

# Connective Tissue Techniques and Stretching Procedures for the Cervical Spine

## Lateral Neck Fascial Technique

**T**his direct fascial technique (Figure 9-1) is useful for treating the levator scapula, upper trapezius, and posterior cervical muscles. The patient's occiput is placed on a head block or towel roll to create space under the cervical concavity. The examiner stabilizes the patient's head-neck region by placing one hand on the patient's forehead, while the other hand "rakes" through the soft tissues in a cross-fiber direction. A small amount of Deep Prep II or similar soft tissue massage cream is useful.

The therapist begins in the upper thoracic region and progresses cephalward into the upper neck area. An oscillatory motion can be added for additional soft tissue relaxation.

## Deep Neck Fascial Technique

This direct fascial technique (Figure 9-2) is directed toward the deeper spinal muscles in the medial groove of longissimus. With the patient's occiput resting on the therapist's anterior forearms, the flexed PIP joints of both hands once again "rake" through the soft tissues from the upper thoracic region to the craniovertebral region. Upon encountering increased tone or tightness, the therapist maintains a superiorly directed force with the addition of oscillatory motion until the tension and/or tightness has abated. At the end of the caudal to cranial "sweep," the therapist imparts a gentle traction force on the occiput to stretch the posterior occipitoatlantal space. Several cycles

can be applied as tolerated. This technique is excellent preparation for inhibitive occipital distraction, which is to follow.

## Inhibitive Occipital Distraction

This procedure is a combination of direct fascial technique and manual traction. The first phase involves the use of digital compression for the purpose of inhibiting tone in the occipital extensors. The therapist supports the patient's occiput in his or her palms, with the second through fifth digits making contact with the skull over the inferior nuchal line (Figure 9-3a). The patient is asked to relax, breathe in through the nose and out the mouth, and imagine a quiet and tranquil scene that will enhance overall relaxation. As the subcranial soft tissues soften, the therapist is ready to progress the patient to the second phase. Now that the tissues have "let go" of their contraction, the occiput is distracted away from C1 by pulling it along the table in a cephalward direction toward the therapist. This separation of the occiput from the atlas creates more space at the occipitoatlantal junction, posteriorly, and essentially decompresses the region, including the greater occipital nerve. This sequence of neuromuscular inhibition followed by occipital distraction is repeated several times until the tissue slack has been removed.

Osteopathic practitioners describe a similar technique known as condylar decompression.<sup>11</sup> In addition to the inhibitive distraction described above, they incorporate a lateral release of the area. This lateral release (second phase of the technique) is achieved as the manual thera-