DAVID GREER PT DPT OCS

EXTREMITY MOBILIZATION

SPEAKER BIO

- Orthopedic and Sports
 Physical Therapist
 since 2011
- Board Certified
 Orthopedic Specialist
 since 2014
- Husband and Father of 3 Beautiful Hoodlums



COURSE OBJECTIVES

Participants will be able to:

Identify patients who are appropriate for manual therapy

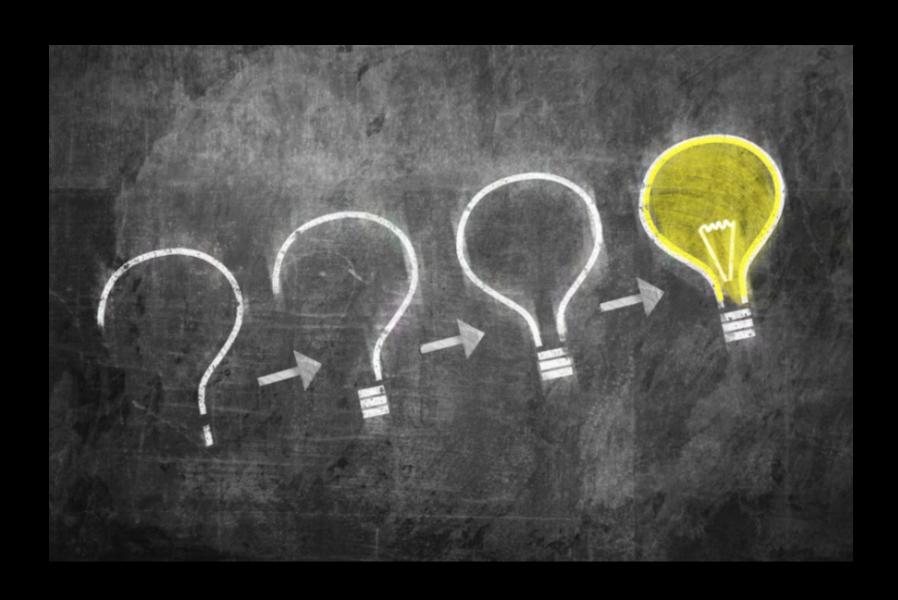
Gain an understanding of appropriate force with manual techniques

Apply various manual therapy techniques appropriately and safely to the spine and LE

SCREENING

- Screen for Appropriate Red and Yellow Flags
- Consider:
 - Previous Nature of Any Trauma
 - Patient Anxiety/Acceptance of Manual Treatment
 - Existing Hardware (ORIF, TKA, THA, Fusion)
 - Age and Status of Joint and Bone Structure

MOBIT OR MOVE IT?



MOB IT

Minimal Joint Restriction—> Mob it

Potential harm outweighs benefit—> Mob it

Inability to safely perform a thrust—> Mob it

MOVE IT

"Feels Great" but short term relief—> Move it

 No contradiction to mobilization and most superior technique—> Move it

Other techniques fail or are too painful—> Move it

PRINCIPALS OF MOBILIZATION

- Levers:
 - Primary: Thrust direction (i.e. rotation, sideflexion)
 - Secondary: Any movement/method that reduces the primary
 - <u>Tertiary</u>: Any additional in minimal lever techniques

