

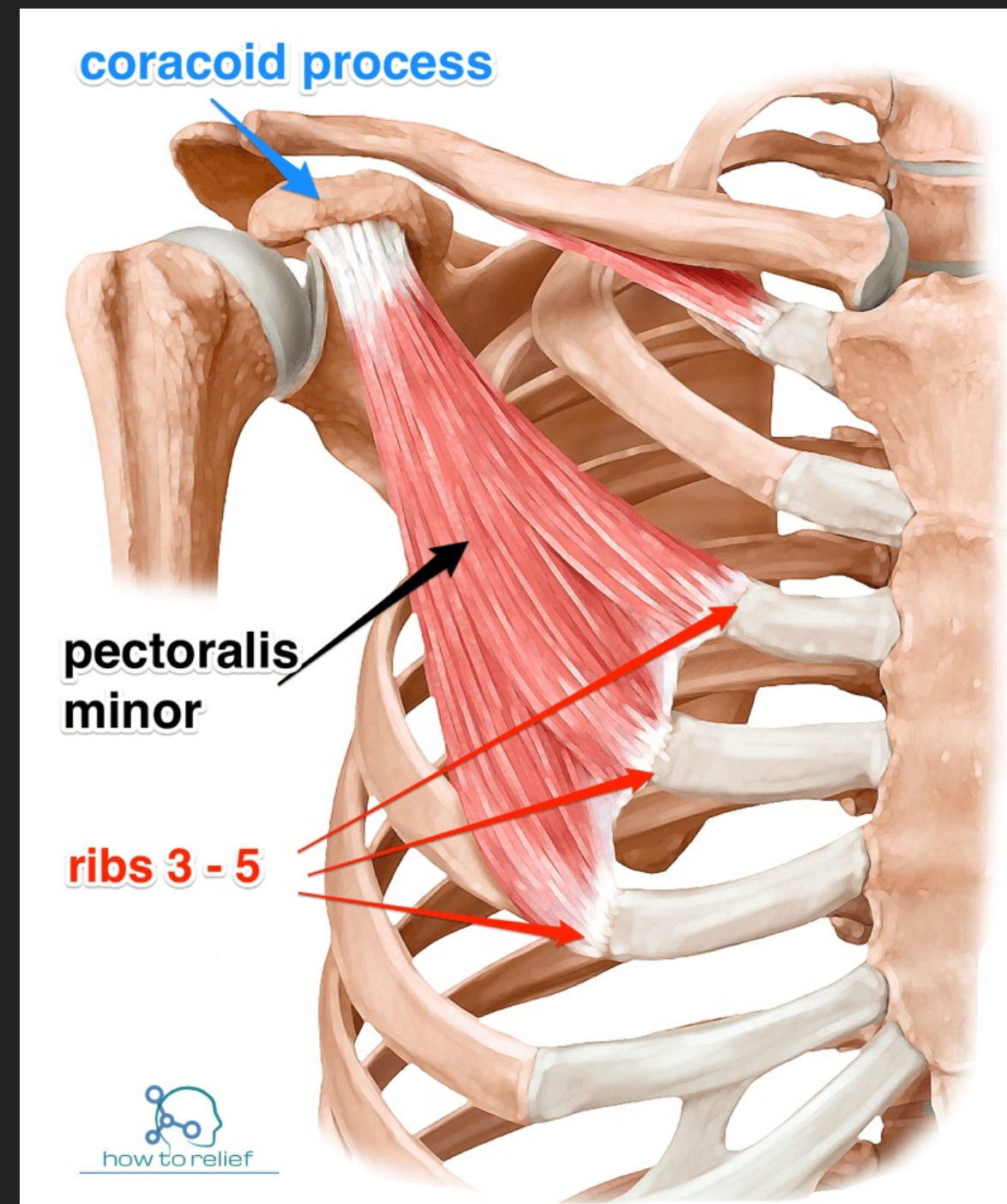
PECTORALIS MINOR

INDICATIONS FOR ASSESSMENT AND TREATMENT

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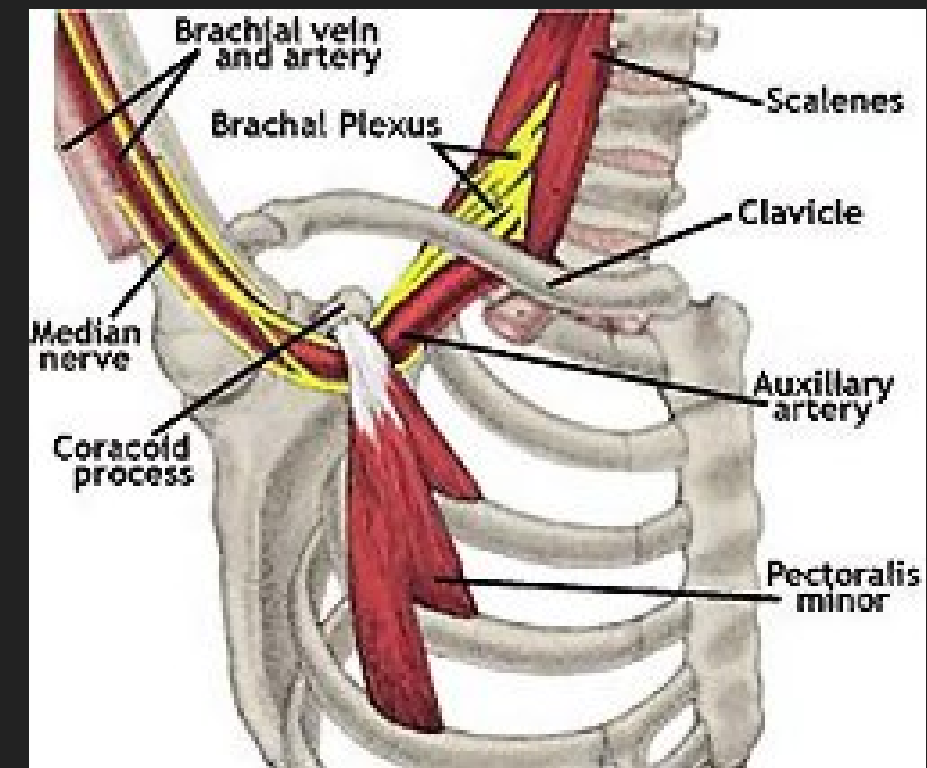
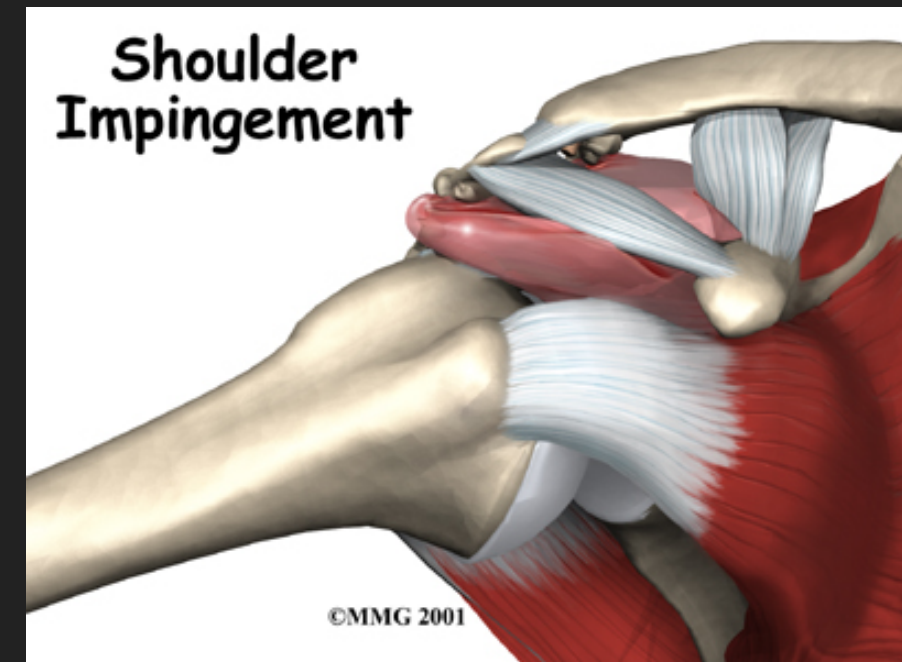
ANATOMY AND ROLE OF PECTORALIS MINOR

- ▶ **ORIGIN:** upper margins and outer surfaces of the 3rd, 4th and 5th ribs
- ▶ **INSERTION:** upper and medial border of coracoid process of the scapula
- ▶ **FUNCTION:** move the scapula forward and downward, also can aid in inhalation.



