

# Upper Extremity Summary

## (1) Carpal Tunnel

Figure 8.13 Carpal tunnel technique, first diagram

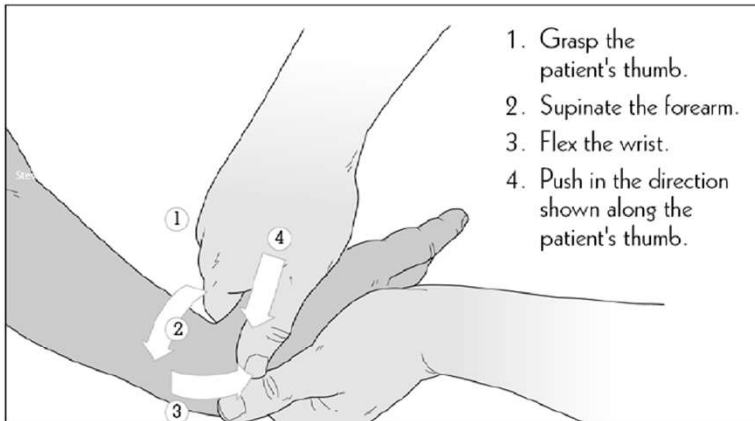


Figure 8.16 Carpal tunnel technique, second diagram

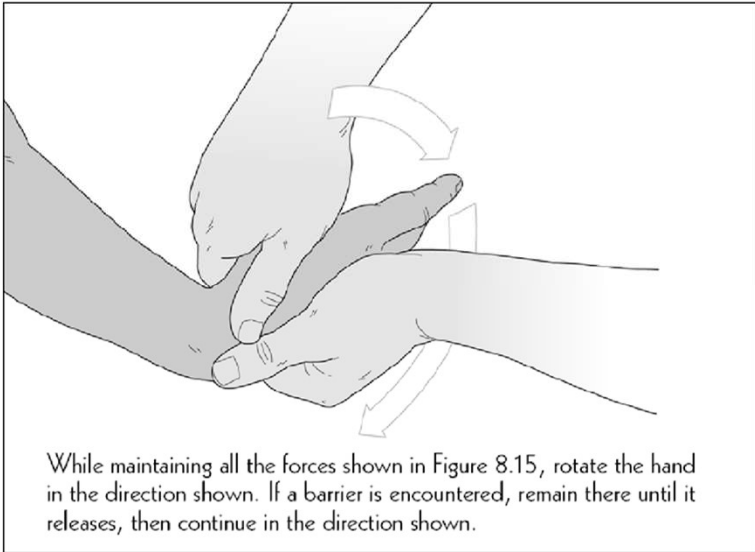
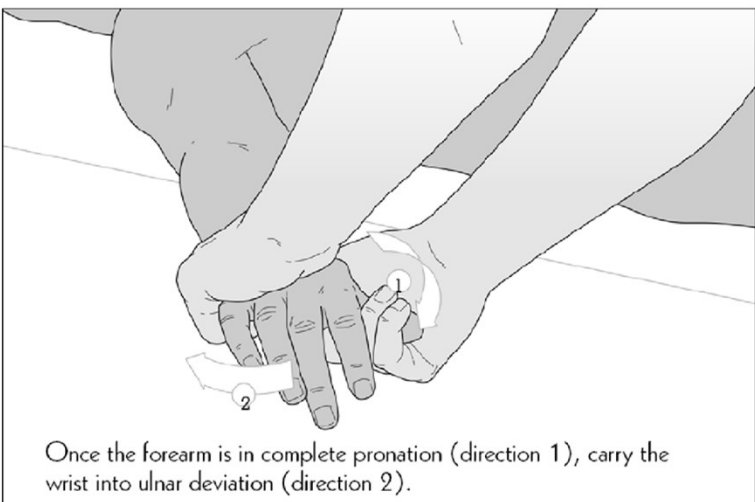
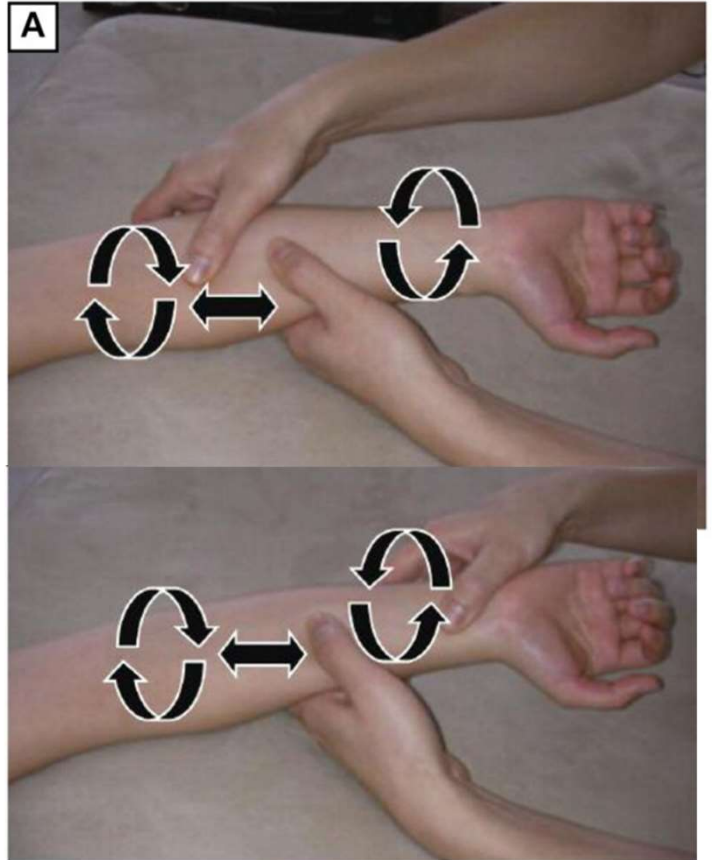


