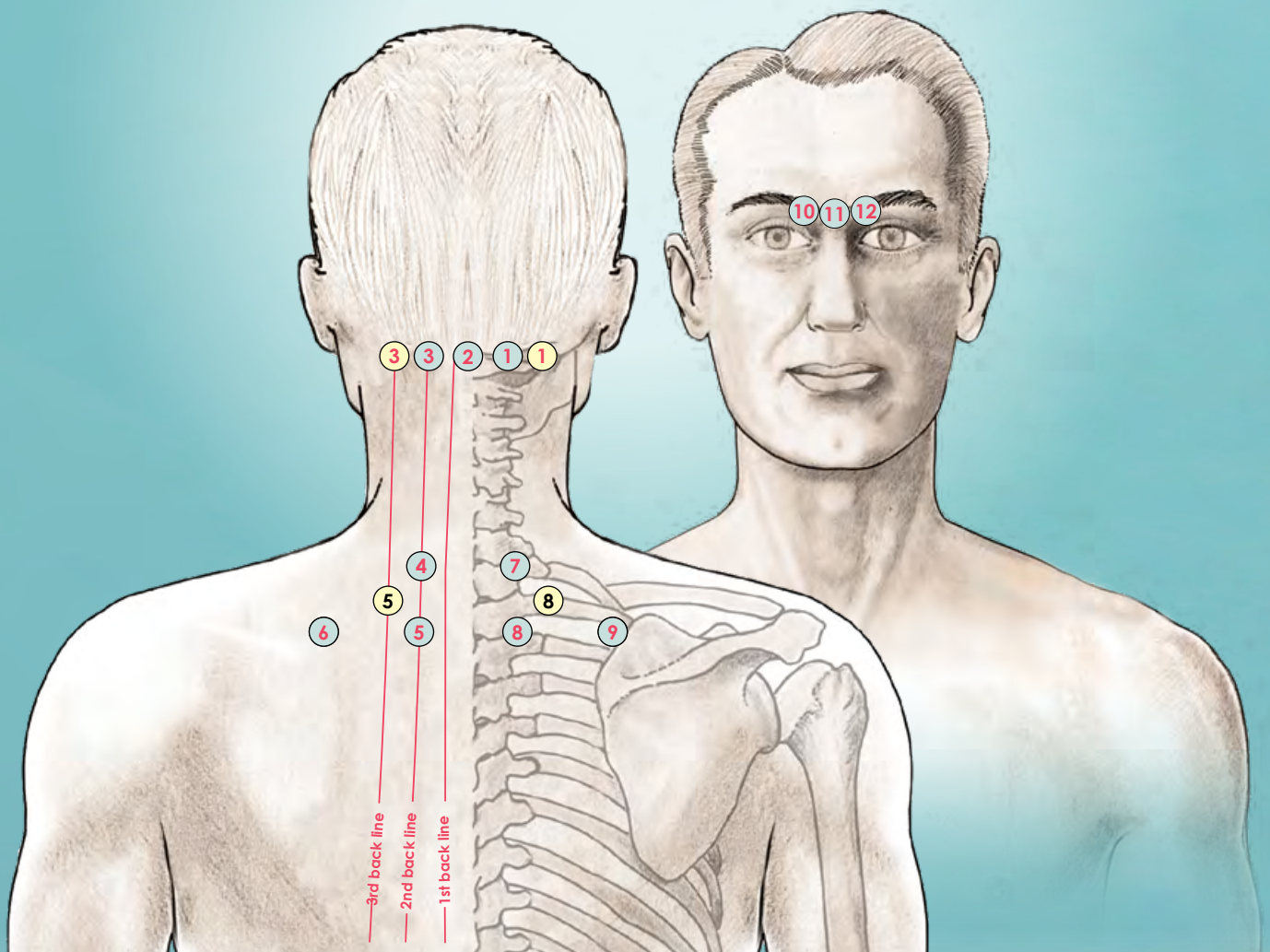


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As instructed by the Wat Po School, Bangkok



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CHAPTER 4 SHOULDER

Treatment routines in this chapter

The pain in these four conditions is independent of shoulder motions:

Routine - 11 **“Pain at the midpoint of the inner edge of the shoulder blade”**

Routine - 12 **“Pain at the lower third of the inner edge of the shoulder blade”**

Routine - 13 **“Shoulder pain with additional pain while breathing”**

Routine - 14 **“Pain next to the lower medial part of the shoulder blade with additional pain along the thoracic spine”**

The pain in these two conditions is created by shoulder motions:

Routine - 15 **“Stiff shoulder with pain when raising the arm”**

Routine - 16 **“Shoulder pain when bending the arm behind the back”**

The treatment of upper back, shoulder blade, and shoulder pathologies

Shoulder pains are the third most common musculoskeletal pains, following lower back and neck pains. Shoulder pains may be the result of traumas, but are more often due to occupational overuse, sport strains, poor postural habits, postural deviations, or stress. The routines in this chapter are divided into two groups: Shoulder disorders with pain that is created by shoulder motions, and upper back or shoulder blade disorders with pain that is independent of shoulder motions. In the first group are disorders of the shoulder joint (glenohumeral, and acromioclavicular joints) that are usually more serious conditions and take longer to heal, though the Thai routines show excellent results in most cases in which surgery is not needed. A "real" frozen shoulder that involves adhesions in the joint capsule (adhesive capsulitis) is especially hard to treat. Often nothing will help but only time. It will often heal on its own within 1-3 years. In the second group are disorders of the thoracic back and the shoulder blade that are often more mild and would usually show fast therapeutic results. The Thai routines do not treat shoulder separation or subluxation that require the intervention of a specialist. You can treat chronic conditions following such injuries using the Thai routines, but exclude the shoulder stretches of the Thai general massage altogether! Choose one routine out of the six according to signs relevant to the Thai diagnosis (see diagnosis table), regardless of the western medical definition of the condition. Whenever the symptoms of your client match the symptoms described by one of the Thai routines, try using it and observe your client's reaction. If your pressure is welcome by his body, your treatment may give good results. If you notice any improvement, carry on.

Thai routines	Possible underlying pathologies
Pain at the midpoint of the inner edge of the shoulder blade	Muscular hypertonicity and myofascial trigger points Muscle strain Nonspecific neurovascular entrapments Kyphosis (hunchback) Scoliosis
Pain at the lower third of the inner edge of the shoulder blade	Muscular hypertonicity and myofascial trigger points Muscle strain Nonspecific neurovascular entrapments Kyphosis (hunchback) Scoliosis
Shoulder pain with additional pain while breathing	Muscular hypertonicity and myofascial trigger points Nonspecific neurovascular entrapments Costovertebral joints pain Kyphosis (hunchback) Scoliosis
Pain next to the lower medial part of the shoulder blade with additional pain along the thoracic spine	Muscular hypertonicity and myofascial trigger points Nonspecific neurovascular entrapments Scoliosis Kyphosis (hunchback)

Stiff shoulder with pain when raising the arm	Adhesive capsulitis (frozen shoulder) Subacromial bursitis Calcific tendinitis Rotator cuff tears or tendinosis Shoulder impingement syndrome Bicipital tendinosis or tenosinovitis SLAP lesions (glenoid labrum injuries) Osteoarthritis of the glenohumeral joint Acromioclavicular sprain Post shoulder separation Post shoulder dislocation or subluxation Muscular hypertonicity and myofascial trigger points Nonspecific neurovascular entrapments Scoliosis Kyphosis (hunchback)
Shoulder pain when bending the arm behind the back	Adhesive capsulitis (frozen shoulder) Calcific tendinitis Shoulder impingement syndrome Bicipital tendinosis or tenosinovitis SLAP lesions (glenoid labrum injuries) Muscular hypertonicity and myofascial trigger points Nonspecific neurovascular entrapments Acromioclavicular sprain Kyphosis (hunchback)

Shoulder, shoulder blade and upper back pathologies:

Shoulder pains usually involve more than one defined pathology or more than one tissue dysfunction.

