Minimum Prerequisite
BRM 2 (1 - 8) - Upper Back &
BRM 3 (1 - 6) - Neck Procedure & Shoulder Procedure
if required.

No prerequisite in the case of an acute injury or strain during a sporting event.

Move 1
The therapist positions either 2 thumbs, tip-to-tip if beside the client or the 2nd & 3rd fingers of one hand if in front of them onto the midpoint of the deltoid approximately 3 finger widths distal to the humeral head. Draw or push skin posteriorly and challenge anteriorly the posterior border of the mid-deltoid. Maintain the depth of the challenge and move anteriorly over the tendonous aspect of the mid-deltoid.

Move 2
The therapist supports the underside of client’s forearm with the distal hands 2nd finger at their wrist and the proximal hands 2nd finger distal to the olecranon. Place the palmar aspect of the superior hands thumb onto the extensor digitorum communis approximately 2 finger-widths distal to the elbow crease. This can be landmarked by asking the client to flex and extend their 3rd finger. Draw the skin laterally to the ulnar side challenge medially and move over digitorum communis medially towards the radial side. The move is confirmed by a clear reflex in the client’s 3rd finger.
Move 3
While supporting the clients forearm with the distal hands 2nd finger positioned as for Move (2) at the wrist. Position the proximal hands intermediate phalanx of the 3rd finger onto a point adjacent and proximal to the medial epicondyle. Bend the fingertip into the elbow crease and gently challenge the anterior border of the biceps brachii and neurovascular bundle. Move gently over the median nerve, neurovascular bundle and biceps brachi posteriorly.
Moves 4 (a), (b) & (c)
Are holding points that gently compress the median, ulnar and radial nerves. The pressure applied sends a gentle signal through these nerves. Hold for 10 seconds or until the response is felt in the client’s fingers. Use the 2nd finger for (a), 3rd finger for (b) & thumb for (c).

Move 5
Reposition the therapist’s proximal hand to hold the client’s 4th & 5th fingers to flex their wrist at about 35°. Place the palmar aspect of the thumb of the medial side hand onto the mid-point of the extensor retinaculum and the extensor digitorum that lie deeper to it. Push skin to the ulnar side, challenge gently and move over the extensor retinaculum and the extensor digitorum radially (little finger to thumb). The extensor digitorum are distinctly felt during the move.
Moves 6
The following describes a method for tractioning open the wrist and hand followed by a more vigorous opening of the wrist, elbow and shoulder joints:

**Step 1**
Position the palmar aspect of both thumbs onto the skin of the client’s forearm a 1/2 finger-width proximal to the distal ends of the radius and ulnar. Position the 2nd to 4th fingers onto the client’s palm. Gently draw skin with the thumbs distally over the distal ends of the radius and ulnar, gently and slowly press the thumb tips superiorly against the distal ends of the radius and ulnar. In this position the thumb tips act as a fulcrum for the flexing of the client’s wrist as the therapist gently places it into dorsiflexion. At the same time the pressure applied by the thumbs adjusts the wrist joint.

**Step 2**
While still holding the client’s relaxed arm at the hand and wrist, and pointing the arm distally to the floor, gently circumduct the wrist, elbow and shoulder. Now, apply moderately more traction distally to the shoulder, elbow and wrist and with a short pull gently open the wrist, elbow and shoulder joints again distally.

**Step 3**
Position the client’s arm at their side, fully flex their elbow and flex their wrist so that their palm pronates and faces the floor. Gently guide and extend the client’s arm to straighten and supinate their hand. If the client can do this with comfort have them repeat it without assistance with a degree more force. “Extend your arm as if to throw your hand through the wall”.

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CARPAL TUNNEL PROCEDURE

Minimum Prerequisite
BRM 2 (Moves 1-8) - Upper Back Procedure
BRM 3 - Neck Procedure
Elbow & Wrist Procedure
Consider the Shoulder Procedure.

In carpal tunnel syndrome, flexor carpi radialis is superficial and frequently divided by an inflammation that develops in the region of the tunnel at the flexor retinaculum. This leads to pain and dysfunction in the forearm, wrist, hand and fingers.

Ganglion cysts and giant cell tumors of the tendon sheath are cystic swellings overlying a joint or tendon sheath are referred to as ganglia, and are thought to be secondary to protrusions of encapsulated synovial tissue. Consider the Bursa procedure to follow the Carpal Tunnel procedure.

Repetitive Strain Injury (RSI). Flexor digitorum superficialis, flexor carpi ulnaris, flexor carpi radialis pronator teres and extensor muscles and are all positively affected by the Carpal Tunnel procedure.

Dupuytrens contracture is an idiopathic condition of fibrous nodules and contractures or cord-like tissue of flexor digitorum superficialis commonly experienced in the hand and which contracts one or more fingers.

Moves (I) & (2)
Face the client's better-side forearm, their arm supported by pillows or held. With a fingertip trace a line on the skin from the central palm to the cubital fossa (elbow crease). Hold the proximal end of the forearm and position the palmar aspects of both thumbs onto the muscle belly of both pronator teres and brachioradialis at a point distal to the cubital fossa. Draw skin to the lateral border of pronator teres, challenge laterally and move laterally over the muscle tendon affecting a release of the tension put into it by the challenge (1). Draw skin to the medial border of the brachioradialis, challenge laterally...
and move medially over the muscle tendon affecting a release of the tension put into it by the challenge (2).

