Outline for
Joint Mobilization of the Upper Extremity

I. Introduction
   A. Definition—skilled passive movement of a joint
   B. Overview
      1. One “tool” in the therapist’s “tool box”
      2. Used only after determined by a thorough evaluation that joint mobilization is needed
      3. More effective if combined with an active rehabilitation program
   C. Indications
      1. Joint hypomobility
   D. Contraindications
      1. Unstable joint
      2. Hemiartrosis—bleeding in the joint
      3. Healing fracture—involved or adjacent joint
      4. Acute inflammation
      5. Bone disease
      6. Cancer
      7. Infection
   E. Precautions
      1. Muscle guarding
      2. Osteoporosis
      3. OA
      4. RA
      5. Hypermobile joint
      6. Swelling and inflammation
      7. Fracture not fully healed or undiagnosed
   F. Anatomy & physiology—know what you are mobilizing so you have an expectation (patient also) as to what is going to happen
      1. Joints
         a. Type
            i. Saddle (i.e. carpometacarpal jt. of the thumb)
            ii. Gliding (i.e. intercarpal jts.)
            iii. Ball and socket (i.e. glenohumeral jt.)
            iv. Pivotal (i.e. radiohumeral jt.)
v. Hinge (i.e. humeroulnar jt.)
vi. Ellipsoid (i.e. metacarpal phalangeal jts.)
vii. Bicondylar (i.e. interphalangeal jts.)
b. Cartilage
   i. Concave surface cartilage is more dense around the periphery
   ii. Convex surface cartilage is more dense in the center
   iii. Cartilage is bloodless
c. Concave-Convex principle
   i. Concave on Convex
   ii. Convex on Concave
   iii. Instances where concave-convex principle does not apply

2. Ligaments and Capsule
   a. Ligaments contain kinesthetic receptors
      i. Ruffini endings
      ii. Golgi tendon receptors
      iii. Pacinian corpuscles
   b. Capsule tissue is fibrous and is interlaced with ligaments and tendons
   c. Ligaments have great tensile strength

G. Osteokinematics
   1. Classical motions (i.e. flexion, extension, pronation, supination, etc.)

H. Athrokinematics
   1. Movement relationships within the joint (i.e. glide, spin, roll, etc.)

II. Examination-General Principles
   A. Avoid assumptions; start from scratch and do not assume anything
      1. Avoid the “I give you a hammer you look for a nail-syndrome.”
   B. Thorough
      1. Examination format should include
a. Subjective-interview and intake information (see syllabus)

C. Motion
   1. Active/Passive
   2. End feel
   3. Quality

D. Absolutes
   1. Evaluate involved and uninvolved sides
   2. Evaluate before and after treatment

III. Treatment General Principles

A. Prepare the patient
   1. Relaxed
   2. Supported
   3. Clear instructions on what to do, what not to do, and what to expect (i.e. pressure, pulling)

B. Prepare yourself
   1. Wide base of support
   2. Set up in gravity assist position whenever possible
   3. Firm relaxed hold, not tense

C. Accuracy
   1. Forearm alignment to help guide therapists’ direction of force
   2. Palpate during the mobilization with stabilizing hand
   3. Observe proximal- when movement begins, you are moving something else and therefore becoming less accurate

D. Technique
   1. Slack skin
   2. Use pads of fingers, not tips
   3. Energy conservation/joint protection methods
   4. Distractions
   5. Glides
   6. Tilts
   7. Rotations

E. Mobilization grades
   1. Grade I
2. Grade II
3. Grade III
4. Grade IV
5. Tip on how to determine range and grade
   a. Stabilization hand compared to mobilization hand

IV. Joint Mobilization
   A. Shoulder Complex
      1. Sternoclavicular joint
         a. Evaluation
         b. Treatment
            i. Posterior glides
            ii. Inferior glides
      2. Acromioclavicular joint
         a. Evaluation
         b. Treatment
            i. Anterior glides
            ii. Posterior glides
      3. Scapulothoracic joint
         a. Evaluation
         b. Treatment
            i. Superior glides
            ii. Inferior glides
            iii. Medial glides
            iv. Lateral glides
            v. Distraction
      4. Glenohumeral joint
         a. Evaluation
         b. Treatment
            i. Lateral distraction
            ii. Posterior glides
            iii. Anterior glides
            iv. Inferior glides

   B. Elbow
      1. Radiohumeral joint
         a. Evaluation
         b. Treatment
            i. Distraction
ii. Approximation

2. Humeroulnar joint
   a. Evaluation
   b. Treatment
      i. Distraction
      ii. Valgus tilt
      iii. Varus tilt

C. Forearm
   1. Proximal radioulnar joint
      a. Evaluation
      b. Treatment
         i. Anterior glides (radius on ulna)
         ii. Posterior glides (radius on ulna)
   2. Distal radioulnar joint
      a. Evaluation
      b. Treatment
         i. Distractions
         ii. Approximations
         iii. Anterior glides
         iv. Posterior glides
         v. Outward roll

D. Wrist
   1. Intercarpal joints
      a. Evaluation
      b. Treatment
         i. Anterior glides
         ii. Posterior glides
   2. Radiocarpal joint
      a. Evaluation
      b. Treatment
         i. Medial glides
         ii. Lateral glides
         iii. Anterior glides
         iv. Posterior glides
   3. Ulnocarpal
      a. Evaluation
      b. Treatment
i. Ulnomeniscotriquetrial glide

4. Midcarpal joint
   a. Evaluation
   b. Treatment
      i. Medial glides
      ii. Lateral glides
      iii. Anterior glides
      iv. Posterior glides

5. Carpal metacarpal joints (2-5)
   a. Evaluation

E. Thumb
   1. CMC
      a. Evaluation
      b. Treatment
         i. Medial glides
         ii. Lateral glides
         iii. Anterior glides
         iv. Posterior glides
         v. Distraction
         vi. Rotations (supination/pronation)

   2. Metacarpal phalangeal joint
      a. Evaluation
      b. Treatment
         i. Medial glides
         ii. Lateral glides
         iii. Anterior glides
         iv. Posterior glides
         v. Medial tilts
         vi. Lateral tilts
         vii. Rotations (supination/pronation)

F. Fingers
   1. Metacarpal phalangeal joints
      a. Evaluation
      b. Treatment
         i. Medial glides
         ii. Lateral glides
         iii. Anterior glides
iv. Posterior glides
v. Medial tilts
vi. Lateral tilts
vii. Rotations (supination/pronation)

G. Fingers and thumb
1. Interphalangeal joints
   a. Evaluation
   b. Treatment
      i. Anterior glides
      ii. Posterior glides
      iii. Medial tilts
      iv. Lateral tilts
      v. Anterior-posterior unicondilar glides
Joint Mobilization of the Upper Extremity

By
Marc Allen, OTR/L, CHT

Objectives
• Understand precautions and contraindications for joint mobilization
• Understand joint mobilization techniques that promote good body mechanics and mechanical advantages
• Develop joint mobilization skills that will insure accuracy and consistency
• Understand the type of joint you are mobilizing
• Develop joint mobilization skills that will insure effective and efficient treatment

Evidence Based Practice and Joint Mobilization
“...moderate support for the use of joint mobilization in patients whose loss of motion can be attributed to joint stiffness.”

Joint Mobilization

Overview
• One “tool” in the therapists “tool box”
• Used only after a thorough evaluation determines that joint mobilization is needed
• More effective if combined with an active rehabilitation program

Joint Mobilization

Indications
• Joint hypomobility
• Pain
Joint Mobilization

Contraindications
• Unstable joint
• Hemiarthrosis-bleeding in the joint
• Healing fracture-involved or adjacent joint
• Acute inflammation
• Boney disease
• Cancer
• Infection

Joint Mobilization

Precautions
• Muscle guarding
• Osteoporosis
• OA and RA
• Anticoagulant therapy
• Hypermobile joint
• Swelling and inflammation
• Suspected fracture undiagnosed

Anatomy and Physiology

Types of Joints
• Saddle (i.e. carpometacarpal jt. of the thumb)
• Gliding (i.e. intercarpal jts.)
• Ball and socket (i.e. glenohumeral jt.)
• Pivot (i.e. radiohumeral jt.)
• Hinge (i.e. humeroulnar jt.)
• Ellipsoid (i.e. finger metacarpal phalangeal jts.)
• Bicondylar (i.e. interphalangeal jts.)

Cartilage
• Concave surface cartilage is more dense around the periphery
• Convex surface cartilage is more dense in the center
• Cartilage is bloodless

Concave-Convex principle
• Concave on Convex
• Convex on Concave
• Instances where concave-convex principle does not apply
  – Extremely shallow joints (i.e. AC joint)
  – Extremely deep joints (i.e. hip)

Ligaments and Capsule
• Ligaments contain kinesthetic receptors
  – Ruffini endings
  – Golgi tendon receptors
  – Pacinian corpuscles
• Capsule tissue is fibrous and is interlaced with ligaments and tendons
• Ligaments have great tensile strength
Anatomy & Physiology

Know what you are mobilizing so you have an expectation (patient also) of what is going to happen

Kinematics

Osteokinematics
• Classical or physiologic motions (i.e. flexion, extension, pronation, supination, etc.)

