

## ⌘11 Pause and Practice:

# Facilitating Passive Movement in Shoulder Flexion

Since passive movement is used when a patient attempts unable to move or their attempts at movement result in abnormal patterns. Passive movement helps establish kinesthetic awareness and perception of the movement forming the basis for muscle memory. It helps patients learn how to initiate movement and feel the proper speed of the movement.

### Starting Position

- Have your patient sitting on a chair or mat table, feet flat on the floor, pelvis in neutral and in a good starting position.

### Handling

- Prepare the shoulder with scapular mobilization in elevation, depression and scapular protraction. Prepare the hand so it is open, with fingers extended.
- Support their open hand along the thenar eminence and the base of the MCP joints. Avoid contact with the palm of the hand, if possible.
- Slowly guide the patient through the movement of shoulder flexion with elbow extension.
- Your verbal cues will be "light and easy." Ask the patient not to assist. We don't want the patient to work as that could possibly cause increased tone.
- With repetition, you may begin to feel the patient respond slightly and try to help. If so, they are ready for active assist.



### Tips

- Your hand placement is very important. When attempting to facilitate movement, the "lighter" your grip, the more your patient is encouraged to begin movement of the limb. The lightness of your handling is asking your patient to take over the movement.
- When your grip is "heavier" your patient will be less inclined to begin attempting movement. In this case facilitation is less and your handling is more similar to doing ROM than muscle re-education.