

**Advanced Western Techniques
and their
Clinical Applications**
Swedish Institute

COURSE DESCRIPTION:

2.0 credits

This course consists of applying Swedish massage, myofascial, trigger point and other advanced western techniques to common conditions that massage therapists will likely encounter in practice. Students add to knowledge learned in Pathology and Assessment to design treatment plans that are safe, relevant, effective and thorough. Lessons progress regionally through the body to address common conditions, develop treatment strategies and apply detailed work to each area.

PREREQUISITES:

Swedish Massage II
Tools of Assessment & Treatment

PREREQUISITE OR CO-REQUISITE:

Assessment of Soft Tissue Conditions

CLASS FORMAT:

The general format of the class includes a one hour twenty minute lecture/demonstration including theory and technique, a half-hour break, a ten-minute stretch/exercise warm-up, and one hour of hands-on practice for each student.

COURSE OBJECTIVES

Competency in course material is to be determined by evaluation of session reports and written testing. Evaluation is also based on visual observation of student's hands-on work during class time and during practical hands-on testing. By the end of the course the student will be able to do the following:

1. Demonstrate a complete self-care warm-up with focus on wrists, shoulders, neck, knees and lower back.
2. Define and describe: trigger points, their classifications, causes and symptoms and referral patterns.
3. Map trigger points and their referred pain patterns.
4. List and describe techniques for addressing trigger point and myofascial pain. These techniques include: sustained compression, muscle stripping, friction, myofascial strokes, PNF techniques and passive stretching.
5. Define thixotropy, creep, elastic limit, plastic range, twitch response, jump sign.
6. Palpate tissue qualities of the skin, superficial tissues, muscle, and fascia. Techniques utilized will include: finger gliding, skin distraction tests, skin rolling, effleurage, petrissage, friction, pincer palpation, flat palpation, snapping palpation, sustained compression.
7. Discuss how imbalances in muscle and fascia can influence alignment of joints.
8. Define, write and verbalize ideas for treatment on the following conditions: lower crossed syndrome, upper crossed syndrome, scoliosis, sprains, strains, tendinitis, bursitis, nerve impingement.
9. Recognize signs and symptoms of the following conditions: lower crossed syndrome, upper crossed syndrome, scoliosis.
10. Perform utilizing efficient body mechanics, treatment approaches using sustained compression, trigger point techniques, muscle stripping, friction, myofascial techniques, passive stretching, PNF techniques, etc. for the following conditions: lower crossed syndrome, upper crossed syndrome, scoliosis, sprains, strains, tendinitis, bursitis, nerve impingement.
11. Demonstrate hands-on work with smooth transitions and secure draping in prone, supine and sidelying positions and during range of motion, stretches and abdominal work.
12. Demonstrate clinical reasoning skills in interpreting and assessing information to develop a treatment plan.

13. Utilize a Subjective, Objective, Assessment, Plan (S.O.A.P.) format in creating and recording treatments.
14. Define and describe the value and limitations of using algorithms.
15. Discuss treatment approaches based on various paradigms (i.e. structural bodywork, medical massage, trigger point massage, swedish massage).
16. Discuss treatment plans based on a structural bodywork approach considering the interconnectedness of the body, posture, fascia, kinetic chains.
17. Develop individualized treatment plans taking into account the client's general health, uniqueness, sensitivities, condition, stage of condition and contraindications.
18. Develop treatment plans adjusting techniques and modalities for acute, subacute and chronic stages of injury and/or inflammation.
19. Demonstrate ease and clarity of communication in talking with a client (e.g.: using a 10 point scale, client education, recommendation of referral when appropriate).
20. Define structural bodywork, medical massage.
21. Create and perform a one-hour full-body massage integrating structural bodywork trigger point and myofascial techniques.
22. List and describe additional techniques to use as follow-up to a massage. These techniques may include: evaluation and correction of perpetuating factors, stretching, the use of ice or heat, and corrective exercises.

Except where otherwise noted, a student's hands-on work during class time and during practical hands-on testing will be demonstrated on a fellow student.

ACADEMIC STANDARDS:

Assessment of student progress includes visual evaluation by the instructor during the course, session reports, a written and practical midterm and a written and practical final exam at its conclusion.

Grading of the Advanced Western Techniques and their Clinical Applications class is divided into the following components.