**Moves 3**
With the palmar aspect of both thumbs gently draw skin side-to-side, starting each pair of moves on the medial side first. Perform the moves in a 'herring bone' pattern distally. Gently separate the muscle fascia of all the muscles adjacent to the mid-line from the cubital fossa to the palm. After each paired move is performed return the thumbs to the midline a 1/2 finger-width distal each time. Continue the paired moves into the central palm. The purpose of these moves is to separate the muscles of the forearm, palmaris longus, flexor carpi radialis and flexor digitorum superficialis. It creates the feeling of opening and improves circulation of all structures and systems.

**Moves 4**
Using the radial sides of both thumbs gently close the muscles by pushing together the skin with fractional depth on the muscle bodies. Close from the central palm to elbow crease.

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**Moves 5**
With the palmar aspects of the 2nd, 3rd & 4th fingers of one hand gently stroke the skin surface of the forearm from the elbow crease to the central palm. Do this with relaxed strokes. Finally, have the client 'flip-flop' their wrists, pump their fingers and flex the wrist by holding apart their elbows placing their 3rd & 4th fingers on the heel of the opposite hand and push the 3rd & 4th fingers to stretch the forearm to a gentle limit.

These Carpal Tunnel procedure moves all stimulate relaxation in palmaris longus and flexor carpi radialis, which arise from the medial epicondyle. These moves also relax pronator teres and the pronator quadratus which enables pronation of forearm.

**AFTERCARE & EXERCISE**

Soaking in 1/2 cup of Epsom salts daily for arthritis. Avoid activities that aggravate such as keyboarding.
HAND PROCEDURE

Minimum Prerequisite
Carpal Tunnel Procedure
Consider Shoulder, South, East, Elbow & Wrist Procedures.

The hands and fingers are often inflamed for no apparent reason other than the systemic inflammatory process and state of the client. It is in the manner of how the body copes with its inflammation that we can best understand the reason why there is inflammation in the small joints. It is as though the body places and accommodates its inflammation into the least life threatening systems. The inflammation in the small joints and muscles of the hands and fingers is mostly a symptom of another cause. In arthritic joints of the hand and fingers we see the later stages of this inflammatory state where the soft tissue inflammation has become chronic inflammation involving calcification and ossification in the tissues. In treating cases of arthritic inflammation observing a change in the level of pain is a good sign and it's important to continue persistent treatment to fully resolve the condition.

For women with small joint inflammation consider that during menopause much inflammation is attributable to the lowering of hormone levels. Replacement therapy is an important adjunct to treatment.

If the client has pain in the thumb joint and its muscles precede the following treatment with South, East Elbow & Wrist Move (3) & (6), plus the Carpal tunnel procedure Moves (1), (2) & (3).

Move 1
Perform Elbow & Wrist procedure, Move (5), of the hold the client's 4th & 5th fingers to flex their wrist at about 35°. Place the palmar aspect of the thumb of the medial side hand onto the mid-point of the extensor retinaculum and the extensor digitorum that lie deeper to it. Push skin to the ulnar side, challenge gently and move over the extensor retinaculum and the extensor digitorum radially (little finger to thumb).

Move 2 (a)
With the palmar aspect of the the lateral hands thumb perform a radial move over the musculo-tendinous proximal insertions of the flexor pollicis brevis and abductor pollicis brevis by drawing skin over the medial borders of the tendonous insertions
and challenge radially, release the challenge by moving over the tendons radially. There is a distinct release from the move.

**Move 2 (b)**
With the same hand perform a radial move over the midpoint of the flexor pollicis brevis and abductor pollicis brevis similarly to Move (2a).

**Move 2 (c)**
With the same hand perform a radial move over the distal attachments of the flexor pollicis brevis and abductor pollicis brevis similarly to Move (2a).

**Moves 3 & 4**
Position the clients hand so that it is supinated (palm down). Place the medial hands palmar aspect of its thumb onto the extensor pollicis longus over the proximal end of the 1st metacarpal. Draw skin to the ulnar side of it, challenge and move over and through the tendon radially (4a). Place the same hands thumb onto the extensor pollicis longus over the distal end of the 1st metacarpal. Draw skin to the ulnar side of it, challenge and move over and through the tendon radially (4b).

**Moves 5**
Perform a series of four radial moves over the extensor digitorum communis tendons at points on the distal end of the 5th to 2nd metacarpal bones.

**Move 6**
Perform a palmar move over the abductor digiti minimi distal and adjacent to the ulnar side of the 5th metacarpal. This move affects the opponens digiti minimi and the flexor digiti minimi which lie deeper.

**Moves 7**
Position the palmar aspects of both hands thumbs onto the clients palmar side of the distal ends of the 2nd metacarpal and the 2nd to 4th fingers on the dorsal side of the clients hand. Perform a series of proximal moves by drawing the thumbs distally,
challenging onto the flexor digitorum superficialis and the 1\textsuperscript{st} and 2\textsuperscript{nd} lumbricals, move proximally and maintain the depth of the challenge throughout. Perform the same moves over the 3\textsuperscript{rd} to 5\textsuperscript{th} metacarpals and back again.

**Move 8**
Hold the client's thumb with the medial hands thumb and 2\textsuperscript{nd} finger, hold the client's 2\textsuperscript{nd} finger with the medial hands 3\textsuperscript{rd} and 4\textsuperscript{th} fingers and open the web between their thumb and 2\textsuperscript{nd} finger and open their thumb and 2\textsuperscript{nd} finger apart. Place the lateral hands palmar aspect of thumb, pointing distally, onto a mid point of the first dorsal interosseous. Draw skin proximally, challenge and move distally over the first dorsal interosseous.

**Moves 9**
perform a series of ulnar and radial moves over the collateral ligaments and extensor apperatus of each distal joint of the proximal phalanges and intermediate phalanges.