Adhesive capsulitis (frozen shoulder)

Severe loss of motion due to adhesions within the glenohumeral joint capsule and ligaments that shrink and inhibit joint movement, thereby creating pain. This condition may be related to autoimmune failure, and the healing process may take a very long time.

Subacromial bursitis

The inflammation of the subacromial bursa caused by its compression by the coracoacromial arch due to repetitive stress or injury resulting in pain and restricted range of shoulder motion especially while raising the arm.

Calcific tendonitis

A tendon condition produced by the deposit of calcium crystals in the biceps tendons or any one of the rotator cuff tendons, but mostly in the supraspinatus, resulting in pain and restricted range of shoulder motion.

Rotator cuff tears or tendinosis

The most common shoulder disorder, involving minor or progressive damage due to overuse or trauma injuries to four different muscles and tendons - supraspinatus, infraspinatus, teres minor, and subscapularis - causing pain and restricted range of shoulder motion, possible joint instability and a clicking sensation in shoulder motions. In severe cases, shoulder function may be greatly restricted.

Shoulder impingement syndrome

Compression of soft tissue between the head of the humerus and the coracoacromial arch that involves tendon or bursa inflammation due to postural deviation or different shoulder pathologies. Typical to impingement syndrome is a mechanical limitation in abduction around the 90 degree angle.

Bicipital tendinosis or tenosinovitis

Front aspect of shoulder tendinosis or tenosinovitis of the tendons of the short or long heads of the biceps brachii muscle due to cumulative stress caused by occupational or other repetitive motions, creating front shoulder pain and a restricted range of motion.

SLAP lesions (Superior Labrum from Anterior to Posterior) – glenoid labrum injuries

Damage - usually tears - to the rim of the labrum (cartilage) due to injury, overuse, or degeneration. This condition is often caused by a sports injury involving a strong pull on the biceps that are attached to the glenoid labrum. Symptoms include severe pain and a restricted range of shoulder motion.

Osteoarthritis of the glenohumeral joint

Degeneration of the joints (cartilage and ligaments) causing inflammation and joint instability that results in the growth of osteophytes, the impingement of soft tissue, pain, and a restricted range of shoulder motion.

Acromioclavicular sprain

Sprained ligaments of the acromioclavicular joint due to minor or major injury causing shoulder stiffness and pain. Pain increases in different movements but mainly in horizontal adduction.

Shoulder dislocation or subluxation

Dislocation or subluxation of the glenohumeral joint caused by an injury. Shoulder dislocation or subluxation is accompanied by the strain of the rotator cuff muscles. Symptoms include severe pain, and inhibition of shoulder motion. Do not treat; send to the physician! You may treat chronic conditions following such injuries using the Thai routines, but exclude the shoulder stretches of the Thai general massage altogether!

Muscle strain

Overstretching of muscles of the shoulder girdle and upper back caused by a severe or a mild injury that may create pains and stiffness.

Muscular hypertonicity and myofascial trigger points

Tightness of the cervical, thoracic and shoulder girdle muscles which developed as a result of repetitive motion, postural stress, emotional stress, and injuries. Myofascial trigger points - tender taut bands within hypertonic cervical, shoulder, shoulder blade and thoracic muscles - may develop creating stiffness and pain as well as referred pain to different areas of the region.

Nonspecific neurovascular entrapments

The compression of nerve roots in the cervical or thoracic spine (radiculopathy) or peripheral nerves (neuropathy) and/or blood vessels in the cervical, thoracic or shoulder region. Entrapments are caused by either an injury - creating an acute condition - or by prolonged stationary postures, postural deviations and/or muscular hypertonicity creating chronic conditions. Symptoms may include: Pain, burning or tingling sensations, feeling of heaviness and weakness or numbness in the thoracic, shoulder blade, shoulder regions, or in the arm and hand. Symptoms may increase in different activities and postures including sleeping postures that create pressure on the affected nerve.

Kyphosis (hunchback)

The exaggerated kyphotic curvature caused by a genetic tendency, systemic conditions (osteoporosis, rheumatoid arthritis, Scheuerman's disease), developmental disorders, poor posture and/or advanced age. Kyphosis may be an underlying cause for different specific pathologies and nonspecific general pathologies creating symptoms such as: Fatigue, pain in the cervical and thoracic regions, and referred pain to the shoulder blades, shoulders and arms.

Scoliosis

A lateral and rotational deformity, mostly of the thoracic spine but also of the lumbar spine, or in both spinal regions. Scoliosis is either functional or structural, either inherited or acquired, and is the result of muscular imbalance or bony deformity of spinal vertebrae. Scoliosis involves muscular imbalance and hypertonicity. Symptoms include lumbar or thoracic back pain or pain along both the lumbar and thoracic spine, and restricted range of motion. Scoliosis may be the underlying cause for different lower, middle and upper back pathologies as well as shoulder and shoulder blade pathologies. However, individuals with scoliosis (even with a serious curvature) that are involved in daily moderate physical activity and practice a corrective method may not suffer any symptoms at all.

Costovertebral joints pain

An irritated joint between a rib and a spinal vertebra due to pressure created by minor injuries or postural deviations, involving local and referred pain in different movements of the chest (as in breathing) or the thoracic spine.

Contraindications and warnings

- Do not treat a client if you suspect a shoulder separation, dislocation, or subluxation
After treatment by a specialist, Thai routines will be very beneficial in the treatment of symptoms created by the separation, dislocation or subluxation. Exclude any stretches of the shoulder.
 - Do not stretch the shoulder of a client with a history of dislocation or subluxation
 - Refrain from working in the acute phase of the first 3 days following a shoulder trauma when the pain and spasms are very pronounced
- Treat at the subacute phase when the pain and the spasm subside, and only following an evaluation of the condition by a specialist and with his permission.
- Do not stretch when pains are created by shoulder motions
Careful stretches may be helpful in chronic cases.
 - Do not apply direct pressure onto inflamed areas of the shoulder
However, a superficial massage in very chronic conditions may be helpful.
 - Do not apply pressure that makes your client shrink or move away from your hands

Red flags

If these symptoms are present, the client should be referred to a physician for evaluation.

- Recent severe trauma such as a motor vehicle accident or a fall
- Severe pain over a bone
May indicate a fracture or an injury to a ligament.
- Severe protective muscle spasm
May hide a severe joint condition.
- Constant or progressive pain
- Persistent pain without an apparent cause that has appeared suddenly
- Pain that is not mechanical in nature
- Shoulder pain with anxiety, and sometimes with sweating
May be the signs of a heart condition.
- Any unusual signs

Choosing a treatment – basic guidelines

1. First find the movement that creates or aggravates pain. Ask your client to:

Flex his shoulder, raising his arm upward with his elbow straight.

