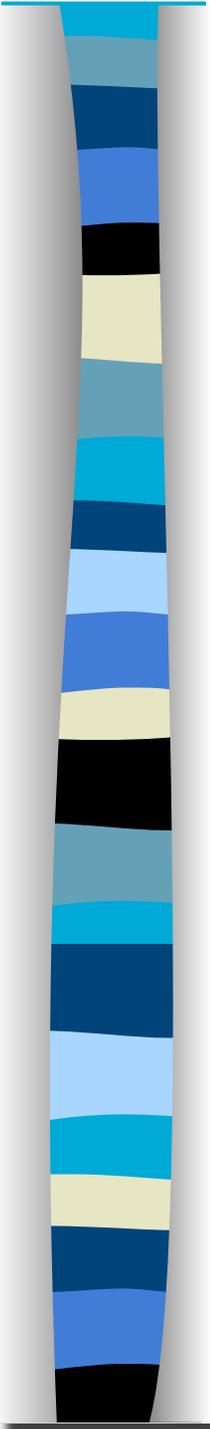


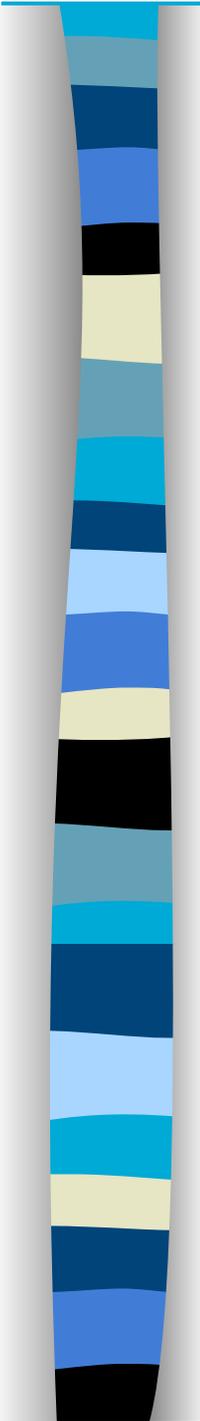
38b Body Mobilization Techniques:  
Technique Demo and Practice - Prone

# 38b Body Mobilization Techniques: Technique Demo and Practice - Prone

## Class Outline



5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture:
25 minutes	Lecture:
15 minutes	Active study skills:
60 minutes	Total



# 38b Body Mobilization Techniques: Technique Demo and Practice - Prone

## Class Reminders

### Assignments:

- 41a Review Questions (Packet A: 165-178)
- 43a Swedish: Outside Massages (Packet A: 57-62) Emailed to your instructor. Then log into classmarker, type your name in the answer box, and then hit submit. Assignment must be 4 pages total- 2 case studies/OMF forms and 2 SOAP notes.

### Quizzes:

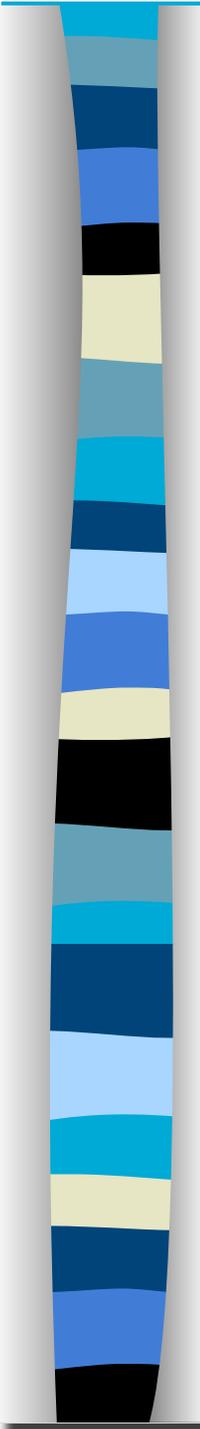
- 42a Written Exam Prep Quiz (35a, 36a, 37a, 38a, 39a, 40a, and 41a)
- 42b Kinesiology Quiz
  - (adductor magnus, gracilis, iliopsoas, sartorius, TFL, piriformis, quadratus femoris)
- 44a Written Exam Prep Quiz (33b, 37b, 41b, 42b, and 43a)

### Practical Exam:

- 44b Integration Massage: Practical Exam (60-minute Swedish, Passive Stretches, and BMTs)

### Preparation for upcoming classes:

- 39a Pathology: Lymph and Immune System
  - Packet E: 79-82
  - RQ Packet A-173
- 39b BMTs: Technique Demo and Practice - Supine
  - Packet F: 83-84



