Shoulder Trigger Point Injections: Find 5 Common Entry Points Transcript

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Shoulder Girdle Trigger Point Overview

This is a very common location. A lot of patients will be needing treatment [music] in the shoulder girdle. For the two rotator cuff muscles that are the most commonly needed [music] to be treated for trigger points, the easiest access is right here in the V and [music] that is the supraspinatus.

If you are a beginner and you feel more comfortable, [music] have the patient take a deep breath in and blow it out and tell them ahead of time when they blow out the breath to hold their breath.

>> [music] >> That way the lungs are deflated when you're inserting the needle into the lung field. So, you can feel the scapula coming out and [music] coming down here and I'll put my finger on the outer edge of the scapula [music] and I'm going to rotate her head and I can feel it underneath my skin when I do a opposite rotation of her [music] head.

Right here where my finger is is the attachment onto the bone. So, that is the injection entry point.

Upper Trapezius Injection Technique

>> [music] >> Shoulder girdle trigger point injections. This is a very common location. A lot of patients will be needing treatment in the shoulder girdle. Where I see patients needing treatment the most is the >> [music] >> upper trapezius, the levator scapula, which is on the border of the scapula attachment, rhomboid major, which is just on the medial aspect of the scapula, and then for the two rotator cuff muscles that are the most commonly needed to be treated for trigger points, the easiest access is right here >> [music] >> in the V and that is the supraspinatus.

That's a big [music] one. You will be doing this one frequently. And then finally, the infraspinatus [music] comes around this direction. The biggest trigger point tends to be right here, dead center in the middle of that infraspinatus. [music] So, those are the most common trigger point locations for the um shoulder girdle. So, first [music] I'm going to start with the uh upper trapezius, a very common location. Um once I've cleaned the skin, well, once I palpate, I like to mark. And the easiest way to mark this is actually the lid. It creates a beautiful little bull's-eye for me.

All right. So, since we are in a lung field, she's very slender.

Levator Scapula and Rhomboid Major

If you are a beginner and you feel more comfortable, have the patient take a deep breath in and blow it out. And tell them ahead of time when they blow out the breath to hold their breath. [music] That way the lungs are deflated when you're inserting the needle into the lung field. Little pearl on that. Okay, here we go. A little pinch. 1 2 3. So, you can see I've penetrated in. I am tapping, injecting, and deploying. And that muscle, that skin did not lift at all.

[music] It's nice and flat. I could actually feel what Dr. Travell calls LTR, local twitch response. That upper trapezius was just quivering on the needle and deployment of [music] the fluid, which is normal and that's actually what to document a local twitch response or an LTR in the upper trapezius. Okay, next is the levator scapula. I'm going to show you a really cool trick. [music] So, you can feel the scapula coming out and coming down here. And I'll put my finger on the outer edge of the scapula and I'm going to rotate her head and I can feel it underneath my skin [music] when I do a um opposite rotation of her head. Right here where my finger is is the attachment [music] onto the bone.

So, that is the injection entry point for the levator scapula. Here we go. A little pinch. You can go in at 90 or I'm going at a slight [music] angle towards the scapula.

It did bubble up just a little bit, but that's okay. She's very slender, [music] so I'm making sure I'm not going too deep on anything. Next is the rhomboid major.

Supraspinatus and Infraspinatus Injections

The rhomboid major comes all the way down next to the scapula border, and you can do this one in upright seated position, or you could do it prone as their arm is out, and that opens up this shoulder girdle right in through here.

Ooh, she's got a great big one. It's actually snapping. I don't know if you can see that on camera, but it is snapping on that shoulder girdle. So, rhomboid major, very, very common location for a trigger point.

Here we go. I've marked it. I've cleaned it. 90° in, little [music] pinch, 1 2 3. And you can see I'm doing the star technique. It is not bubbling up, and I've [music] deployed. Normally, I deploy 1 cc per site from C7 down, and it's um about a quarter to a half a cc from C6 and up [music] in majority of the muscles. It's kind of a good general rule of thumb.

Next, I'm going to do the two most common uh rotator cuffs. So, this first one, there's a V-shape right here of the scapula, and when you go into that V, it drops straight down. That's an easy access right into the supraspinatus.

And with supraspinatus, you'll remember its empty can is your orthopedic test, um and there's frequently impingement [music] um of that supraspinatus. 90° straight down, 1 2 3 pinch.

And I'm doing [music] a pepper as well as a little bit of a modified star technique. And finally, last one is the infraspinatus. This is again a very common uh location for a trigger point.

Here we go. Little pinch, 1 2 3.