THRUST TECHNIQUE

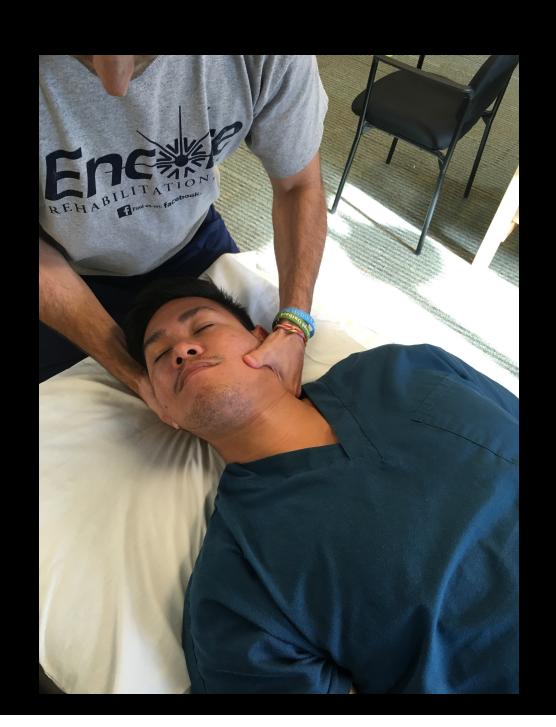
Combined Lever Thrust

Combined Lever + Movement

Minimal Leverage—retesting thrust direction

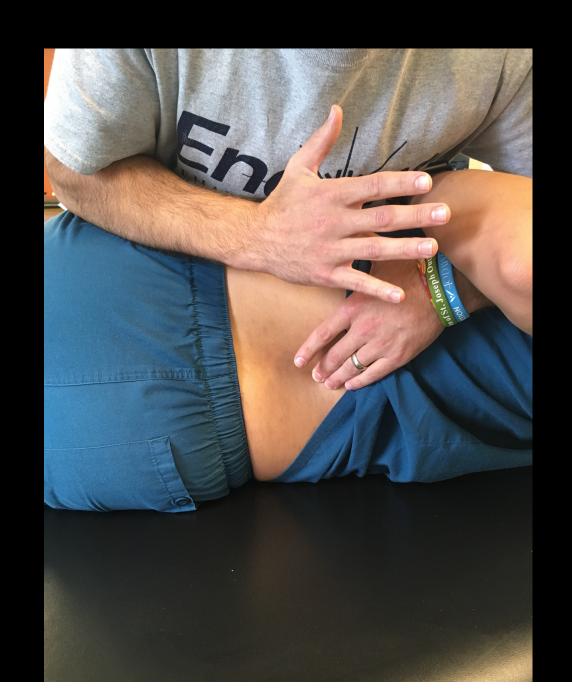
CERVICAL MLEV EXAMPLE

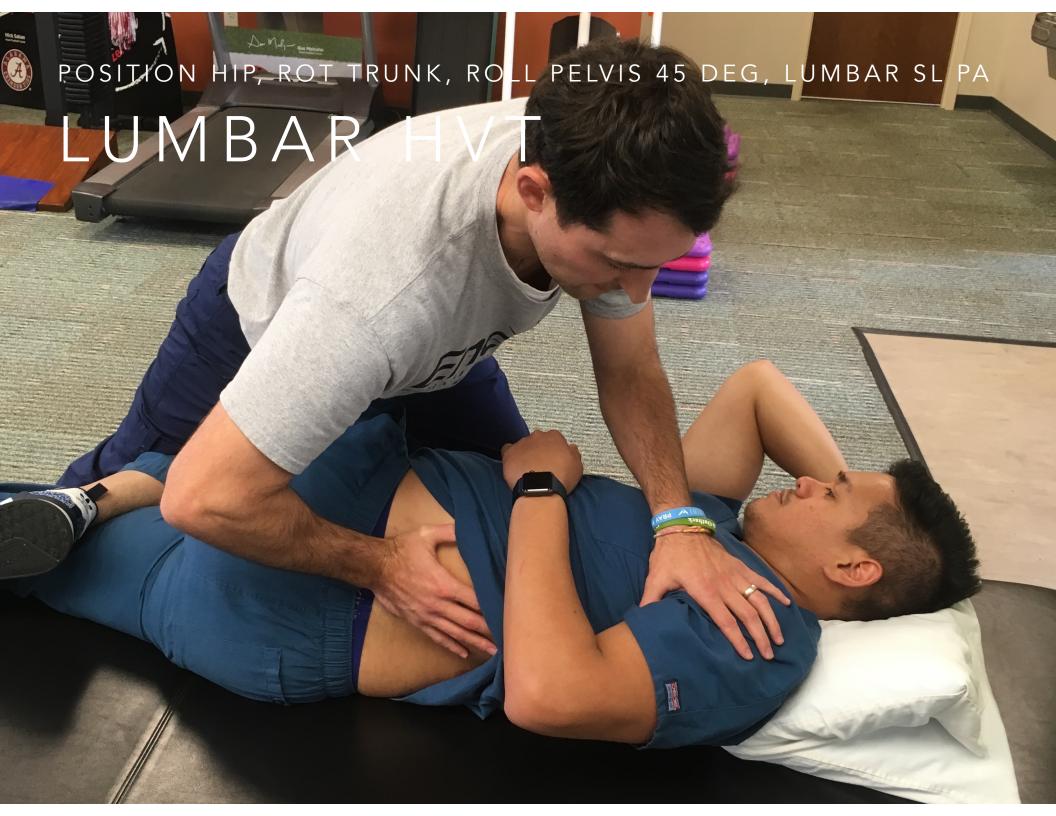
- Primary:
 - Rotate
- Secondary:
 - Sideflex/bend
- Tertiary:
 - Translate, Extend