# Classroom Rules

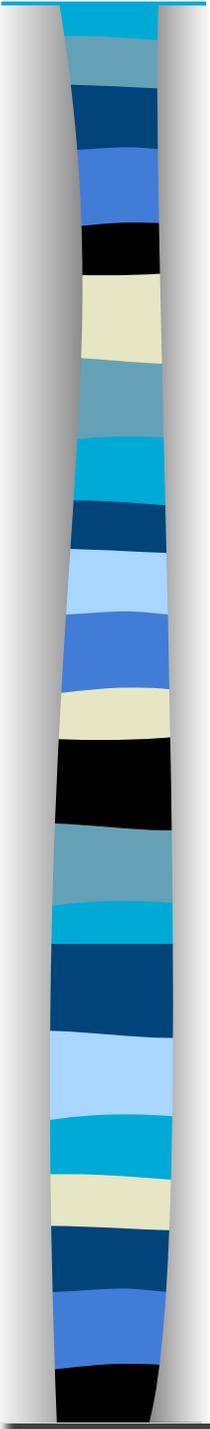
**Punctuality** - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

**The following are not allowed:**

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

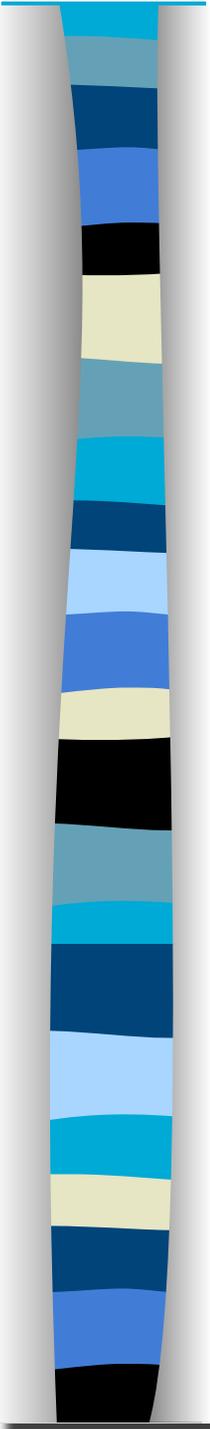
*You will receive one verbal warning, then you'll have to leave the room.*



## Introduction

Packet: F-79 if you want to follow along or make notes!

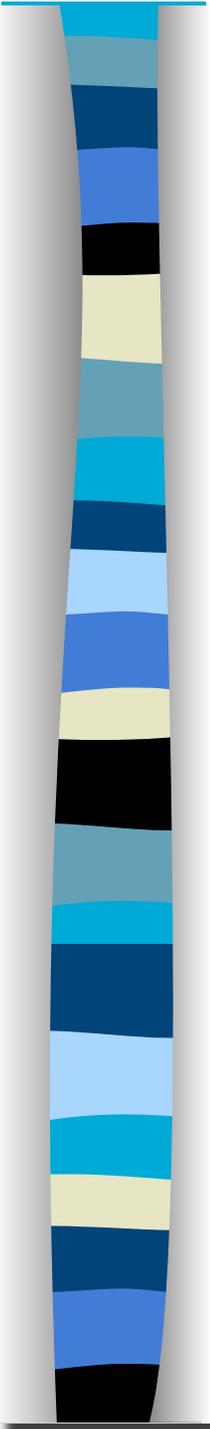
Body Mobilization Techniques (BMTs) are an **informational** approach to physical structure and integrity.



## Introduction

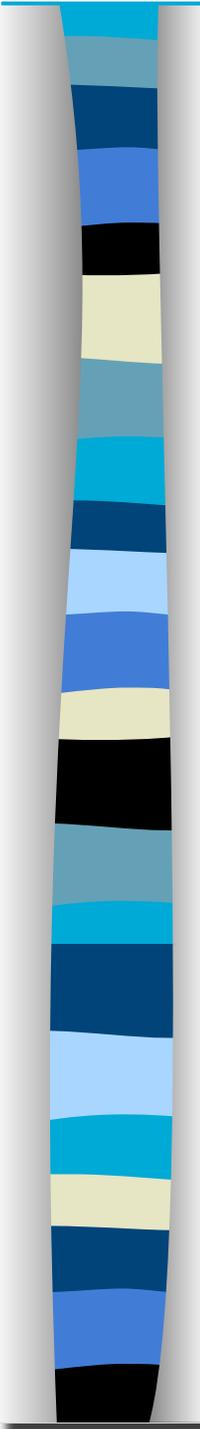
**BMTs utilize the following techniques:**

- Passive stretching movements / joint mobilizations
- Tractioning
- Soft-tissue techniques (compressions, jostling, and coarse vibration)



