Treating Subscapularis sample chapter

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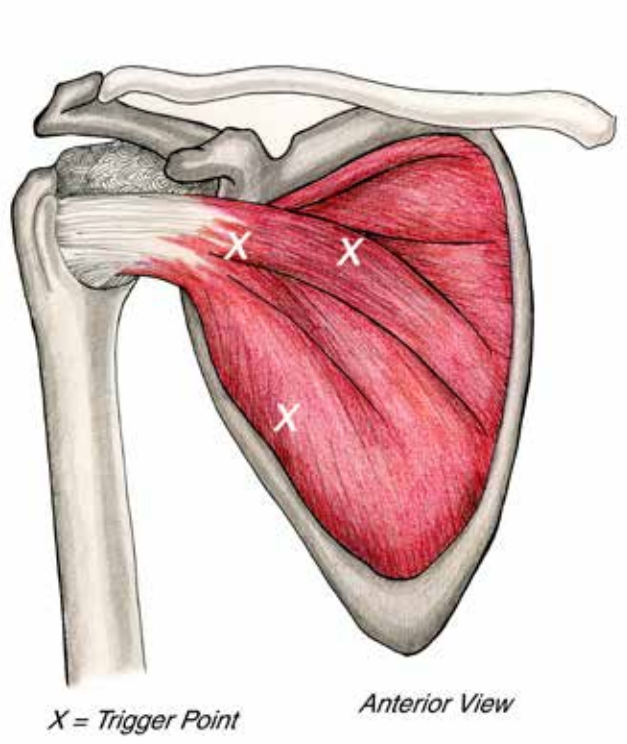
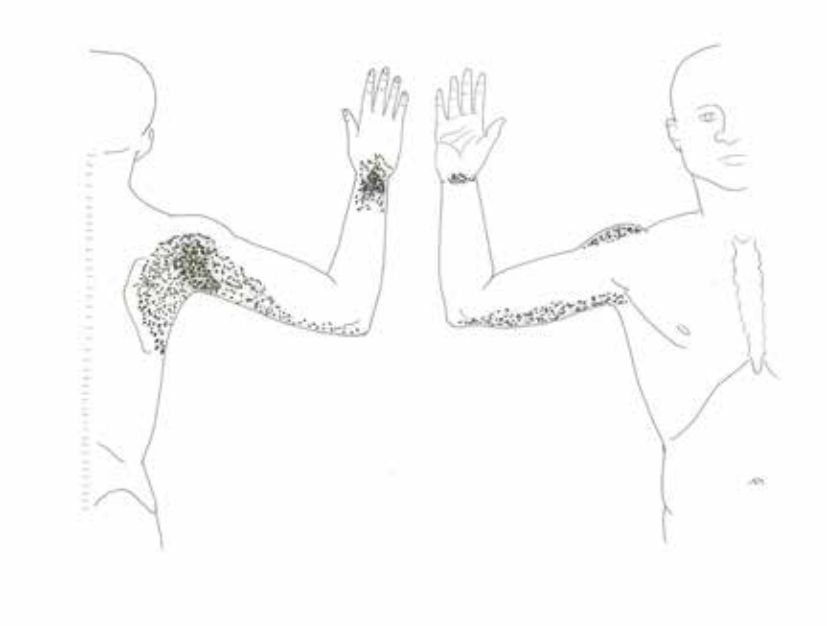
Subscapularis Muscle

Actions: internal rotation of the humerus at the shoulder joint and stabilization of the head of humerus in the glenoid fossa. Also assists in adduction of the humerus.
Attachments: medial border of the anterior surface of the scapula and the lesser tubercle of the humerus.

The subscapularis is a thick muscle with a broad tendon which covers the anterior scapula and reinforces the shoulder joint. It provides 50% of the strength of the rotator cuff.
This internal rotator is usually locked short and needs release and stretching. When there are trigger points, the referred pain is felt across the shoulder blade, down the arm, and around the wrist. Dr. Janet Travell believes that frozen shoulder begins with trigger points in the subscapularis. If this muscle is weakened, it disturbs the balance of the rotator cuff muscles and the supraspinatus will pull up on the head of the humerus, jamming it into the acromion. An important function of the subscapularis is its eccentric activity, protecting the shoulder joint during external rotation. A clicking or popping noise when the shoulder joint is moved usually indicates trigger points in the subscapularis. Trigger points can be activated by poor posture. The scapula rests on the subscapularis and serratus anterior, which move across each other as the scapula moves, so working on these muscles assists the scapula to glide on the thorax.