Athrokinematics
• Movement relationships within the joint (i.e. glide, spin, roll)

Key Terms Associated with Joint Mobilization

• Component Motion—movement that occurs with the physiologic motion
• Joint Play—movement that is necessary for normal motion, does not occur naturally with physiologic motion but needs an outside force in order to happen

Biomechanics

• Elastic Region
• Plastic Region
• Ultimate Strength
• Yield Point

Types of Joint Mobilization

Thrust
- High Velocity

Non-Thrust
- Low Velocity
  - Oscillations
  - Stretch
  - Muscle Energy

Examination

General Principles

• Avoid assumptions
• Start your evaluation from scratch and do not assume anything
• Avoid the "I give you a hammer you look for a nail-syndrome."
Examination
General Principles

• Thorough
  – Examination format should include
    • Subjective-interview and intake information
    • Objective Information
    • Assessment
    • Plan

(PLEASE REFER TO HANDOUT 1)

Motion
• Active/Passive
• End feel
  • Normal
  • Abnormal
• Quality-what does it take to get from “point a” to “point b”

Examination
General Principles

• Absolutes
  • Evaluate involved and uninvolved sides
  • Evaluate before and after treatment

Prepare the patient
  • Explain the process
  • Joint to be mobilized is well supported
  • Clear instructions on
    • What to do (i.e. proper position, relax)
    • What to expect (i.e. pressure, pulling, maybe a “pop”)

Prepare yourself
  • Wide base of support
  • Set up in gravity assist position whenever possible, next choice is gravity eliminated, last is against gravity
  • Firm relaxed hold, not tense

Accuracy
  • Forearm alignment to help guide therapists’ direction of force
  • Palpate during the mobilization with stabilizing hand
  • Observe proximal- when movement begins, you are moving something else and therefore becoming less accurate

Treatment
General Principles

Treatment
General Principles
Treatment General Principles

- Technique
  - Slack skin
  - Use pads of fingers, not tips
  - Energy conservation/joint protection methods
    - Kinetic Chain (i.e. tennis forehand and backhand)

- Mobilize in the joint's “loose packed” position (see Handout # 2)

Mobilization grades
- Grade I
- Grade II
- Grade III
- Grade IV

Grades of Mobilization

Evaluation & Treatment Tips

- Palpating
- Mobilizing
  - Getting a feel (exercise to help you get the feel)
  - Use your senses

Tip on Determining Mobilization Grades

- Visual
- Palpation
- Kinesthetic awareness

Treatment Methods

- All pictures in handout show the right upper extremity as the involved extremity
- When performing methods on the left upper extremity, switch hands
- In following slides:
  - “accompanies” = component motion
  - “necessary” = joint play
### Sternoclavicular Joint

**Inferior Glide**

Accompanies the following physiological motions:

- Shoulder forward flexion
- Shoulder abduction
- Shoulder horizontal adduction
- Shoulder horizontal abduction

### Right Sternoclavicular Joint

**Inferior Glide**

<table>
<thead>
<tr>
<th>Patient Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supine on treatment table with right arm neutral, supported.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing superior (at head of treatment table) to patient.</td>
</tr>
</tbody>
</table>

### Right Sternoclavicular Joint

**Inferior Glide**

**Hand Placement**

- **Stab. Hand**: Patient is already stabilized; the left hand palpates the SC joint line and monitors the mobilization for accuracy.
- **Mob. Hand**: The pad of the right thumb in contact with the superior, medial-most aspect of the right clavicle

**Method**

- Mobilize in an inferiolateral direction

### Steroclavicular Inferior Glide

Accompanies the following physiological motions:

- Shoulder extension
- Shoulder abduction
- Shoulder external rotation
- Shoulder horizontal abduction
Right Sternoclavicular Joint Posterior Glide

**Patient Position**
Supine on treatment table with right arm neutral, supported

**Therapist Position**
Standing to the patient’s right side, facing their head at a 45 degree angle

**Hand Placement**
- **Stab. Hand**: The patient is already stabilized; therapists’ left hand intermittently palpates/monitors the mobilization with the index finger at the joint line
- **Mob. Hand**: Right thumb pad in contact with the medial most anterior surface of the right clavicle

**Method**
Mobilize in a posterior direction

Sternoclavicular Posterior Glide

Acromioclavicular Joint Anterior-Posterior Glide

Necessary for the following physiological motions:
- All shoulder motions

Right Acromioclavicular Joint Anterior-Posterior Glide

**Patient Position**
Supine on treatment table with right arm neutral, supported.

**Therapist Position**
Standing to the patient’s right side, facing their head at a 45 degree angle.

**Hand Placement**
- **Stab. Hand**: Left hand uses a lumbrical-type pinch around the anterior and posterior surfaces of the right acromion.
- **Mob. Hand**: Right hand uses a lumbrical-type pinch around the anterior and posterior surfaces of the lateral-most aspect of the right clavicle.

**Method**
Mobilize in a posterior/superior direction, pushing with the pad of the thumb. Mobilize in an anterior/inferior direction, pulling with the pads of the fingers.
Acromioclavicular A/P Glide

Scapulocostal Distraction
Necessary for the following physiological motions:
• All shoulder motions

Right Scapulocostal Distraction

Patient Position
Left side lying on treatment table, right arm adducted to their side. The patient’s anterior is as close to the edge of the treatment table as possible.

Therapist Position
Standing facing patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

Right Scapulocostal Distraction

Hand Placement
Stab. Hand-NA; patient’s arm against the therapist’s abdomen
Mob. Hand-right and left hands, in hook fist fashion, grasp the medial border of the right scapula

Method
Right and left hands mobilize the scapula by "lifting" it in a posterior direction off the costal cage

Scapular Distraction

Scapular Superior Glide
Accompanies the following physiological motions:
• Shoulder flexion
• Shoulder abduction
• Shoulder internal rotation
• Shoulder horizontal abduction
• Shoulder horizontal adduction
Right Scapular Superior Glide

**Patient Position**
Left side lying on treatment table, right arm adducted to their side. Patient’s anterior is as close to the edge of the treatment table as possible.

**Therapist Position**
Standing facing patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Right Scapular Superior Glide**

**Hand Placement**
- Stab. Hand: right hand contacts the superior surface of the scapula and acts to monitor motion
- Mob. Hand: hypothenar aspect of the left hand contacts the inferior angle of the scapula

**Method**
Left hand mobilizes by pushing in a superior direction.

Scapular Superior Glide

Scapular Superior Glide accompanies the following physiological motions:
- Shoulder extension
- Shoulder external rotation

Right Scapular Inferior Glide

**Patient Position**
Left side lying on treatment table, right arm adducted to their side. Patient’s anterior should be as close to the table edge as possible.

**Therapist Position**
Standing facing patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Right Scapular Inferior Glide**

**Hand Placement**
- Stab. Hand: left hand contacts the inferior angle of the right scapula and acts to monitor motion
- Mob. Hand: thenar and hypothenar eminences of the right hand contact the superior aspect of the right scapula

**Method**
Right hand mobilizes by pushing in an inferior direction.
Scapular Inferior Glide

Accompanies the following physiological motion:
- Horizontal adduction

Right Scapular Lateral Glide

**Patient Position**
Left side lying on treatment table, right arm adducted to their side. Patient’s anterior should be as close to the edge as possible.

**Therapist Position**
Standing facing patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Method**
Right and left hands mobilize by pulling the medial border of the right scapula in a lateral direction.

Scapular Lateral Glide

Accompanies the following physiological motion:
- Horizontal abduction

Right Scapular Medial Glide

Accompanies the following physiological motion:
- Horizontal abduction
Right Scapular Medial Glide

**Patient Position**
Left side lying on treatment table, right arm adducted to their side. Patient’s anterior should be as close to the edge as possible.

**Therapist Position**
Standing facing patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Hand Placement**

**Stab. Hand-NA**, the patient’s body stabilizes for the therapist

**Mob. Hand**-right and left thenar eminences contact the lateral border of the right scapula

**Method**
Right and left hands mobilize by pushing in a medial direction

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Scapular Medial Glide

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Right Scapular Upward Rotation

**Patient Position**
Left side lying on treatment table, right arm adducted to their side. Patient’s anterior should be as close to the table edge as possible.

**Therapist Position**
Standing facing anterior side of patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Hand Placement**

**Stab. Hand-** the thenar eminence of the right hand contacts the medial aspect of the superior scapula

**Mob. Hand**-the hypothenar eminence of the left hand contacts the medial aspect of the inferior scapula angle

**Method**
The right hand mobilizes/pushes the medial inferior angle of the scapula in a lateral-anterior direction (scapular plane).

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Scapular Upward Rotation

Necessary for the following physiological motions:
- All shoulder motions
**Scapular Upward Rotation**

**Scapular Downward Rotation**

Necessary for the following physiological motions:
- All shoulder motions

**Right Scapular Downward Rotation**

- **Patient Position**
  - Left side lying on treatment table, right arm adducted to their side. Patient's anterior should be as close to the table edge as possible.

