

# *NMT Center's School Program*

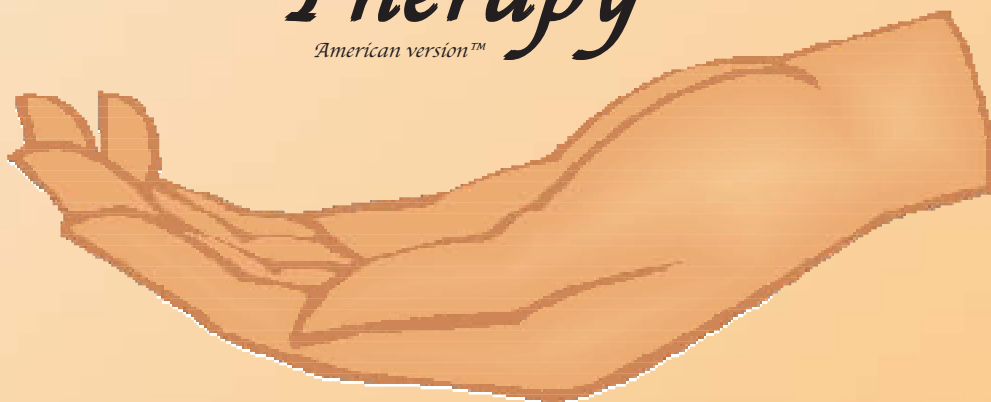
*Samples from manuals and handouts*

*From our hands  
to yours*



*featuring*  
***NeuroMuscular  
Therapy***

*American version™*



**NMT Center**  
**St. Petersburg, Florida**  
[www.nmtcenter.com](http://www.nmtcenter.com)

The following four pages represent sample pages from our printed support materials. We have selected one muscle (trapezius) to give you an idea of how it is handled in the

- 1) Student manual
- 2) Trigger Point Handout
- 3) Instructor manual for demonstration of techniques
- 4) Instructor manual coaching notes for trade of techniques

The Instructor Manual here is presented as a page layout with illustrations and graphics. However, it can be available as a text only WORD document so that the Instructor can add to or change the text to customize to his/her own style.

## References

Clin Ap: Vol 1 pp. 188-194,  
320-329  
Platzer: 134, 144, 148, 322  
Innervation: Spinal accessory  
and cervical plexus

# Trapezius

**Trapezius:** upper fibers - medial third of nuchal line and ligamentum nuchae to the lateral third of the clavicle; middle fibers - spinous processes and interspinous ligaments of C6-T3 to the acromion and spine of scapula; lower fibers - spinous processes and interspinous ligaments of T3-T12 to the root of the spine of the scapula

**Precaution:** Listen carefully for communications from the patient.

**Step 1:** Compress the cervical portion of the trapezius between the thumb and fingers. Manipulate its fibers between the thumb and fingers. Apply friction to the occipital attachments.

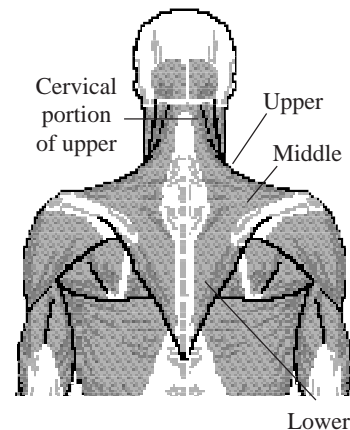
**Step 2:** Compress the upper trapezius (its mid-belly region). Compression can also be applied along the fibers at thumb width intervals. Most trigger points will be found at mid-fiber region. 'Uncoil' the upper trapezius to find taut fibers by dragging 3 fingers on the anterior surface against posterior thumb pressure. Keep your wrist low to ensure correct hand placement. Treat taut fibers with compression and thumb glides.

**Step 3:** Grasp and compress the middle trapezius. Elevation of the humeral head 3-6" (rolled towel, wedge) may shorten the middle and lower trapezius, allowing the fibers to be more easily grasped and lifted.

**Step 4:** Grasp and compress the lower trapezius. Apply manipulation on the outer (dorsal) edge of lower trapezius, if tolerable, then lower the humeral head, if elevated.

**Step 5:** Apply gliding strokes to attachments in the lamina groove and to scapular and acromial attachments of the trapezius.

