

TEKNIK PALPASI

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Figure 1-1 Palpation is as much an act of the mind as it is of the palpating fingers. Sensory stimuli entering through the therapist's hands must be correlated with a knowledge base of anatomy.

How to palpate?

- Move slowly
- Use appropriate pressure

Figure 1-2 This figure illustrates the idea of using pressure that is appropriate for the structure being palpated. When the medial and lateral epicondyles of the humerus are being palpated, only light pressure is needed (A). However, when the pectoralis major muscle is palpated, deeper pressure is required (B).

Palpasi Deltoid

Figure 2-1 The deltoid is a superficial muscle and can be palpated by simply placing our palpating hand on the muscle between its attachments. Therefore knowing the attachments of the target muscle is the first necessary step when looking to palpate it.

Palpasi Deltoid

Figure 2-2 The precise location of the deltoid is more easily palpated if the deltoid is contracted. In this figure, the client is asked to abduct the arm at the shoulder against the force of gravity. When a muscle contracts, it becomes palpably harder and is easier to distinguish from the adjacent soft tissues. Therefore knowing the actions of the target muscle is the second necessary step when looking to palpate a muscle.

Palpasi otot

- Know the attachments of the target muscle
- Know the actions of the target muscle
- Choose the best action of the target muscle to make it contract
- Look before you palpate
- First find the target muscle in the easiest place possible
- Strum perpendicularly across the target muscle

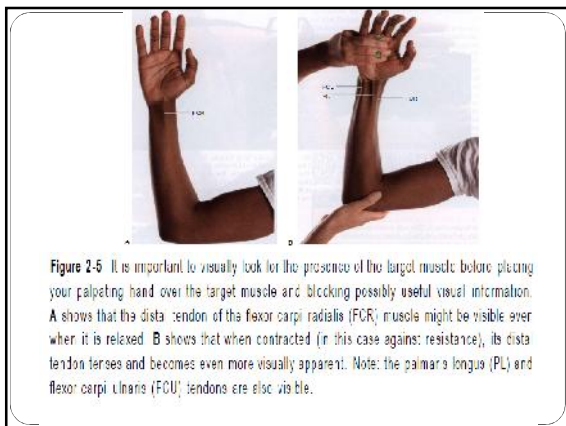


Figure 2-6 It is important to visually look for the presence of the target muscle before placing your palpating hand over the target muscle and blocking possibly useful visual information. A shows that the distal tendon of the flexor carpi radialis (FCR) muscle might be visible even when it is relaxed. B shows that when contracted (in this case against resistance), its distal tendon tenses and becomes even more visually apparent. Note: the palmaris longus (PL) and flexor carpi ulnaris (FCU) tendons are also visible.

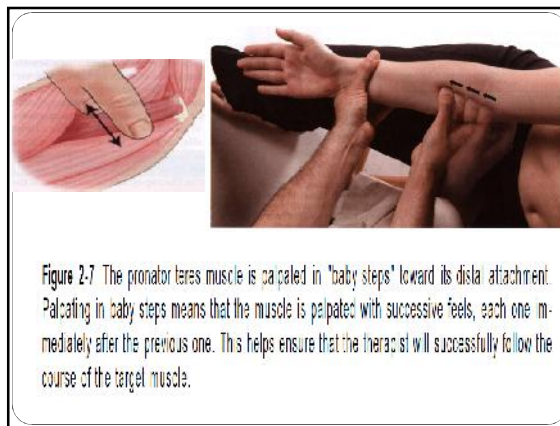


Figure 2-7 The pronator teres muscle is palpated in "baby steps" toward its distal attachment. Palpating in baby steps means that the muscle is palpated with successive feels, each one immediately after the previous one. This helps ensure that the therapist will successfully follow the course of the target muscle.

