



## **Structural Treatment Support**

For respiratory illness (COVID, influenza, etc.)

### **Who should be treated?**

Any patient with respiratory illness with potential to involve the lungs. This most definitely includes those with COVID-19, influenza, or even the common cold.

### **Why do they need treatment?**

These 4 treatments help diaphragm, ribs, and lymphatic movements of the body. This allows optimal ability to fight off the infections and limit chances of secondary pneumonia. It even has the potential capacity to lower mortality. While the best treatment would be with an osteopathic physician trained in advance techniques, these 4 have been chosen as lowest risk and multiple efficacy that are easiest to learn for those in isolation.

### **What are the treatments?**

- 1) Seated Rib Raising
- 2) Seated Diaphragm Release
- 3) Supra-clavicular lymphatic pump
- 4) Sub-occipital myofascial release

### **How often do they need treatment?**

3x per day when sick – total time each treatment session should be less than 10 minutes.

### **How do we perform these treatments?**

See individual treatment descriptions below – patient should be in loose fitting clothing (no restriction like bras, jeans etc.)

### **What are the risks of treatment?**

If the practitioner is aggressive they may cause trauma to underlying structures (ribs, nerves etc.)... keep pressure to “firm hug” level! Treating person is exposed to infectious agent and at risk of getting sick – only should be done by a person already immune (had the disease) or in isolation together already (mom for child, etc).

### Seated Rib Raising:

- Patient seated - facing the standing treatment provider with interlaced fingers on forehead, palms facing outward.
- Lean patient's hands/forehead on treatment providers shoulder.
- Hug the patient under each set of ribs and place fingers outside the prominent spine, both sides – gently lean back allowing the patient to lean forward (mild arching of spine) while holding the head position steady. This position will be moved back and forth.
- With the fingers on the ribs, work up and down along the spine several times. As you are working the ribs, there will be a leaning motion, back and forth. If there are areas that don't move as well, spend more time working on them with varying pressure and direction of force.

This should not be a painful process but may induce some coughing as mucous breaks up.



### **Seated Diaphragm Release:**

- Patient seated – facing away from provider
- Patient leans back against providers chest and “slumps” forward.
- Hug the patient from behind under the rib cage with fingers curled underneath.
- With patient relaxed, rotate them right and left looking for which way moves easiest.
- Hold the patient in the direction of ease and have them take several deep belly breaths (4-5).
- Recheck position of ease – if relaxed and symmetrical, then you’re done! If still restricted and/or also restriction on the opposite side, then repeat as needed (may need to move hands along the diaphragm to get it all).



### Supine Lymphatic Pump:

- Patient laying on back – provider seated beside facing the patient’s head.
- Patient extends arm straight out to the side and then bends elbow to 90 degrees
- Provider holds patient’s wrist with hand furthest from patient and internally rotates the shoulder (take hand down toward feet) while keeping upper arm straight out from body
- With hand closest to the patient place the fingers above the clavicle (collar bone) as close to the middle as possible and gently curl them behind it.
- While maintaining a forward pressure on the clavicle with the fingers, rotate the shoulder into external rotation (move hand up – “surrender” position) – may be slightly uncomfortable to patient but should not be unbearable.
- Repeat the internal-external rotation (moving arm up and down) pattern for 15 cycles.
- Repeat the treatment on the opposite side.





### Sub-Occipital Myofascial Release:

- Patient laying supine on back.
- Provider sitting at head of table facing patient.
- Curl finger pads under the occiput (base of skull) and allow the head's weight to rest on them
- Place slight traction (gently lean back for fingers to pull the sub-occipital) towards top of head (may require patient head to be a bit extended)
- If one side feels tighter than the other, add a bit more traction on the softer side until the amount of pressure feels the same.
- Rest in this position or very gently take up slack as it relaxes over the next 30-120 seconds.



### Resources:

MOPSE Pneumonia Study

<https://pubmed.ncbi.nlm.nih.gov/20302619/>

Hruby and Hoffman H1N1

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1939852/>

Comments on Hruby and Hoffman H1N1

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1948889/>

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