

## ⌘8 Pause and Practice:

# Facilitating Forward Flexion in Sitting

This practical lab actually combines three treatment methods: putting muscles on length, weight bearing, and facilitating combinations of movement. I prepare nearly all of my patients for function using this simple activity. Encouraging patients to come forward, makes it easier for them to transfer or to come from sit to stand.

### Starting Position

- Start with a good base of support, feet flat on the floor.

### Handling

- Kneel in front of the patient on their weak side.
- With their hands together, guide them forward over the strong leg. I begin with this leg because they feel safer.
- Next, slide their hands down over the involved leg. This is one of the best things you can do with your patient. It helps them come forward, encourages scapular protraction, increases weight bearing over the involved side and discourages a posterior pelvic tilt.
- For symmetry, I have them finish with bringing their hands forward in the center. Stay on their weak side and observe the following:
  - Are both scapulae gliding forward?
  - Is there any posterior rotation of the trunk?
  - Is your patient's weight evenly distributed over both hips and both feet? If not, why not?



### Additional Benefits

Patients who are taught to do this during the acute rehab phase will be less fearful of coming forward. They will have more mobility through the pelvis, moving more easily from posterior pelvic tilts to anterior pelvic tilts. It will be easier for them to go from sit to stand and stand to sit, with less compensatory movements. The trunk flexion also helps to reduce extensor tone throughout the lower extremity.