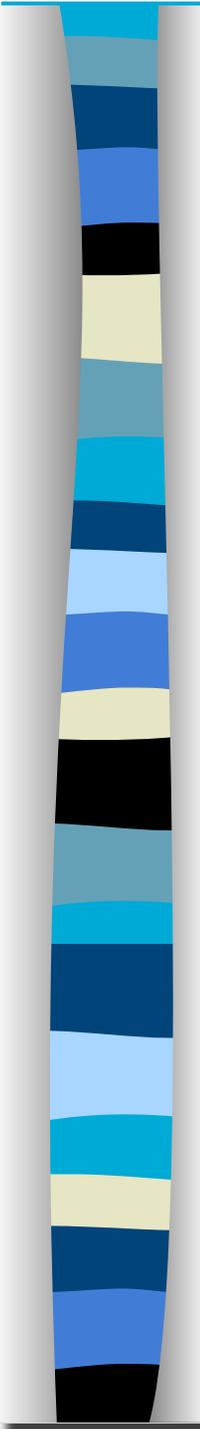
## Introduction

BMTs promote a balanced, energized, and structurally efficient support system



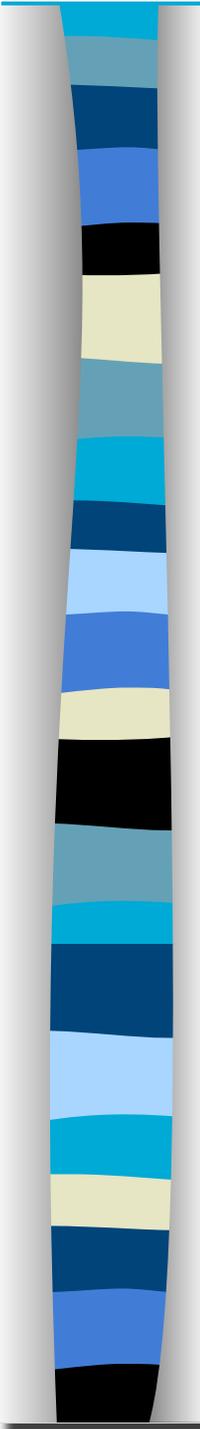
## Distraction Principle

Deceptively simple, the Distraction Principle affords your client the opportunity to **assimilate and internalize information** without the usual guilt-producing emphasis on “following orders without deviation”.



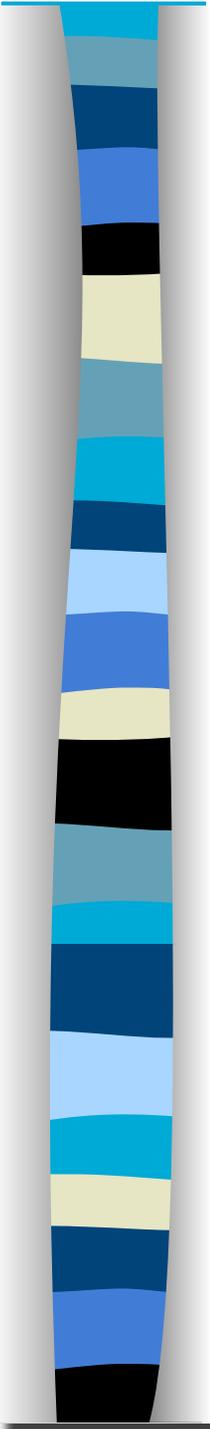
## Distraction Principle

It is clear that good postural habits are more easily learned by placing a book on your head than by attempting rigid compliance with dozens of various postural dictates. The same principle applies to Body Mobilization Techniques.



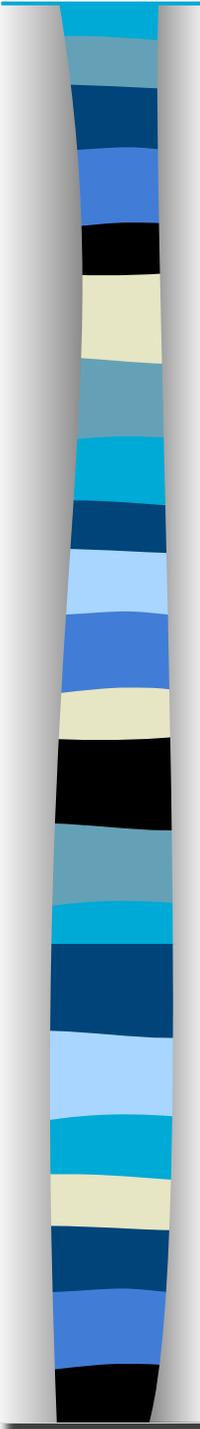
## Distraction Principle

Rather than aggressively working out the body's trigger points, it is far more practical and effective to combine gentle stretching and joint mobilizations while, simultaneously applying pressure to the trigger point.