- **Therapist Position**
  - Standing facing anterior side of patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s scapula.

**Hand Placement**
- **Stab. Hand** - the thenar eminence of the left hand contacts the lateral aspect of the inferior angle.
- **Mob. Hand** - the hypothenar eminence of the right hand contacts the superior acromion process.

**Method**
- The right hand mobilizes/pushes the acromion of the scapula in an inferior-lateral direction.

**Scapular Downward Rotation**

**Glenohumeral Distraction**

Necessary for the following physiological motions:
- All shoulder motions
Right Glenohumeral Distraction

Patient Position
Supine on treatment table with right arm supported in loose packed position. A tightly rolled towel or treatment wedge is placed between the table and the right scapula.

Therapist Position
Standing to the patients right side, facing the patients' head at a 45 degree angle.

Right Glenohumeral Distraction

Hand Placement
Stab. Hand – therapist's left hand, in a gross grasp fashion, grasps the right humerus at the lateral epicondyle level.
Mob. Hand - therapist's right 1st web space contacts the patients axilla to gently grasp the medial aspect of the proximal humerus.

Method
Therapist's right hand mobilizes in a lateral direction in the scapular plane.

Gleno-humeral Lateral Distraction

Glenohumeral Inferior Glide

Accompanies the following physiological motions:
- Shoulder abduction
- Shoulder forward flexion

Right Glenohumeral Inferior Glide

Patient Position
Left side lying with towel roll supporting right arm away from their side. Patient should be as close to the edge (on the therapists’ side) as possible.

Therapist Position
Standing posterior to the patient with pillow between themselves and the patient. Therapist’s midline is centered with the patient’s right glenohumeral joint.

Right Glenohumeral Inferior Glide

Hand Placement
Stab. Hand - supports the medial aspect of the semi-flexed right elbow.
Mob. Hand - left hypothenar eminence contacts the lateral aspect of the proximal humerus, just lateral to the glenohumeral joint line.

Method
Therapist’s left hand mobilizes in an inferior direction.
Glenohumeral Inferior Glide

Glenohumeral Posterior Glide

Accompanies the following physiological motions:

- Shoulder forward flexion
- Shoulder internal rotation
- Shoulder horizontal adduction

Right Glenohumeral Posterior Glide

Patient Position

Supine on treatment table with right arm supported in loose packed position. A tightly rolled towel or treatment wedge is placed between the table and the right scapula.

Therapist Position

Standing to the patient’s right side, facing their head at a 45 degree angle.

Method

Stab. Hand-therapist’s left hand, in a gross grasp fashion, grasps the right humerus at the lateral epicondyle level.

Mob. Hand-therapist’s right hypothenar eminence contacts the anterior aspect of the proximal right humerus, just lateral to the glenohumeral joint line.

Gleno-humeral Posterior Glide

Glenohumeral Anterior Glide

Accompanies the following physiological motions:

- Shoulder extension
- Shoulder abduction
- Shoulder external rotation
- Shoulder horizontal abduction
Right Glenohumeral Anterior Glide

Patient Position
Prone on treatment table with tightly rolled towel or treatment wedge placed between the patient’s right anterior shoulder and the table, with the outer edge just medial to the glenohumeral joint line. The patient’s arm is supported, abducted approximately 20 degrees to their side.

Therapist Position
Standing to the patient’s right side, facing their head at a 45 degree angle.

Right Glenohumeral Anterior Glide

Hand Placement
Stab. Hand- therapist’s left hand grasps the right superior scapula
Mob. Hand- therapist’s right hypothenar eminence contacts the posterior aspect of the proximal right humerus, just lateral to the glenohumeral joint line.

Method
Therapist’s right hand mobilizes in an anteriomedial direction.

Glenohumeral Anterior Glide

Ulnohumeral Joint Distraction

Necessary for the following physiological motions:
• Elbow flexion
• Elbow extension

Right Ulnohumeral Joint Distraction

Patient Position
Supine on table with humerus supported horizontal to the table, 30-60 degrees abducted to their side and the elbow passively flexed at 90 degrees

Therapist Position
Standing to the patient’s right side. The therapist’s midline in centered with the patients elbow.

Right Ulnohumeral Joint Distraction

Hand Placement
Stab. Hand- left hand grasps distal humerus supinated (thumb anterior, palpates distal biceps muscle tendon, fingers posterior with small finger palpating UH joint line)
Mob. Hand- right hand grasps medial aspect of proximal ulna with your right forearm in line with the patient’s forearm plane of movement in flexion

Method
Therapist pulls/mobilizes the ulna at an angle transverse to the ulna. The mobilization is performed in an inferior direction to the humerus in the forearm’s flexion/extension plane of motion.
ACCURACY TIP
MAKE SURE THAT THE MEDIAL AND LATERAL EPICONDYLES ARE HORIZONTAL, THEN PASSIVELY FLEX AND EXTEND THE ELBOW TO DETERMINE THE PLANE OF MOVEMENT.

Radial Head Anterior Glide
Accompanies the following physiological motions:
• Elbow flexion

Necessary for the following physiological motions:
• Forearm supination and pronation

Right Radial Head Anterior Glide

<table>
<thead>
<tr>
<th><strong>Hand Placement</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Stab. Hand</strong></td>
</tr>
<tr>
<td><strong>Mob. Hand</strong></td>
</tr>
</tbody>
</table>

Method
The therapist’s right thumb mobilizes anteriorly by pushing.
Radial Head Posterior Glide

Accompanies the following physiological motions:

- Elbow extension

Necessary for the following physiological motions:

- Forearm supination and pronation

Right Radial Head Posterior Glide

Patient Position
The patient sits, facing the treatment table with their elbow/forearm resting on table close to tables edge to their right. Their elbow is flexed 60-90 degrees. A multi-fold towel is used for a padded surface.

Therapist Position
The therapist stands across the table, in front of, and facing the patient, just to the right of the patients’ midline.

Right Radial Head Posterior Glide

Therapist Position
The therapist stands across the table, in front of, and facing the patient, just to the right of the patients’ midline.

Patient Position
The patient sits, facing the treatment table with their elbow/forearm resting on table close to tables edge to their right. Their elbow is flexed 60-90 degrees. A multi-fold towel is used for a padded surface.

Method
The therapist's right fingers mobilize posteriorly, relative to the humerus, by pulling.

Hand Placement
- Stab. Hand-The therapist's thenar eminence contacts/supports the lateral aspect of the patient's olecranon, their fingers contact/stabilize over the medial elbow while the thumb contacts over the lateral epicondyle and radial head to monitor movement.
- Mob. Hand-The therapist's pronated right hand grasps the radial head with the IF-SF pads contacting it anteriorly (just medial to the brachioradialis muscle) and the thumb contacts it posteriorly.

Radius Inferior Glide

Accompanys the following physiological motions:

- Elbow extension
- Wrist flexion

Right Radius Inferior Glide

Patient Position
The patient sits, facing the treatment table with right elbow and forearm resting on table and humerus in 0 degrees of rotation. Their elbow is flexed 60-90 degrees and the forearm is neutral. A multi-fold towel is used for a padded surface.

Therapist Position
The therapist stands, across the table, facing the patient, turned diagonally at 45 degrees, right.
**Right Radius Inferior Glide**

**Hand Placement**
- Stab. Hand: The ulnar surface of the right hand contacts/pushes into the patient's humerus. The right middle finger contacts the radial head to monitor motion.
- Mob. Hand: Grasp around the distal radius

**Method**
Left hand distracts the radius by pulling along its longitudinal axis in a caudal direction.

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**Radius Inferior Glide**

**Radius Superior Glide**

Accompanies the following physiological motions:
- Elbow flexion
- Wrist Extension

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**Right Radius Superior Glide**

**Patient Position**
Sitting facing treatment table with right elbow on table and flexed at 90 degrees ("arm wrestling position"). A multi-fold towel is used for padding to the elbow.

**Therapist Position**
The therapist stands across the table, facing the patient, turned diagonally at 45 degrees, right.

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**Right Radius Superior Glide**

**Hand Placement**
- Stab. Hand: Left mid palm supports/stabilizes the olecranon with the left thumb contacting between the lateral epicondyle and the radial head, and the fingers contacting the medial elbow.
- Mob. Hand: Therapist's thenar eminence contacts patient's thenar eminence and then gently wrapping their hand around the patient's thumb

**Method**
Therapist pushes into the patient's radius along its longitudinal axis through the thenar eminence.
Distal Radioulnar Joint Anterior Glide

Necessary for the following physiological motions:
- Forearm pronation and supination

Right Distal Radioulnar Joint Anterior Glide

Patient Position
Sitting facing treatment table with arm resting parallel on table with elbow at 90 degrees and the forearm vertical neutral at patient’s right edge of table.

Therapist Position
Standing in front of and left-facing patient, to patients right.