Figure 8.17 Carpal tunnel technique, third diagram



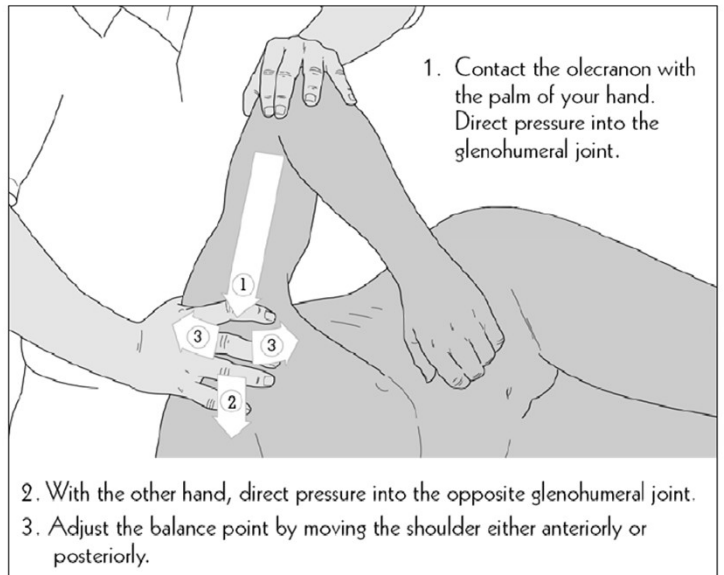
- (3) ME to Radial Head (other side)
- (4) LAS to Shoulder (right)

## (2) Interosseous Strain



(A) Position hands as shown. Exert a gentle force ventrally to engage the soft tissues cephalad and laterally until a barrier of tissue motion is reached. Patient can assist my moving wrist gently and slowly in flexion and extension. Reposition hands distally and repeat until all portions of the interosseous membrane are released.

Figure 8.6 Humerus technique



### (3) ME to Radial Head

#### EXTREMITIES

##### Anterior Radial Head, Supination Dysfunction: Post Isometric Relaxation

1. The patient is seated, and the physician stands facing the patient.
2. The physician holds the patient's hand (handshake position) with the hand ipsilateral to the dysfunction.
3. The physician's other hand is palm up with the thumb resting against the anterior and medial aspect of the radial head (Fig. 10.266).
4. The physician pronates the patient's forearm (*white arrow*; Fig. 10.267) until the edge of the restrictive barrier at the radial head is reached.
5. The physician instructs the patient to attempt supination (*black arrow*; Fig. 10.268) while the physician applies an unyielding counterforce (*white arrow*).
6. This isometric contraction is held for 3 to 5 seconds, and then the patient is instructed to **stop and relax**.
7. Once the patient has completely relaxed, the physician pronates the patient's forearm to the new restrictive barrier (*white arrow*; Fig. 10.269) while exaggerating the posterior rotation of the radial head with the left hand (*white arrow*).
8. Steps 5 to 7 are repeated three to five times or until there is no further improvement in the restrictive barrier.
9. The diagnostic parameters of the dysfunction are reevaluated to determine the effectiveness of the technique.



FIGURE 10.266. Steps 1 to 3.



FIGURE 10.267. Step 4.



FIGURE 10.268. Step 5, isometric contraction.



FIGURE 10.269. Step 7.



FIGURE 10.262. Steps 1 to 3.



FIGURE 10.263. Step 4.



FIGURE 10.264. Step 5, isometric contraction.



FIGURE 10.265. Step 7.

#### EXTREMITIES

##### Posterior Radial Head, Pronation Dysfunction: Post Isometric Relaxation

1. The patient is seated, and the physician stands in front of and to the side of the patient's dysfunctional arm.
2. The physician holds the patient's hand (handshake position) with the hand ipsilateral to the dysfunction.
3. The physician's other hand lies palm up with the thumb resting against the posterolateral aspect of the radial head (Fig. 10.262).
4. The physician supinates the patient's forearm until the edge of the restriction barrier is reached (*white arrow*; Fig. 10.263) at the radial head.
5. The physician instructs the patient to attempt pronation (*black arrow*; Fig. 10.264) while the physician applies an unyielding counterforce (*white arrow*).
6. This isometric contraction is held for 3 to 5 seconds, and then the patient is instructed to **stop and relax**.
7. Once the patient has completely relaxed, the physician supinates the patient's forearm to the new restrictive barrier while exaggerating the anterior rotation of the radial head with the other hand (Fig. 10.265).
8. Steps 5 to 7 are repeated three to five times or until there is no further improvement in the restrictive barrier.
9. The diagnostic parameters of the dysfunction are reevaluated to determine the effectiveness of the technique.



FIGURE 10.262. Steps 1 to 3.