Abduct his shoulder, raising his arm sideways with his elbow straight.

Horizontally adduct his shoulder, trying to touch the other shoulder as though embracing himself.

Extend his shoulder, raising his arm backwards with his elbow straight.

Medially rotate his shoulder, bending the arm behind his back.

2. When shoulder motions are not the major cause of pain, ask your client to show you the location of the pain:

Is it next to the medial border of the scapula at the midpoint between the upper and lower angles?

Is it next to the medial border of the scapula, but lower than in the above case, located 2 or 3 fingers above the lower angle of the scapula?

Is the focus of pain between the lower part of the shoulder blade and the spine with additional pain along the thoracic spine?

Is it on the 2nd back line, level with the medial edge of the scapular spine?

Is it characterized by additional pain that is created when inhaling?

3. Choose one treatment

Once you have found the location and pattern of pain and/or the movement creating it, you can choose the treatment accordingly. (See diagnosis table.)

4. Start the treatment and verify that you have chosen the right routine

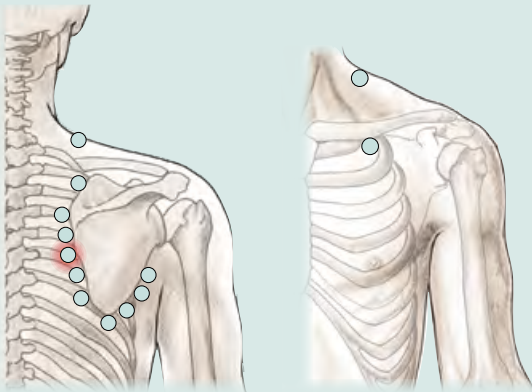
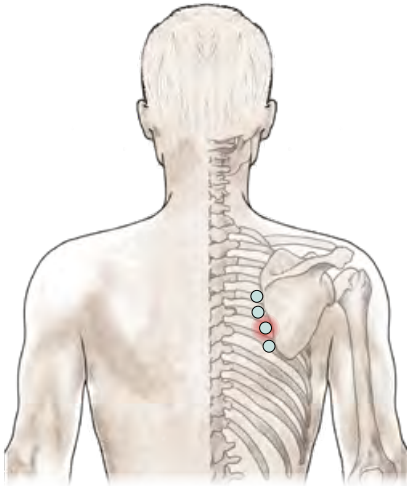
As you press the points, watch your clients reactions and check whether or not the points of the routine you have chosen are relevant and effective. Please do not bother your client with too many questions too soon! Let him enjoy deepening states of concentration. He will often need some time into the treatment before being able to express (not necessarily with words) whether the points are relevant or not. You can often expect "reliable" reactions only at the second round of working the points. Use short questions such as: "Here?" "Good?" "Painful?" If the lines and points are relevant and effective, carry on with your treatment you have chosen the right routine.

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ROUTINE - 11 (PAGE 78)	ROUTINE - 12 (PAGE 80)
<p>Pain at the midpoint of the inner edge of the shoulder blade</p> <ul style="list-style-type: none">• Stiffness with or without pain is present adjacent to the medial border of the scapula, at the midpoint between the upper and lower edges of the scapula.• Pain may appear suddenly, following a “bad” movement or following a night of sleeping on the shoulder.• Pain may radiate to the chest.• Pain may increase in neck movements or while trying to touch the other shoulder, as though hugging oneself (horizontal adduction), or during a twist.	<p>Pain at the lower third of the inner edge of the shoulder blade</p> <ul style="list-style-type: none">• Chronic stiffness with pain is located adjacent to the medial border of the scapula 1/3rd or 1/5th of the way between the lower and upper edges of the scapula, 2 – 3 fingers above the lower edge of the scapula.• Pain may be the result of months or years of repetitive movement or stress, and it may disturb sleep.• There is also pronounced stiffness of the soft tissue at the area of pain.
PAIN LOCATION	PAIN LOCATION
	

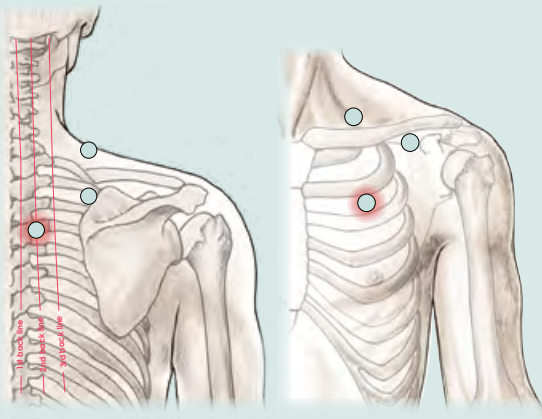
ROUTINE - 13 (PAGE 82)

Shoulder pain with additional pain while breathing

Under this problem name are two different treatment routines for two similar but separate disorders. When the additional pain appears on the chest, the routine of the 3 acupressure points of the back is used, but when the additional pain appears on the back, the front routine of acupressure points on the chest is used.

- Chronic or acute pain is located at point 3 of the upper back.
- Additional pain appears upon inhaling, either at point 3 on the back or at point 1 on the chest. The pain that appears while breathing is usually secondary to the predominant pain at point 3.

PAIN LOCATION

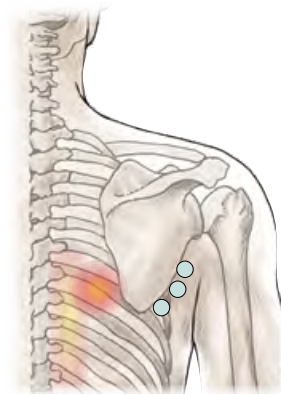


ROUTINE - 14 (PAGE 84)

Pain next to the lower medial part of the shoulder blade with additional pain along the thoracic spine

- Pain is located along the thoracic spine and at the lower medial border of the shoulder blade.
- There is also pronounced stiffness of the soft tissue along the lateral border of the shoulder blade.