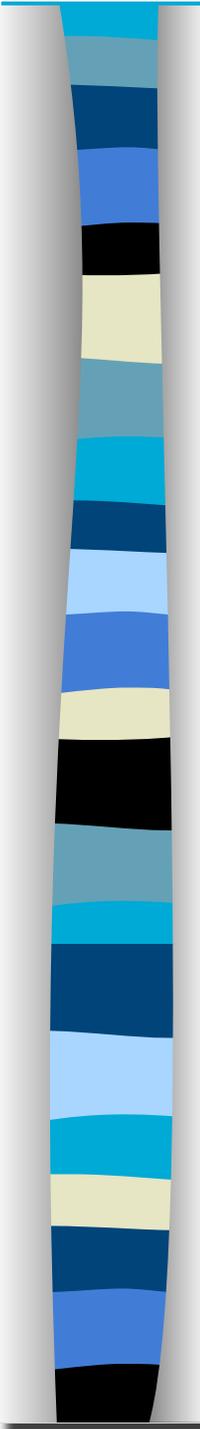
## Distraction Principle

Mobilizations, combined with pressure points, send the brain simultaneous impulses, drastically reducing the potential invasiveness of direct compression.



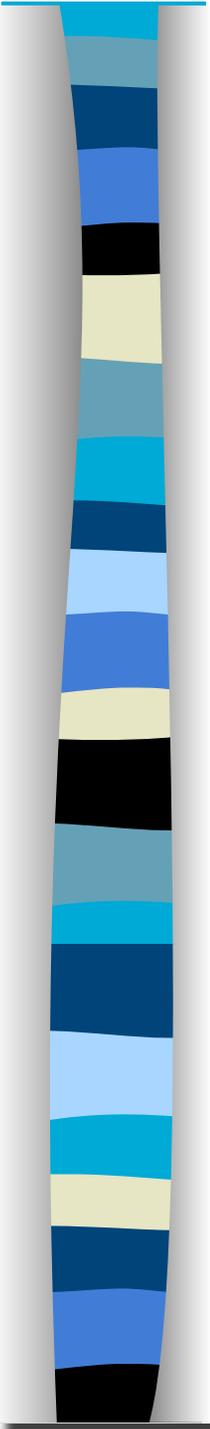
## Distraction Principle

Your client will be far more receptive to your methods and a very real sense of cooperation will be realized, promoting effective tissue release. Furthermore, the Distraction Principle often becomes a game; there is a sense of fun which, in itself, is a valuable therapeutic component.



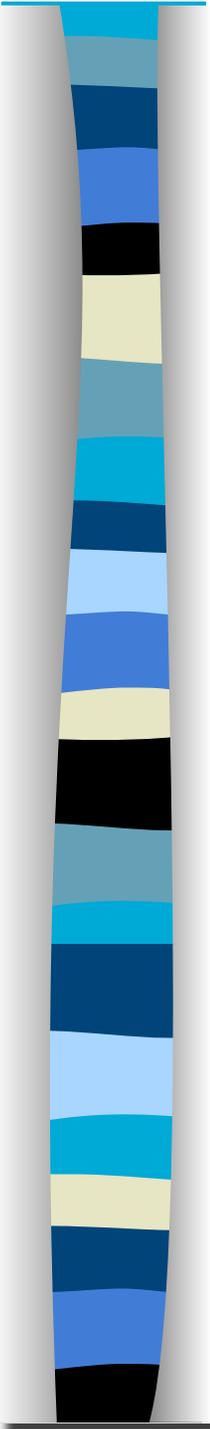
## Distraction Principle, in summary

- Opportunity to assimilate and internalize information
- Learning by doing. Awareness by mobilization.
- Joint mobilization + compressions = less invasive, more practical and effective
- Client-therapist cooperation
- Dynamic movement can be fun, which is therapeutic



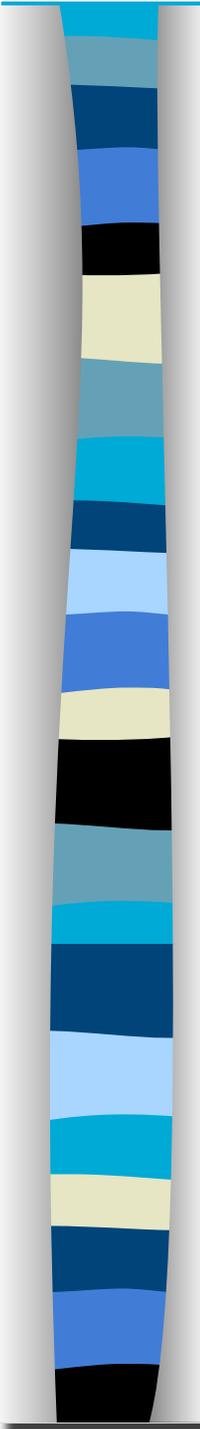
## BMT Contraindications

- Inability to relax or respond to the movements (counterproductive)
- Joint inflammation including rheumatoid arthritis (exacerbates the pathology)
- Severe nerve root or radiating pain (exacerbates the pathology)



