WORKSHEET; CONTINUING PROFESSIONAL LEARNING:
TRAPEZIUS FIBRE TECHNIQUE

Shaun Cashman and Charles Blum

Introduction

This paper reports clinical evidence and a specific set of clinical skills for chiropractors.

… The trapezius fibre or fiber is a most interesting phenomena. It is more a pre and post assessment tool and less about the type of adjustment you deliver.

How to do this CPL activity

Simply follow the steps outlined here. Put some thought into your comments. You can print out this document and write on it, or enter your views electronically. The document has offered in Pages, Word and PDF

Read the paper

The paper is published in the Asian-Pacific Chiropractic Journal Issue 1.2. The citation is:

Cashman S, Blum C. Trapezius fibre muscle analysis: A pilot inter/intra-examiner reliability study. Asia-Pac Chiropr J. 2020;1.2:online only

The PDF is in this block for you.

Read the guide box

Dr Charles Blum who teaches this technique and assisted Dr Cashman to undertake the reported research, has provided a practical guide for you (next page).

Watch the sklip

This sklip is Dr Blum's explanation and practical demonstration:

Complete the worksheet

As noted above, make this a decent block of learning and show your understanding in these responses. It should take you about an hour to complete this learning activity.

And …

File this completed worksheet either electronically or in a folder, marked as 'CPL'. To be useful when you are audited or reporting your activities, it needs to be complete, and 'findable'.

Practical guide to the 'trapezius fibre' technique

The trapezius fibre/fiber is a very interesting phenomena. It is more a pre and post assessment tool and less about the type of adjustment rendered. I discuss this in the video.

But the gist is that you isolate the most sensitive fiber with pressure by the thumb into the 7 regions between just lateral to T1 all the way to the acromioclavicular 'V' or joint depression. You use the patient's report of pain as the primary indicator as well as the region of greatest 'mounding' or fiber swelling, which can be on the right or left. The greatest tension or sensitivity is the location, and sensitivity tends to predominate over what the doctor notices with palpation. The majority of times these are synchronous.

Once you locate the trapezius fiber the next step is locating the most sensitive vertebra by pressing superior-medial to each pedicle in the reflex arc. Usually the reflex arc follows the fiber-vertebral relationship described by DeJarnette however sometimes less frequently you may need to move up or down a vertebral segment to find the most sensitive vertebra.

Once you have the trapezius fiber and predominant vertebra in the reflex arc the next step is to apply inferior to superior force into the spinous process lifting it in various vectors (up to the left shoulder, between the left shoulder and T1, up towards T1, between T1 and the right shoulder, or towards the right shoulder). Simultaneously you contact the trapezius fiber and notice if one vector reduces the trapezius fiber's sensitivity or swelling.

Then you have the trapezius fiber, vertebra, and vector of correction. You can thrust on it, use an activator, toggle recoil, or just hold and maintain pressure as the patient breathes in or out. Usually if there is a thrust it can be whatever contact the doctor prefers and commonly completed on exhalation.

Then go back and note if the trapezius fiber swelling and/or sensitivity has decreased. The goal is for at least a 50% decrease and this can increase each visit until the fiber is no longer active. Sometimes it will then move to another fiber and sometimes the trapezius fibers will not be an active reflex after a few visits since the region and its reflex arc was neutralized.

Charles Blum

Worksheet

When was this paper published?

(Is it current? Is it over 3y old? Over 10? Does it have value today?):

Who wrote it, and who are they?

(Why would you want to read this paper?):

Why do you think it was written? What purpose does it serve?

What is the evidential value of its contents?

(Where did the data come from? Is it believable? Trustworthy?)

Give a rating out of 10 for the value of this paper to your own practice and state why:

(Let 10 mean you found great value, and 0, no value)

Analysis

What do you see is the value, if any, of reading content by like-minded chiropractors?

Can you identify likely challenges you could face in developing your practice model?

What have your learned from this activity? What changes could is make in the way you approach your patient?

Your personal notes

What are the related papers you now want to read?