

⌘7 Pause and Practice:

Mobilizing the Scapula in Supine

Starting Position

- Position the patient in supine. Place the involved lower extremity in hip and knee flexion.



Handling

- Stand facing your patient, on their involved side.
- Gently support the weight of the involved arm at the elbow, tucking it in next to your side.
- The hand at the elbow only supports the weight of the arm, it never pulls the arm. Slide your other hand under the scapula. This is the hand that does all of the work.



- With your hand under the scapula, gently move the shoulder and scapula up into elevation and hold for a few seconds.
- Return the scapula to a resting position. With repetition the scapula will begin to glide more easily.



Tips

- If your patient has a heavy arm, reposition your patient in sidelying on the less involved side. The involved arm is now more accessible and easier to mobilize.
- Don't be afraid to mobilize the scapula in full elevation to end range in order for your patient to fully benefit from scapular mobilization.

Common Questions

How long should I continue to do scapular mobilization?

The purpose of scapular mobilization is to make sure the scapula is gliding before bringing the arm into flexion or abduction. If your patient is low tone and the scapula glides easily, two or three times may be plenty to evaluate scapular excursion. If your patient has increased tone around the scapula, you may need to do it longer until the scapula begins to glide more easily. Work slowly, putting the muscles on length. Be sure to take the scapula to end range. This is a very safe position to work on scapular mobilization.

How do I bring the arm into horizontal abduction?

Begin in supine. Follow the methods of scapular mobilization for elevation/depression and protraction/retraction as previously described.

Use a lumbrical grip to hold the arm at the epicondyles and elbow and begin shoulder flexion. Protract the scapula as the arm approaches 90° of shoulder flexion. Continue with scapular protraction. Do not allow the scapula to fall into retraction.



Very slowly, lower the arm to the mat table. Begin with less than 90° abduction of the shoulder. Watch the patient's face for any discomfort. Go only to the point of discomfort, no further. Once the arm is resting comfortably on the mat, slowly slide it toward 90° of shoulder abduction. Remember only move within the range of comfort, and no further.



Notes