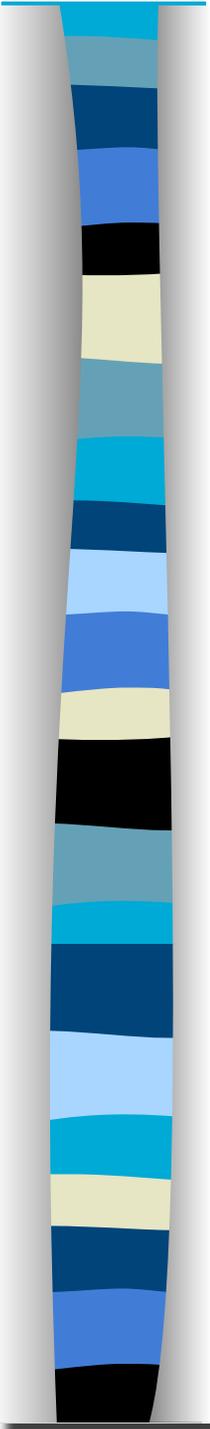
## BMT Contraindications

- Advanced diabetes (cardiovascular complications)
- Bone disease including osteomyelitis (a bone infection)
- Severe heart condition (overloads the cardiovascular system)
- Untreated high blood pressure (overloads the cardiovascular system)



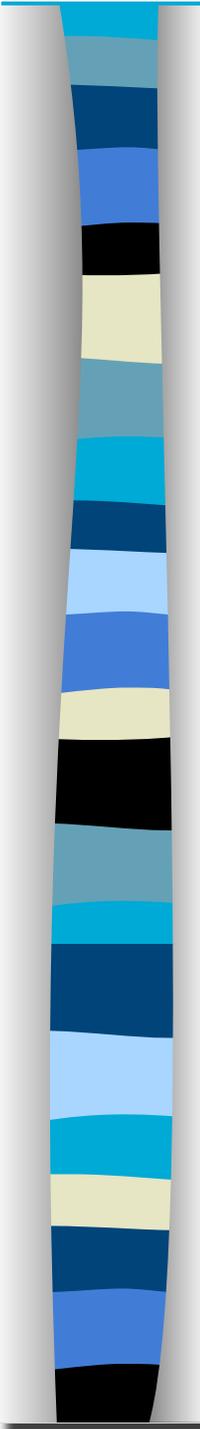
## BMT Contraindications

- Prolonged use of steroids (osteoporosis)
- Spinal or skeletal paralysis (exacerbates the pathology)
- Pregnancy (no rotary movements after fourth month and no manipulations of any kind if there is any danger of miscarriage)



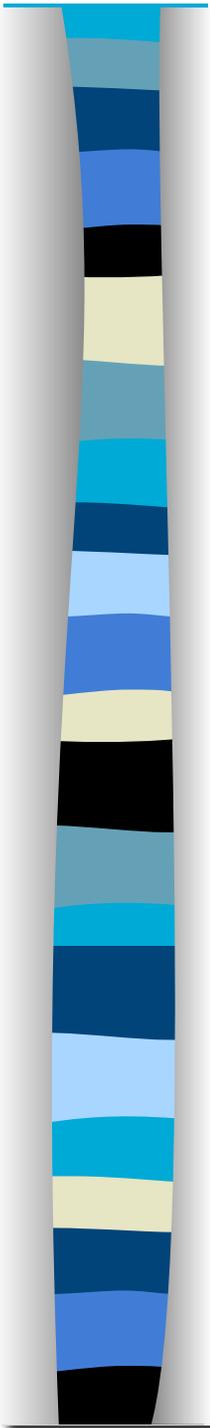
## BMT Contraindications

- Conditions or persons subject to obsessional neurosis regarding vertebral displacement (exacerbation or counterproductive)

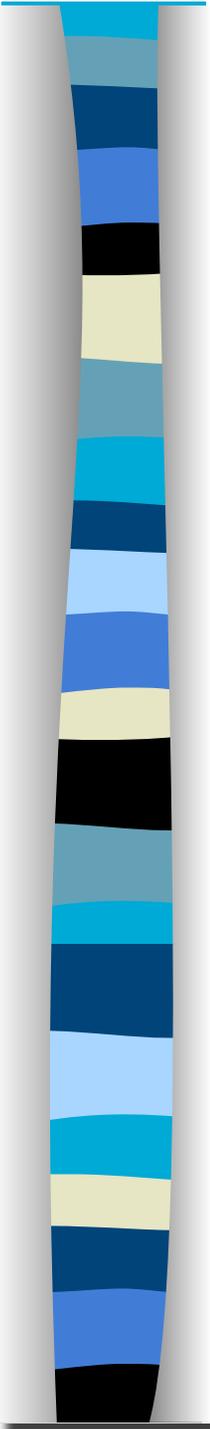


## BMT Contraindications

- If pain is present, don't do BMTs
- Best Guideline: the receiver's ability to move and allow specific muscle lengthening techniques