Right Distal Radioulnar Joint Anterior Glide

Hand Placement
Stab. Hand-right hand holds the patient’s right ulna using a lumbrical-type grasp (thumb dorsal, fingers volar); the elbow is adducted to their side for added stabilization
Mob. Hand-left hand holds the patient’s right distal radius using a lumbrical-type grasp (thumb dorsal, fingers volar)

Method
The left thumb pushes the distal radius in an anterior direction.

Distal Radioulnar Anterior Glide

Distal Radioulnar Joint Posterior Glide

Necessary for the following physiological motions:
- Forearm supination and pronation

Right Distal Radioulnar Joint Posterior Glide

Patient Position
Sitting facing treatment table with arm resting parallel on table with elbow at 90 degrees (forearm vertical) and forearm neutral at patients’ right edge of table.

Therapist Position
Standing anterior to and left-facing patient, to patients right.
### Right Distal Radioulnar Joint Posterior Glide

**Hand Placement**
- **Stab. Hand**: right hand holds the patient’s right ulna using a lumbrical-type grasp (thumb dorsal, fingers volar); the elbow is adducted to their side for added stabilization
- **Mob. Hand**: left hand holds the patient’s right distal radius using a lumbrical-type grasp (thumb dorsal, fingers volar)

**Method**
The left fingers pull the distal radius in a posterior direction.

### Distal Radioulnar Posterior Glide

![Image of Distal Radioulnar Posterior Glide](image)

### Intercarpal Joint Anterior Posterior Glides

Accompanies and is necessary for the following physiological motions:
- All wrist motions

### Right Intercarpal Joint Anterior Posterior Glides

**Patient Position**
- Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

**Therapist Position**
- Standing across the table in front of patient and facing them.

### Right Intercarpal or Metacarpal Base Anterior Posterior Glide

**Hand Placement**
- **Stab. Hand**: thumb contacts dorsal carpal bone and index finger contacts the volar carpal bone with one hand
- **Mob. Hand**: opposite thumb contacts the adjacent dorsal metacarpal base or carpal bone and index finger contacts the volar MC base or carpal bone with the other hand

**Method**
The mobilizing thumb pushes downward to mobilize anteriorly and the ipsilateral index finger pulls upward to mobilize posteriorly

### Intercarpal Anterior Glide/Posterior Glide (Capitate on Lunate)

![Image of Intercarpal Glide](image)
EVALUATION TIPS

- Palpate Scaphoid
  - Radial-palpate Anatomical Snuff Box, passive RD/UD of wrist
  - Dorsal-palpate Lister’s tubercle, move distal and radial

- Dorsal-palpate Lister’s tubercle, move distal and ulnar. Passively flex and extend the wrist, feel the lunate appear with flexion and disappear with extension

EVALUATION TIPS

- Palpate Lunate
  - Dorsal-palpate Lister’s tubercle, move distal and ulnar. Passively flex and extend the wrist, feel the lunate appear with flexion and disappear with extension

EVALUATION TIPS

- Palpate Triquetrium
  - Dorsal-palpate ulna head and move off distal. Passively flex and extend the wrist, feel the triquetrum appear with flexion and disappear with extension
  - Medial-palpate the ulna head and move off distal. Passively RD and UD the wrist, feel the triquetrum appear with RD and disappear with UD

- Palpate Pisiform
  - Flex and UD the wrist and palpate the FCU tendon. Follow it distally to the bone that feels like a pea.

EVALUATION TIPS

- Palpate Trapezium
  - Palpate base of 1st metacarpal and move off of it just proximal

- Palpate Trapezoid
  - Palpate base of 2nd metacarpal and move off of it, just proximal. You know that you are on the 2nd MC if you have the patient actively extend the wrist and feel the ECRL tighten.

- Palpate Capitate
  - Palpate base of 3rd metacarpal and move off of it, just proximal. You know that you are on the 3rd MC if you have the patient actively extend the wrist and feel the ECRB tighten.
### Evaluation/Treatment Format for Intercarpal Mobility

- **Stabilize the Hamate**
  - A/P glide: MC base #5, MC base #4, capitate, lunate, triquetrium
- **Stabilize the Capitate**
  - A/P glide: hamate, MC base #4, MC base #3, trapezoid, scaphoid, lunate
- **Stabilize the Trapezoid**
  - A/P glide: capitate, MC base #3, MC base #2, trapezium, scaphoid

### Evaluation/Treatment Format for Intercarpal Mobility

- **Stabilize Scaphoid**
  - A/P glide: lunate, capitate, trapezoid, trapezium
- **Stabilize Lunate**
  - A/P glide: triquetrium, hamate, capitate, scaphoid
- **Stabilize Triquetrium**
  - A/P glide: hamate, capitate, lunate

### Evaluation/Treatment Format for Intercarpal Mobility

- **Stabilize Trapezium**
  - A/P glide: trapezoid, MC base #2, MC base #1, scaphoid
- **Stabilize Posterior Wrist/Hand**
  - R/U glide pisiform
  - Inferior/superior glide pisiform

### Wrist Distraction

Necessary for the following physiological motions:

- All wrist motions

### Right Wrist Distraction - Radial Aspect

<table>
<thead>
<tr>
<th>Patient Position</th>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting facing treatment table with elbow, forearm, &amp; hand resting on the table, palm down</td>
<td>Standing across the table and facing patient just to the right of the patients midline at a 45 degree right diagonal turn.</td>
</tr>
</tbody>
</table>
Right Wrist Distraction-Radial Aspect

**Hand Placement**
- **Stab. Hand** - left hand grasps patient’s distal forearm in a “straight fist” fashion around its radial surface
- **Mob. Hand** - right hand wraps around the patient’s thumb, 2nd, and 3rd metacarpals using a lateral pinch-type hold

**Method**
The therapist’s right hand pulls/distracts the radial hand

Wrist Distraction Radial Aspect

Right Wrist Distraction-Ulnar Aspect

**Patient Position**
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

**Therapist Position**
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Wrist Distraction Ulnar Aspect

Right Wrist Distraction-Ulnar Aspect

**Hand Placement**
- **Stab. Hand** - right hand grasps patient’s distal forearm in a “straight fist” fashion around its ulnar surface
- **Mob. Hand** - left hand wraps around the patient’s 4th and 5th metacarpals using a lateral pinch-type hold

**Method**
The therapist’s left hand pulls/distracts the ulnar hand.

Proximal Row Posterior Glide

Accompanies the following physiological motions:
- Wrist flexion
- Wrist ulnar deviation
Right Proximal Row
Posterior Glide-Radial Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The left thenar eminence pushes downward/anteriorly on the distal radius, thus mobilizing the scaphoid and lunate bones dorsally, relative to the radius

Hand Placement
Stab. Hand - right index finger contacts the volar aspect of the scaphoid and lunate bone (dorsal surface of IF rests on slightly elevated wedge or folded towel) while the thumb contacts the S-L dorsally with the ulnar thumb’s edge monitoring the R-C joint line for motion
Mob. Hand - left hand grasps patient’s distal forearm in a “straight fist” fashion around it’s radial surface

Proximal Row Posterior Glide
Radial Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The right thenar eminence pushes downward/anteriorly on the distal radius and ulna, thus mobilizing the pisiform/triquetrium bones dorsally, relative to the ulna and radius

Hand Placement
Stab. Hand - left index finger contacts the volar surface of the pisiform/triquetrium (dorsal surface of IF rests on slightly elevated wedge or folded towel) while the thumb contacts the dorsal surface of the pisiform/triquetrium
Mob. Hand - right hand grasps patient’s distal forearm in a “straight fist” fashion around it’s ulnar surface

Proximal Row Posterior Glide-Ulnar Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The left thenar eminence pushes downward/anteriorly on the distal radius, thus mobilizing the scaphoid and lunate bones dorsally, relative to the radius

Hand Placement
Stab. Hand - right index finger contacts the volar aspect of the scaphoid and lunate bone (dorsal surface of IF rests on slightly elevated wedge or folded towel) while the thumb contacts the S-L dorsally with the ulnar thumb’s edge monitoring the R-C joint line for motion
Mob. Hand - left hand grasps patient’s distal forearm in a “straight fist” fashion around it’s radial surface

Right Proximal Row
Posterior Glide-Ulnar Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The right thenar eminence pushes downward/anteriorly on the distal radius and ulna, thus mobilizing the pisiform/triquetrium bones dorsally, relative to the ulna and radius

Hand Placement
Stab. Hand - left index finger contacts the volar surface of the pisiform/triquetrium (dorsal surface of IF rests on slightly elevated wedge or folded towel) while the thumb contacts the dorsal surface of the pisiform/triquetrium
Mob. Hand - right hand grasps patient’s distal forearm in a “straight fist” fashion around it’s ulnar surface

Proximal Row Posterior Glide
Ulnar Aspect
Proximal Row Anterior Glide

Accompanies the following physiological motions:
- Wrist extension
- Wrist radial deviation

Right Proximal Row Anterior Glide - Radial Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree right diagonal turn.

Method
The right thumb pushes the scaphoid and lunate in an anterior direction.

