

Fig. 4

Position of patient: Side lying position with pillow between knees
 Position of therapist: Standing at the patient's back. The therapist can support the patient's upper leg with the distal hand by holding onto the ankle or if the patient is large, by placing the hand beneath the medial knee. The therapist's upper hand is placed along the lumbar spine to support this region and prevent excessive extension.

Step 1: The patient is then asked to squeeze the buttock and bring the leg back toward the therapist into extension.

Step 2: The therapist will assist hip extension allowing the leg to extend just beyond the trunk while preventing arching of the lumbar spine.

Step 3: The patient is then told to relax while the leg is moved passively back into the neutral position by the therapist. If holding onto the patient's ankle, this hand will move to the medial knee to accomplish this movement.

Step 4: This can be repeated until the patient feels fatigue or a burning sensation in buttock.

MRMT Phase 2– Part B: Active Range of Motion

TECHNIQUE: Active Range of Motion

Description: Patient stimulates an eccentric condition muscle that has decreased function. Muscle is facilitated by the patient actively contracting the muscle, then the therapist passively flexes the hip back into the starting position.

Application: Treating the eccentric conditioned Gluteus Maximus

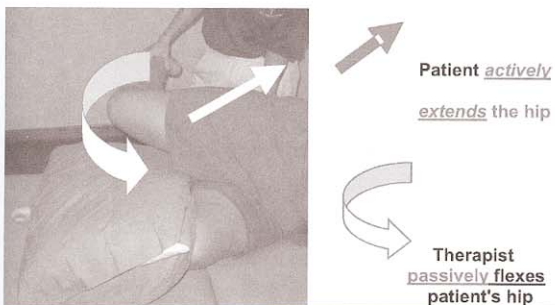


Fig. 5

muscle. (Figure 5)

Position of patient: Side lying position with pillow between knees
 Position of therapist: Standing at the patient's back. The therapist can support the patient's upper leg with the distal hand by holding onto the ankle or if the patient is large, by placing the hand beneath the medial knee. The therapist's upper hand is placed along the lumbar spine to support this region and prevent excessive extension.

Step 1: The patient is then asked to squeeze the buttock and bring the leg back toward the therapist into extension.

Step 2: The therapist will allow hip extension to just beyond the trunk while preventing arching of the lumbar spine.

Step 3: The patient is then told to relax while the leg is moved passively back into the flexed position by the therapist. If holding onto the patient's ankle, this hand will move to the medial knee to accomplish this movement.

Step 4: This can be repeated until the patient feels fatigue or a burning sensation in the buttock.

MRMT Phase 2– Part C: Active Resisted Range of Motion

TECHNIQUE: Active Resisted Range of Motion

Description: Patient stimulates an eccentric condition muscle that has decreased function. Muscle is facilitated by the patient actively contracting the muscle, with the therapist resists the movement, and then the therapist passively moves the extremity back into the starting position.

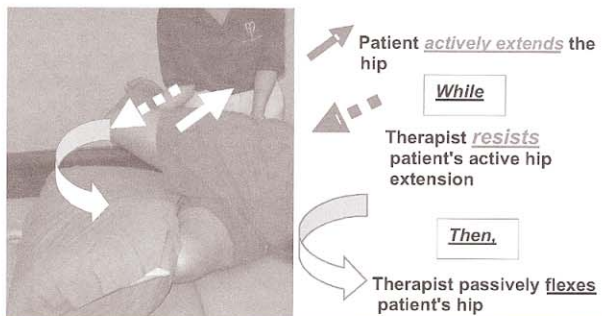


Fig. 6

Application: Treating the eccentric conditioned Gluteus Maximus muscle. (Figure 6)

Position of patient: Side lying position with pillow between knees

Position of therapist: Standing at the patient's back. The therapist can support the patient's upper leg with the distal hand by placing the hand beneath the medial knee. The therapist's upper hand is placed along the lumbar spine to support this region and prevent excessive extension.

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