⌘9 Pause and Practice:

Scapular Protraction in Sitting

This practice lab is an example of putting muscles on length in order to achieve proper alignment of shoulder structures in preparation for facilitating upper extremity movement.

Starting Position

- Begin with your patient in sitting; feet flat on the floor and pelvis in a neutral position.

Handling

- Sit on your patient's involved side and begin scapular mobilization in elevation and depression.
- Once the scapula is gliding, begin scapular protraction.
- Change your position and stand in front of your patient.
- Gently take the involved arm and bring it into no more than 90˚ forward flexion.

- Support the arm at the elbow and tuck it along your side. This helps to keep it in neutral and doesn't allow it to fall into internal rotation.
- With your other hand, reach along the scapula and find the medial border.
- Using a flat, open hand, give pressure along the medial border of the scapula.
- **Don't hook your fingers around the scapula.**
- Glide the scapula forward into protraction.
- Hold for a second or two then return to the starting position.
- As the scapula returns to its resting position, allow it to follow the natural curvature of the rib cage.

Common Mistakes

- Don't curl your fingers around the medial border of the scapula. This can stimulate the rhomboids and facilitate scapula retraction, which is counterproductive.
- Your hand supporting under the elbow only cradles and supports the weight of the arm. The hand that you place on the scapula brings the arm forward into protraction.
- Keep the involved arm in forward flexion. Don't bring the arm into abduction while attempting to see the scapula. Get used to feeling for the border of the scapula brings the arm forward into protraction.
- Although it is normal for your patient's trunk to come slightly forward as the arm is brought into protraction, sometimes the patient will substitute trunk flexion for scapular protraction. In this case the arm comes forward only because the trunk is coming forward and the scapula is not gliding at all (or minimally). If this is the case, you can try cueing the patient to maintain a more erect posture, or you might try having the patient work in supine or sidelying on the non-involved side instead.

Once resistance is less around the scapula, treatment can continue more distally.

Alice's hand is still tight. Now that her shoulder has been prepared let's go over step-by-step how to open her tight hand.