Hand Placement
Stab. Hand - left hand grasps patient’s distal forearm in a “straight fist” fashion around its radial surface with the dorsal surface of the fingers resting on the table.
Mob. Hand - right thumb contacts the scaphoid and lunate dorsally as the right index finger contacts the S-L volarly

Right Proximal Row Anterior Glide - Ulnar Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The left thumb pushes the triquetrium in an anterior direction.

Hand Placement
Stab. Hand - right hand grasps patient’s distal forearm in a “straight fist” fashion around its ulnar surface with the dorsal surface of the fingers resting on the table.
Mob. Hand - left thumb contacts the triquetrium dorsally as the left index finger contacts the triquetrium/pisiform volarly

Right Proximal Row Anterior Glide - Radial Aspect

Hand Placement
Stab. Hand - left hand grasps patient’s distal forearm in a “straight fist” fashion around its radial surface with the dorsal surface of the fingers resting on the table.
Mob. Hand - right thumb contacts the scaphoid and lunate dorsally as the right index finger contacts the S-L volarly

Method
The right thumb pushes the scaphoid and lunate in an anterior direction.

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree right diagonal turn.
Proximal Row Anterior Glide  
Ulnar Aspect

Proximal Row Medial/Ulnar Glide
Accompanies the following physiological motions:
• Wrist extension
• Wrist radial deviation

Right Proximal Row Medial/Ulnar Glide

Therapist Position
Standing across the table from and facing patient just to their right at a 45 degree right diagonal turn.

Patient Position
Sitting facing treatment table with forearm resting on table in a neutral position. A treatment wedge or rolled towel elevates the distal forearm.

Hand Placement
Stab. Hand-left hand grasps patient’s distal forearm with fingers contacting the ulnar (medial) aspect with the fingers supported dorsally by the elevated wedge or towel. The palm and thumb contact the anterior and radial forearm respectively.
Mob. Hand-right 1st web contacts patient’s radial aspect of the proximal row over the scaphoid. Fingers support the ulnar hand.

Method
Right hand pulls in an ulnar direction, arching in a shallow concave manner in relation to the distal radius and ulna.

Proximal Row Medial/Ulnar Glide

Proximal Lateral/Radial Glide
Accompanies the following physiological motions:
• Wrist flexion
• Wrist ulnar deviation
**Right Proximal Row Lateral/Radial Glide**

**Patient Position**
Patient sitting facing treatment table at the table's right edge (according to the patient). The forearm rests palm down on the table, elevated by a treatment wedge or rolled towel.

**Therapist Position**
Standing in front of patient, left-facing the patient just to the patient's right.

**Method**
Right hand pushes the proximal row in a radial direction, arching in a shallow concave manner in relation to the distal ulna and radius.

**Hand Placement**
- **Stab. Hand:** Left hand grasps the patient's distal forearm in a palm down manner.
- **Mob. Hand:** Right 1st web contacts the patient's ulnar proximal row (triquetrium/pisiform) in a palm down fashion while the fingers and thumb support the hand dorsally and volarly respectively.

**Proximal Row Lateral/Radial Glide**

Accompanies the following physiological motions:
- Forearm supination

**Right Ulnomeniscotriquetrial Joint Anterior Glide**

**Patient Position**
Sitting facing treatment table with arm resting parallel on table with elbow at 90 degrees (forearm vertical) and forearm neutral.

**Therapist Position**
Standing across the table in front of patient and facing them.

**Hand Placement**
- **Stab. Hand:** Left hand gently grasps around the distal radial forearm.
- **Mob. Hand:** Right thumb contacts the dorsal surface of the patient's ulnar head while the radial surface of the right index finger PIP contacts the anterior aspect of the patients pisiform/triquetrium.

**Method**
The right thumb laterally pinches/mobilizes the ulnar head in an anterior direction.
Ulnomeniscotriquetrial Anterior Glide

Distal Row Posterior Glide
Accompanies the following physiological motions:
- Wrist extension

Right Distal Row Posterior Glide-Radial Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree right diagonal turn.

Method
The left thumb pushes downward/anteriorly on the proximal row, thus mobilizing the trapezium and trapezoid bones posteriorly, relative to the scaphoid and lunate

Hand Placement
Stab. Hand-right index finger contacts the volar aspect of the trapezium and trapezoid bones (dorsal surface of IF rests on slightly elevated/folded towel) while the thumb contacts the T-T dorsally with the ulnar thumb’s edge monitoring the midcarpal joint line for motion
Mobi. Hand-left thumb pad contacts the dorsal scaphoid and lunate while the left index contacts their volar surfaces.

Right Distal Row Posterior Glide-Ulnar Aspect

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Therapist Position
Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.

Method
The left thumb pushes downward/anteriorly on the proximal row, thus mobilizing the trapezium and trapezoid bones posteriorly, relative to the scaphoid and lunate

Hand Placement
Stab. Hand-right index finger contacts the volar aspect of the trapezium and trapezoid bones (dorsal surface of IF rests on slightly elevated/folded towel) while the thumb contacts the T-T dorsally with the ulnar thumb’s edge monitoring the midcarpal joint line for motion
Mobi. Hand-left thumb pad contacts the dorsal scaphoid and lunate while the left index contacts their volar surfaces.
Right Distal Row Posterior Glide-Ulnar Aspect

**Hand Placement**
- **Stab. Hand**: left index finger contacts the volar surface of the hamate and capitate while the thumb contacts their dorsal surface.
- **Mob. Hand**: right thumb pad contacts the dorsal surface of the triquetrum and lunate bones while the left index contacts their volar surfaces.

**Method**
The right thumb pad pushes downward/anteriorly on the ulnar proximal row, thus mobilizing the hamate and capitate bones posteriorly.

Distal Row Posterior Glide

Right Distal Row Anterior Glide-Radial Aspect

**Patient Position**
- Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

**Therapist Position**
- Standing across the table from and facing patient directly in front at a 45 degree right diagonal turn.

Distal Row Anterior Glide-Radial Aspect

Right Distal Row Anterior Glide

**Hand Placement**
- **Stab. Hand**: left hand grasps patient’s radial wrist with the index finger contacting the anterior scaphoid and lunate with the dorsal surface of the index finger resting on a slightly elevated surface (wedge or folded towel) on the table.
- **Mob. Hand**: right thumb contacts the trapezium and trapezoid dorsally as the right index finger contacts the trapezium and trapezoid volarly.

**Method**
The right thumb pushes the trapezium and trapezoid in an anterior direction.

Distal Row Anterior Glide

Right Distal Row Anterior Glide-Radial Aspect

**Hand Placement**
- **Stab. Hand**: left hand grasps patient’s radial wrist with the index finger contacting the anterior scaphoid and lunate with the dorsal surface of the index finger resting on a slightly elevated surface (wedge or folded towel) on the table.
- **Mob. Hand**: right thumb contacts the trapezium and trapezoid dorsally as the right index finger contacts the trapezium and trapezoid volarly.

**Method**
The right thumb pushes the trapezium and trapezoid in an anterior direction.
Right Distal Row
Anterior Glide-Ulnar Aspect

<table>
<thead>
<tr>
<th>Patient Position</th>
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<tbody>
<tr>
<td>Sitting facing treatment table with elbow, forearm, &amp; hand resting on the table, palm down</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing across the table from and facing patient directly in front at a 45 degree left diagonal turn.</td>
</tr>
</tbody>
</table>

Method
The left thumb pushes the hamate and capitate in an anterior direction.

Hand Placement
- Stab. Hand-right hand grasps patient’s ulnar wrist with the index finger contacting the anterior pisiform/triquetrum and lunate with the dorsal surface of the index finger resting on a slightly elevated surface (wedge or folded towel) on the table. Thumb contacts the dorsal surface of the P/Triq and lunate
- Mob. Hand-left thumb contacts the hamate and capitate dorsally as the left index finger contacts the hamate and capitale volarly

Distal Row Anterior Glide Ulnar Aspect

Accompanies the following physiological motions:
- Wrist ulnar deviation
- Wrist flexion

Right Distal Row Medial/Ulnar Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting facing treatment table with forearm resting on table in a neutral position. A treatment wedge or rolled towel elevates the distal forearm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing or sitting across the table from and facing patient just to their right at a 45 degree right diagonal turn.</td>
</tr>
</tbody>
</table>

Hand Placement
- Stab. Hand-left hand grasps patient’s distal forearm & wrist with the 1st web space contacting the ulnar (medial) aspect of the triquetrum.
- Mob. Hand-right 1st web contacts patient’s radial aspect of the distal row over the trapezium & the fingers support the hand.

Method
Right hand pulls in an ulnar/medial direction, arching in a shallow concave manner in relation to the proximal row.
Distal Row Medial/Ulnar Glide

Distal Row Lateral/Radial Glide
Accompanies the following physiological motions:
• Wrist radial deviation
• Wrist extension

Right Distal Row Lateral/Radial Glide

Patient Position
Patient sitting facing treatment table. The forearm rests palm down on the table, elevated by a treatment wedge or rolled towel

Therapist Position
Standing or sitting in front of patient, left-facing the patient just to the patient’s right.

