Strain-Counterstrain
For the Upper Trapezius

The Planeteers
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Objectives

- Will be able to define strain-counterstrain
- Determine who can benefit from it
- How it is useful to the PT field
History

- This technique was created by Lawrence Jones
- Pt. had trouble finding a position that he was without discomfort
- Jones found a position that was comfortable for the pt. and had him lie in the position for 40 minutes
- After the 40 minutes, the pt. was able to stand with total comfort and that’s how the positional release (strain-counterstrain) was found
What is it?

- A manual technique used to treat pain and musculoskeletal dysfunction, specifically tender points
How it Works

- A strained muscle spindle protects itself by increasing its sensitivity and tension, thus resisting movement.

- Strain-Counterstrain (SCS) resets the muscle spindle activity and as a result, resets the pain-muscle guarding-dysfunction cycle.
Who Can Benefit from SCS

- SCS has an extremely broad application for physical disorders
  - Sports Injuries, MVA, post-surgical, fibromyalgia, headaches
- It can be used to treat acute or chronic patients
- Decreases pain, muscle guarding and swelling
- The gentleness make it safe and effective for treating many different populations that have musculoskeletal pain
Impact on PT Field

- In his book *Strain and Counterstrain*, Dr. Jones mapped out hundreds of tender points in the body and documented recommended positions for treatment of each point.

- Effective technique in the treatment of muscle/tissue that is considered to be in a state of “strain”.

- In a shortened relaxed position the abnormal afferent proprioceptive activity is reduced, enabling the muscle to relax.

- Can be used as a sole treatment or it can be used in adjunct with other treatments.
Technique

- PT/PTA palpates for myofascial **tender points**
  - Tense, tender edematous muscle and fascial tissue
  - 1 cm in diameter

- Passively position the patient toward the side of the tender point to shorten the muscle and ease pain (70% decrease in tenderness)

- Apply light pressure for 90 seconds

- Return to neutral slowly

- Recheck tender point—at least a 70% decrease in tenderness to be considered successful
Objective Testing and Assessment Measures

- We can use 2 different outcome measures:
  - 1. Visual Analog Scale to assess Pain (most commonly used as a verbal 1-10 scale)
  - 2. Neck Disability Index (a questionnaire with 10 ADL items)
    - Patient chooses 0-5 for difficulty level for each task and the score is out of a possible total of 50 points
Demonstration
Questions
References


- http://www.jiscs.com/Article.aspx?a=0 (The Jones Institute)
Thank you from The Planeteers, Saving the Planet One Intervention at a Time