LUMBAR MLEV EXAMPLE

- Primary:
 - Rotation
- Secondary:
 - SF/Flexion
- Tertiary:
 - Breathing





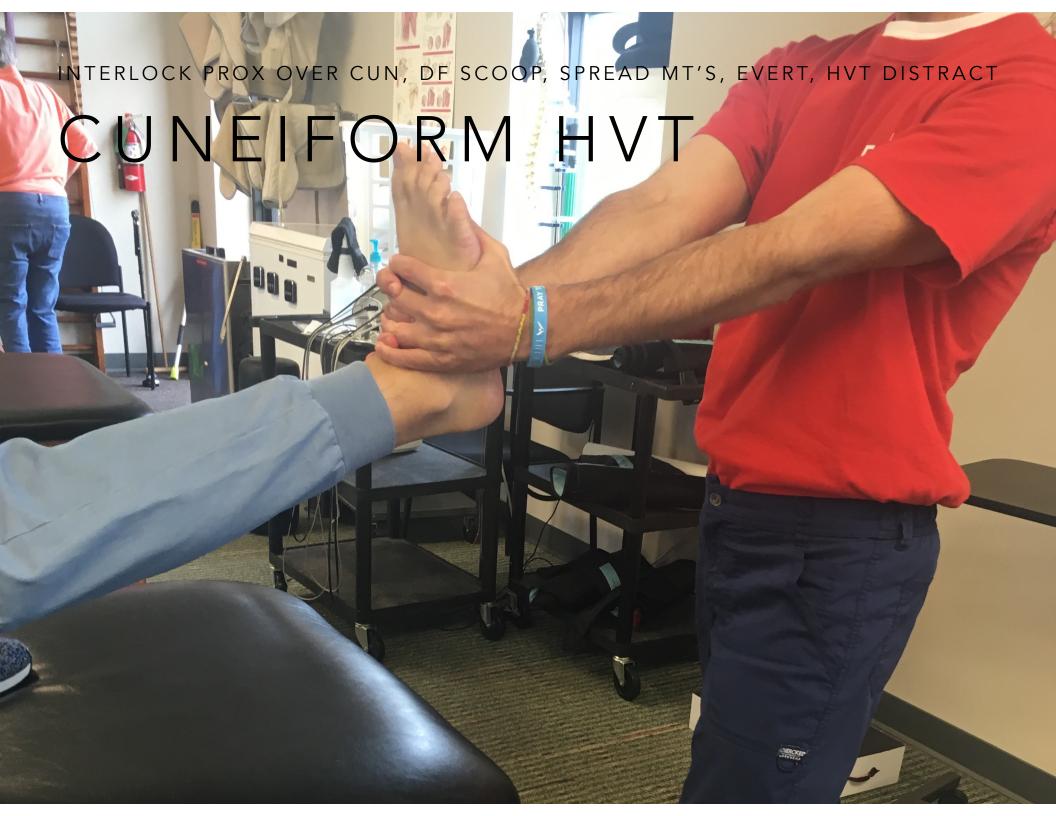












PICTURE REFERENCE

• Slide 5: https://www.hootmarketing.co.uk/