



HANDS ON HEALING

WITH DR. JAMES MALLY

Nerve Glide Techniques

Course Notes

Hands On Healing
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Upper Extremity

These techniques should be done first with any upper extremity nerve entrapment issue.



Scalenes

You need short fingernails for this technique. Face your client's head then traction your client's arm with your inside hand. With your client's head turned toward you press the fingertips of your outside hand around the superior part of the clavicle near the sternoclavicular joint, pressing your fingertips in towards the first rib.

Slide your fingers laterally toward the acromioclavicular joint while your client slowly turns their head away from you.



Pectoralis Minor



Place the pads of your fingers onto your client's rib cage sliding up under the pectoralis major towards the coracoid process of the scapula.

Move your fingers superiorly along the pectoralis minor while at the same time abducting your client's arm overhead.

First Rib Release



For clients with Thoracic Outlet Syndrome, there may be compression of nerves between the clavicle and the first rib. This release helps to create more space for the nerves by allowing the first rib to move inferiorly. I use this in conjunction with other techniques including work on the scalenes and pectoralis minor.



With your outside hand bring your client's shoulder toward their ear. Press the finger pads of your inside hand into the first rib under the clavicle, pulling inferiorly. Have your client breathe deep then exhale. On the exhale traction their arm inferiorly while pulling inferiorly on the first rib. Hold the first rib in place as your client takes a deep inhale. Have your client exhale again then try to bring their shoulder toward their ear while you are still pulling the rib inferiorly. This brings the clavicle up off of the first rib.

Median Nerve



Biceps Brachii - Lift and Stretch

Gently grasp the biceps between your thumb and fingers while your client's elbow is flexed and the forearm is supinated. Hold the biceps while extending the elbow and pronating the forearm.



Wrist and Finger Flexors

Gently grasp your client's wrist and finger flexors while the wrist and fingers are flexed. Hold while extending the wrist and fingers.



Pronator Teres

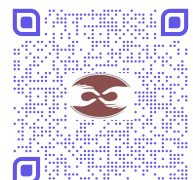
Gently grasp your client's pronator teres while the forearm is pronated. Hold while supinating the forearm.



Flexor Retinaculum

Place your thumbs on either side of the midline over the flexor retinaculum. Move your thumbs apart as your client spreads their fingers. Repeat this starting with your thumbs placed more distal on the retinaculum and the hand.

Do not press directly over the median nerve!



Ulnar Nerve



Lift and Stretch Coracobrachialis

Gently hold the coracobrachialis between your thumb and fingers while your client's arm is flexed at the shoulder joint. Abduct and extend your client's arm while pulling on the coracobrachialis.



Lift and Stretch Flexor Carpi Ulnaris

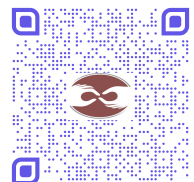
Lift the flexor carpi ulnaris muscle gently with your thumb and fingers while the wrist and fingers are flexed. Extend your client's wrist and fingers while pulling on the flexor carpi ulnaris.



Guyon's Canal

Press Pisiform bone medially while extending and radially deviating the wrist.

Do not press directly on the Ulnar Nerve.



Radial Nerve



Lift and Stretch Triceps

Start with your client's elbow extended. Lift the triceps gently with your thumb and fingers, while flexing your client's elbow.



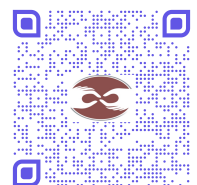
Lift and Stretch Brachioradialis

Lift Brachioradialis off of the radius while extending your client's elbow.



Lift and Stretch Supinator

Lift the Supinator muscle while pronating your client's forearm.



Sciatic Nerve



Pin and Stretch Piriformis Attachments

With your client prone, press into the greater trochanter while rotating your client's femur into internal and external rotation.



Pin and Stretch Deep 6 Attachments

With your client prone, abduct your client's femur 30 degrees, then press into the greater trochanter while rotating your client's femur into internal and external rotation.



Lift and Stretch Biceps Femoris

Gently grasp the biceps femoris with your fingers and thumb, then extend your client's knee while lifting.