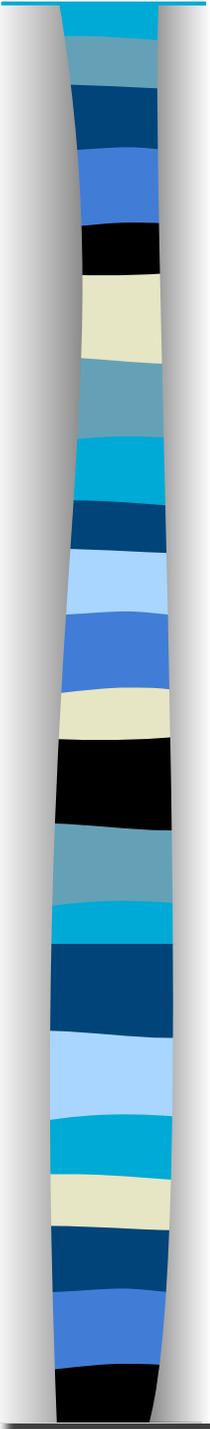


Prone BMTs



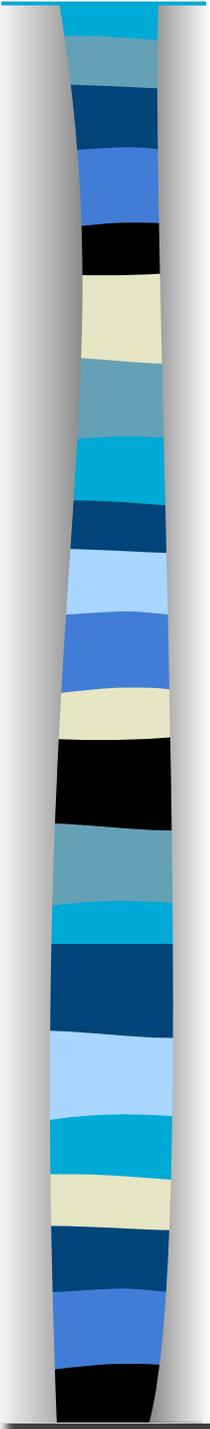
## Spinal Rotation & Release with Erector Compressions

1. Inferior hand gently lifts pelvis behind opposite ASIS.
2. As you begin to lower the pelvis, superior hand applies palmar compression to the erectors on opposite side, allowing the pelvis to roll back down. Work up and down the erectors. Do not dig in. Make sure your pressure is not jabbing - more of a melting in. Do not slide across the surface.
3. Variation: Let your superior hand lift the mid-thoracic area as your inferior hand compresses the lumbar erectors and sacroiliac area. Then lift at the mid-thoracic with the inferior hand as the superior hand compresses into the thoracic erectors.



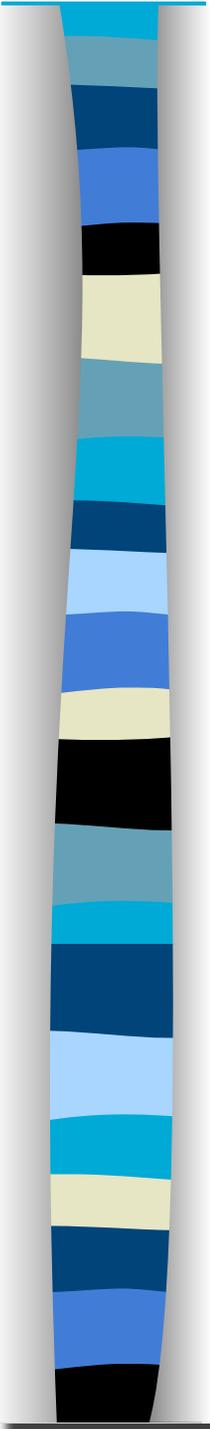
## Shoulder Mobilization with Trapezius Compressions

1. Face down the table. Outside arm grasps upper arm, alternately bringing it towards and away from the therapist.
2. Simultaneously, as the arm moves towards the therapist, inside hand applies melting compression with the thumb, along the superior edge of the shoulder from the base of the neck to the acromion process, working into upper trapezius, supraspinatus and levator scapula. Keep the arm in the coronal plane (parallel to table). Move inside hand to a new location when arm is furthest from the therapist (adducted).



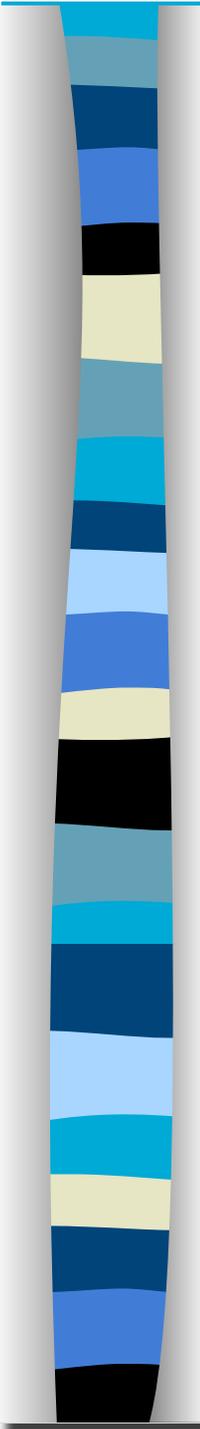
## Scapular Mobilization with Trapezius & Deltoid Compressions

Facing up the table sit with inside hip on the table, draping client's upper arm over your leg at the elbow. Lift, squeeze, and jostle the upper trapezius, deltoid, and triceps.