Class Grade Components:

The student can only fail one Class Grade Component (Session Reports, Midterm or Classroom Grade) and still pass the course.

1. Session Reports:

Each student is required to write three session reports during the term. All sessions are performed out of class. Clinical internship/ off-site internship experiences do not qualify for session report documentation. All Session Reports will be scored from 0 to 100 according to the rubric on the following page.

For a student who is present in class the day a session report is due:

- Session reports are marked **on time** if passed in at class time the day they are due.
- Session reports are accepted but marked as **late** if passed in after class and before the teachers stated last allowed due date.

If a student is absent the day a session report is due:

- Session reports will be marked **on time** passed in anytime in the next 6 days.
- Session reports are accepted but marked as **late** if passed in after 6 days and before the teachers stated last allowed due date.

Session reports are worth 20% of the Course Grade. A minimum score of 75% is necessary to pass this component.

RUBRIC FOR ADVANCED WESTERN TECHNIQUES SESSION REPORT

Session Report passed in on time.

- 25 – Session Report arrived on due date at the beginning of class.
- 0 – Session Report arrived late.

Communicated clearly, neatly and concisely.

- 10 – Notes are complete, clear, neat, concise, understandable and easy to read.
- 8 – Notes are complete and can be deciphered with minimal effort.
- 4 – At times notes are incomplete or impossible to understand.
- 0 – Most notes are impossible to decipher or messy.

Used professional language, anatomical terms and correct spelling.

- 10 – Used all of the above throughout the session report.
- 8 – Used most of the above at a good level throughout the session report.
- 4 – Session report could have used more professional language and had some misspellings.
- 0 – Session report lacked professional language and had many misspellings.

Filled out the objective section thoughtfully and completely.

- 10 – Made good choices of which tests to use & filled out the palpation chart in a way that helped illustrate problem areas and patterns.
- 7 – Filled out all sections and the palpation chart clearly but didn't use tests and palpation to further understanding of the client's condition.
- 0 – Objective section notes are incomplete or not clear.

Demonstrated clear, logical, clinical reasoning skills including good use of information from subjective and objective sections to formulate the treatment goals and treatment plan.

- 10 – It was easy to follow the logic through from the beginning to the end. Student was very explicit in making connections.
- 8 – The session report makes sense but student did not explicitly explain their thought process.
- 4 – There were frequent gaps in the logic.
- 0 – Treatment did not match with client's goals and concerns.

Chose appropriate muscles & structures to work.

- 10 – Muscles and structures chosen follow from subjective and objective sections.
- 7 – Muscles and structures chosen follow from subjective and objective sections with some oversights.
- 0 – Many oversights. Missing many important muscles or structures.

Chose appropriate techniques to positively impact tissues, region or condition.

- 10 – Good choice of techniques for treatment goals. Works in a safe & effective way.
- 7 – Left out key parts that could have made a more effective treatment. But overall would be safe and provide some benefit to client.
- 0 – Many techniques chosen would not be effective or could be dangerous.

Used an advanced level of clinical reasoning and techniques.

- 10 – Uses many specific techniques taught in class this semester based on clinical reasoning.
- 7 – Uses some advanced level techniques, but misses some opportunities due to limited assessment.
- 5 – Uses mostly a Swedish II level of techniques.
- 0 – Treatment lacks specificity, mostly Swedish I level of work.

Works within scope of practice, does not diagnose.

- 5 – Works within scope of practice, does not diagnose.
- 0 – Makes conclusions written as diagnosis and makes recommendations beyond scope of practice.

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Total Score

2. **Midterm:** A written and practical midterm test will be given during lesson 6. The midterm constitutes 30% of the Course Grade. A minimum grade of 75% is required to pass this component.

3. **Classroom Grade:**

The Classroom Grade is worth 20% of the Course Grade (5% Professionalism, 5% Participation, 10% Performance).

A minimum score of 15 (75%) or better is required to pass this component.

The following is a list of the criteria on which students will be graded and how it will be scored:

A. Professionalism:

- Follows guidelines listed in the syllabus.
- Takes responsibility for materials missed if absent.
- On-time for class and in returning from break.
- Shows respect for fellow students, instructor and assistant or apprentice.
- Wears a clean and appropriate uniform including appropriate footwear.
- Uses clean linens.
- Demonstrates attention to hygiene. Is free of body, tobacco and other odors.
- Maintains fingernails that are clean and trimmed short.
- Washes hands thoroughly before and after performing massage.
- Comes to class prepared.
- Demonstrates the ability to give clear feedback to fellow students.
- Demonstrates the ability to hear and adjust to feedback concerning behavior from the instructor and/or assistant or apprentice.