Trigger Point Patterns for Subscapularis

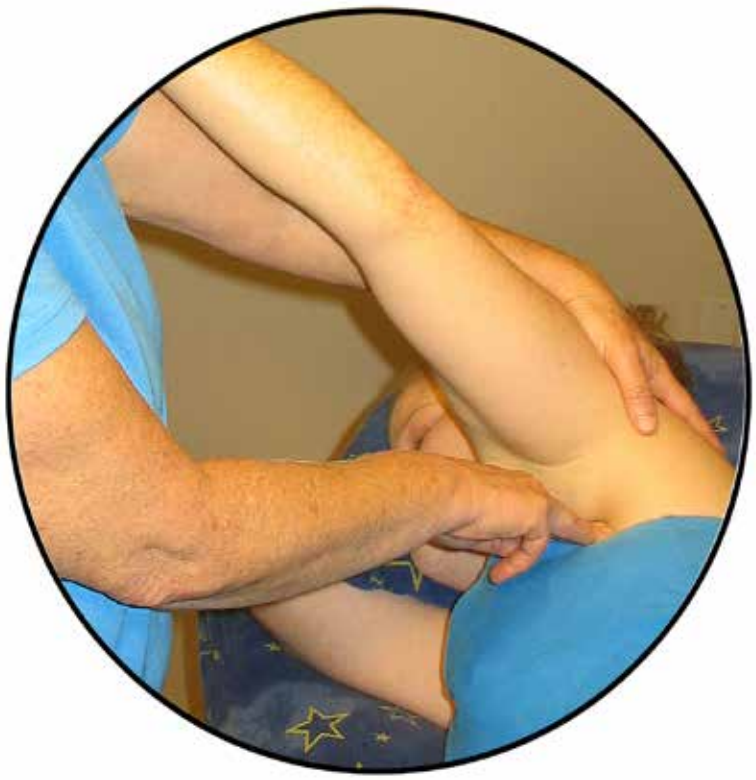
Techniques For Working The Subscapularis Muscle

Work this muscle in all three positions: supine, side-lying and prone. Each position offers its own advantage. I think it's best to begin work on subscap in the supine position for several reasons. The resting length of the muscle can be assessed by noting if the client's wrist contacts the table when the humerus is externally rotated and abducted with the elbow bent to 90 degrees (humerus is in "L" shape). If it doesn't, that's a sure sign of a shortened subscapularis. Supine is a good position to release several of the other internal rotators which will take some of the load off of infraspinatus/teres minor. Also, subscap can be stretched in the supine position.

It's easy to mistake latissimus/teres major for subscap but to do effective rotator cuff work, you must be able to feel the difference. *To accurately palpate subscap your fingers must be medial to the lateral border of the scapula. The best portal of entry is the central part of subscap, where the scapula curves medially. Once you've located the central portion you can then slide your fingers to the inferior and superior sections of the muscle.*
In the photo on the left below I've got a good pincer grip on latissimus/teres. My thumb is on the most anterior portion of latissimus/teres. Swivel your fingers to land just in front of your thumb. **Dive under pec major with your fingers to get your medial placement first and only then press toward the scapula.** Verify your location by sliding your fingers laterally to feel the lateral border of the scapula. If you are lateral to the lateral border of the scapula, you are on latissimus/teres major, not subscap.

Supine Latissimus Dorsi/Teres Major

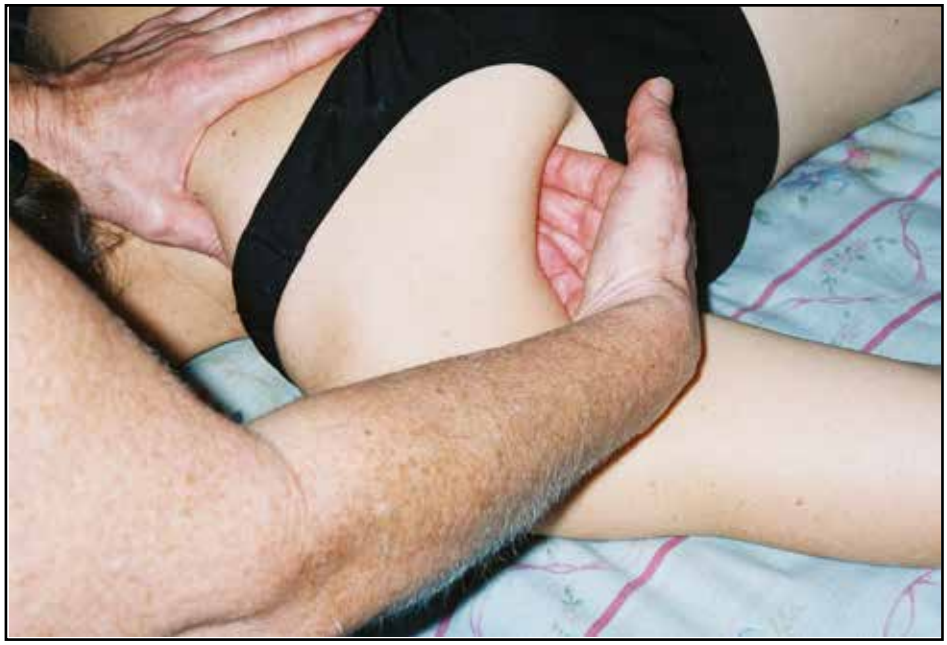
Supine Subscapularis



Side-lying: Place the client's hand on your shoulder and stabilize the scapula with that hand. You can then slide the fingers of your other hand onto the subscapularis.