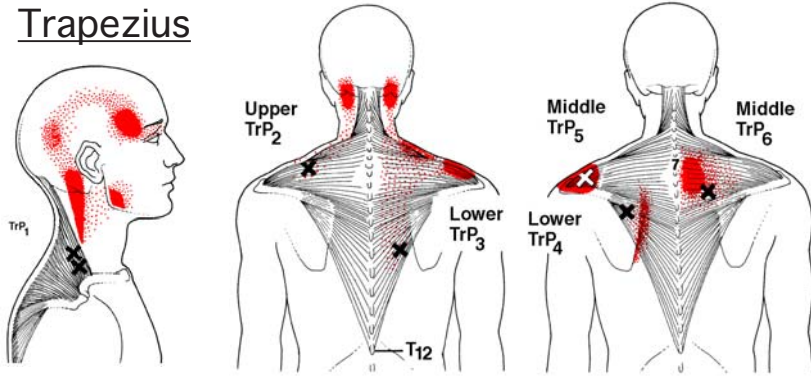
**Step 6:** "Smooth and soothe" the trapezius with lubricated, gliding strokes in all directions. Effleurage can be applied to all portions of the trapezius.



Lower

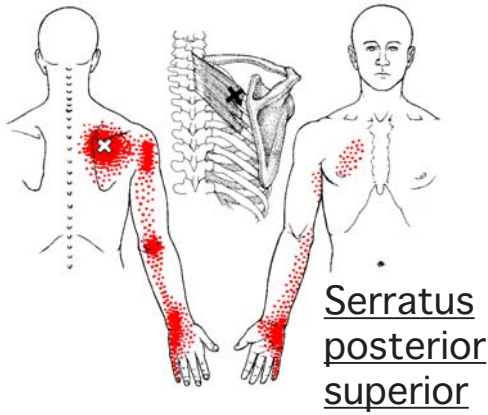


Trapezius

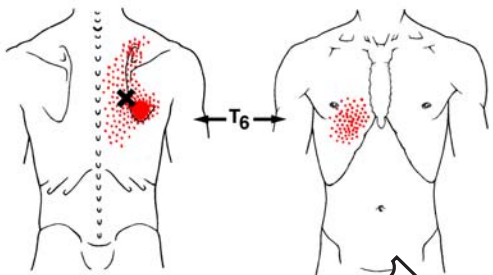
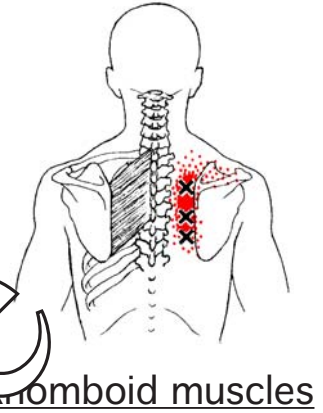


Trigger Point Target Zones  
Torso Region

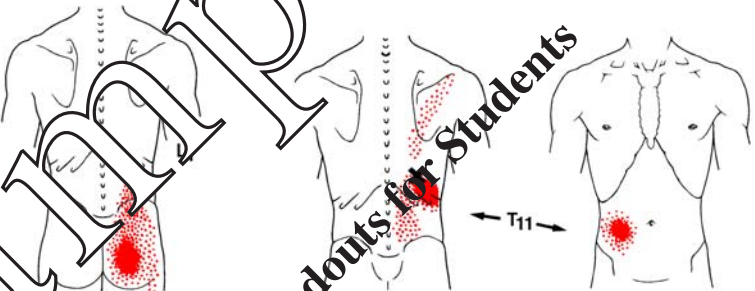
The trigger points and target zones noted are some of the most common patterns for this area. They are not the only possible patterns of referral.



All of these trigger point target zone illustrations are from the Mediclip Manual Medicine 1 & 2 collections, 1997, Williams & Wilkins. A Waverly Company.