5 – Consistent in demonstrating all of the above at a very high level.

4 – Consistent in demonstrating most of the above at a satisfactory level.

3 – Inconsistent in demonstrating the above behaviors.

0 - 2 – Repeatedly fails to demonstrate the above behaviors.

B. Participation:

- Involved and attentive during classroom lectures and discussions.
- Involved and attentive during demonstrations and during hands-on time.
- Follows instructions, asks for clarification and help when needed.
- Hands in thoughtfully completed homework on time.
- Demonstrates the ability to hear and adjust to feedback concerning participation from the instructor and/or assistant or apprentice.

5 – Consistent in demonstrating all of the above at a very high level.

4 – Consistent in demonstrating most of the above at a satisfactory level.

3 – Inconsistent in demonstrating the above behaviors.

0 - 2 – Repeatedly fails to demonstrate the above behaviors.

C. Performance:

- Demonstrates good body and hand mechanics.
- Demonstrates effective and appropriate application of techniques taught in this course.
- Demonstrates neat, secure and appropriate draping.
- Demonstrates appropriate use and care of bolsters, lubricants and equipment.
- Demonstrates adequate progress in hands-on skills taught throughout this course.
- Demonstrates the ability to hear and adjust to feedback concerning hands-on work from the instructor and/or assistant or apprentice.

10 – Performs at an exceptional, outstanding level.

9 – Performs at a solid, highly competent work level.

8 – Performs with basic competence.

7 – Needs improvement in the form of tutoring, practice sessions, etc.

6 – Deficient performance.

0 - 5 – Unacceptable performance.

The Classroom Grade is worth 20% of the Course Grade (5% Professionalism, 5% Participation, 10% Performance). A minimum of 75% or better is required to pass this component.

Final Exam Component:

The student must pass their final to pass the course.

Final Exam: In the written and practical Final Exam the student will demonstrate both treatment and technique. Techniques to be used include: Swedish techniques, sustained compression, muscle stripping, passive stretching and ROM, cross fiber friction/flat palpation, myofascial technique and PNF techniques. Categories of grading during the exam will include: treatment plan, sustained compression, muscle stripping, passive stretches, cross fiber friction, myofascial technique, PNF techniques, body mechanics, professionalism and overall session quality. This exam is worth 30% of the Course Grade. A minimum grade of 75% is necessary to pass this component.

Summary of Course Grade calculation:

An overall Course Grade of 70% or better is needed to pass the course.

Class Grade Components:

Session Reports	75% is passing	20% of Course Grade
Midterm	75% is passing	30% of Course Grade
Classroom Grade	75% is passing	20% of Course Grade

Final Exam Component:

Final Exam	<u>75% is passing</u>	<u>30% of Course Grade</u>
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Course Grade:	70% is passing	100% of Course Grade
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Scale for converting number grades into letter grades:

95 – 100 = A

90 – 94 = A-

87 – 89 = B+

84 – 86 = B

80 – 83 = B-

75 – 79 = C+

70 – 74 = C

0 – 69 = F

POLICIES AND PROCEDURES:

Guidelines:

1. **Students need to be in full uniform from the beginning of class to the end of class (except for the time the student is being worked on).** This demonstrates a level of professionalism that we are fostering here at the Swedish Institute. For Advanced Western Techniques the uniform is the Swedish Institute T-shirt, dark blue or black pants, and non-skid, closed toe, low heeled shoes.
2. **Students need to remove all jewelry that might rub or scratch a “client” (including watches) before performing any hands-on work in class. Students need to remove necklaces while being worked on. Earrings worn to class should be small without any sharp edges.**
3. **Students are required to bring unscented lubricant, a clean white sheet, towel, and pillowcase (or face cradle cover) to class each week.** This will help create a clean and professional environment.
4. **Students must observe all hygiene standards.** No body odor or strong scents, hands washed/sanitized before and after working, nails clipped short, etc.
5. **There is no eating or drinking in the classroom.** This will help keep the classrooms neat, clean, odor free and prevent crumbs and sticky surfaces that invite insects and rodents. Eating and drinking is only to be done in the 5th floor student lounge. Drinking water from closed, non-breakable containers is allowed in the classroom.
6. **There is absolutely no cell phone usage in classrooms including calling, receiving calls, taking of photos or texting.** It is expected that all cell phones will be turned off before entering the classroom. This will reduce distractions, interruptions and noise. Cell phones are to be used only in the student lounge on the 5th floor.
7. **Do not open windows without clear instructions from the instructor.** The purpose of the latches on the top or lower windows can be counterintuitive. If