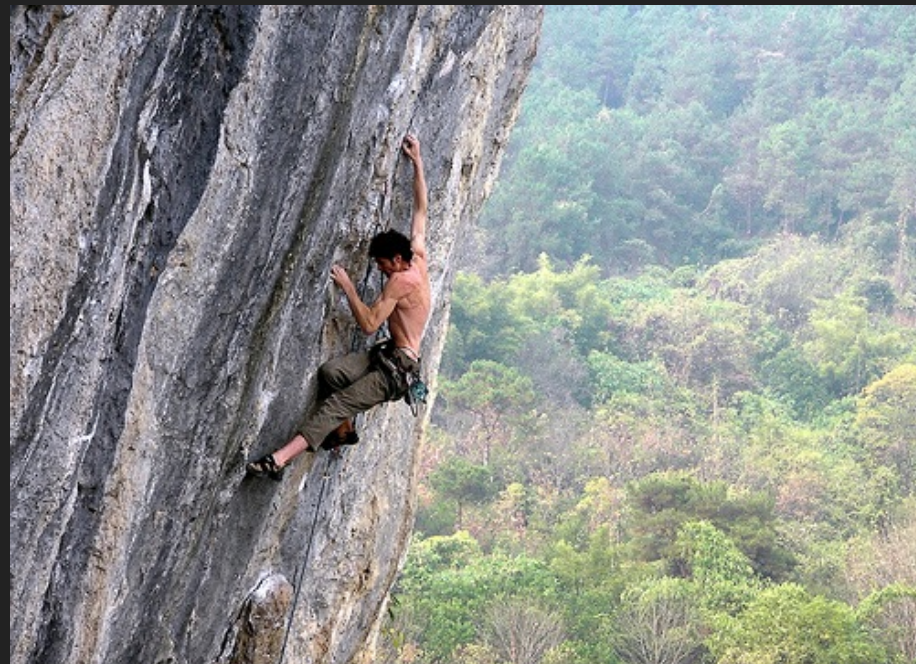
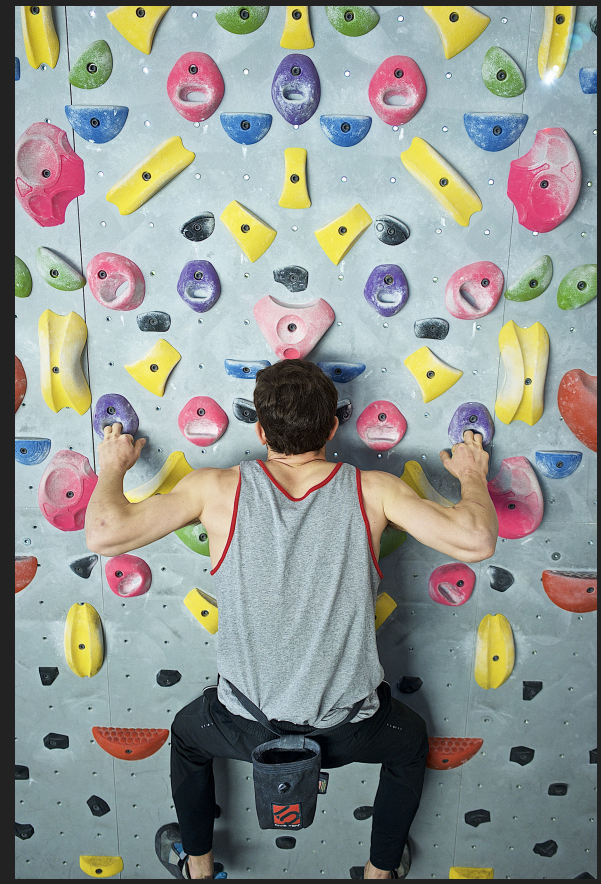
ROLE IN OTHER PATHOLOGIES

- ▶ Muscle imbalance: overuse of pectoralis minor → lengthened lower and middle trapezius, can inhibit serratus anterior and shoulder external rotators
- ▶ Secondary subacromial impingement
- ▶ Possible site of Thoracic Outlet Syndrome
- ▶ Breathing dysfunctions ("chest breathers")
- ▶ Medial Elbow Tendinopathy
- ▶ Contribution to labral pathology?



CAUSES?

- ▶ COMPENSATION / ABNORMAL MOVEMENT PATTERN
 - ▶ Fatigue of finger flexors
 - ▶ “Weak”/poor activation of middle and lower trapezius
- ▶ NATURE OF OUR SPORT?
 - ▶ Common movement pattern?



PECTORALIS MINOR

ASSESSMENT FOR PECTORALIS MINOR

- ▶ POSTURE - forward head, rounded shoulders
- ▶ PALPATION: hypertonicity, tenderness, trigger points
- ▶ SUPINE TEST for tightness:
 - ▶ Athlete lies supine.
 - ▶ Measure from the spine of the scapula to the table. Ideally, should be 2 fingers or 1 inch or less. Greater than 1 inch = Pectoralis minor tightness



TREATMENT

- ▶ Deep Tissue Mobilization
- ▶ Stretching
- ▶ Followed by corrective exercises:
 - ▶ Ws and Ts
 - ▶ Diaphragmatic Breathing
 - ▶ Postural Re-education



DISCUSSION

- ▶ THANK YOU TO KLAUS
- ▶ THANK YOU TO FELLOW CLIMBING-TEAM PHYSIOTHERAPISTS AND MEDICAL STAFF.

