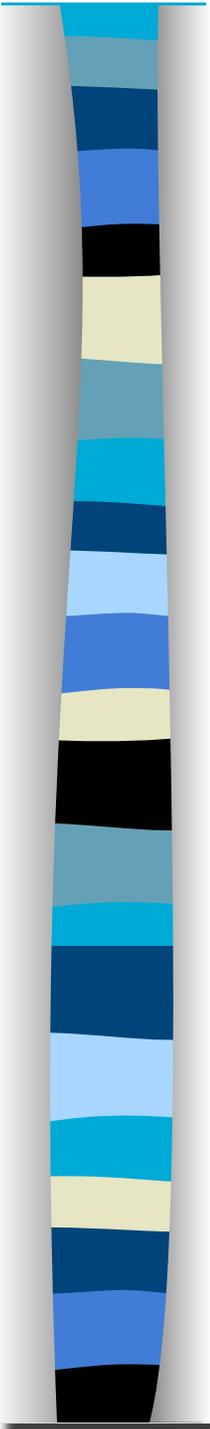


32b Passive Stretches: Guided Full Body



32b Passive Stretches: Guided Full Body

Class Outline

15 minutes

Break

5 minutes

Attendance, Breath of Arrival, and Reminders

75 minutes

1st trade technique demo and practice

20 minutes

Break and switch tables

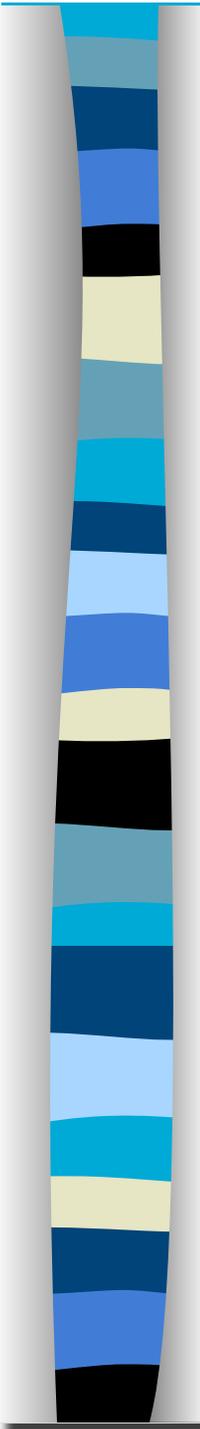
75 minutes

2nd trade technique demo and practice

20 minutes

Break down, clean up, and discussion

Total time: 3 hours and 30 minutes



32b Passive Stretches: Guided Full Body

Class Reminders

Written Exams:

- 34a Written Exam (1b, 2a, 2b, 3a, 3b, 4a, 5a, 6a, 7a, 8b, 9a, 9b, 11a, 12a, 13a, 13b, 14a, 15a, 16a, 17a, 17b, 20a, 20b, 21b, 22a, 23a, 24a, 24b, 25a, 26a, 27a, 28a, 29a, 30a, 30b, and 31b)

Assignments:

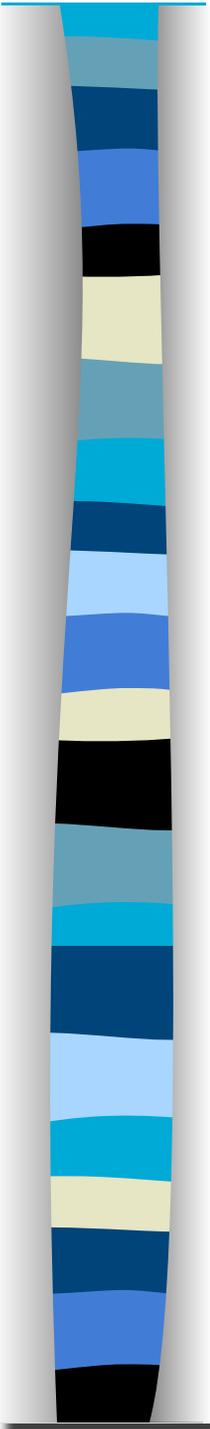
- 36b State Law Review Questions
 - RQ Packet A: 157-164

Early Warning!

- Begin working on assignment 43a Swedish: Outside Massages (A: 57-58 and 59-62)

Preparation for upcoming classes:

- 33a H&H: Communication Skills
 - Packet H: 35-36
- 33b Chair Massage: Technique Demo and Practice
 - Packet C: 1-10
 - RQ Packet A: 165-166



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.