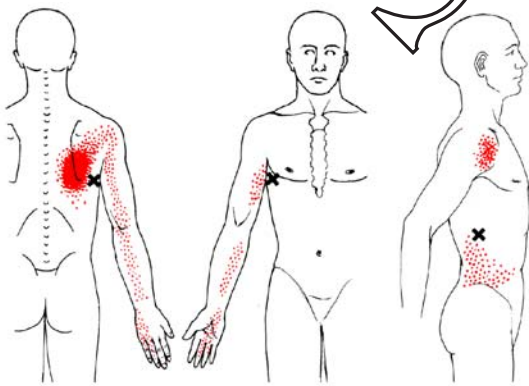


Iliocostalis thoracis

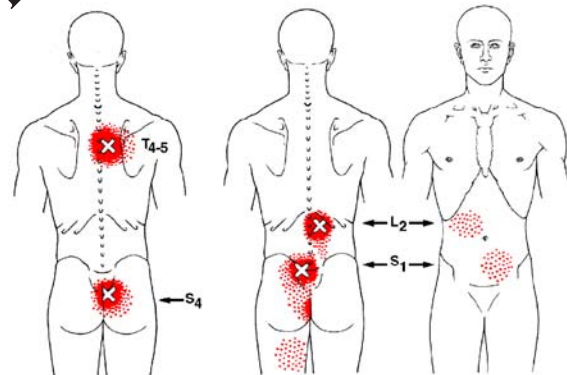


Iliocostalis lumborum

Iliocostalis thoracis



Latissimus dorsi

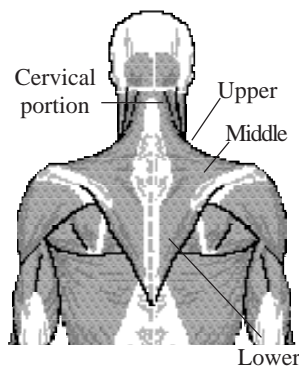


Deep paraspinal group

Sample  
Trigger Point Handouts for Students

# Trapezius

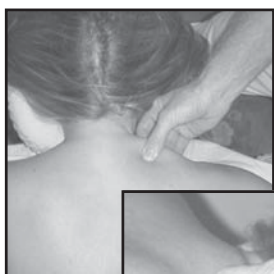
**Upper fibers** - medial third of nuchal line and ligamentum nuchae to the lateral third of clavicle;  
**Middle fibers** - spinous processes and interspinous ligaments of C6-T3 to the acromion and spine of scapula;  
**Lower fibers** - spinous processes and interspinous ligaments of T3-T12 to the root of the spine of the scapula



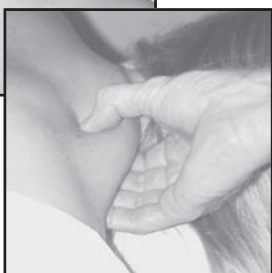
**Precaution:** When a person is prone on the table it is important to listen carefully for communications.



**Step 1:** Grasp and compress the cervical portion of trapezius. To improve wrist mechanics this can be done from the opposite side or both hands can be used to lift tissue bilaterally and compress both sides simultaneously. Be sure to lift muscle tissue rather than just skin.



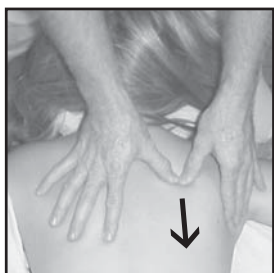
**Step 2:** Compress the upper trapezius. To protect the wrist this should be done ipsilaterally. The person's arm drapes off the side of the table to passively shorten upper trapezius.



The practitioner's wrist can be slightly flexed and the treating fingers curl around to contact the anterior (hidden) fibers. The fingers are not allowed to flip over the anterior edge of trapezius.



**Step 3 & 4:** Grasp, compress and manipulate the middle and then lower portion of trapezius. Lower portion is illustrated. A support can be placed under the humerus and may help to shorten the middle and lower fibers so that they may be more easily lifted. Distinguish the fibers of lower trapezius from the vertical iliocostalis by feeling for their diagonal orientation.



**Step 5:** Glide along the attachments. Use thumbs or fingers to glide along attachment sites, including the laminae. The pressure bar applications that would normally be done on traps will be taught in a segment devoted to pressure bar work.



**Step 6:** "Smooth and soothe" the trapezius. Generally we want to flush as well as soothe the muscle after doing the aggressive dry work such as lifting.

## Trapezius

Precaution: listen for communication.

Step 1: The cervical portion of trapezius can be treated contralaterally or bilaterally. Grasp and lift muscle fibers rather than just skin. Compress and manipulate.

Step 2: Treat the upper portion ipsilaterally with the person's arm draped off the side of the table. Use static compression for a broad, general treatment, uncoiling to discover individual bands and then pincer compression to more precisely address trigger points.

Step 3: Treat ipsilaterally with the person's arm lying on the table at the person's side. Grasp, compress and manipulate the middle trapezius. A support can be placed under the humerus to shorten the fibers so they may be more easily lifted.

Step 4: Treat ipsilaterally with the person's arm lying on the table at the person's side. Distinguish the diagonal fibers of the lower trapezius from the vertically oriented erector spinae group. Grasp, compress and manipulate the lower trapezius.

*Repeat steps 1-4 on the other side of the body. Be sure that support under the humerus has been removed.*

Step 5: Apply a small amount of lubrication and use thumbs or fingers to glide along all attachments.

Step 6: "Smooth and soothe" the trapezius with applied effluage.

Sample  
Instructor Manual for Trade of Techniques

*Our NMT program...*



*...Your school's way!*