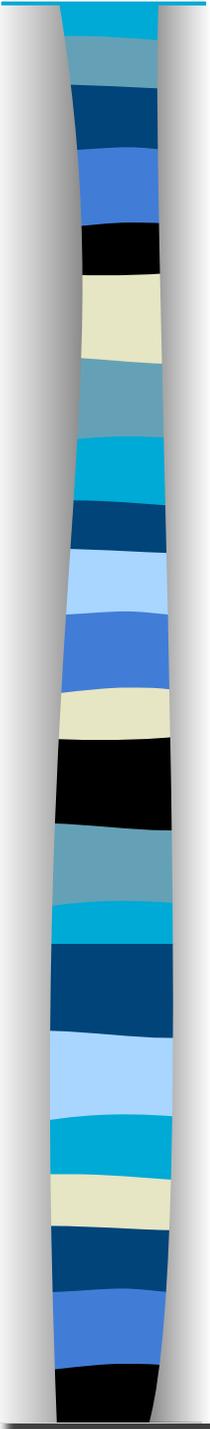
## Deltoid & Triceps Brachii Coarse Vibration

Stand up and, supporting with inside hand under the biceps, use your outside hand to shake loosely down through the elbow, lower arm, hand and fingertips. Then vibrate down through the elbow, lower arm, hand and fingertips.



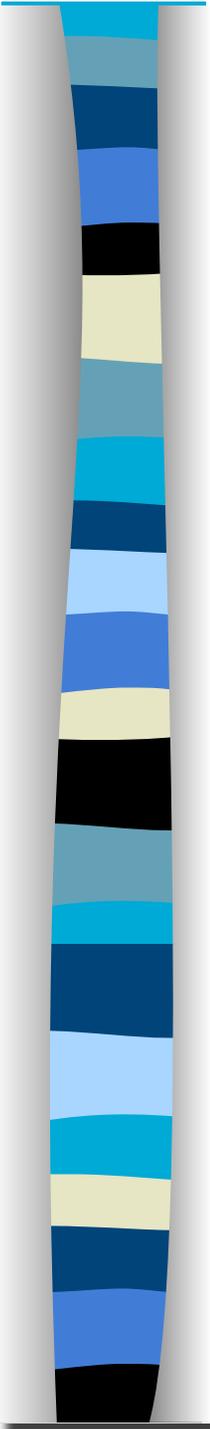
## Gluteal & Hamstring Compressions with Knee & Hip Mobilization

1. Inferior hand grasps front of leg near ankle and makes a circle with the lower leg.
2. Simultaneously, superior hand compresses gluteals and hamstrings. Use the fist for twisting compression on the gluteals. Use the palm for general compression on hamstrings. Once muscles are warmed you may use thumb or fingertips for more specific work.
3. Reverse the direction of the circling occasionally.



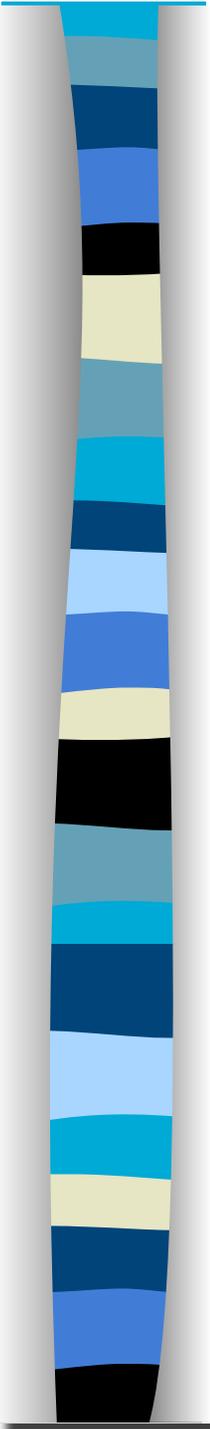
## Ankle Mobilization with Gastrocnemius Compressions

1. Flex client's knee and place his/her lower leg on top of the quads of your leg (the one closer to the foot of the table). Make sure you leave enough room to fully dorsiflex the ankle.
2. Superior hand grasps gastrocnemius while inferior hand holds foot across longitudinal arches. Perform complete ankle ROM while squeezing and compressing the achilles and gastroc/soleus. Use heel of upper hand to compress into gastrocnemius while dorsiflexing ankle, release and re-position working hand during plantarflexion. After the muscle is warmed you may also do more specific compressions using fingertips or thumb.