32b Passive Stretches: Guided Full Body

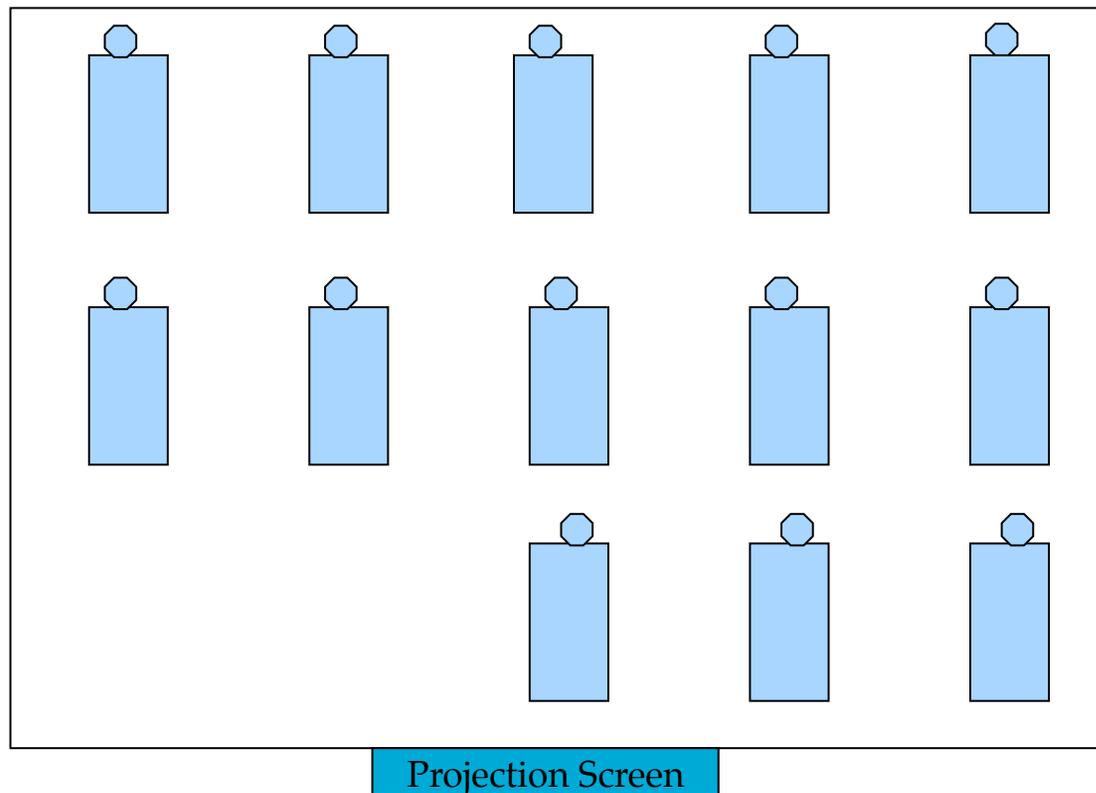
Table setup

Set up the tables in the configuration below

Get out your supplies and dress your table

Adjust the table height and get a chair

Put all your stuff in the "basement"



32b Passive Stretches: Guided Full Body

Prone Lower

Joint mobilization hip and knee
Quadriceps femoris

Supine Lower

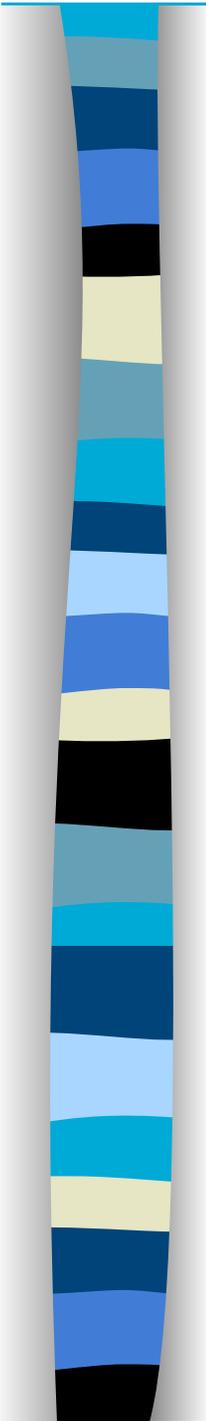
Joint mobilization ankle
Tibialis anterior
Gastrocnemius and soleus

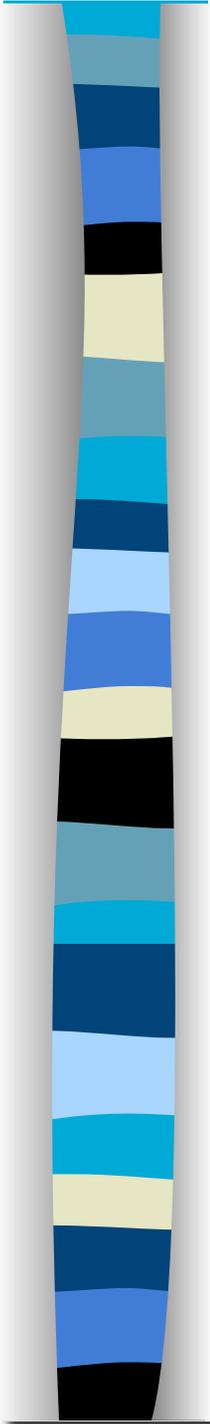
Joint mobilization hip and knee
Low back
Gluteals
Adductors

Supine Upper

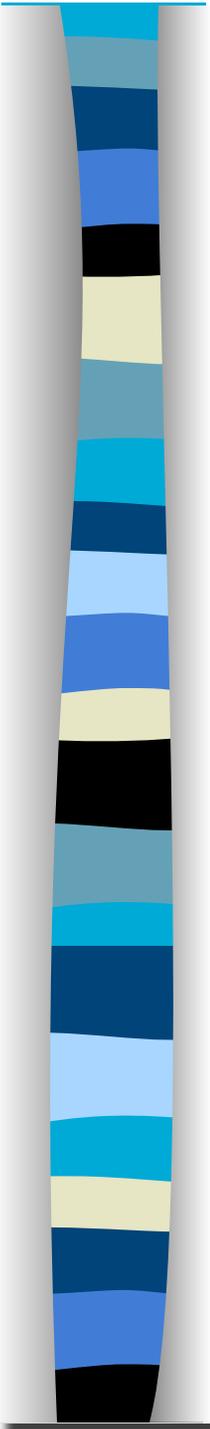
Joint mobilization shoulder
Pectoralis major
Latissimus dorsi
Rhomboids