Right Distal Row Lateral/Radial Glide

Hand Placement
Stab. Hand-left hand grasps the patient’s distal forearm and proximal row in a palm down manner. The index finger contacts the radial scaphoid.
Mob. Hand-right 1st web contacts the patient’s ulnar distal row (hamate) in a palm down fashion while the fingers and thumb support the hand dorsally and volarly respectively.

Method
Right hand pushes the distal row in a radial direction, arching in a shallow concave manner in relation to the proximal row.

Distal Row Lateral/Radial Glide

Intermetacarpal Anterior and Posterior Glides
Necessary for the following physiological motions:
• Finger extension
• Finger flexion
**Intermetacarpal Anterior and Posterior Glides**

### Patient Position
Sitting facing treatment table with arm on table and forearm vertical from the table, supinated with dorsum of hand facing therapist. A folded towel is used if needed to pad the arm/elbow.

### Therapist Position
Standing across the table in front of patient and facing them.

**Right Intermetacarpal Anterior and Posterior Glides**

### Hand Placement
- **Stab. Hand:** In a lumbrical grasp fashion, the left fingers contact the volar 2nd, 3rd, or 4th metacarpal while the left thumb contacts the same metacarpal’s dorsal surface.
- **Mob. Hand:** In a lumbrical grasp fashion, the right fingers contact the volar metacarpal ulnar to the MC’s being stabilized while the left thumb contacts the same metacarpal’s dorsal surface.

### Method
The right thumb pushes in an anterior direction then the right index (most distal finger) pulls in a posterior direction.

**Intermetacarpal Anterior/Posterior Glide (5th on 4th)**

**Thumb 1st Posterior Glide**

Accompanies the following physiological motions:
- Thumb Volar (Palmar) Abduction

**Right 1st CMC Posterior Glide**

### Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm up or semi-supinated with wrist/hand supported dorsally.

### Therapist Position
Standing across the table in front of patient and facing them.

**Right 1st CMC Posterior Glide**

### Hand Placement
- **Stab. Hand:** Right thumb contacts the trapezium anteriorly and the index finger contacts trapezium posteriorly.
- **Mob. Hand:** Left hand contacts the anterior base of the patient’s 1st metacarpal and the index finger contacts the posterior base of the 1st metacarpal.

### Method
The left thumb pushes/mobilizes the thumb base posteriorly.
1ST CMC Posterior Glide

Right 1ST CMC Anterior Glide

Accompanies the following physiological motions:
- Thumb retroposition

Therapist Position
Standing across the table in front of patient and facing them.

Patient Position
Sitting facing treatment table with elbow, forearm, & hand resting on the table, palm down

Hand Placement
- Stab. Hand - left thumb contacts the trapezium posteriorly and the left index finger contacts it anteriorly
- Mob. Hand - right thumb contacts the posterior base of the patient’s thumb metacarpal and the right index finger contacts the anterior base of the right thumb metacarpal

Method
The left thumb pushes/mobilizes the thumb base anteriorly

1ST CMC Anterior Glide

1ST CMC Medial/Ulnar Glide

Accompanies the following physiological motions:
- Thumb CMC radial adduction (flexion)
### Right 1st CMC Medial/Ulnar Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting facing the treatment table with forearm resting on table in a neutral position.</td>
<td>Standing across the table in front of patient and facing them.</td>
</tr>
</tbody>
</table>

### Right 1st CMC Medial/Ulnar Glide

<table>
<thead>
<tr>
<th>Hand Placement</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stab. Hand-left thumb contacts the trapezium posteriorly and the left index finger contacts the trapezium anteriorly. Mob. Hand-right thumb contacts the radio-posterior base of the patient's thumb metacarpal and the index finger contacts the ulnar-anterior base of the thumb metacarpal.</td>
<td>The right thumb pushes/mobilizes the base of the thumb metacarpal in a medial/unlar direction.</td>
</tr>
</tbody>
</table>

### 1st CMC Medial/Ulnar Glide

Accompanies the following physiological motions:
- Thumb CMC radial abduction

### Right 1st CMC Lateral/Radial Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting, right facing the front of the treatment table with forearm and hand on the table supinated/palm up</td>
<td>Standing or sitting on the same side of the table as the patient, in front of the patient, facing the treatment table and their hand</td>
</tr>
</tbody>
</table>

### Right 1st CMC Lateral/Radial Glide

<table>
<thead>
<tr>
<th>Hand Placement</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stab. Hand-right thumb contacts the anterior trapezium while the right index finger contacts the posterior trapezium Mob. Hand-left thumb contacts the anterior 1st metacarpal base while the left index finger contacts the posterior trapezium</td>
<td>The left thumb pushes/mobilizes the base of the 1st metacarpal in a lateral direction</td>
</tr>
</tbody>
</table>
1st CMC Lateral/Radial Glide

Thumb MCP Distraction

Necessary for the following physiological motions:
- Thumb MCP flexion
- Thumb MCP extension

Right Thumb MCP Distraction

Patient Position
Sitting facing treatment table with forearm resting on table in a neutral position.

Therapist Position
Sitting across the table from the patient, just to their right, angled so you are facing them.

Thumb MCP Distraction

Thumb MCP Rotation

Necessary for the following physiological motions:
- Thumb MCP flexion
- Thumb MCP extension
Right Thumb MCP Rotation

**Patient Position**
Sitting facing treatment table with forearm resting on table in a neutral position.

**Therapist Position**
Sitting across the table from the patient, just to their right, angled so you are facing them.

---

**Thumb MCP Anterior Glide**

Accompanies the following physiological motions:
- Thumb MCP flexion

---

**Right Thumb MCP Anterior Glide**

**Therapist Position**
Standing across the table in front of patient and facing them.

**Patient Position**
Sitting facing treatment table with forearm resting on table in a neutral position. Volar thumb, proximal to the MCP should be supported by a raised solid surface (i.e. treatment wedge, book)

---

**Method**
The right hand pronates and supinates (spins) the patients proximal phalange on the metacarpal

---

**Hand Placement**

**Stab. Hand**
- Left hand contacts the dorsal 1st metacarpal head while the index finger contacts the anterior metacarpal head

**Mob. Hand**
- In a lateral pinch-type manner, the right thumb contacts the dorsal, proximal phalange while the radial side of the index middle phalange contacts the patient’s volar proximal phalange

---

**Method**
The right hand pronates and supinates (spins) the patients proximal phalange on the metacarpal

---

**Hand Placement**

**Stab. Hand**
- Left index contacts 1st metacarpal head with its dorsal surface resting on the raised treatment wedge, the left thumb contacts the dorsum of the 1st metacarpal head

**Mob. Hand**
- Right thumb contacts the dorsum of the thumb proximal phalange while the radial middle phalange of the index finger contacts the volar surface of the thumb proximal phalange (lateral pinch hold)

---

**Method**
The right thumb pushes/glides the proximal phalange of the thumb in an anterior direction
Thumb MCP Posterior Glide

Accompanies the following physiological motions:
- Thumb MCP extension

Right Thumb MCP Posterior Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting, right facing the front of the treatment table with forearm and hand on the table supinated/palm up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing or sitting on the same side of the table as the patient, in front of the patient, facing the treatment table and their hand</td>
</tr>
</tbody>
</table>

Hand Placement

Stab. Hand: using a lateral pinch, the right index and middle fingers contact the anterior proximal phalange base while the right thumb contacts the posterior proximal phalange base.

Mob. Hand: using a lateral pinch, the left index and middle fingers contact the anterior 1st metacarpal while the left thumb contacts the posterior 1st metacarpal.

Method

The left thumb pushes/glides the 1st metacarpal in an anterior direction on the proximal phalange, thus producing a posterior glide of the proximal phalange on the metacarpal.

Thumb MCP Medial-Lateral Glide

Necessary for the following physiological motions:
- Thumb MCP flexion
- Thumb MCP extension

Right Thumb MCP Medial-Lateral Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting facing treatment table with forearm resting on table in a neutral position.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting across the table in front of patient and facing them.</td>
</tr>
</tbody>
</table>
Right Thumb MCP Medial-Lateral Glide

**Hand Placement**
- **Stab. Hand**: using a tripod pinch, the left index and middle fingers contact the radial 1st metacarpal head while the left thumb contacts the ulnar 1st metacarpal head.
- **Mob. Hand**: using a tripod pinch, the right index and middle fingers contact the radial thumb proximal phalange while the right thumb contacts the ulnar thumb proximal phalange.

**Method**
The right hand glides the proximal phalange in alternating radial ulnar directions with a shallow convex arc on the 1st metacarpal.

---

Thumb MCP Medial-Lateral Glide

---

Finger MCP Distraction

Necessary for the following physiological motions:
- Finger MCP flexion
- Finger MCP extension
- Finger MCP radial deviation
- Finger MCP ulnar deviation

---

Right Finger MCP Distraction

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The hand should be elevated with a treatment wedge, book, or tightly rolled towel.

**Therapist Position**
Sitting or standing across the table in front of patient and facing them.

---

Right Index or Middle Finger MCP Distraction

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the dorsal metacarpal head.
- **Mob. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar proximal phalange base while the right thumb contacts the dorsal proximal phalange base.