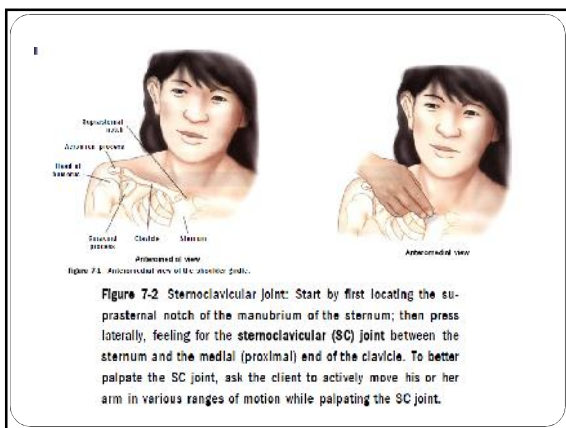
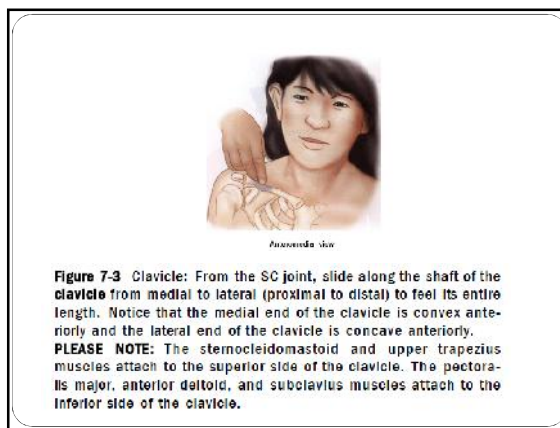


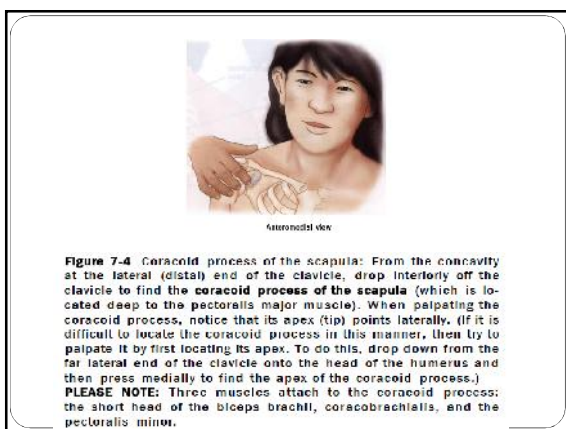
Figure 7-2 Anteromedial view of the sternoclavicular joint.

Figure 7-2 Sternoclavicular Joint: Start by first locating the suprasternal notch of the manubrium of the sternum; then press laterally, feeling for the sternoclavicular (SC) joint between the sternum and the medial (proximal) end of the clavicle. To better palpate the SC joint, ask the client to actively move his or her arm in various ranges of motion while palpating the SC joint.



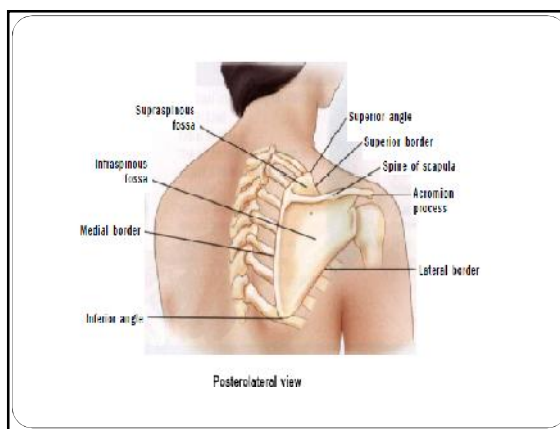
Anterolateral view

Figure 7-3 Clavicle: From the SC joint, slide along the shaft of the clavicle from medial to lateral (proximal to distal) to feel its entire length. Notice that the medial end of the clavicle is convex anteriorly and the lateral end of the clavicle is concave anteriorly. **PLEASE NOTE:** The sternocleidomastoid and upper trapezius muscles attach to the superior side of the clavicle. The pectoralis major, anterior deltoid, and subclavius muscles attach to the inferior side of the clavicle.



Anterolateral view

Figure 7-4 Coracoid process of the scapula: From the concavity at the lateral (distal) end of the clavicle, drop inferiorly off the clavicle to find the coracoid process of the scapula (which is located deep to the pectoralis major muscle). When palpating the coracoid process, notice that its apex (tip) points laterally. (If it is difficult to locate the coracoid process in this manner, then try to palpate it by first locating its apex. To do this, drop down from the far lateral end of the clavicle onto the head of the humerus and then press medially to find the apex of the coracoid process.) **PLEASE NOTE:** Three muscles attach to the coracoid process: the short head of the biceps brachii, coracobrachialis, and the pectoralis minor.