Joint mobilization neck
Neck lateral flexion
Neck rotation





The following slides are for reference during class if there is a question about how to perform a joint mobilization or stretch

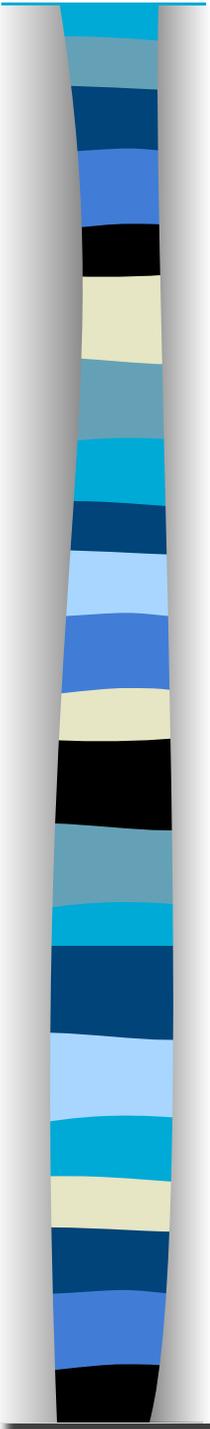


Lower Body Joint Mobilization and Stretching

QUADRICEPS FEMORIS

Joint Mobilization – *Hip (coxal joint) and Knee (tibiofemoral joint):*

Standing by the knee, facing the table, use the lower hand to scoop under the ankle and flex the knee to 90 degrees or so. Palm of the upper hand rests on the sacrum. Lower hand moves the foot through a circular range that involves flexion & extension of the knee and medial & lateral rotation of the hip. Increase the amplitude of the movement in all directions until you begin to feel resistance.



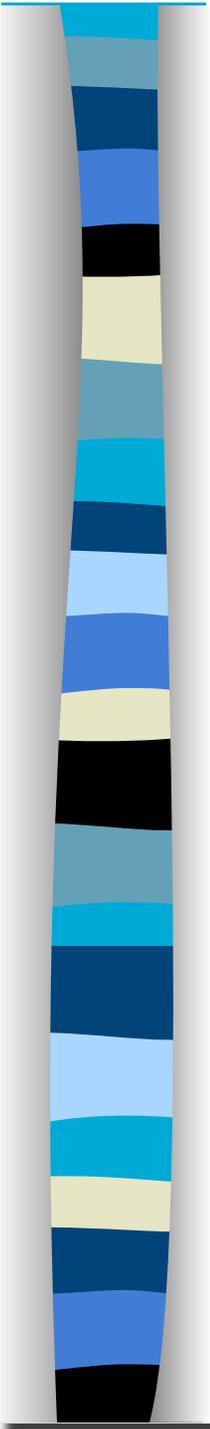
QUADRICEPS FEMORIS

Traction and Stretch:

The lower hand flexes the knee to 90 degrees or so. The upper hand contacts the proximal portion of the gastroc belly and tractions the tibia away from the femur. Lower hand continues with flexion of the knee as upper hand releases the gastrocnemius and moves out of the way. Upper hand moves to contact the sacrum as the stretch is continued by the lower hand, moving the calcaneus toward the buttocks, on a line towards the ischial tuberosity. If the low back tends to hyperextend (seen as anterior pelvic tilt) as the quads are stretched, move the upper hand to the ilium on the near-side to provide a counteracting inferior and anterior pressing force. This is done with the fingers pointing towards the client's feet. Contact is between the heel of the therapist's hand and the client's upper gluteal area, lateral to the sacrum and just inferior to the upper margin of the ilium.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line to the coccyx, and/or the greater trochanter.

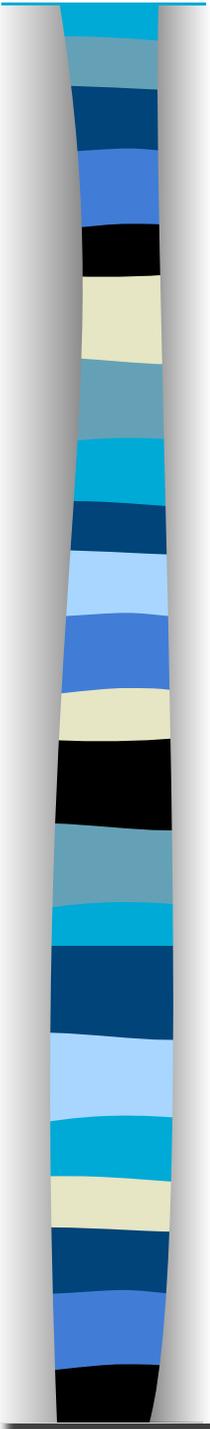


Lower Body Joint Mobilization and Stretching

GASTROCNEMIUS / SOLEUS

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of the inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.