**Method**
The right hand pulls/distracts the proximal phalange base from the metacarpal.

---

MCP Distraction Index or Middle Finger
Right Ring or Small Finger MCP Distraction

**Hand Placement**
- Stab. Hand: in a lateral pinch manner, the right radial index finger contacts the volar metacarpal head while the right thumb contacts the dorsal metacarpal head
- Mob. Hand: in a lateral pinch manner, the left radial index finger contacts the volar proximal phalange base while the left thumb contacts the dorsal proximal phalange base

**Method**
The left hand pulls/distracts the proximal phalange base from the metacarpal

---

Finger MCP Rotation

Necessary for the following physiological motions:
- Finger MCP flexion
- Finger MCP extension
- Finger MCP radial deviation
- Finger MCP ulnar deviation

---

Right Finger MCP Rotation

**Patient Position**
- Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The hand should be elevated with a treatment wedge, book, or tightly rolled towel

**Therapist Position**
- Sitting or standing across the table in front of patient and facing them.

---

Right Index or Middle Finger MCP Rotation

**Hand Placement**
- Stab. Hand: in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the dorsal metacarpal head
- Mob. Hand: in a lateral pinch manner, the right radial index finger contacts the volar proximal phalange base while the right thumb contacts the dorsal proximal phalange base

**Method**
The right hand rotates/spins the proximal phalange base in clockwise and counterclockwise directions on the metacarpal

---

Right Ring or Small Finger MCP Rotation

**Hand Placement**
- Stab. Hand: in a lateral pinch manner, the right radial index finger contacts the volar metacarpal head while the right thumb contacts the dorsal metacarpal head
- Mob. Hand: in a lateral pinch manner, the left radial index finger contacts the volar proximal phalange base while the left thumb contacts the dorsal proximal phalange base

**Method**
The left hand rotates/spins the proximal phalange base in clockwise and counterclockwise directions on the metacarpal

---

Right Index or Middle Finger MCP Rotation

**Hand Placement**
- Stab. Hand: in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the dorsal metacarpal head
- Mob. Hand: in a lateral pinch manner, the right radial index finger contacts the volar proximal phalange base while the right thumb contacts the dorsal proximal phalange base

**Method**
The right hand rotates/spins the proximal phalange base in clockwise and counterclockwise directions on the metacarpal

---

Right Ring or Small Finger MCP Rotation

**Hand Placement**
- Stab. Hand: in a lateral pinch manner, the right radial index finger contacts the volar metacarpal head while the right thumb contacts the dorsal metacarpal head
- Mob. Hand: in a lateral pinch manner, the left radial index finger contacts the volar proximal phalange base while the left thumb contacts the dorsal proximal phalange base

**Method**
The left hand rotates/spins the proximal phalange base in clockwise and counterclockwise directions on the metacarpal
Finger MCP Anterior Glide

Accompanies the following physiological motions:

- Finger MCP flexion

Right Finger MCP Anterior Glide

Patient Position
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The hand should be elevated with a treatment wedge, book, or tightly rolled towel

Therapist Position
Standing across the table in front of patient and facing them.

Right Index and Middle Finger MCP Anterior Glide

Hand Placement
Stab. Hand-in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the dorsal metacarpal head
Mob. Hand-in a lateral pinch manner, the right radial index finger contacts the volar proximal phalange base while the right thumb contacts the dorsal proximal phalange base

Method
The right thumb pushes/glides the proximal phalange in an anterior direction

MCP Anterior Glide

Index or Middle Finger

Right Ring and Small Finger MCP Anterior Glide

Hand Placement
Stab. Hand-in a lateral pinch manner, the right radial index finger contacts the volar metacarpal head while the right thumb contacts the dorsal metacarpal head
Mob. Hand-in a lateral pinch manner, the left radial index finger contacts the volar proximal phalange base while the left thumb contacts the dorsal proximal phalange base

Method
The left thumb pushes/glides the proximal phalange in an anterior direction
MCP Anterior Glide
Ring or Small Finger

Finger MCP Posterior Glide
Accompanies the following physiological motions:

- MCP extension

Right Finger MCP Posterior Glide

Patient Position
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The fingers can be supported/elevated slightly with a treatment wedge, book, or folded towel

Therapist Position
Standing across the table in front of patient and facing them.

Right Index and Middle Finger MCP Posterior Glide

Hand Placement

.ServiceModel.

Mob. Hand-in a lateral pinch manner the left radial index finger contacts the volar metacarpal head while the left thumb contacts the dorsal metacarpal head

Method
The left thumb pushes/glides the metacarpal in an anterior direction, thus producing a posterior glide of the proximal phalange on the metacarpal

MCP Posterior Glide
Index or Middle Finger

Right Ring and Small Finger MCP Posterior Glide

Hand Placement

.Stab. Hand-in a lateral pinch manner the left radial index finger contacts the volar proximal phalange base while the left thumb contacts the dorsal proximal phalange base

Mob. Hand-in a lateral pinch manner the right radial index finger contacts the volar metacarpal head while the right thumb contacts the dorsal metacarpal head

Method
The right thumb pushes/glides the metacarpal in an anterior direction, thus producing a posterior glide of the proximal phalange on the metacarpal
MCP Posterior Glide
Ring or Small Finger

Finger MCP Ulnar Glide
Accompanies the following physiological motions:
• MCP ulnar deviation

Right Finger MCP Ulnar Glide

<table>
<thead>
<tr>
<th>Patient Position</th>
<th>Sitting facing treatment table with forearm resting on table in a pronated, palm down position.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Position</td>
<td>Sitting or standing across the table in front of patient and facing them.</td>
</tr>
</tbody>
</table>

Right Finger MCP Ulnar Glide

<table>
<thead>
<tr>
<th>Hand Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stab. Hand</strong> in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the same dorsal metacarpal head.</td>
</tr>
<tr>
<td><strong>Mob. Hand</strong> in a tripod pinch manner, the right index &amp; middle fingers contact the radial surface of the proximal phalanx base while the right thumb contacts the ulnar surface of the same proximal phalanx base.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right radial index &amp; middle fingers pull/glide the proximal phalanx in and ulnar/medial direction.</td>
</tr>
</tbody>
</table>

MCP Ulnar Glide

Finger MCP Radial Glide
Accompanies the following physiological motions:
• MCP ulnar deviation
Right Finger MCP Radial Glide

Patient Position
Sitting facing treatment table with forearm resting on table in a pronated, palm down position.

Therapist Position
Sitting or standing across the table in front of patient and facing them.

Right Finger MCP Radial Glide

Hand Placement
Stab. Hand-in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the same dorsal metacarpal head.
Mob. Hand-in a tripod pinch manner, the right index & middle fingers contact the radial surface of the proximal phalanx base while the right thumb contacts the ulnar surface of the same proximal phalanx base.

Method
The right thumb pushes/glides the proximal phalange in and radial/lateral direction.

MCP Radial Glide

Finger MCP Ulnar Tilt

Necessary for the following physiological motions:
- Finger MCP flexion
- Finger MCP extension
- Finger MCP radial deviation
- Finger MCP ulnar deviation

Right Finger MCP Ulnar Tilt

Patient Position
Sitting facing treatment table with forearm resting on table in a pronated, palm down position.

Therapist Position
Sitting or standing across the table in front of patient and facing them.

Right Finger MCP Ulnar Tilt

Hand Placement
Stab. Hand-in a lateral pinch manner, the left radial index finger contacts the volar metacarpal head while the left thumb contacts the same dorsal metacarpal head.
Mob. Hand-in a tripod pinch manner, the right index & middle fingers contact the radial surface of the proximal phalanx base while the right thumb contacts the ulnar surface of the same proximal phalanx base & is proximal to the right middle finger.

Method
The right middle finger pulls/tilts the distal portion of the proximal phalange in an ulnar direction while the right thumb acts as a fulcrum.
MCP Ulnar Tilt

Finger MCP Radial Tilt

Necessary for the following physiological motions:
- Finger MCP flexion
- Finger MCP extension
- Finger MCP radial deviation
- Finger MCP ulnar deviation

Right Finger MCP Radial Tilt

Patient Position
Sitting facing treatment table with forearm resting on table in a pronated, palm down position.

Therapist Position
Sitting or standing across the table in front of patient and facing them.

Finger/Thumb Interphalangeal Joint Distraction

Necessary for the following physiological motions:
- Interphalangeal joint flexion
- Interphalangeal joint extension
### Right Thumb or Finger IP Joint Distraction

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The hand and proximal phalange should be supported/elevated slightly with a treatment wedge, book, or folded towel.

**Therapist Position**
Sitting or standing across the table in front of patient and facing them.

### Right Thumb, Index or Middle Finger IP Joint Distraction

**Hand Placement**

**Stab. Hand**
in a lateral pinch manner, the left radial index finger contacts the volar proximal phalange head while the left thumb contacts the dorsal proximal phalange head.

**Mob. Hand**
in a lateral pinch manner, the right radial index finger contacts the volar middle or distal phalange base while the right thumb contacts the dorsal middle or distal phalange base.

