

## ❖ Scapular Mobilization: Elevation

### Starting Position

Before beginning scapular mobilization, position the patient with feet flat on the floor and pelvis in a neutral position, out of a posterior pelvic tilt.

### Handling

1. Cup your hand and place it over the head of the humerus. Don't apply pressure on the head of the humerus—apply pressure with the heel of your hand on the pectoralis, medial to the humeral head.
2. Place the other hand along the medial and inferior border of the scapula. Use the heel of your hand, not your thumb, to cradle the inferior border of the scapula.
3. Bring your elbows down to your side. You'll have more strength and better alignment of your wrists in a neutral position.
4. Apply pressure through the heels of your hands and bring the entire shoulder girdle into elevation. You'll be surprised at how much effort it takes to bring the entire shoulder into scapular elevation.
5. Elevate the scapula to end range. Hold for a few seconds and allow it to return to a resting position. **It may feel heavy or somewhat tight. With repetition, this movement will get easier.**



### Variations

For patients with poor trunk control or poor sitting balance, you can mobilize the scapula while the patient is in supine or in sidelying on the non-involved side. The sidelying position can also be helpful for a patient who has a very heavy arm or poor trunk control. (See *Scapular Mobilization in Supine*.)

### Common Mistakes

The most common mistake therapists make in scapular elevation is that they don't move the scapula to end range. They are afraid they'll hurt the patient. But for the patient to benefit, you really need to take the scapula to end range. Practice on your partner first to see just how much scapular excursion is normal.

#### ⌘3 Pause and Practice with a Partner

It will be helpful to wear a tank top or bathing suit to really see the structures of the shoulder during practice.