latches are not secure the heavy windows can fall into the classroom and cause injury. If you would like a window to be opened for air circulation or to help control the classroom temperature, ask your instructor.

8. **Students are expected to keep eyes open in class during lecture, discussions and demonstrations.** If a student's eyes are closed, even if they are not asleep, they may be given a half or full-absence at the instructor's discretion. If there are extenuating circumstances that are affecting your ability to stay focused in class, please talk with your instructor.
9. **Students are expected to have completed all assignments and readings for a particular class before class time.** This will allow instructors to collect or talk about homework at the start of class and helps instill professionalism and respect for deadlines. Quizzes and exams will include material from readings and class discussions. If an aspect of the readings is unclear, please note the text and page number so your instructor can enhance your understanding.
10. **All hands-on practice for class assignments must be done under the supervision of a licensed massage therapist.** To facilitate this, practice sessions are offered regularly at the Swedish Institute. Schedules and information about practice sessions can be found in the student lounge, on the on-line student bulletin board, and in the sub-basement practice room.
11. **Students are expected to be on time at the beginning of class as well as on time coming back from every break. Leaving class during class time should be reserved for emergencies only.** This will help insure you don't miss important information. It will also allow instructors to maximize class time and will limit distractions to fellow students and the instructor. Your presence may also be needed when students are partnering for hands-on work. Arriving to class late, leaving class early, or stepping out during class time, may be marked as a late or half absence at the discretion of the instructor.

Attendance:

Students are responsible for being familiar with all material covered and for the completion of the assignments given in any missed class. Missed information should be obtained from the syllabus, readings and fellow students or by make-up classes or tutorials.

Students are allowed two absences. **Any absence over two absences will be grounds for failure unless the student makes up the missed class content in one of the following ways:**

1. The student attends another section of the course (during their current semester) in which the exact missed material is covered. This make-up must be documented and signed by the instructor of the make-up class and returned to the regular course instructor prior to the end of the course. There is a \$25 fee for this make-up.

2. The student arranges for one and one half-hour tutorial (\$40 fee) with an instructor, assistant, or apprentice, that covers the missed material. This tutorial must be completed with signed documentation returned to the regular course instructor.

If the make-up is not completed within 3 weeks from the date the last absence occurred, or by the end of the course, whichever comes sooner, the student will receive a grade of F-appeal for the course. The student will need to go through the appeal process as described in the Student Handbook. Successful appeal will result in a passing, but lowered course grade. Unsuccessful appeal will require a repeat of the course.

Any single absence or ½ absence beyond a third (made-up) absence constitutes a failure of the course and the student will need to repeat the course.

Missing the first 2 classes or any 3 consecutive classes constitutes an automatic failure of the course; make-ups will not be allowed in these cases.

If a student arrives substantially late or leaves class substantially early the student will receive either a half or full absence, at the discretion of the instructor.

Lateness Policy:

Lateness policy is separate from absence policy. Roll will be taken within the first five minutes of class. Students arriving after roll is taken, or who return late from break, or who leave class early will be marked late. Students are allowed three lates. Each late beyond that number will result in a 2 point deduction from their final numerical course grade before the final grade is converted to a letter grade.

For example, if a student's final grade for the course was a 93, but she had been late a total of 5 times during the semester, 2 points would be deducted from that grade for each late over the maximum allowed. In this case 4 points would be deducted and the final course grade would go from a 93 (A-) to an 89 (B+). In the case of a student with low passing grades, excessive lateness could result in failure, by the same process of point deductions.

Special note:

Excessive absence and/or lateness and/or failure to participate in classes may be grounds for course failure.

Retest:

Retests for students who receive a failing score on the Final Exam are offered only under extenuating circumstances and after successful appeal to the Faculty Review Committee (see Student Handbook). Appeals will only be considered if all other grade components are passing and attendance standards have been met.

