

❖ Scapular Mobilization: Upward Rotation

Once the therapist has evaluated excursion of the scapula in elevation and protraction, the shoulder is now ready for the final plane of motion: upward rotation. You do not need to keep your hand on the scapula during upward rotation. As the humerus moves over 90° of shoulder flexion, the scapula will follow. If the scapula does not glide you will begin to feel resistance in shoulder flexion. This is why it is important to remember: always move to the point of any resistance or discomfort and no further. **Watch the patient's facial expression for any signs of pain or discomfort and if you notice any, stop immediately.**

Starting Position

The patient should be in a good sitting position with feet flat on the floor and pelvis in a neutral position, out of a posterior pelvic tilt. Evaluate scapular excursion and protraction before proceeding with upward rotation of the scapula.

Handling

1. While the scapula is forward in protraction, slide one hand from the patient's scapula to the elbow and hook onto the epicondyles. This will keep you from grasping and stimulating the biceps.
2. Slide the other hand from the elbow to the hand (as if to shake hands).
3. Put your middle finger along the base of the metacarpophalangeal (MCP) joints, your index finger along the thenar eminence, and the other fingers along the patient's fingers.
4. Keeping the arm in forward protraction, give a slight amount of external rotation and gently bring the arm in forward flexion.
5. Remember go only to the point of resistance or any discomfort.
6. Carefully watch the patient's facial expression for any signs of discomfort.



Factors to Consider

If your patient does not have full ROM in scapular excursion, check their other shoulder. The non-affected side might also have loss of range which is unrelated to the stroke.

Factors which may contribute to loss of range.

- Increased tone of muscles acting on the scapula.
- Soft-tissue tightness.
- Loss of scapulohumeral rhythm (2:1).
- Loss of range between humerus and scapula (the scapula glides fine but the soft-tissue tightness is between the humerus and scapula).

Tips

If you are short and your patient is tall, it may be difficult to bring the arm into full range. You can change your hand positions or you may want to position your patient in supine.