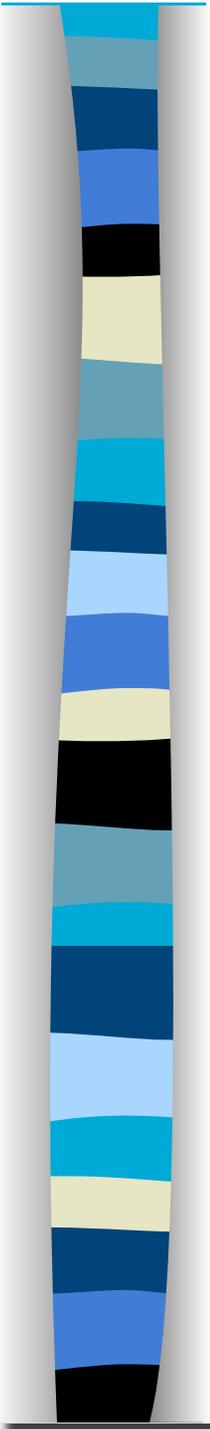
Lower Body Joint Mobilization and Stretching

GASTROCNEMIUS / SOLEUS

Traction/Stretch:

Standing alongside the leg, with the calcaneus in the palm of the inside hand and the ball of the foot against the forearm, use the outside hand to stabilize the limb beside the knee, keeping it in a neutral alignment, so that the hip is neither medially nor laterally rotated. Inside hand tractions the calcaneus distally. Using pressure of the forearm on the ball of the foot, lunge slowly forward to take the ankle into dorsiflexion. As you lunge, ask the client to pull the toes up towards the knee, to facilitate the stretch.

Repeat the mobilization after the stretch is finished.

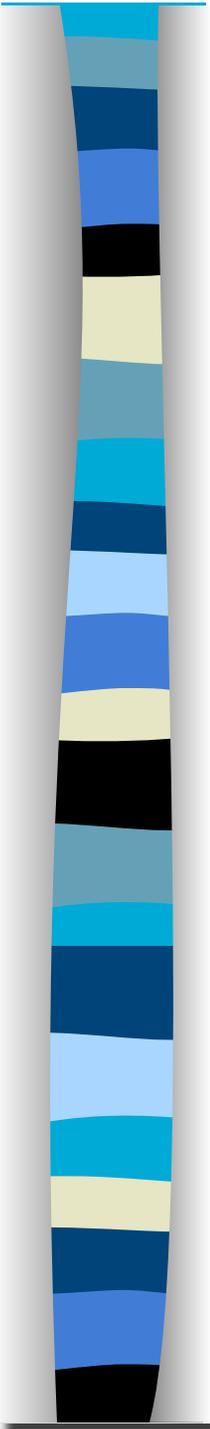


Lower Body Joint Mobilization and Stretching

TIBIALIS ANTERIOR

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.



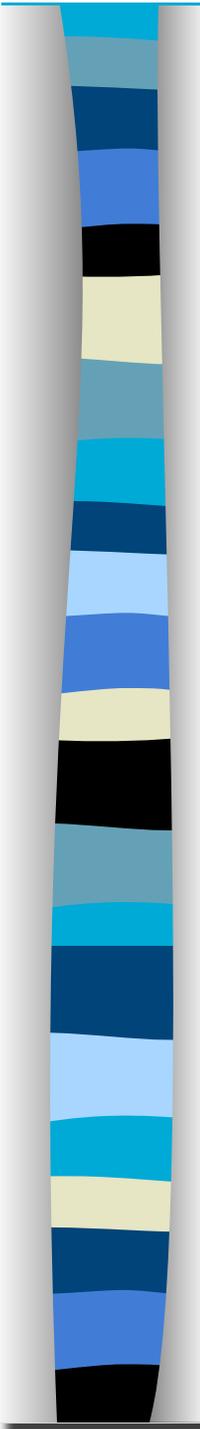
Lower Body Joint Mobilization and Stretching

TIBIALIS ANTERIOR

Traction/Stretch:

With therapist standing in a lunge position, at the foot of the table facing up, outside hand grasps the calcaneus, shifting it superiorly to initiate plantarflexion. Then inside hand grasps the foot with the palm on the dorsum and the fingers wrapped around the medial arch, and tractions distally while applying pressure on the foot to continue plantarflexion. Finally, use inside hand to add slight eversion.

Repeat the mobilization after the stretch is finished.



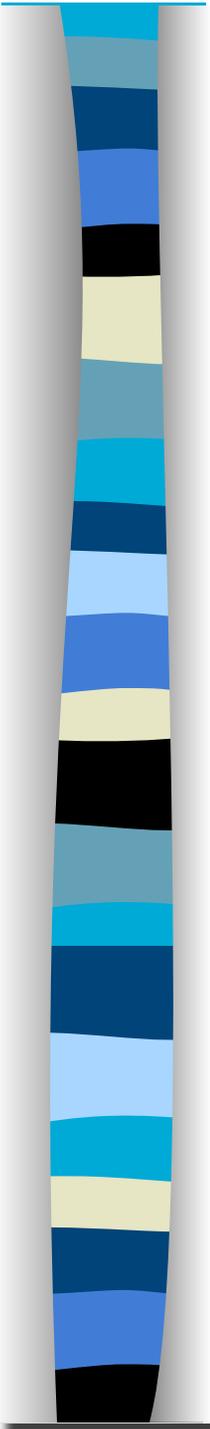
Lower Body Joint Mobilization and Stretching

GLUTEALS

Draping: With the leg draped as ready for massaging, bring the hems of the drape above and below the hip together at the table, just inferior to the greater trochanter, and make the drape snug against the thigh. Then hand the drape to the client to manage.

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).