PAIN LOCATION



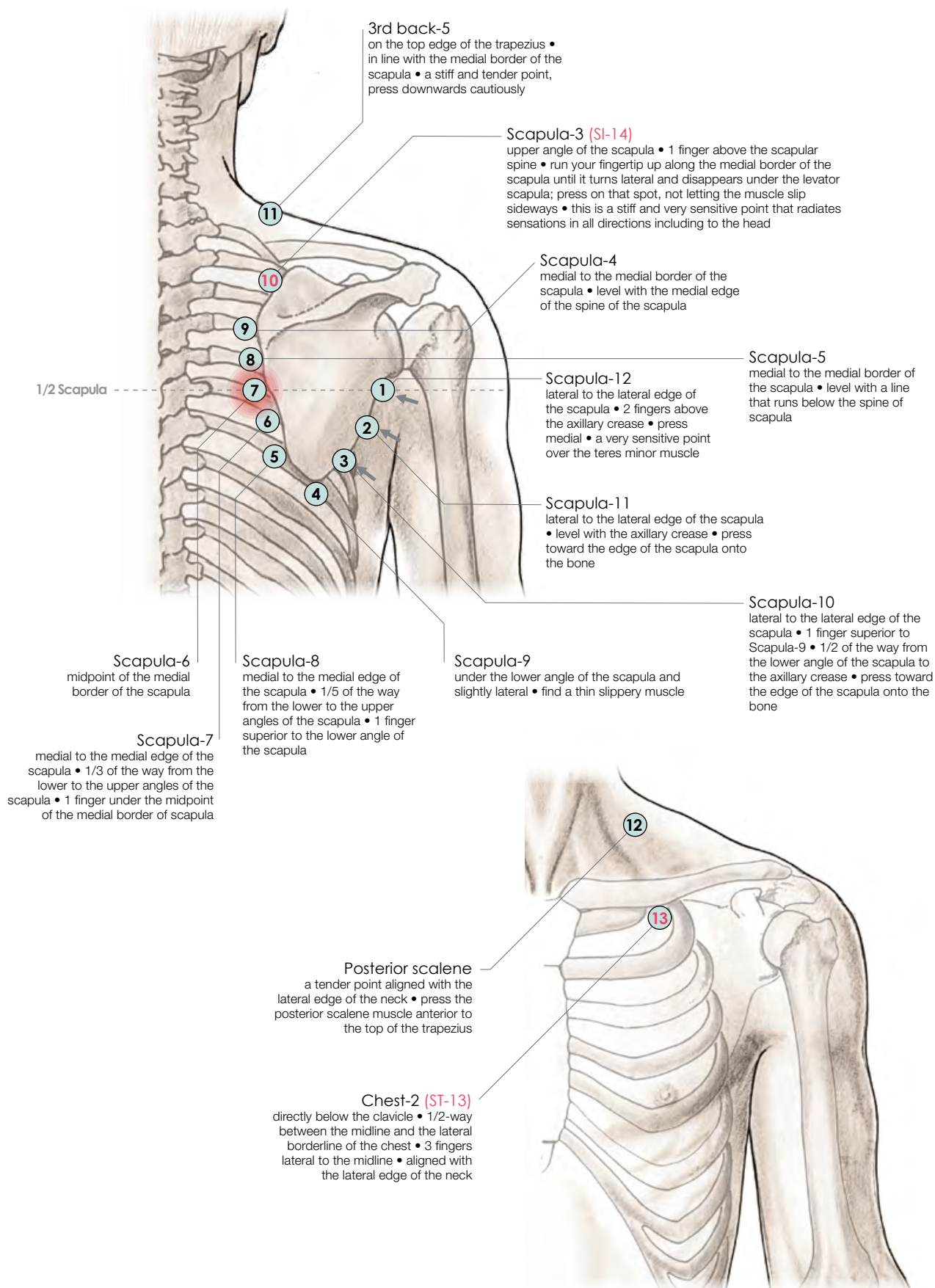
ROUTINE - 15 (PAGE 86)	ROUTINE - 16 (PAGE 88)
<p>Stiff shoulder with pain when raising the arm</p> <ul style="list-style-type: none">Chronic or acute pain is located on the front and/or back aspect of the shoulder.Pain increases while raising the arm upward (flexion), sideward (abduction), while trying to touch the other shoulder, as though hugging oneself (horizontal adduction) or while bending the arm behind the back (medial rotation)..	<p>Shoulder pain when bending the arm behind the back (medial rotation)</p> <ul style="list-style-type: none">Chronic or acute pain is located on the front aspect of the shoulder.Pain increases while raising the arm backwards (extension) and more so when bending it behind the back (medial rotation).
PAIN LOCATION	PAIN LOCATION
PAINFUL MOVEMENTS	PAINFUL MOVEMENTS

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Problem description:

- Stiffness with or without pain is present adjacent to the medial border of the scapula, at the midpoint between the upper and lower edges of the scapula.
- Pain may appear suddenly, following a “bad” movement or following a night of sleeping on the shoulder.
- Pain may radiate to the chest.
- Pain may increase while trying to touch the other shoulder, as though hugging oneself (horizontal adduction), or during a twist.

Treatment steps

1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, and along the medial border of the scapula, using any technique with which you are familiar. Do not stretch at all!



2. Acupressure points

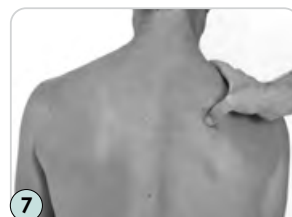
Thumb press points ① through ⑫ two to three times, then point ⑬ on the chest. Return to the back to work points ① - ⑫ and then work point ⑬ again. Press each point for 10 to 15 seconds. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive. Use the amount of pressure that suits your client.

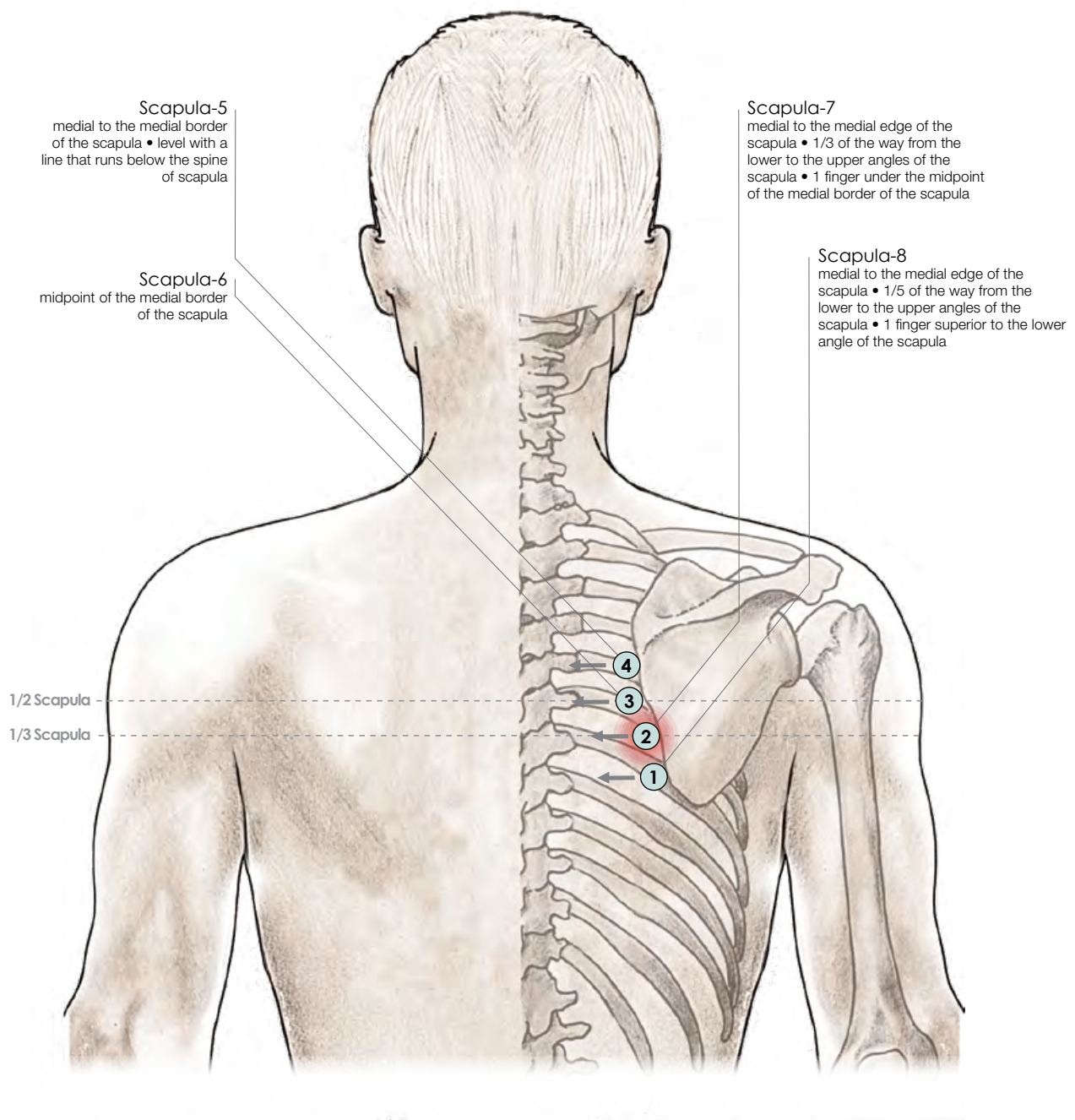


Precautions:

- Consult a specialist before treating an acute or a questionable shoulder condition.
- Avoid stretching when treating acute conditions.
- Treat daily until recovery.
- Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.
- Instruct the client to refrain from any quick or sudden movement and from any hurtful activity or posture.

Selected therapy points





Problem description:

- *Chronic stiffness with pain is located adjacent to the medial border of the scapula at the 1/3rd or 1/5th point between the lower and upper edges of the scapula, 2 - 3 fingers above the lower edge of the scapula.*
- *Pain may be the result of months or years of repetitive movement or stress, and it may disturb sleep.*
- *There is also pronounced stiffness of the soft tissue at the area of pain.*

Treatment steps

1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, and along the medial border of the scapula, using any technique you are familiar with. Do not stretch at all!



2. Acupressure points

In this routine, points ① through ④ are worked in a different manner. Thumb pressing the therapy points using continuous extended pressure will not be effective in treating this ailment. Use the following techniques:

Stage a: Gently fix the thigh of your client using your knee. Hold your client's elbow, pushing his arm horizontally (horizontal adduction) towards the opposite shoulder. Then pull to release pressure, and then push again repeating this movement several times over. As you push the elbow, press a therapy point away from the shoulder blade toward the spine as though you are strumming a guitar string. Pull and then Push the elbow again and work on the next point. Continue to the next point. Repeat working the points as long as improvement occurs and as long as you feel the stiff soft tissue at the area of the points slipping or clicking under your thumb. Work until the stiff muscles become soft but not more than ten repetitions. Stop working if the points become sensitive. Use the amount of pressure that suits your client.

Stage b: Instruct your patient to put his hand on the opposite shoulder, and hold his hand



so that he does not have to exert any effort to hold up his arm. Using your elbow, work along the medial border of the scapula. Put your elbow on the client's back, very gently pulling and stretching the skin downwards. Then press onto the soft tissue and push upwards, strumming the muscles. Repeat several times.



Precautions:

- *Consult a specialist before treating an acute or a questionable shoulder condition.*
- *Avoid stretching when treating acute conditions.*
- *Treat daily until recovery.*
- *Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.*
- *Instruct the client to refrain from any quick or sudden movement and from any hurtful activity or posture.*

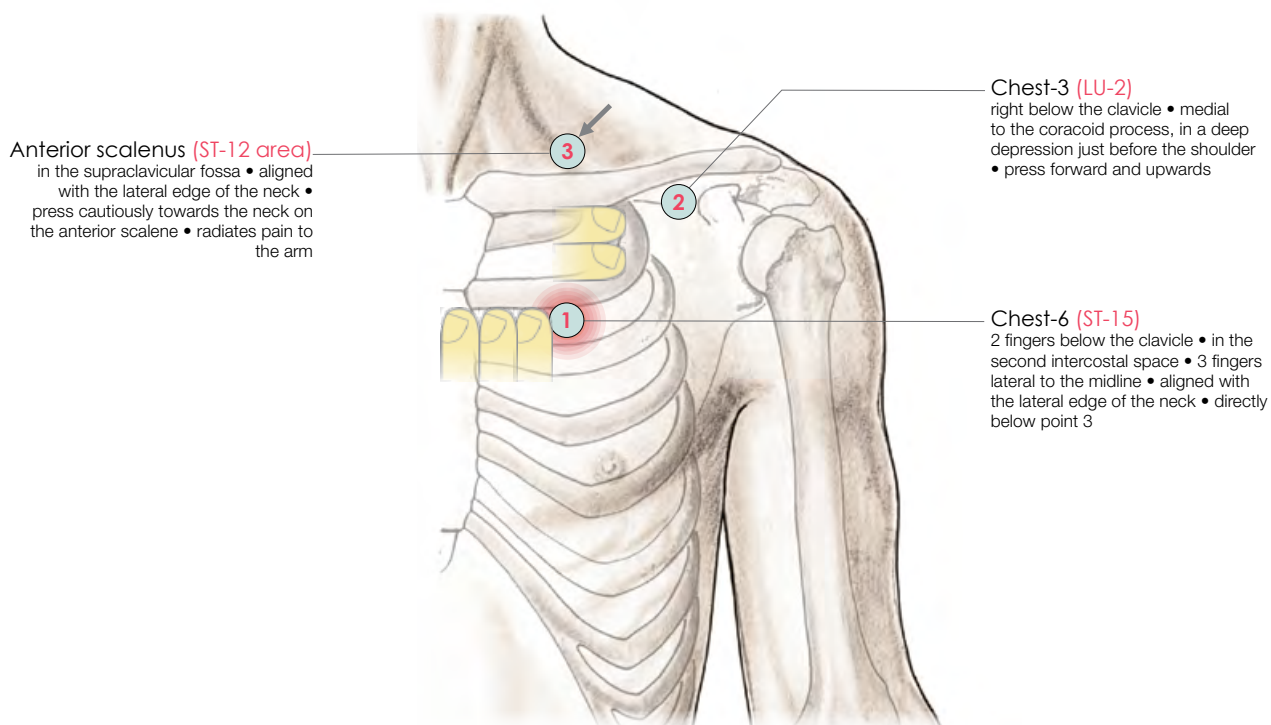
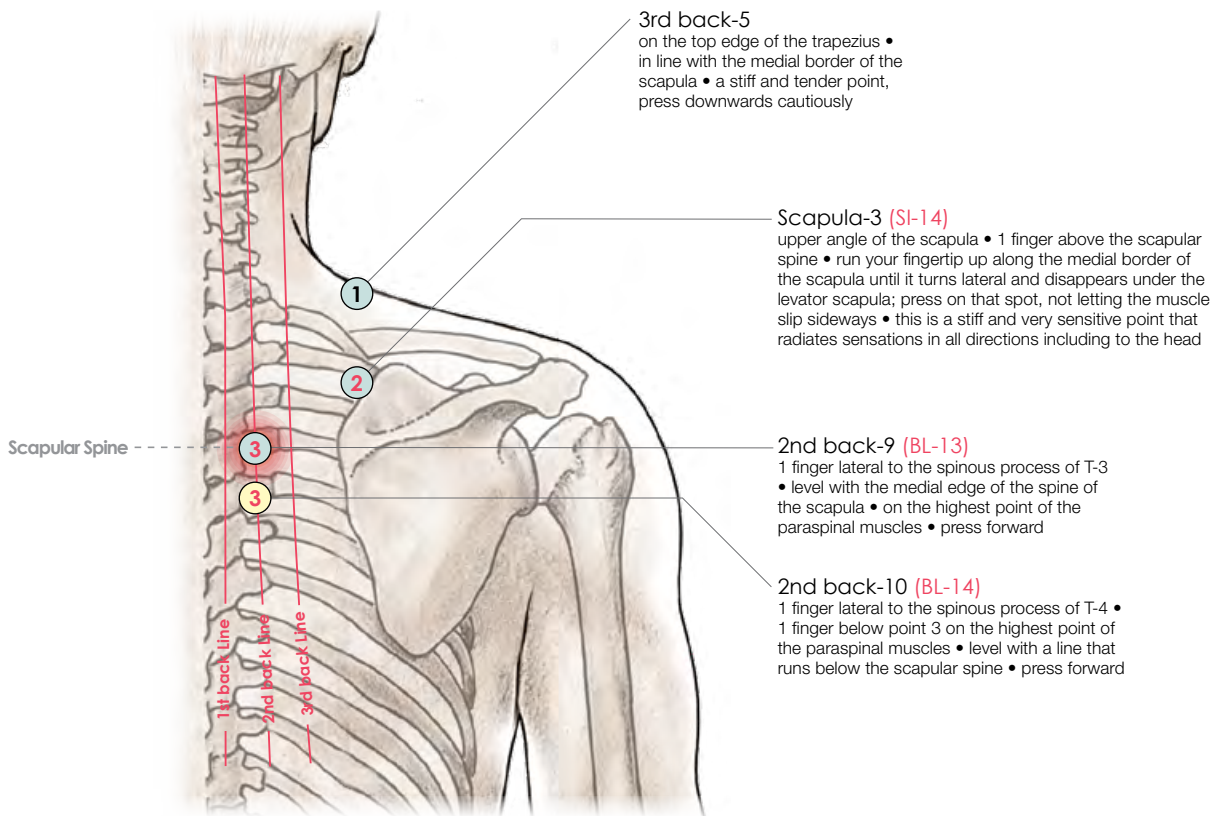
Selected therapy points