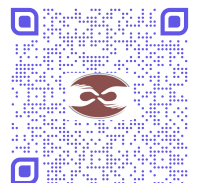
Piriformis Stretch Supine

Place your client's foot opposite their other knee. Place the heel of one hand on your client's ASIS to hold their hip down, and the other hand on the lateral side of their knee. Gently press their knee as far away as it will go comfortably. If there is a limitation in the range of motion have your client press their knee into your hand using 10% of their strength for 10 seconds. Then have your client stretch further. When you feel your client stretching you can assist the stretch.



Knee into Trochanter

Flex your client's hip and place their foot opposite their other knee. Press their knee away from you so that their hip comes up off the table, then slide your knee in under their hip. Bring their knee back and press their knee in towards your knee. Move your client's knee in different directions grinding their greater trochanter into your knee. Play with internal and external rotation of the femur.



Tibial Nerve



Lift and Separate Gastrocnemius Heads

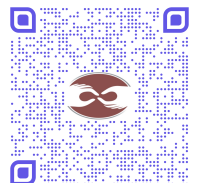
Gently grasp both sides of the Gastrocnemius with your thumbs and fingers, then lift and separate. You can have your client dorsiflex their ankle while you are doing this.

Peroneal Nerve



Lift and Stretch Peroneus Longus

Gently grasp the Peroneus Longus with your thumb and fingers, then plantarflex and invert your client's ankle. You can also have your client actively plantarflex and invert their ankle.



Femoral Nerve



Iliacus Release

With your client's hip flexed, press your fingers in medial to the crest of the ilium, then pull laterally, catching the iliacus between your fingers and the crest of the ilium. Have your client push their foot down as you pin the iliacus muscle with your fingers. Go slowly and stay within your client's comfort range. At the end have your client dorsiflex their ankle and make their leg long while you press distally on their thigh tractioning their leg distally.

This technique can be more effective by adding an eccentric load to the hip flexors. Do the technique as before but this time press on your client's distal thigh and have them gently resist your pressure as they slide their foot down the table. If this can be done without pain you can repeat this with increasing amounts of pressure and resistance.

Finish with rocking the femur into internal rotation while pinning the iliacus.



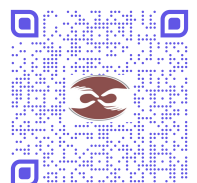
Lift and Stretch Rectus Femoris

Have your client supine with both the hip and knee at 90 degrees flexion. Gently grasp the distal end of the Rectus Femoris with your palm and fingers. Take both the hip and knee into further flexion while maintaining a pull on the Rectus Femoris.



Cup and Stretch Rectus Femoris

Have your client supine with both the hip and knee at 90 degrees flexion. Place a cup over the distal end of the Rectus Femoris, then take the hip and knee into further flexion while moving the cup.



Lateral Femoral Cutaneous Nerve

Meralgia Parasthetica



Pelvic Compression Test

Have your client lying on their side, with the affected side up and the hips and knees both flexed to 90 degrees. Press with your palms on the iliac crest near the ASIS, pressing gently toward the floor.

The test is positive if symptoms (pain, tingling, numbness in the lateral thigh) are relieved with the compression.



Iliacus Release

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Sartorius - Rock and Stretch

Hook your fingers around the medial side of the Sartorius near the ASIS, then rock your client's thigh into medial rotation.



Cluneal Nerves



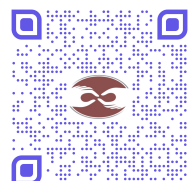
Skin Rolling, Lifting with Extension

Grasp your client's skin around the lumbar spine and lift while your client extends their lumbar spine.



Cupping - Cat Cow

Move cups over the low back while your client repeatedly flexes and extends their low back.



Pudendal Nerve



Sacrotuberous Ligament Lift

Find the Sacrotuberous ligament by finding the edge of the Sacrum and the Ischial Tuberosity. The ligament will be in a line between these two points.

From the opposite side of the table put your thumbs under the medial side of the ligament, then lift the ligament in a posterior, superior, and lateral direction off of the Sacrospinous ligament and the Pudendal nerve. Hold up to 30 seconds.



Sacrotuberous Ligament Rock

Hook your fingers around the medial side of the Sacrotuberous ligament on the side closest to you. Rock the Sacrum medially with your other hand.



Menstrual Cramp Technique

With your client prone, work around the lumbar vertebrae, the sacral foramen, and the sacroiliac joints.

