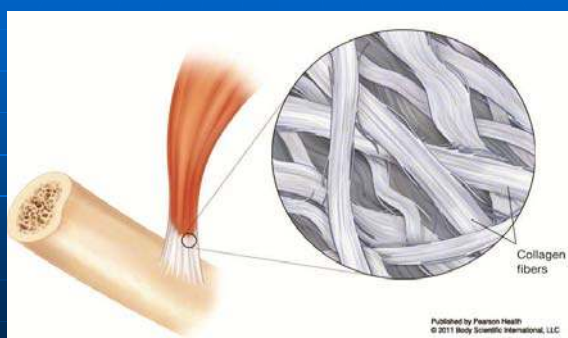
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Phys and Sports Med., Vol. 28, No. 6, June 2000

Tendinosis Research

- “Overuse tendinopathies are common in primary care.
- Numerous investigators worldwide have shown that that the pathology underlying these conditions is tendinosis or collagen degeneration.

Tendinosis-A Muscle-Tendon Stain Over Time Without Inflammation.



Tendinosis Research

- An increasing body of evidence supports the notion that overuse conditions do not involve inflammation.
- Thus the traditional approach to treating tendinopathies as in inflammatory “tendinitis” is likely flawed!

Tendinosis Research

2. Biomechanical deloading correction:

“Tendinosis results from collagen degeneration and mechanical overload, so determining why it occurred is important.”

- “Some of the reasons are muscular imbalances, training errors, faulty equipment, and improper movements biomechanics.”

Tendinosis Research

5. Appropriate Strengthening:

“Eccentric strengthening programs have a long track record of clinical effectiveness, and recent research adds further scientific support.”

“It is likely that specific eccentric training results in tendon strengthening by stimulating the mechanoreceptors in tenocytes to produce collagen, and thus help reverse the tendinosis cycle.”

Tendinosis Research

- This applies equally in the Achilles tendon, Patellar tendon, medial and lateral elbow, and rotator cuff tendons.
- Unfortunately distinguishing tendinosis from the RARE TENDINITIS is difficult clinically.
- But because tendinosis is far more likely, our advice is to treat patients initially as if tendinosis were the diagnosis.

Biomechanical Unloading Is To Restore Normal Muscle Resting Lengths

- According to DR. Janda Upper Crossed Syndrome Consists of The Following Situation for Most shoulders
- **Tight, Facilitated** Anterior Cervical Muscles Pectoralis Major and Minor, Biceps, Upper Trapezius, Subscapularis, etc.
- **Weak, Inhibited** Triceps, Posterior Deltoid, Rhomboids, Lower Traps, etc

Release SCM & Scalenes



Release Tight Pectoralis Major



Release Tight Pectoralis Minor



Release Tight Biceps



Test Pectoralis Minor for Strain



Treat the Strain With Multidirection Friction For Up To 30 Seconds



Perform Pain Free Eccentric Muscle Contraction To Align The Scar Tissue



Release Tight Upper Trapezius



Release Sudscapularis



Stretch Tight Subscapularis



Relax The Triceps



Relax The Weak Posterior Deltoid and Rhomboids



Downward Rotate The Scapula To Relax The Weak Lower Trapezius



Traction The Humerus to Decompress The Supraspinatus and Subacromial Bursae and Stretch The Joint Capsule



Release The Belly Of The Supraspinatus Before Treating The Strain



Test For The Strain In Supraspinatus By Having The Client Contract Against Therapist's Resistance



Treat The Strain With Multidirectional Friction For 30 Seconds To Soften The Collagen



Create a Pain Free **Eccentric Muscle Contraction** To Align The Collagen



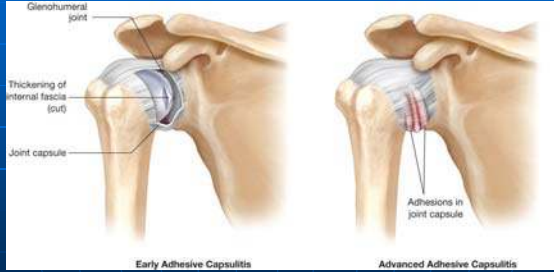
Relax The Weak, Inhibited, Infraspinatus and Teres Minor



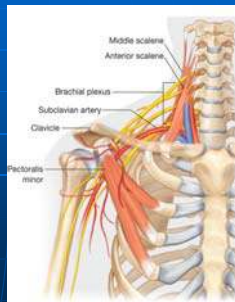
Apply Stain Counter-Strain, and Then Traction To Stretch The Joint Capsule



Differentiate The Techniques for Inner Fascial Adhesion Release Versus Joint Capsule Release



Discuss Precaution For Pectoralis Minor Stretch



Stretch Tight Facilitated Pectoralis Minor



Stretch Tight Facilitated Subscapularis



Strengthen Weak, Inhibited Rhomboids & Middle Traps



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