Routine - 13 SHOULDER AND SHOULDER BLADE

Shoulder pain with additional pain while breathing

●● a common condition



Problem description:

- Chronic or acute pain is located at point ③ of the upper back.
- Additional pain appears upon inhaling, either at point ③ on the back or at point ① on the chest. The pain that appears while breathing is usually secondary to the predominant pain at point ③ on the back. Some clients may even suspect a heart condition and will go to the hospital when the pain while breathing appears on the chest.
- Various movements may increase the pain in some cases, but not always and not in a fixed pattern.
- This condition is often accompanied by low spirits.

Treatment steps

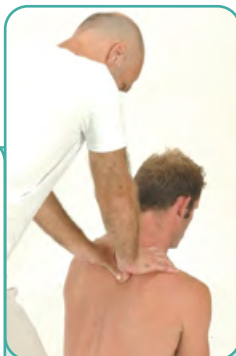
1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, and along the medial border of the scapula, using any technique with which you are familiar. Do not stretch at all!



2. Acupressure points

Treat the opposite side: Use the set of points opposite to the appearance of pain. Thumb press points ① through ③ of the back when the pain while breathing appears on the chest. Thumb press points ① through ③ of the chest when the pain while breathing appears on the back. Press each point for 10 to 15 seconds. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive. Use the amount of pressure that suits your client.



Precautions:

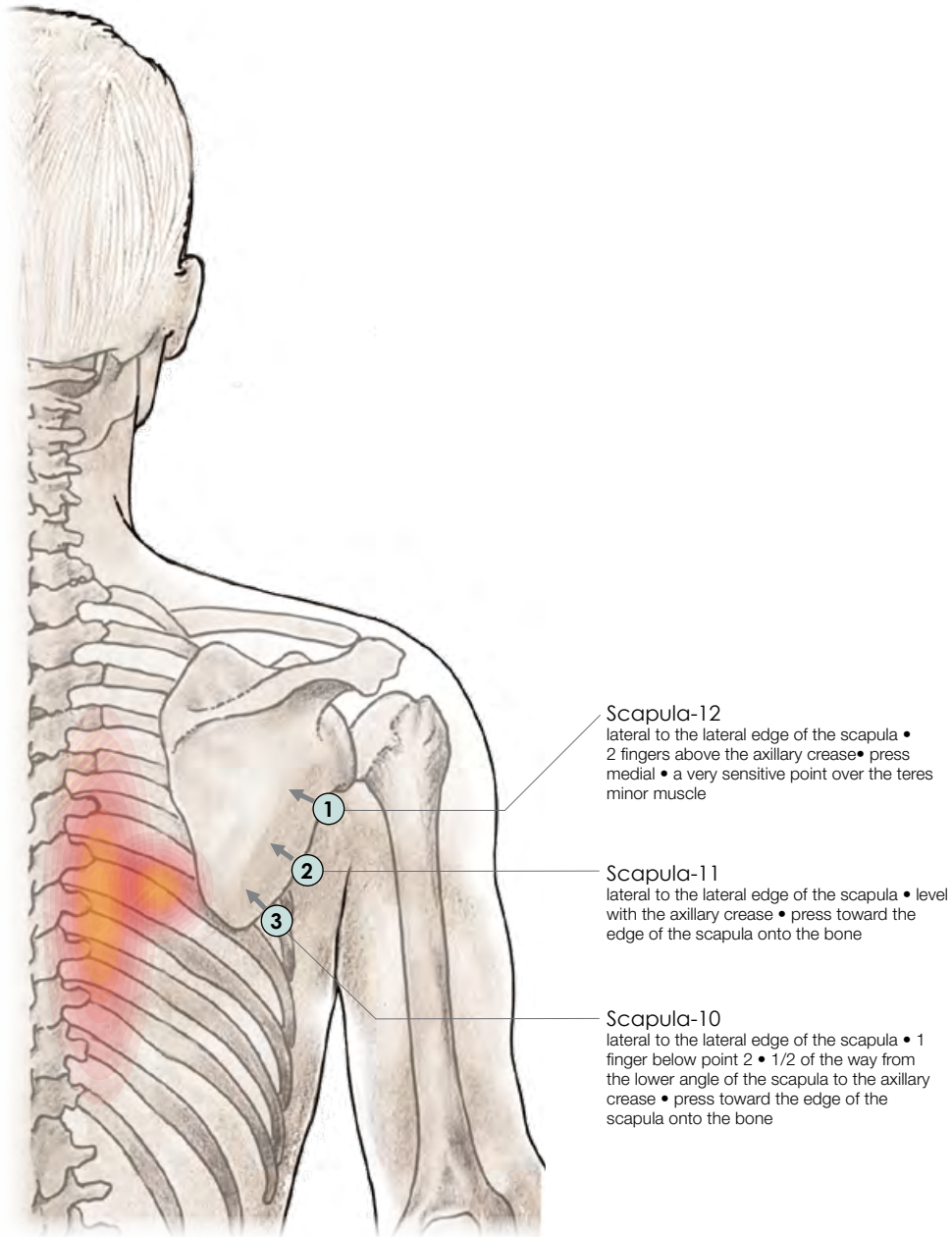
- Consult a specialist before treating an acute or a questionable shoulder condition.
- Avoid stretching when treating acute conditions.
- Treat daily until recovery. In chronic non-acute conditions, treat twice a week.
- Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.
- Instruct the client to refrain from any hurtful activity or posture.