Then after asking permission press into the area medial to the ischial tuberosity (sit bone), working through the drape. With a deep circular motion press laterally into the bone for about thirty seconds. This stimulates the pudendal nerve which affects the uterus.

If cramps are recurrent or severe there may be nutritional or hormonal imbalances that need to be addressed (i.e. calcium or magnesium deficiency).



Tensioners and Sliders

Neural mobilization is a form of manual therapy in which forces are directed at nervous tissue.⁶⁸ Coppetiers and Butler¹¹ outline two separate neural mobilization techniques termed “sliders” or “tensioners.” “Sliders” refers to gliding the nerve through its sheath by selectively placing the joints in certain positions.

“Tensioners” refers to keeping one end of the nerve fixed and then placing the joints in position to produce tension within the nerve. The two separate techniques apply different amounts of strain or excursion through the nerve. A “tensioning” technique produces roughly 50% of the excursion and nearly seven times the amount of strain on the nerve compared with a “sliding” technique.¹¹

11. Coppetiers MW, Butler DS. Do “sliders” slide and “tensioners” tension? An analysis of neurodynamic techniques and considerations regarding their application. *Man Ther.* 2008;13(3):213–221.

From *Peripheral Nerve Injury - An Anatomical and Physiological Approach for Physical Therapy Intervention* by Stephen J. Carp - page 186

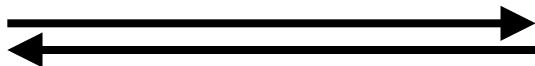


Tensioner

50% of excursion compared to slider

7 times the strain on the nerve

Used in assessment and late stage of treatment



Slider

Used for treatment

Nerve Entrapment Assessment

Tension the nerve at the distal end.

Gently tension the nerve at the proximal end, assessing for pain or discomfort.

1. Upper extremity - head and neck flexed and rotated away, shoulder depressed. Sometimes there is more tension on the nerve when the head is rotated toward the affected side.
2. Lower extremity - head, neck, and upper back slumped forward. Sometimes there is more tension on the nerve when the head and neck are extended.

Relieve the tension at the proximal end. If the pain diminishes, the problem is from the nerve. If the pain doesn't diminish, the problem is likely musculoskeletal.

Nerve Glide Protocol

1. Assess nerve by tensioning.
2. Massage or cup areas of nerve restriction.
3. Tension the nerve at the distal end while relaxing it at the proximal end.
4. Tension the nerve at the proximal end while relaxing it at the distal end.
5. Repeat steps 3 and 4 up to six times.
6. Reassess the nerve by tensioning.

Cautions and Contraindications

Go see your doctor if you have:

- Pain that wakes you in the middle of the night
- Pain that radiates down both legs
- Worsening pain in your leg that is moving further down the leg instead of up toward the back
- Difficulty controlling your bowel or bladder
- Pain, tingling, or numbness in the groin or rectal region, saddle parasthesia
- Difficulty maintaining erection for guys
- Loss of motor control

Red Flags

- History of trauma
- Bowel or bladder incontinence
- History of cancer
- Unexplained weight loss
- Intravenous drug use
- Systemic illness
- Low back pain with fever
- Progressive and constant night pain
- Saddle anesthesia
- Abdominal pain (between navel and pubis)
- No response to motions, postures and loads

Resources for Nerve Entrapment Treatment



These resources and more are listed with links at:

<https://massagelibrary.com/resources-for-nerve-entrapment-treatment/>

or go to massagelibrary.com/blog then find the blog on nerve entrapment treatment

Books

Neurodynamic Techniques - NOI Group and David Butler

ISBN 978-0975091012

Clinical Neurodynamics - Michael Shacklock

ISBN 0-7506-5456-2

www.elsevierhealth.com

DVDs

Treating Trapped Nerves DVD set - Erik Dalton

<https://erikdalton.com/online/product/treating-trapped-nerves-dvd-set/>

Manual Therapy To Eliminate Multiple Nerve Compression Patterns 3 Pack DVD Set - James Waslaski

www.orthomassage.net

Online

Nerve Glide Techniques - Massage Technique Library

<https://bit.ly/nerveglide>

Dermal Traction Method - formerly Yank Away Pain Dr. Phillip Snell and Dr. Justin Dean

<https://dermaltractionmethod.com/>



The Hidden Nervous System - Whitney Lowe

<https://www.academyofclinicalmassage.com/hidden-nervous-system/>