**Method**
The right hand pulls/distracts the middle or distal phalange base from the proximal phalange.

### PIP or DIP Distraction

**Index or Middle Finger**

**Hand Placement**

**Stab. Hand**
in a lateral pinch manner, the right radial index finger contacts the volar proximal or middle phalange head while the right thumb contacts the dorsal proximal or middle phalange head.

**Mob. Hand**
in a lateral pinch manner, the left radial index finger contacts the volar middle or distal phalange base while the left thumb contacts the dorsal middle or distal phalange base.

### Right Ring or Small Finger Interphalangeal Joint Distraction

**Hand Placement**

**Stab. Hand**
in a lateral pinch manner, the right radial index finger contacts the volar proximal or middle phalange head while the right thumb contacts the dorsal proximal or middle phalange head.

**Mob. Hand**
in a lateral pinch manner, the left radial index finger contacts the volar middle or distal phalange base while the left thumb contacts the dorsal middle or distal phalange base.

**Method**
The left hand pulls/distracts the middle or distal phalange base from the phalange being stabilized.

### PIP or DIP Distraction

**Ring or Small Finger**

**Finger/Thumb Interphalangeal Joint Anterior Glide**

Accompanies the following physiological motions:
- Interphalangeal flexion
**Right Finger IP Anterior Glide**

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The hand should be elevated with a treatment wedge, book, or tightly rolled towel.

**Therapist Position**
Standing across the table in front of patient and facing them.

---

**Right Index and Middle Finger IP Anterior Glide**

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar proximal or middle phalange head while the left thumb contacts the dorsal proximal or middle phalange head.
- **Mob. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar middle or distal phalange base while the right thumb contacts the dorsal middle or distal phalange base.

**Method**
The right thumb pushes/glides the middle or distal proximal phalange in an anterior direction.

---

**PIP or DIP Anterior Glide**

**Index or Middle Finger**

**Method**
The left thumb pushes/glides the middle or distal phalange in an anterior direction.

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar proximal or middle phalange head while the right thumb contacts the dorsal proximal or middle phalange head.
- **Mob. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar middle or distal phalange base while the left thumb contacts the dorsal middle or distal phalange base.

---

**Right Ring and Small Finger MCP Anterior Glide**

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar proximal or middle phalange head while the right thumb contacts the dorsal proximal or middle phalange head.
- **Mob. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar middle or distal phalange base while the left thumb contacts the dorsal middle or distal phalange base.

**Method**
The left thumb pushes/glides the middle or distal phalange in an anterior direction.

---

**PIP or DIP Anterior Glide**

**Ring or Small Finger**

**Finger/Thumb Interphalangeal Joint Posterior Glide**

Accompanies the following physiological motions:
- Interphalangeal extension.
Right Finger IP Posterior Glide

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The phalange being mobilized should be supported/elevated slightly with a treatment folded towel.

**Therapist Position**
Standing across the table in front of patient and facing them.

Right Index and Middle Finger IP Posterior Glide

**Hand Placement**
- **Stab. Hand** - in a lateral pinch manner the right radial index finger contacts the volar middle or distal phalange base while the right thumb contacts the dorsal middle or distal phalange base.
- **Mob. Hand** - in a lateral pinch manner the left radial index finger contacts the volar proximal or middle phalange head while the left thumb contacts the dorsal proximal or middle phalange head.

**Method**
The left thumb pushes/glides the proximal or middle phalange in an anterior direction, thus producing a posterior glide of the middle or distal phalange being stabilized.

PIP or DIP Posterior Glide

**Index or Middle Finger**

**Hand Placement**
- **Stab. Hand** - in a lateral pinch manner the left radial index finger contacts the volar middle or distal phalange base while the left thumb contacts the dorsal middle or distal phalange base.
- **Mob. Hand** - in a lateral pinch manner the right radial index finger contacts the volar proximal or middle phalange head while the right thumb contacts the dorsal proximal or middle phalange head.

PIP or DIP Posterior Glide

**Ring or Small Finger**

**Thumb or Finger Interphalangeal Joint Unicondylar Glide**

Necessary for the following physiological motions:
- Interphalangeal flexion
- Interphalangeal extension
Right Thumb or Finger Interphalangeal Joint Unicondylar Glide

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position. The fingers should be supported/elevated slightly with a treatment wedge, book, or folded towel.

**Therapist Position**
Standing across the table in front of patient and facing them.

---

**Method**
The mobilization hand pushes/pulls the radial or ulnar proximal phalange in an alternating anterior, posterior direction.

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar radial or ulnar proximal or middle phalange head while the left thumb contacts the dorsal radial or ulnar proximal or middle phalange head.
- **Mob. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar radial or ulnar proximal or middle phalange base while the right thumb contacts the dorsal radial or ulnar proximal or middle phalange base.

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Radial Unicondylar Anterior/Posterior Glide (Index)

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Ulnar Unicondylar Glide (Small Finger)

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Right Ring and Small Finger Interphalangeal Joint Unicondylar Glide

**Hand Placement**
- **Stab. Hand**: in a lateral pinch manner, the right radial index finger contacts the volar radial or ulnar proximal or middle phalange head while the right thumb contacts the dorsal radial or ulnar proximal or middle phalange head.
- **Mob. Hand**: in a lateral pinch manner, the left radial index finger contacts the volar radial or ulnar proximal or middle phalange base while the left thumb contacts the dorsal radial or ulnar proximal or middle phalange base.

**Method**
The mobilization hand pushes/pulls the radial or ulnar proximal phalange in an alternating anterior, posterior direction.

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Finger/Thumb Interphalangeal Joint Ulnar Tilt

**Necessary for the following physiological motions:**
- Interphalangeal flexion
- Interphalangeal extension
Right Finger/Thumb Interphalangeal Joint Ulnar Tilt

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position.

**Therapist Position**
Sitting or standing across the table in front of patient and facing them.

Right Finger/Thumb IP Joint Ulnar Tilt

**Hand Placement**
Stab. Hand-in a tripod pinch manner, the left index & middle fingers contact the radial proximal or middle phalange while the left thumb contacts the same ulnar proximal or middle phalange.

Mob. Hand-in a tripod pinch manner, the right index & middle fingers contact the radial surface of the middle or distal phalange base while the right thumb contacts the ulnar surface of the same middle or distal phalange & is proximal to the right middle finger.

**Method**
The right middle finger pulls/tilts the distal portion of the proximal phalange in an ulnar direction while the right thumb acts as a fulcrum.

PIP or DIP Ulnar Tilt

Finger/Thumb Interphalangeal Joint Radial Tilt

Necessary for the following physiological motions:
- Interphalangeal flexion
- Interphalangeal extension

Right Finger/Thumb Interphalangeal Joint Lateral Tilt

**Patient Position**
Sitting facing treatment table with forearm resting on table in a pronated, palm down position.

**Therapist Position**
Sitting or standing across the table in front of patient and facing them.

Right Finger/Thumb Interphalangeal Joint Radial Tilt

**Hand Placement**
Stab. Hand-in a tripod pinch manner, the left index & middle fingers contact the radial proximal or middle phalange while the left thumb contacts the same ulnar proximal or middle phalange.

Mob. Hand-in a tripod pinch manner, the right index & middle fingers contact the radial surface of the middle or distal phalange base while the right thumb contacts the ulnar surface of the same middle or distal phalange & is distal to the right index finger.

**Method**
The right thumb pushes/tilts the distal portion of the middle or distal phalange in a radial direction while the right index finger acts as a fulcrum.
Summary

• Jt. Mob.
  – Just one treatment/evaluation method
  – Follow up with an active rehab. program
• Use skill and accuracy
  – Patient
  – Clinician
• Wisdom
  – Appropriate pt. selection
  – If in doubt, seek more knowledge and understanding
Exploring Hand Therapy
Joint Mobilization Course
Handout #1

Evaluation Format

I. Subjective
   a. Current History
   b. Past History
   c. Surgical History (pertinent)
   d. Medications
   e. Allergies
   f. Domestic behavior (i.e. smoke, drink, family situation, work situation, etc.)
   g. Fall risk

II. Objective
   a. Observation
   b. Palpation
   c. Structural
   d. Motion
      i. Active
      ii. Passive
      iii. Joint mobility
   e. Muscle length
   f. Selective tissue testing
   g. Strength
   h. Neurovascular
   i. ADL’s

III. Assessment
   a. Impression
   b. Current stage
   c. Prognosis
   d. Goals

IV. Plan
   a. Recommendations
Upper Extremity
Loose Packed Positions

**Shoulder complex**  approximately 20 degrees scaption

**Ulnohumeral joint**  approximately 80 degrees flexion

**Radiohumeral**  approximately 80 degrees flexion and 30 degrees supination

**Proximal Radioulnar joint**  approximately 80 degrees flexion and 30 degrees supination

**Distal Radioulnar joint**  approximately 10 degrees supination

**Wrist**  neutral to 10 degrees flexion or hyperextension

**MCP joints**  approximately 10 degrees flexion

**PIP joints**  approximately 10 degrees flexion
References for Joint Mobilization of the Upper Extremity