Selected therapy points



Routine - 14 SHOULDER AND SHOULDER BLADE
Pain next to the lower medial part of the shoulder
blade with additional pain along the thoracic spine

● an uncommon condition



Problem description:

- Pain is located along the thoracic spine and at the lower medial border of the shoulder blade.
- There is also pronounced stiffness of the soft tissue along the lateral border of the shoulder blade.

Treatment steps

1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, along the medial border of the scapula, the lateral border of the scapula, and along the Ring Finger Line on the outer arm, using any technique with which you are familiar.



2. Acupressure points

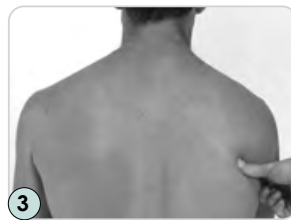
Thumb press points ① through ③. Press each point for 10 to 15 seconds.



Precautions:

- Consult a specialist before treating an acute or a questionable shoulder condition.
- Avoid stretching when treating acute conditions.
- Treat daily until recovery. In chronic non-acute conditions, treat twice a week.
- Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.
- Instruct the client to refrain from any hurtful activity or posture.

Selected therapy points



Optional complementary procedure

3. Strumming the points

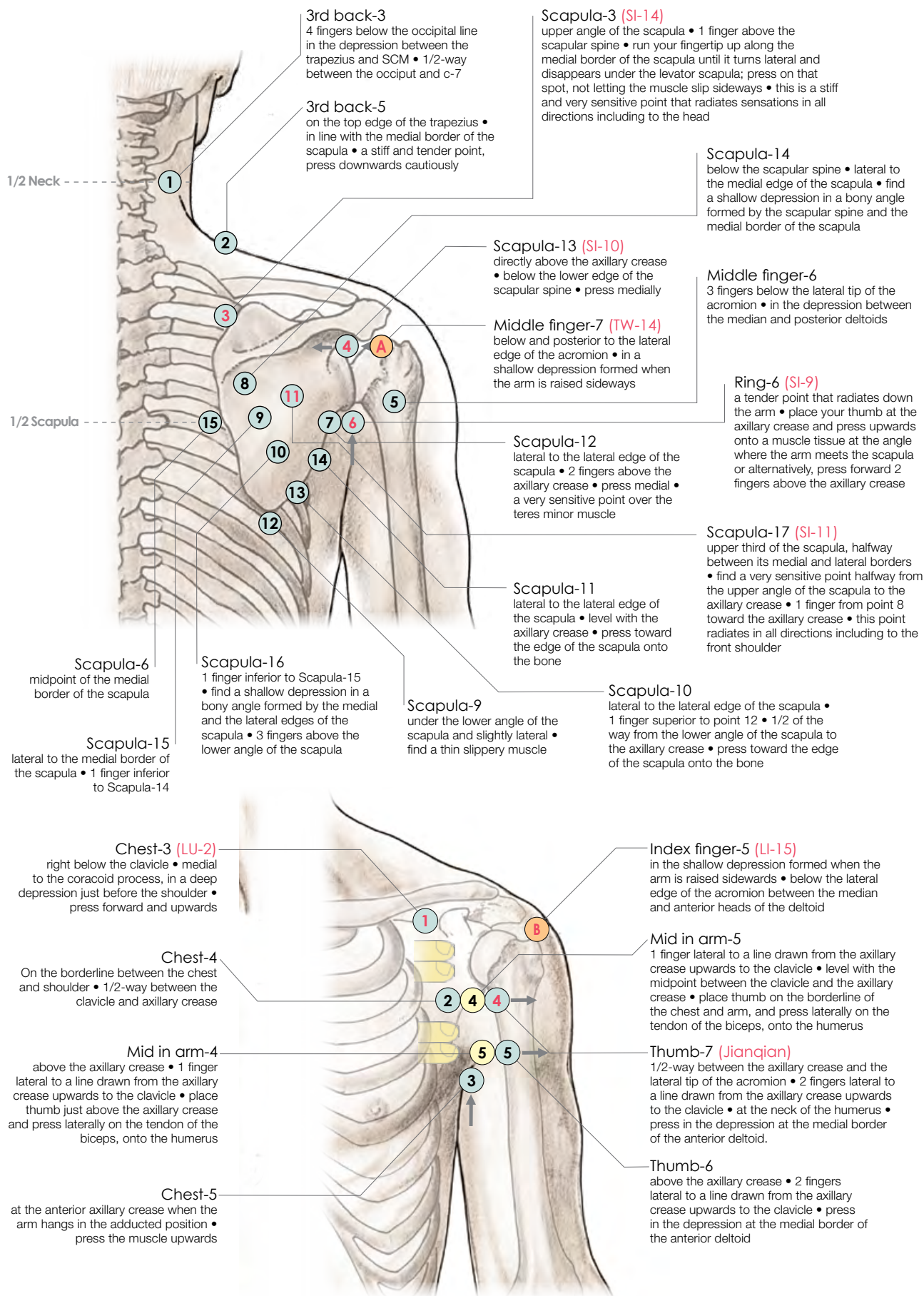
Thumb press points ① through ③ as though you are strumming a guitar string. Press against the lateral border of the scapula. Repeat working the points using both methods or the more effective one, as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive. Use the amount of pressure that suits your client.



Routine - 15 SHOULDER AND SHOULDER BLADE

Shoulder pain when raising the arm

●●● a very common condition



Problem description:

- Chronic or acute pain is located on the front or back aspect of the shoulder.
- Pain increases while raising the arm upward (flexion), sideward (abduction), or while trying to touch the other shoulder, as though hugging oneself (horizontal adduction) or while bending the arm behind the back (medial rotation).
- The range of movement is slightly to widely restricted. A sharp pain may accompany the moving of the arm beyond a certain point that varies individually from one person to another.



Treatment steps

1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, and along the medial border of the scapula, using any technique with which you are familiar. Do not stretch at all!



2. Acupressure points

Thumb press points ① through ⑮ of the back and ① through ⑤ of the front. Try also extra points A and B. If effective, use them. In some cases, using the back set or the front set of points may be sufficient. For example, when the pain is on the back aspect only and the front set of points seems ineffective, use only the back set of points. Press each point for 10 to 15 seconds. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive. Use the amount of pressure that suits your client.



Selected therapy points



Optional complementary procedures

3. Shoulder horizontal adduction

Hold your client's elbow and push it horizontally (horizontal adduction) as far as it will go. Do not push beyond the point of pain. Pull the elbow back and then push again repeating this movement several times. As you push the elbow, press point ⑤ of the back set. Release pressure as you pull the elbow



4. Work the biceps and the triceps

Instruct your client to cautiously place his hand on your shoulder holding the arm straight. Be careful not to raise his arm beyond the point of pain. Work the outer arm along the humerus (Index finger line) from the shoulder to the elbow and back up several times using your fingertips to pull and roll the biceps away from the arm bone (humerus) with one hand and then to pull and roll the triceps away from the arm bone with the other hand. Right pulls, and then left pulls, right, left, one after the other in a flowing rhythmic manner.