Lower Body Joint Mobilization and Stretching

GLUTEALS

Traction:

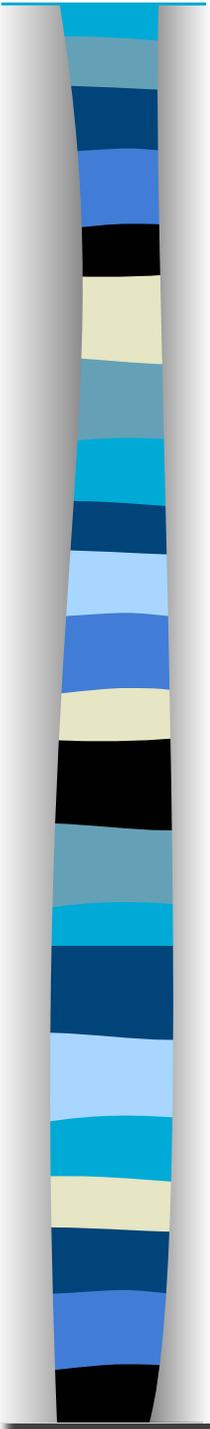
Simultaneously lower the calcaneus and lift the calf, creating traction in the hip joint.

Stretch:

Maintaining the lift from traction and an angle of about 90 degrees at the knee, continue to flex the hip by moving the leg and foot superiorly, on a line toward the coracoid process of the scapula.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line toward the sternum, and/or the ipsilateral deltoid.

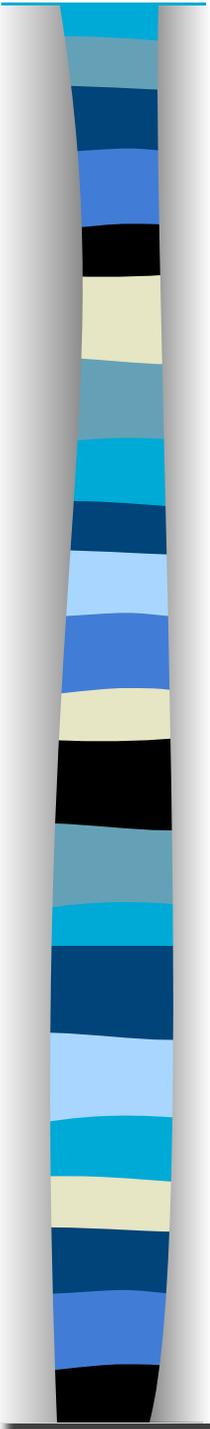


Lower Body Joint Mobilization and Stretching

LOW BACK

Joint Mobilization – Hip (coxal joint):

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).



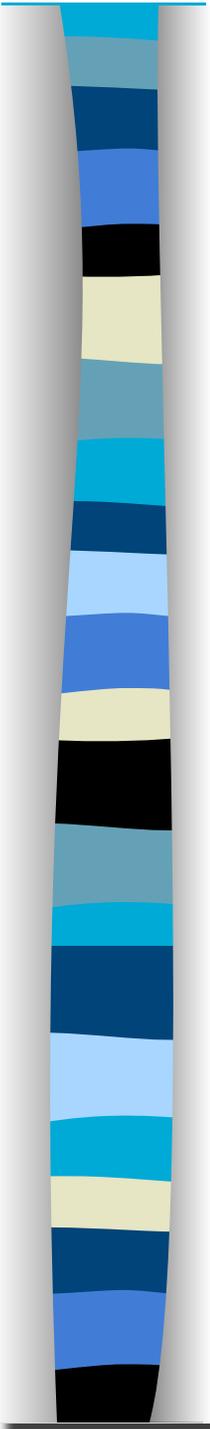
Lower Body Joint Mobilization and Stretching

LOW BACK

Traction/Stretch:

From a position of knee and hip flexion, place arch of the foot outside opposite knee, on the bolster. Foot hand moves to tibial tuberosity area to stabilize the knee flexion. Head hand moves to upper IT Band. Head hand initiates traction distally on the femur. Foot hand moves to lateral thigh, inferior of head hand, and continues pressing the thigh across the other leg. Head hand may assist movement of the thigh, or move to the shoulder to stabilize upper torso from coming off the table.

Repeat the mobilization after the stretch is finished.

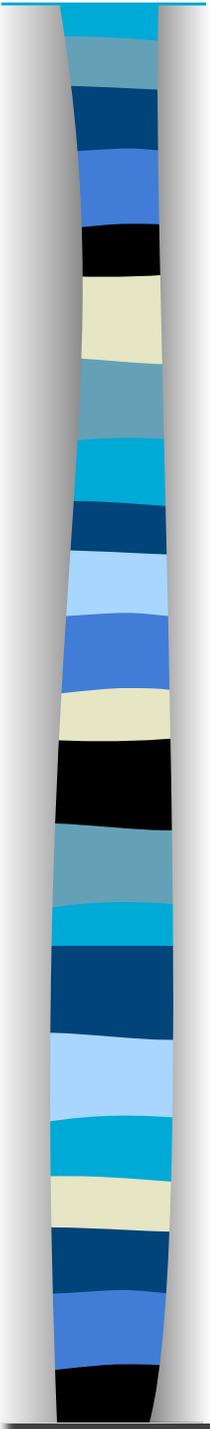


Lower Body Joint Mobilization and Stretching

ADDUCTORS

Joint Mobilization – Hip (coxal joint):

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).