Eligibility for Final Exam:

If a student has failed one grade component, and is within their attendance requirements, he may take the final exam. If the student passes their final exam the failing component will be averaged in to their final grade for the course.

Students who have failed two grade components will receive a conditional failure and be permitted to take the final exam if they are within their attendance requirements. After successful completion of their final they will need to submit a letter of appeal to the Faculty Review Committee to be considered for receiving a passing grade for the course.

ADVANCED WESTERN TECHNIQUES and their CLINICAL APPLICATIONS SYLLABUS AND READINGS

Required Reading:

Advanced Western Techniques and their Clinical Applications - Student Manual – Version L,

Swedish Institute, 12/07

Save Your Hands!, 2nd Edition, Lauriann Greene & Richard W. Goggins – Gilded Age Press, Inc., 2008

Basic Clinical Massage Therapy: Integrating Anatomy and Treatment, Second Edition, James H. Clay and David M. Pounds, Lippincott Williams & Wilkins, 2008

Suggested Reading:

Clinical Massage Therapy, Fiona Rattray – Talus Incorporated, 2000

Informed Touch, Finando, Donna & Steven Finando, Healing Arts Press, 1999.

<u>WEEK</u>	<u>LESSON</u>	<u>TOPIC(S)</u>	<u>READINGS (to be read before the class)</u>
1	1	Introduction to a Trigger Point Approach Continued Development to a Myofascial Approach S.O.A.P.	<u>Syllabus</u> – pp. 1-13 <u>Manual</u> – pp. 1-33
2	2	Treatment Goals for the 3 Stages of Healing Tendinitis Sprains Leg, Ankle & Foot “Friction Massage” for inflammatory conditions	<u>Manual</u> – pp. 35-59 <u>Save Your Hands!</u> – pp. 212-227 <u>Basic Clinical Massage Therapy</u> – pp. 378-386, 388, 390-392
3	3	Patellofemoral Syndrome Algorithms Knee	<u>Manual</u> – pp. 60-73 <u>Basic Clinical Massage Therapy</u> – pp. 335-339, 342-345, 350, 352-353, 356
4	4	Hip, Lumbar Spine & Pelvis Postural Deviations of the Low Back & Pelvis (Flatback, Hyperlordosis, Lower Crossed Syndrome)	<u>Manual</u> – pp. 74-91 <u>Save Your Hands!</u> – pp. 228-252 <u>Basic Clinical Massage Therapy</u> – pp. 144-146, 250-260, 280-282, 284-287, 294, 298-304, 310-311, 316-318, 335-337, 350, 352-360
5	5	Review	<u>Manual</u> – pp. 92-98
6	6	Midterm	Date: _____

<u>WEEK</u>	<u>LESSON</u>	<u>TOPIC(S)</u>	<u>READINGS (to be read before the class)</u>
7	7	Scoliosis Full-Body Structural Approach	<u>Manual</u> – pp. 99-115
8	8	Temporomandibular Joint Syndrome Neck & Jaw	<u>Manual</u> – pp. 117-127 <u>Basic Clinical Massage Therapy</u> – pp. 82-85, 100-105, 111, 114-117, 140-141
9	9	Postural Deviations of the Upper Thorax & Neck (Kyphosis, Upper Crossed Syndrome, “Military” Posture)	<u>Manual</u> – pp. 129-144 <u>Basic Clinical Massage Therapy</u> – pp. 64-65, 100-102, 114-117, 130-139, 142-143, 174-176, 250-263
10	10	Rotator Cuff Tendinitis Bursitis Shoulder & Rotator Cuff Muscles	<u>Manual</u> – pp. 145-160 <u>Basic Clinical Massage Therapy</u> – pp. 144-153, 156-161, 201-202
11	11	Upper Extremity Overuse Conditions Entrapment Neuropathies of the Upper Extremity Elbow, Forearm, Wrist & Hand	<u>Manual</u> – pp. 161-192 <u>Basic Clinical Massage Therapy</u> – pp. 193-200, 203-206, 209-213, 215, 217-219, 223-227
12	12	“Grand Rounds” 20-minute Assessment 40-minute Treatment	<u>Manual</u> – pp. 193-194
13	13	Integration/Review	<u>Manual</u> – pp. 195-197
14	14	Final Exam	Date: _____
15		Professional Development	

We are very concerned with producing classroom materials that are helpful, clear, professional and accurate. Please submit any suggestions, or typos you notice, to the Department Chair. Thank you.