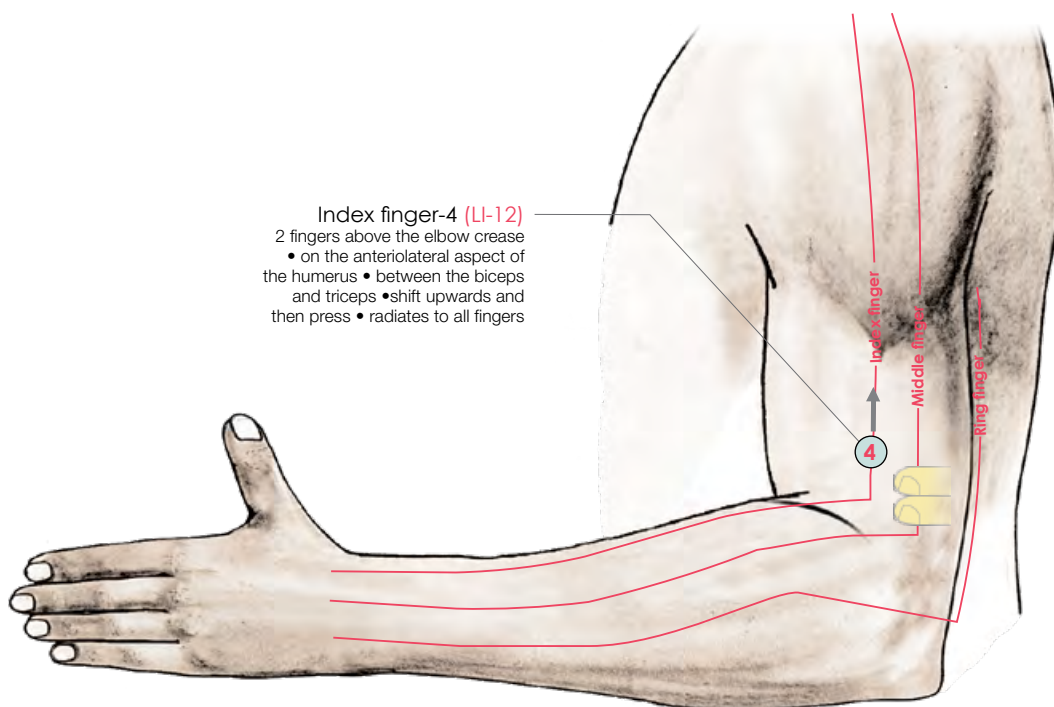
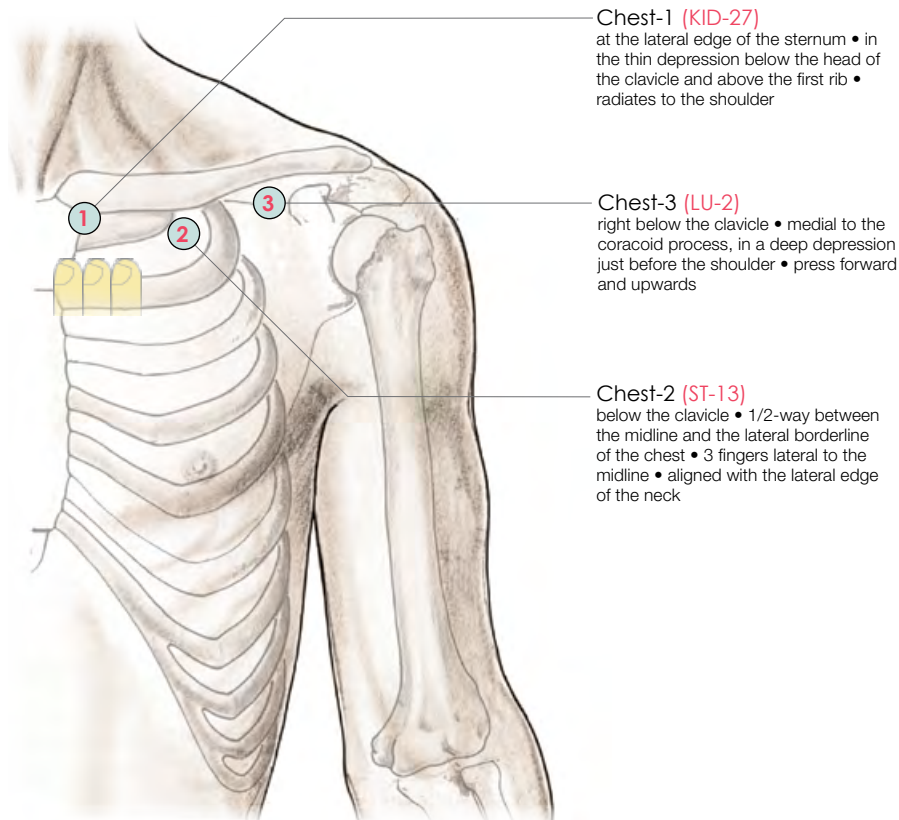


Precautions:

- Consult a specialist before treating an acute or a questionable shoulder condition.
- Avoid stretching when treating acute conditions.
- During the entire treatment, avoid moving the arm beyond the point of sharp pain.
- Treat daily until recovery. In chronic non-acute conditions, treat twice a week
- Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.
- Instruct the client to refrain from any quick or sudden movement and from any hurtful activity or posture.

Routine - 16 SHOULDER AND SHOULDER BLADE
Shoulder pain when bending the arm behind the back

●● a common condition



Problem description:

- Chronic or acute pain is located on the front aspect of the shoulder.
- Pain increases while raising the arm backwards (extension) and more so when bending it behind the back (medial rotation).
- The range of movement is slightly to widely restricted. A sharp pain may accompany the moving of the arm beyond a certain point that varies individually from one person to another.



Treatment steps

1. Neck and shoulder treatment

Position the client seated with legs crossed or extended. If the client is uncomfortable sitting on the floor, use a pillow or a chair. Massage the neck, upper back, and along the medial border of the scapula, using any technique with which you are familiar. Do not stretch at all!



2. Arm therapy lines

Work the three outer arm lines and the Thumb line, giving extra attention to the Index finger line. Start from the axillary crease down to the elbow and back up - between 1 and 3 times. Use any technique with which you are familiar. Thai massage practitioners: Thumb press the above lines.



3. Acupressure points

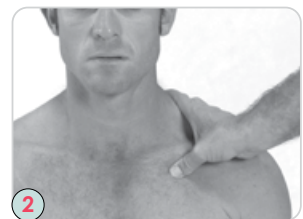
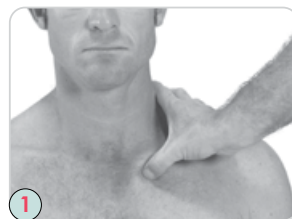
Thumb press points ① through ④. Press each point for 10 to 15 seconds. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive. Use the amount of pressure which suits your client.



Precautions:

- Consult a specialist before treating an acute or a questionable shoulder condition.
- Avoid stretching when treating acute conditions.
- During the entire treatment, avoid moving the arm beyond the point of sharp pain.
- Treat daily until recovery. In chronic non-acute conditions, treat twice a week.
- Do not repeat treatment until after the client stops feeling pain (if any) from the previous treatment.
- Instruct the client to refrain from any quick or sudden movement and from any hurtful activity or posture.

Selected therapy points



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