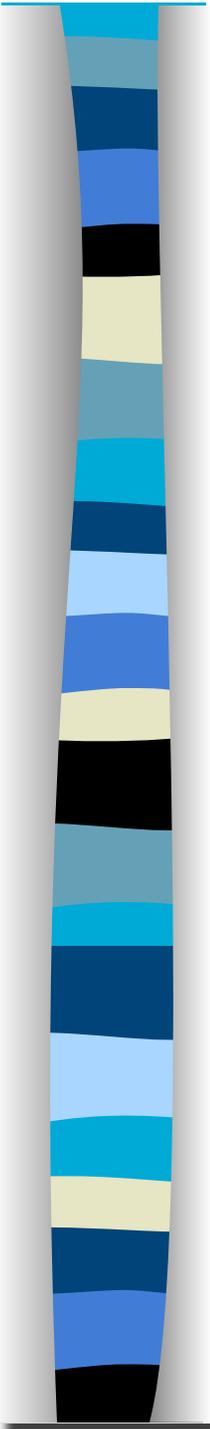
Lower Body Joint Mobilization and Stretching

ADDUCTORS

Traction/Stretch:

From a position of knee and hip flexion, set the foot beside (medial to) the contralateral knee. Head hand stabilizes the knee, and the foot hand stabilizes the foot. Slowly lower the client's femur into abduction, supporting it on the lateral side with the head hand. Foot hand moves to the medial distal femur, opposite the head hand – fingers perpendicular to the femur. Pull the femur distally to initiate traction, then press the femur towards the floor. Head hand may be moved to stabilize the contralateral ASIS, in which case the therapist will turn her body to face more towards the table.

Repeat the mobilization after the stretch is finished.

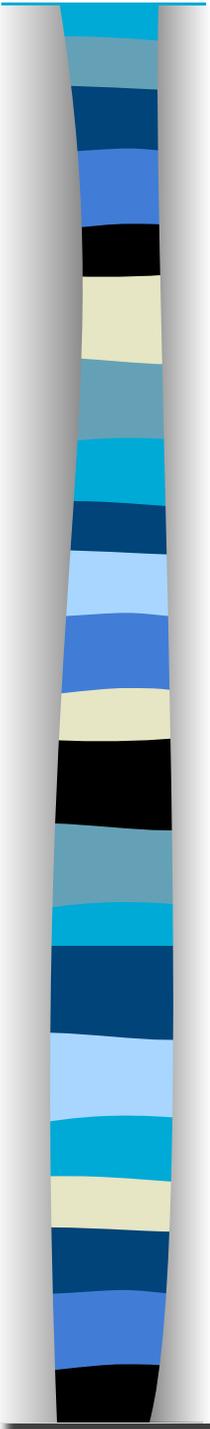


Upper Body Joint Mobilization and Stretching

PECTORALIS MAJOR

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.



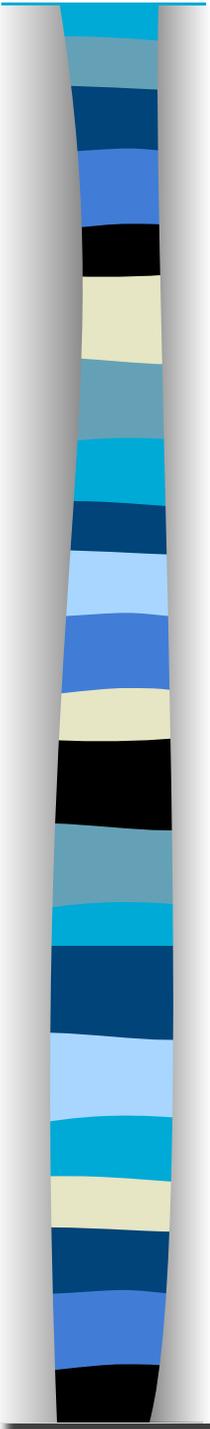
Upper Body Joint Mobilization and Stretching

PECTORALIS MAJOR

Traction and Stretch:

With client's elbow flexed, shoulder laterally rotated and abducted to 90 degrees (so fingers point above the head), horizontally adduct it to about a 45 degree angle to the table. Foot hand supports below the lateral distal humerus. Head hand is placed on the medial distal humerus, opposite the foot hand, with fingers of opposing hands pointing in opposite directions. Traction the humerus distally, then maintain traction while lowering the arm towards the floor. Repeat with arm moved from 90 degrees to 135 degrees away from the trunk in the coronal plane (closer to the head).

Repeat the mobilization after the stretch is finished.

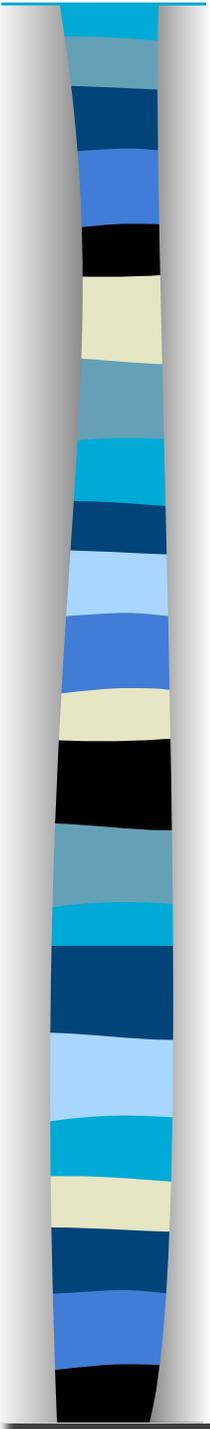


Upper Body Joint Mobilization and Stretching

LATISSIMUS DORSI

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.



