Counterstrain: Posterior Rib Tender Points

Posterior rib tender points are associated with elevated ribs, or inhalation dysfunction. The tender point for rib 1 is located 1 centimeter lateral to the costotransverse junction, and the tender point for ribs 2-10 is located along the angle of the corresponding rib. Treatment for the posterior tender point of rib 1 is extension of the neck, sidebending away and rotating toward the side of dysfunction. Treatment for the tender points of ribs 2-10 is sidebending and rotating away from the side of the dysfunction. Remember, all counterstrain positions should be held for a minimum of 90 seconds, though 120 seconds is preferred for rib tender points.



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Posterior Tender Points

Elevated Ribs / Inhalation Dysfunction
Inflated Ribs
Elevated ribs are associated with inhalation dysfunction. This can be caused during hyperventilation, injury, or during certain medical conditions resulting in obstructive lung diseases. All posterior tender points are associated with elevated ribs/inhalation dysfunction.

Rib 1: One Centimeter Lateral to the Costotransverse Articulation
Rib (1) Wand: (1) Wand Cent Ladder to the Costco-train
The posterior tender point of rib 1 can be palpated one centimeter laterally to the costotransverse articulation on the posterior neck. This is also known as the articulation at the manubrium. These points can be palpated bilaterally.

Rib 2 - 10: The Angle of the Corresponding Rib
Ribs (2) Tutu - (10) Tin: Angle of the Corresponding Rib
Posterior Tender points for ribs 2-10 can be palpated along the angle of the corresponding rib with the patient sitting or prone. These points can be palpated bilaterally.

Posterior Treatment

Rib 1: ESART
Rib (1) Wand: ES-ART
Rib 1 has a unique treatment for the posterior tenderpoint. The patient will first be placed into a sitting position, and the tender point palpated. Once identified and the pain quantified, the patient will be placed into the position of ease. This will be accomplished by extending the neck, sidebending away, and rotating toward the tender point. While keeping a finger on the tender point, the position will then be adjusted until the patient reports a decrease in pain of 70% or more. The position will then be held by the provider for a minimum of 90 seconds before being returned to the neutral position and the pain reassessed for improvement.

Rib 2-10: SARA
Rib (2) Tutu - (10) Tin: SARA Jessica Parker
The posterior tender points for ribs 2-10 are all treated similarly. The tender point will first be identified and quantified by the provider. While keeping a finger on the tender point, the provider will then position the patient into the position of ease by sidebending and rotating away, adjusting positions until the pain has decreased by 70% or more. The provider will then hold the patient in this position for a minimum of 90 seconds before returning to neutral and reassessing for improvement.

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