

Arm Pull Prone

- Have the client lie prone.
- Stand at the side of the treatment table.
- Facing the client's head, gently hold the client's lower arm with both hands in a position that is comfortable for you; do not grasp the client's wrist. Lift the arm gently off the treatment table so that your back and shoulders are comfortable.
- Gently traction the arm by leaning back slightly until you feel a subtle resistance and the tissue end-feel.
- Whilst maintaining the traction phase, externally rotate the arm at the shoulder joint until you meet resistance and the tissue end-feel.
- Whilst maintaining the first two dimensions, abduct the arm away from the body until you meet resistance and the tissue end-feel.
- Maintain these three barriers waiting for any one of them to release, at which point you take up the slack to the next barrier and continue following release after release.
- As the arm releases, it will move further into abduction and external rotation and will also begin to elongate. Move with the arm to the top of the treatment table as it releases into shoulder flexion.
- Dialogue with the client about any effects of and responses to the treatment.
- Maintain the traction until you feel an elongation of the entire arm and shoulder; then slowly begin to adduct the arm back to the client's side.
- Remember never to force the barrier in any direction or to slip over the skin. Always perform the technique for a minimum of five minutes, sometimes longer, for optimal results.



CLIENT TALK

This is another effective technique for shoulder and arm issues; however, as in the supine arm pull, clients with specific shoulder problems may not be able to have the arm in shoulder flexion. Stay within the client's available positioning and you will notice that each time you perform this technique, you will be able to take the arm into a greater range of movement as the restrictions release.

Leg Pull Prone

- Have the client lie prone close to the edge of the treatment table of the side you are working on and with the feet and ankles over the end of the table and the head turned to the side.
- Stand at the side and towards the lower end of the treatment table.
- Facing the client's head, gently hold the client's lower leg with both hands in a position that is comfortable for you, and lift it gently off the treatment table so that your back and shoulders are comfortable. Use one of your hands to dorsiflex the ankle if possible.
- Gently traction the leg by leaning back slightly until you feel a subtle resistance and the tissue end-feel.
- Whilst maintaining the traction phase, externally rotate the leg at the hip joint until you meet resistance and the tissue end-feel.
- Whilst maintaining the first two dimensions, abduct the leg away from the body until you meet resistance and the tissue end-feel.
- Maintain these three barriers waiting for any one of them to release, at which point you take up the slack to the next barrier and continue following release after release.
- As the leg releases, it will move further into abduction and external rotation and will also begin to elongate.
- Dialogue with the client about any effects of and responses to the treatment, and check that the knee is comfortable.
- Maintain the traction until you feel an elongation of the entire leg and hip.
- Continue tractioning the leg, and gently move it back to the midline by adducting it.
- Remember never to force the barrier in any direction or to slip over the skin. Always perform the technique for a minimum of five minutes, sometimes longer, for optimal results.