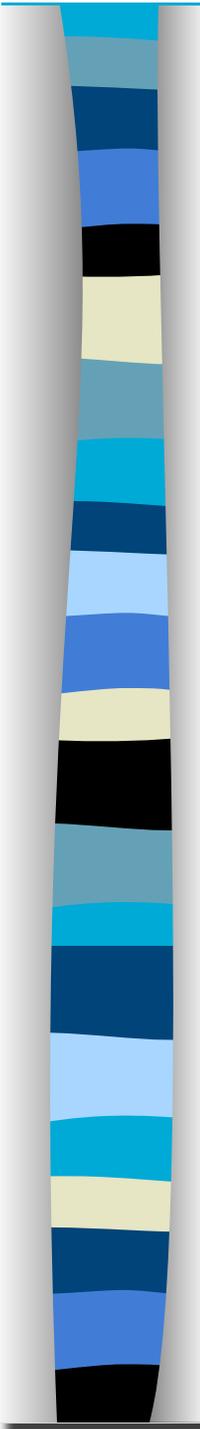
Upper Body Joint Mobilization and Stretching

LATISSIMUS DORSI

Traction and Stretch:

Start with the arm over the head, therapist facing down table. Both hands grasp proximal to the elbow (fingertips facing opposite directions - outside hand on the bottom, inside hand on top). Ask client to laterally flex their neck to the opposite side (“Please slide your ear closer to your shoulder”). Traction the humerus distally. Alternately move the arm closer to the head (medially) and closer to the table, stair-stepping to the end of the stretch.

Repeat the mobilization after the stretch is finished.

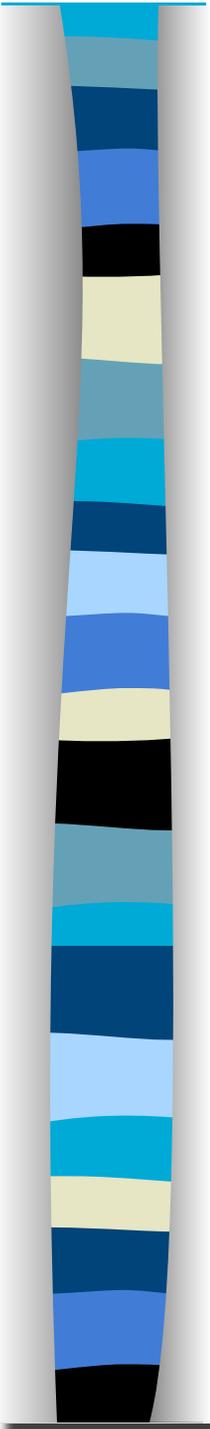


Upper Body Joint Mobilization and Stretching

RHOMBOIDS

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.



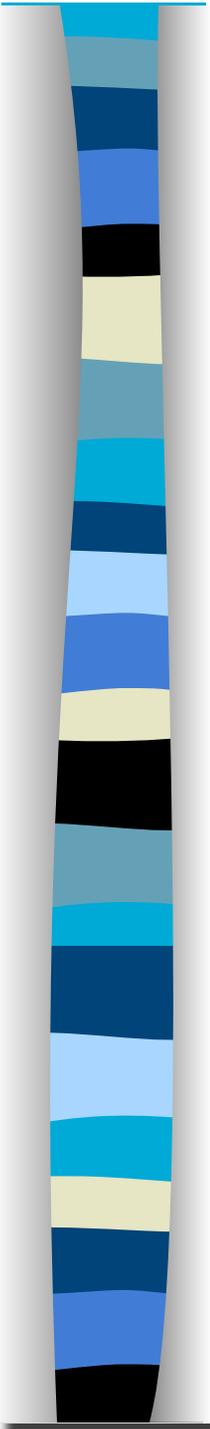
Upper Body Joint Mobilization and Stretching

RHOMBOIDS

Traction and Stretch:

Standing on opposite side of the table from the rhomboids to be addressed, reach across and grasp the opposite arm, bringing it across the body towards you. (or should we say you should have brought it with you from the other side?). Head hand grasps the proximal forearm just distal to the elbow, as foot hand reaches across and around to the back. Fingers curl to grasp the medial border of the scapula. Simultaneously traction the humerus towards you and towards the ceiling, as you move the scapula away from the spine. You may stop at the point that the torso starts to roll towards you (the limit of the rhomboid stretch), or continue with the stretch of the upper torso by continuing further.

Repeat the mobilization after the stretch is finished.



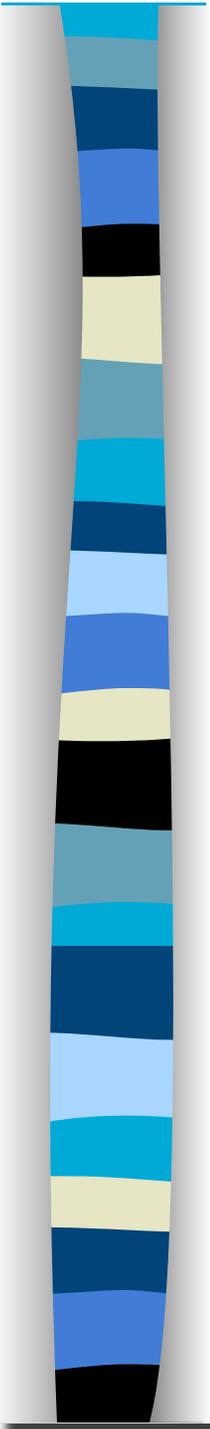
Upper Body Joint Mobilization and Stretching

RHOMBOIDS

Alternate method:

If size and/or strength disparities exist, such that stretch cannot be effectively or safely done as above, stand on the same side as the rhomboids to be addressed. Foot hand grasps proximal forearm just distal to the elbow, flexing the shoulder to 90 degrees, and rotating it medially, so that the forearm is perpendicular to the trunk, with the elbow flexed. The head hand reaches under the back, curling fingers to slide under the medial border of the scapula. As the foot hand tractions towards the ceiling and across the body, the head hand pulls the scapula away from the spine.

