Thoracic outlet balanced ligamentous tension (BLT) – Thoracic

**Brief description:** This indirect technique places the thoracic outlet into the freedoms of motion and then adds a lateral distraction to treat the fascia of the thoracic outlet. The motions that you will test are rotation, sidebending and flexion/extension.

**Physician position:** Seated

**Patient position:** Supine

**Hand positioning:** Contact the first rib posteriorly above the trapezius using your thumbs and rest your other fingers over the clavicle and shoulder anteriorly.

**Technique:**

1. Check each motion to find the freedom of motion.
2. Rotate the thoracic outlet to the right and left (the motion is similar to turn the steering wheel of a car with both hands on the wheel).
3. Check sidebending by pushing down towards the feet on each side.
4. Check flexion and extension by moving your fingers anteriorly (flexion) and posteriorly (extension).
5. Now place the thoracic outlet into its freedoms and add a lateral distraction to disengage the thoracic outlet.
6. Hold until you feel a release of the fascia.

**Models:** Biomechanical and Respiratory-Circulatory

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Rib raising (supine) – Thoracic

**Brief description:** Rib raising is a versatile technique that is useful in both normalizing autonmics, specifically the sympathetic chain, and also improving excursion of the thoracic cage. The technique can be done with the patient seated or lying supine.

**Physician position:** Seated

**Patient position:** Supine

**Hand positioning:** Place your fingers just medial to the rib angles on the same side you are sitting.

**Technique:**

1. Place your fingers just medial to the rib angles.
2. Apply a gently force superiorly and traction out laterally with the patient lying supine.
3. Work your way up and down the thoracic cage until you have released the entire ribcage and feel like excursion has increased.

**Models:** Biomechanical, Respiratory-Circulatory and Neurological

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Brief description: Treatment of the anterolateral aspects of the diaphragm along the costal margin involves following respiratory motion of the diaphragm and encouraging physiologic motion. This will help to re-dome the diaphragm.

Physician position: Standing to either side of the patient

Patient position: Supine

Hand positioning: Thumbs are just lateral to the xiphoid process, next to the costal margin and will follow the diaphragm on exhalation.

Technique:

1. Begin by placing your thumbs under the costal margin, just lateral to the xiphoid process to assess the motion of the diaphragm with respiration.
2. Determine which aspect of the diaphragm is not moving well with exhalation.
3. Resist inhalation while encouraging motion during exhalation.
4. Continue to work around the ribcage to the lateral aspect of the diaphragm.
5. Reassess the motion of the diaphragm with respiration.

Models: Biomechanical and Respiratory-Circulatory
Thoracic pump—Thoracic

**Brief description:** Thoracic pump encourages flow and drainage of lymph. It is useful to perform this technique after releasing the thoracic outlet.

**Physician position:** Standing

**Patient position:** Supine

**Hand positioning:** Standing at the head of the table, place your hands inferior to the clavicles with your fingers point towards each other.

**Technique:**

1. Place your hands inferior to the clavicles.
2. Now create a rhythmic pumping motion towards the feet. Take note of the amount of compression and rate of compression being used.
3. An activating force may also be added by having the patient take deep breaths. Follow the patient and apply pressure with exhalation.
4. Do this for several cycles, then without telling the patient, quickly removing your hands upon inhalation to allow for alveoli expansion.

**Models:** Biomechanical, Respiratory-Circulatory
Pectoral traction – Thoracic

**Brief description:** This technique aims to reduce the restricted motion of the attachments of the pectoral muscles in order to allow for more effective lymphatic drainage. The attachments of the pectoral muscles include ribs 1-6, sternum and clavicle. To perform the technique, the physician grasps the anterior axillary folds bilaterally and adds traction by leaning back.

**Physician position:** Stand or sit at the head of the patient

**Patient position:** Supine

**Hand positioning:** Place your fingers in the patient’s axillary folds bilaterally and have your thumbs rest on the anterior aspect of the chest.

**Technique:**

1. Grasp the anterior axillary folds of the patient bilaterally.
2. Feel for the amount of tension and apply a cephalad traction, to match the tissue tension, by extending your arms and leaning back.
3. You may also add respiratory assist by having the patient breath in and out deeply.
4. Continue to hold the traction and as you feel the tissues release add more traction until a complete release is felt.

**Models:** Biomechanical and Respiratory-Circulatory