SPECIAL NOTES FOR USING THE TEXT “BASIC CLINICAL MASSAGE THERAPY”

Muscle Stripping:

In the book “Basic Clinical Massage Therapy” the author uses the term muscle stripping to mean “gliding pressure along a muscle, usually from one attachment to the other in the direction of the muscle fiber.” This differs from the Swedish Institute’s use of the term muscle stripping which additionally states that muscle stripping is “applied to specific bands of muscle.”

Body Mechanics:

The authors state in the text that due to the need to show certain landmarks and internal structures clearly, many compromises were made in the positioning of the therapist and client. As a result, the body mechanics in the illustration are sometimes not ideal, so should not necessarily be followed as examples of how to perform various strokes.

Draping:

The authors also clearly state that the illustrations in this books feature paid models, not clients, who are shown nude or with minimal draping. This technique was used to show clearly both internal structures and external body landmarks. The illustrations are not to be taken as examples of draping to be used during classes or for private clients. Draping options by the authors are shown in chapter 1, however they usually use a top sheet and do not reflect how we teach draping at the Swedish Institute. So, please follow draping protocols that have been taught in your Swedish I or II classes by your instructors.

Lesson 2

Anterior talofibular ligament	
Calcaneocuboid ligament .	
Calcaneofibular ligament ...	
Deltoid ligament	
Extensor digitorum longus* .	380-381
Extensor hallucis longus* ..	382-383
Flexor hallucis longus*	382
Gastrocnemius*	389
Peroneals*	384-386
Plantaris*	392
Popliteus*	388
Soleus*	390-391
Tibialis anterior*	378-379

Lesson 3

Adductor longus*	353
Adductor magnus*	352
Biceps femoris*	344-345
Gracilis*	356
Iliotibial band*	350

Patellar & lateral retinaculum

Patellar tendon*	339
Quadriceps group*	335-339
Semimembranosus*	343
Semitendinosus*	342

Lesson 4

Abdominal obliques*	280-282
Adductors of the hip*	352-360
Gluteus medius*	310-311
Iliopsoas*	298-304
Iliotibial band*	350
Internal oblique*	280-282
Latissimus dorsi*	144-146
Lumbar erector spinae*	250-260
Piriformis*	316-318
Quadratus lumborum*	284-287
Rectus femoris*	335-337
Sacroterous ligament*	294
Tensor fasciae latae*	347-349

Lesson 8

Levator scapulae*	140-141
Masseter*	84-85
Scalenes*	102-105
Splenius muscles	111
Splenius cervicis	
Splenius capitis*	
Sternocleidomastoid*	100-102
Suboccipitals*	114-117
Obliquus capitis superior	
Obliquus capitis inferior	
Semispinalis capitis	
Semispinalis cervicis	
Temporalis*	82-83

Lesson 9

Cervical erectors*	250-263
Galea apponeurotica	65
Intercostals*	174-176
Pectoral fascia	
Pectoralis major*	130-134
Pectoralis minor*	134-139
Platysma	64
Rhomboids*	142-143
Sternocleidomastoid*	100-102
Suboccipitals*	114-117

Lesson 10

Coracobrachialis*	201-202
Deltoids*	149-150
Infraspinatus*	153-155
Latissimus dorsi*	144-146
Subscapularis	158-161
Supraspinatus*	151-153
Teres major*	147-148
Teres minor*	156-157

Lesson 11

Abductor pollicis longus	219
Anconeus*	199-200
Biceps brachii*	193-194
Brachialis*	195-196
Brachioradialis*	209-210
Extensor carpi radialis	
longus and brevis	211-212
Extensor carpi ulnaris	213
Extensor digitorum	215
Extensor pollicis	
longus and brevis	217-218
Flexor carpi radialis	224
Flexor carpi ulnaris	225
Flexor digitorum	
profundus	226
Flexor digitorum	
superficialis	227
Palmaris longus	223
Pronator teres*	205-206
Supinator*	203-204
Transverse carpal ligament	
Triceps brachii*	197-198

*Muscles or structures taught previously in Swedish II.