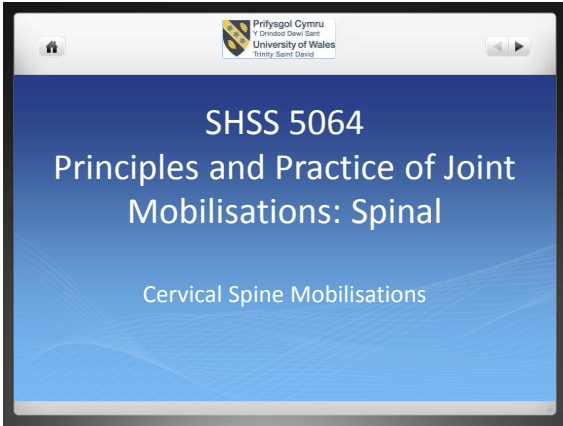


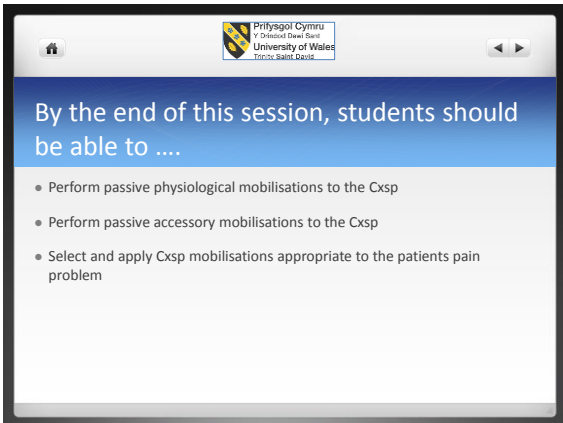


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Principles and Practice of Joint Mobilisations: Spinal

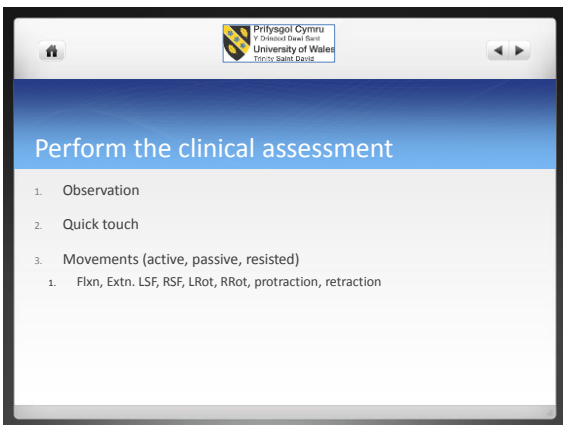
Cervical Spine Mobilisations



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By the end of this session, students should be able to

- Perform passive physiological mobilisations to the Cxsp
- Perform passive accessory mobilisations to the Cxsp
- Select and apply Cxsp mobilisations appropriate to the patients pain problem



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Perform the clinical assessment

1. Observation
2. Quick touch
3. Movements (active, passive, resisted)
 1. Flxn, Extn. LSF, RSF, LRot, RRot, protraction, retraction

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Perform the clinical assessment

	←	↙	↓	↘	→
C ₁					
C ₂					
C ₃					
C ₄					
C ₅					
T ₁					
T ₂					
T ₃					
T ₄					

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Perform the clinical assessment

5. Manual Muscle Tests

- Upper fibres of Trapezius
- Sternocleidomastoid

6. Ligaments

- Cannot be tested

7. Palpation

- Occiput, posterior tubercle of C1, Spinous processes and Transverse processes of C2-7, T1-4.
- All associated muscles and tendons

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Perform the clinical assessment

8. Joints above and below

- Shoulder
- Thoracic spine

9. Special Tests

- VAI/VBI
- ULTT1
- ULTT2a
- ULTT2b
- ULTT3

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Perform the clinical assessment

9. (Continued)

- Dermatomes
- Myotomes
- Reflexes

10. Functional assessment

- It only hurts when I...

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Complete your clinical assessment form

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Treatment: Passive Physiological Intervertebral Mobilisations (PIIVM)

Picture	Technique
	Flexion
	Extension
	Rotation (Left and right)

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Treatment: Passive Physiological Intervertebral Mobilisations (PPIVM)

Picture	Technique
	Side flexion (Left and right)
	Protraction
	Retraction

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Treatment: Passive Accessory Intervertebral Movement (PAVIM)

Picture	Technique and relation to physiological movement
	Posterior-Anterior ↓
	Unilateral Posterior-Anterior (Left and Right) ↕ ↗
	Transverse (Left and Right) ← →
	Longitudinal Caudal (Traction) at 0° or 30° of flexion ↔

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Treatment Selection: Case Study
