

⌘1 Pause and Practice:

Facilitating Trunk and Shoulder Control with the Therapy Ball

This is an example of Facilitating Combinations of Movements and Active Assist.

Starting Position

- Have your patient sit on a low mat table or bench. Position the feet flat on the floor, a comfortable distance apart. Their weight should be evenly distributed over both hips, if possible. Also, attempt equal weight bearing through both feet.



Handling

- Before placing the involved hand on the therapy ball, evaluate the excursion of the scapula in elevation and protraction. All shoulder movement should be within a pain-free range. As the scapula glides and the patient demonstrates at least 50° of shoulder flexion, you may continue.
- Sit next to your patient, on their involved side. Place their open hand on the therapy ball. Place your hand over theirs to keep their hand from sliding. With your other hand, support under their elbow.
- Activate trunk control as you ask your patient to lean slightly forward. Gently facilitate elbow extension and shoulder flexion as your hand rolls the ball forward. If their fingers have flexor tone, the fingers will often “relax” as the scapula is brought into protraction. If possible, go to end range of elbow extension and scapular protraction.
- In order to activate more trunk control and increase trunk symmetry, have your patient use both upper extremities to roll the ball forward. Maintain your hand on theirs for added stability.
- Encourage your patient to go slowly as they roll the ball forward. Put muscles on length as you go to end range. Hold for a few seconds and then slowly return to the starting position.
- An excellent reference for more therapeutic methods mobilizing the scapula is “Preventing Shoulder Pain” from *Teaching Independence: A Therapeutic Approach to Stroke Rehabilitation*.
- As your patient improves, slowly remove your hand, eliminating your support. Have them continue without assistance.



Tips

- If you don't have a therapy ball, try a rolling stool. The hand can remain open.
- As your patient comes back to the starting position, allow the elbows to flex naturally. As they sit up, the combination of elbow flexion and scapular retraction may cause their fingers to “curl” or flex with increased tone. If this occurs, return to trunk flexion with scapular protraction and elbow extension. The hand and fingers will usually return to a relaxed and extended position.
- If your patient is fearful of coming forward, use a larger therapy ball. If you would like to encourage more forward flexion of the trunk, use a slightly smaller ball.