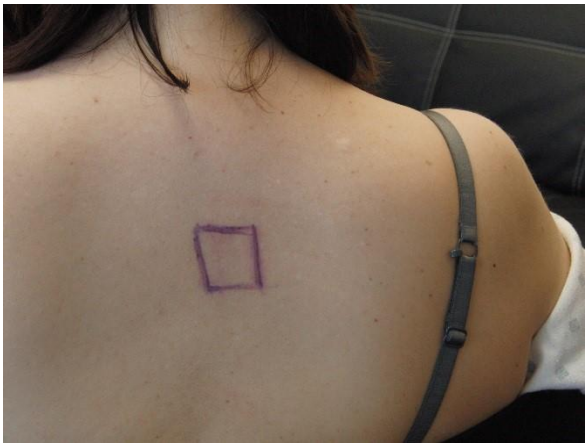
ANTERIOR-POSTERIOR T5 RIB DISARTICULATION SYNDROME

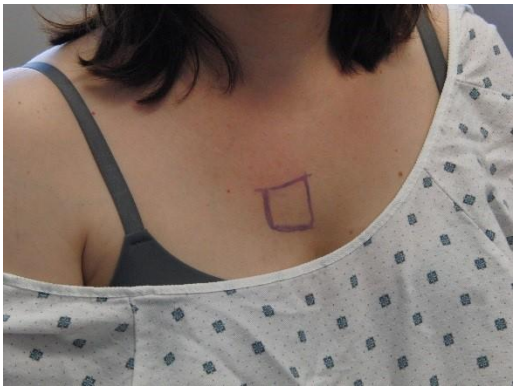
The Anterior-Posterior T5 Rib Disarticulation Syndrome seems to generally occur from a traumatic accident that "twists" the thoracic vertebrae in a selectively peculiar manner that results in a mild subluxation of the T5 vertebra. The involved vertebra usually rotates toward the dominant side, effectively depressing the posterior rib head it articulates with. This causes its anterior rib head to mildly sub lux anteriorly from its articulation with the sternum.

The patient generally complains of a sharp-piercing pain at and around the site of the mildly subluxed T5 vertebra and the depressed rib head. A DSR survey will demonstrate a zone of relatively high skin resistance at the site. Additionally, the patient may (or may not) describe a "feeling of discomfort" in the chest, on the same side, about a hand's width below the medial head of the clavicle, next to the sternum. A DSR survey will demonstrate a zone or relatively high skin resistance over the site.



The high skin resistance pattern commonly associated with

the Para-Vertebral Component of a T5 Rib Disarticulation Syndrome



The high skin resistance pattern commonly associated with

the Sternum Component of a T5 Rib Disarticulation Syndrome

Treatment

Treatment of this syndrome consists of reducing the mild subluxations, eliminating any adhesions that might be present, and denaturing any inflammatory chemicals that might result from the soft tissue manipulation.

Application:

- Preset the Activator to deliver a maximum force thrust. Place the tip of the activator within the DSR zone, next to the spine, at a sufficient angle to cause the affected vertebra to rotate back into its normal position. Squeeze the Activator to deliver the desired thrust while being careful not to add any additional pressure by “pushing down”.

- Preset the Activator to deliver a maximum force thrust. Place the tip of the activator within the DSR zone, directly over and down on the anteriorly subluxed rib head. Squeeze the Activator to deliver the desired thrust while being careful not to add any additional pressure by “pushing down”.

- Manipulate the tissues in and around both DSR zones to eliminate any adhesions that might be present.

- Cold laser over both DSR zones for 2 to 5 minutes to denature or destroy any inflammatory chemicals that might be present.

Post Treatment Suggestions:

The patient should be encouraged to “tone up” the musculature around the T5 vertebra. High weight rowing (rowing against resistance with the elbows raised to 90^{o} or shoulder height), on a daily or every-other-day basis, is highly recommended. Those patients with this syndrome who have followed this advice have apparently been able to prevent the return of this problem.

Trigger Points

The following ***trigger point formations*** may, singly or in combination, ***refer pain*** into the areas usually affected by the Anterior-Posterior T5 Disarticulation Syndrome: Iliocostalis thoracis (T6), External oblique A, Multifidus (T4-T5), Levator scapulae, Subscapularis, Pectoralis major (parasternal fibers), Pectoralis major (sternal portion), Pectoralis minor, Sternalis, Rhomboids, Lower trapezius A, Lower trapezius B, Scalenus (anterior, medius, & posterior), Posterior cervical group, and Infraspinatus (abnormal).

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