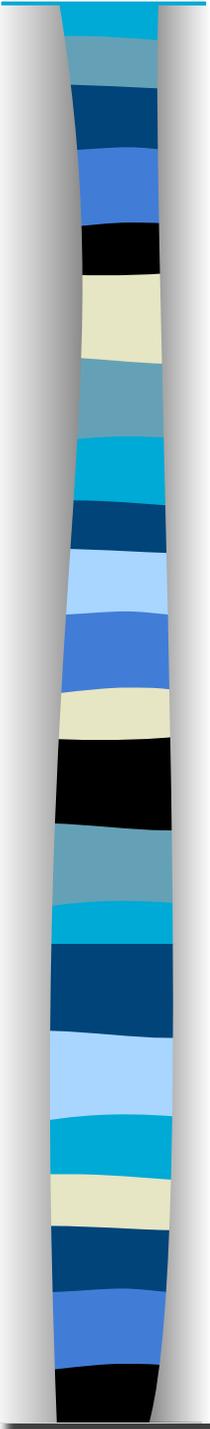
## One Handed Gastrocnemius & Soleus Jostling

Face up the table toward client's head. With inside hand lift the foot by grasping medial arch. With outside foot forward, shift your weight from front to back foot while shaking the leg back and forth with loose wrist (client's knee will flex and extend somewhat as you move).



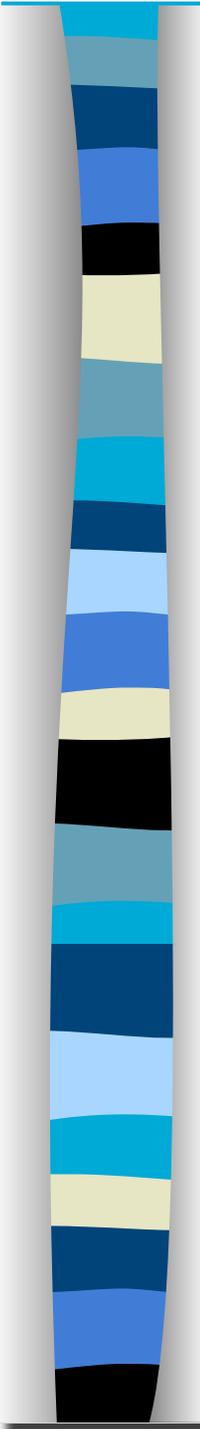
## Ankle & Knee Mobilization with Plantar Compressions

1. Facing up the table, grasp foot with thumbs on the plantar surface. Perform dorsiflexion, plantarflexion, and circumduction on the ankle (knee will flex and extend slightly).
2. Simultaneously, apply pressure with thumbs. Press and release in rhythm with range of motion, working to cover the entire plantar surface.
3. Variation: alternate compressions / dorsiflexion with pulsing traction to entire leg (grasp front of ankle with outside hand, medial arch with inside hand).



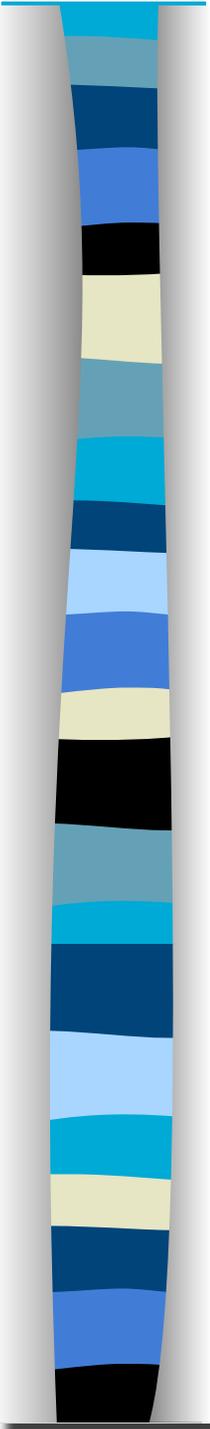
## Prone Full Body Rocking Compressions

1. Working up and down the erectors, lean your weight in and rhythmically compress muscle belly.
2. Continue rhythmic squeezing, rocking and compression to gluteals, thighs, calves and feet.



## Prone BMTs

- Spinal Rotation & Release with Erector Compressions
- Shoulder Mobilization with Trapezius Compressions
- Scapular Mobilization with Trapezius & Deltoid Compressions
- Deltoid & Triceps Brachii Coarse Vibration
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- One Handed Gastrocnemius & Soleus Jostling
- Ankle & Knee Mobilization with Plantar Compressions
- Prone Full Body Rocking Compressions



38b Body Mobilization Techniques:  
Technique Demo and Practice - Prone