

⌘4 Pause and Practice:

Upper Extremity Weight Bearing in Sitting

This practice lab prepares the patient for function by putting muscles on length and facilitates weight bearing over the involved side.

Starting Position

- Begin with your patient sitting with weight equally distributed over both hips. The feet are placed flat on the floor.

Handling

- Stand in front of your patient, on their involved side. Support their involved arm at the elbow and scapula, with the arm in flexion and the forearm tucked next to your side. Mobilize the scapula in elevation/depression and protraction to make sure the scapula is gliding.
- Slide your hand from the scapula to the elbow. Slide your other hand from the elbow to your patient's hand. Support their hand using your index finger at the base of their thumb and your middle finger at the base of their MCP joints. Bring their wrist into extension.
- Maintain scapular protraction as you carefully bring their arm into shoulder flexion and abduction. Gently place the hand on the mat and give support just above the elbow.
- Once the hand is placed on the mat table, support the elbow to maintain extension. Be careful not to push the elbow into hyperextension. Gently bring the humerus into some external rotation. Ask the patient to "lean toward me." Do not pull your patient toward you. Instead, ask them to try and shift their weight toward the involved side. It can be very scary for some patients. With repetition it gets better and easier.



Tips

Keep an eye on the non-involved side. Don't allow your patient to hold or brace on this side as the effort can increase tone in the involved side.

I don't mind if my patient bears weight on a subluxed shoulder as long as all of the shoulder structures are in good alignment. Don't allow your patient to "hang" on their shoulder as this could cause over stretching of the joint capsule.

Avoid weight bearing on a swollen hand or a painful shoulder.

If your patient complains of discomfort at the shoulder or wrist, immediately return to a nonweight bearing position. Ask your patient if it is a "pulling pain" or a "stabbing pain". A "pulling" pain is often indicative of soft-tissue tightness, which can be lengthened through gradual weight bearing. (See *Preparation for Function: When Weight Bearing is Painful*). Myofascial Release methods can also be helpful to reduce soft-tissue tightness.

A "stabbing" pain is more likely to be a problem of impingement. Stop and evaluate the source of the pain. Do not put weight on an upper extremity with stabbing pain at the wrist or shoulder. If the impingement is due to a malalignment of the shoulder structures, re-evaluate their base of support and sitting posture. Mobilize the scapula and align the shoulder structures correctly.