Posterolateral view

- Supraspinous fossa
- Infraspinous fossa
- Medial border
- Inferior angle
- Superior angle
- Superior border
- Spine of scapula
- Acromion process
- Lateral border

Figure 7-8 Acromion process and spine of the scapula: The **spine of the scapula** is the posterior continuation of the acromion process. To locate the spine of the scapula, begin on the acromion process (A) and continue palpating along it posteriorly. The spine of the scapula (B) can be palpated all the way to the medial border of the scapula. The spine of the scapula can be best palpated if you strum it perpendicularly by moving your palpating fingers up and down across it as you work your way posteriorly.

PLEASE NOTE: The posterior deltoid and trapezius muscles attach to the spine of the scapula. The rhomboid minor muscle attaches to the root of the spine of the scapula.

Figure 7-9 Supraspinous fossa: To palpate the **supraspinous fossa of the scapula**, locate the spine of the scapula and drop just off it superiorly. Palpate along the superior border of the spine of the scapula within the supraspinous fossa.

PLEASE NOTE: The supraspinous fossa is covered by the upper trapezius and the supraspinatus muscles. The supraspinatus muscle attaches to the supraspinous fossa.

Figure 7-10 Infraspinous fossa of the scapula: To palpate the **infraspinous fossa of the scapula**, locate the spine of the scapula and drop just off it inferiorly. The infraspinous fossa is larger than the supraspinous fossa.

PLEASE NOTE: The infraspinatus muscle attaches to the infraspinous fossa.

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PLEASE NOTE: The infraspinatus muscle attaches to the infraspinous fossa.

Figure 7-11 Medial border of the scapula (at the root of the spine of the scapula): Continue palpating along the spine of the scapula until you reach the **medial border of the scapula**. Where the spine of the scapula ends at the medial border is called the **root of the spine of the scapula**. It is helpful to have the client protract and retract the scapula (at the scapulocostal joint) to bring out the medial border of the scapula. Passively retracting the client's scapula makes it much easier to locate the medial border.

PLEASE NOTE: The levator scapulae and rhomboid muscles attach to the medial border of the scapula on the posterior side. The serratus anterior muscle attaches to the medial border on the anterior side.



Posterior view

Figure 7-12 Superior angle of the scapula: Once the medial border of the scapula has been located, palpate along it superiorly until you reach the **superior angle of the scapula**. It can be helpful to have the client elevate and depress the scapula as you palpate for its superior angle.
PLEASE NOTE: The levator scapulae muscle attaches to the superior angle of the scapula.

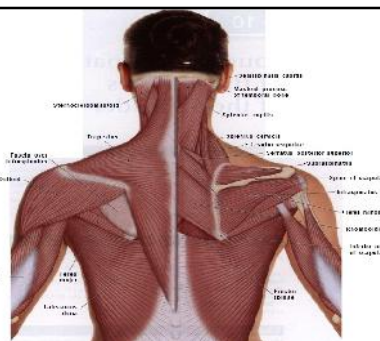


Figure 10-1 Posterior view of the posterior shoulder girdle region. The left side is superficial. The right side is deep (the deltoid, trapezius, sternocleidomastoid, and infraspinatus fascia have been removed).

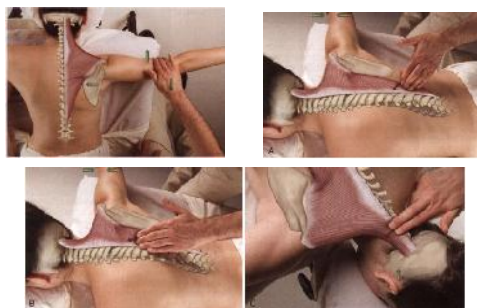


Figure 10-9 Palpation of the right trapezius. A shows palpation of the lower trapezius. B shows palpation of the middle trapezius. C shows palpation of the upper trapezius. Palpation of the upper trapezius is facilitated by asking the client to slightly extend the head and neck at the spinal joints. For all three parts of the trapezius, palpate by strumming perpendicular to the fiber direction as shown.