Repeat the mobilization after the stretch is finished.



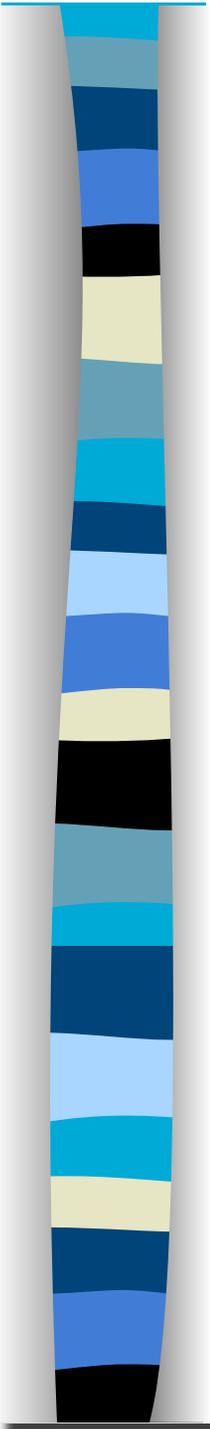
Upper Body Joint Mobilization and Stretching

NECK MUSCLES (numerous)

Joint Mobilization – *Neck (atlanto-occipital and cervical intervertebral facet joints):*

Sitting at the head, facing down the table, apply traction by gently pulling the skull superiorly.

With the client's skull remaining in contact with the table, A) Roll the neck to one side, then the other, several times; B) With your hands palm-up, fingers contacting the neck lateral to the spinous processes, and with the client's occiput on the table, alternately slide your hands superiorly (bringing the occiput with you) and inferiorly (fingertips move skin and fascia on back of neck inferiorly) so that the chin alternately tucks and rises; C) Slide head to one side (ear towards the shoulder), and then the other, several times.



Upper Body Joint Mobilization and Stretching

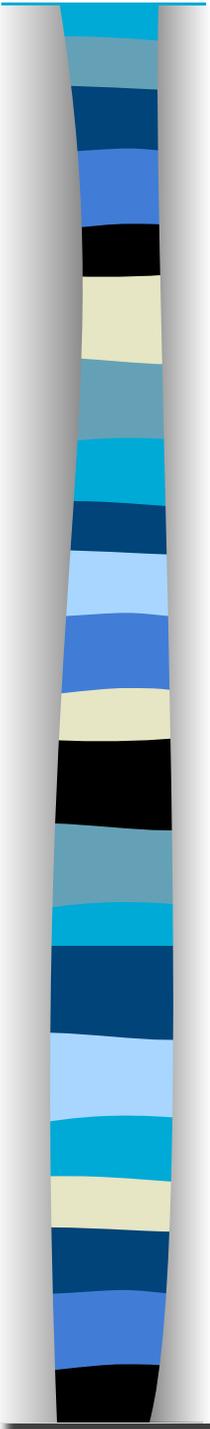
NECK MUSCLES (numerous)

Traction and Stretch:

Lateral flexion - Stand up. Apply traction, and slide head towards the shoulder, keeping the nose pointing at the ceiling. Stand up and move laterally, continuing the traction and movement of the head laterally until the stretch is accomplished. Transfer lateral hand to temporal bone on other side of the head, just above the ear, as medial hand moves to the shoulder, gently pressing it inferiorly and laterally. Repeat the stretch in the other direction.

Rotation – Traction slightly, and slide the head laterally, about half-way to the shoulder. Inside hand slides away from the head as outside hand gently rotates the head in the opposite direction (bringing it back towards the center). Outside hand re-establishes traction, as inside hand contacts the temporal bone just above the ear and continues the rotation. Repeat in the other direction.

Repeat the stretch in the other direction.



Upper Body Joint Mobilization and Stretching

Pectoralis Major

- 90 degrees
- 135 degrees

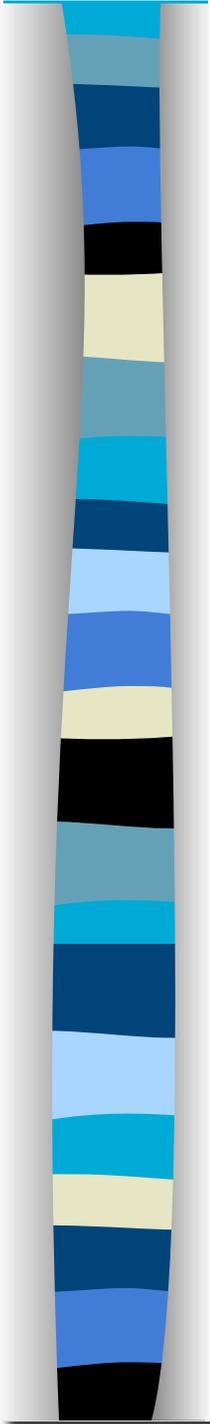
Latissimus Dorsi

Rhomboids

- Regular method
- Alternate method

Neck

- Lateral flexion
- Rotation



32b Passive Stretches: Guided Full Body