The most common error therapists make in the side-lying position is to press on the ribs. Be certain you are feeling the scapula. If you're feeling the ribs you're on serratus anterior, not subscapularis.

In this photo, the therapist is working the client's left subscapularis with her right hand and stabilizing with her left hand.



Prone. The therapist's right hand is working the subscapularis while her left thumb works the supraspinatus. This is an example of working two muscles at the same time.

In the supine position:

1. The least invasive and easiest way to **warm-up** subscapularis is to place your finger pads on it while the arm is abducted (see photo), then adduct the arm by letting it lie in a comfortable position across your client's chest. This puts the muscle in a slack position. Later on you'll take the humerus through a range of motion.

A. **Pin and Rock:** Gently rock your client's shoulder while your fingers are gently pressing on subscapularis, working your way inferior to superior. Rocking is calming and a great way to "introduce" yourself to a muscle. *The hand that is rocking the shoulder is the working hand. The hand that is on subscap is simply exerting a gentle pressure.* Do this Pin and Rock three times: once with the muscle in slack, once in neutral and once in a stretch.

Notice if the scapula is glued on to the rib case. If it is, hopefully at the end of your work it will be more freely movable.

B. Go back to the inferior portion of the muscle and working your way inferior to superior, use **small circular movements** as you continue to warm up the subscap. Do this with the muscle in a neutral state or if your client is too sore, a slacked state. Try to get as much length and width of subscapularis as you can.

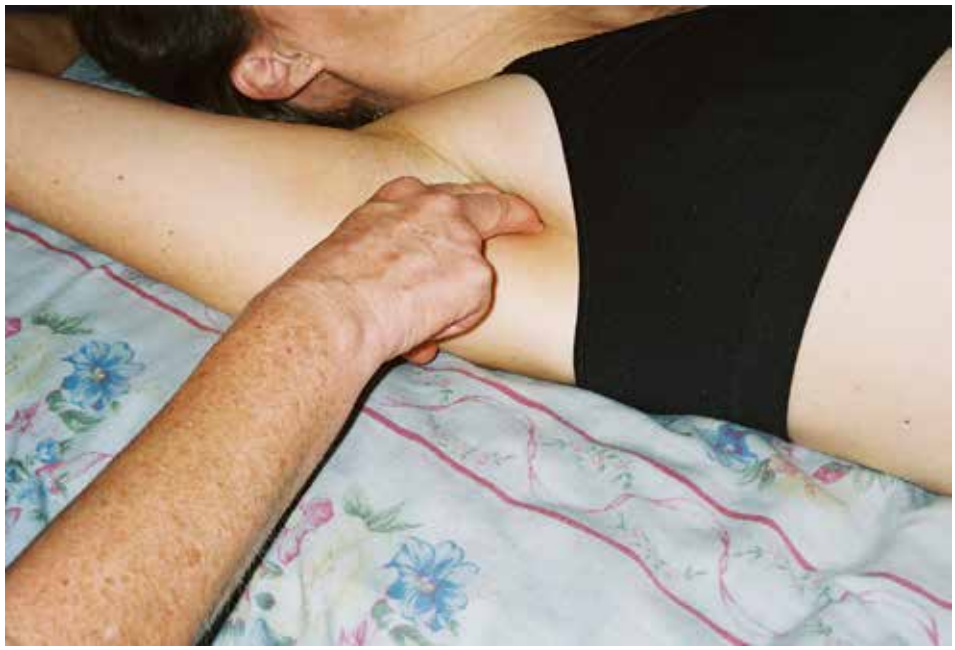
By restoring functional positioning and gliding of the scapula you'll go a long way toward restoring glenohumeral function.

There's been many clients on whom I could just do Steps A and B or just Step A for several sessions. "Unglueing" the subscapularis and freeing the scapula to glide on the thorax can take time. Honor your client's pain threshold. This builds rapport and trust.

2. **Pin and Move:** Take the shoulder through both passive and active range of motion while releasing trigger points and knots.

Active movement allows you to work through the muscle layers. Begin with passive movement to teach your client the movement pattern, then allow her to do it on her own.

This **active** movement is essential for release of stubborn trigger points and knots.



The photo above shows the client **actively** *moving the humerus towards her ear in* **abduction** *while the therapist works the superior section of subscapularis in the supine position.*

MOVEMENT CHOICES:

■ Internal and External rotation

■ Abduction/adduction

■ Any movement of the shoulder joint! You can always ask your client what movement she thinks would work.

■ Add resistance to any movement for especially stubborn trigger points and knots. I keep one pound and three pound weights under my table and put one in my client's hand if I need to recruit more muscle fibers with active-resisted movement. If you don't have weights, a can of soup will do! Or you can add resistance by having your client press into your hand or arm.