> "joint mobilization takes practice, but once learned, can greatly benefit your clients."

joint mobilization of the neck

Joint mobilization is a type of joint manipulation that is a precise method of pin and stretching.* What makes joint mobilization unique and different from typical pin and stretching is that the joint is moved into a range of motion that is called joint play. Joint play is defined as the small amount of motion permissible after the end of passive range of motion is reached (Figure 1). When doing joint mobilization of the neck, it can be stretched in all possible ranges of motion: flexion or extension in the sagittal plane, lateral flexions in the frontal plane, rotations in the transverse plane, and/or oblique plane combinations of these cardinal plane joint actions.

Joint mobilization requires a fine coordination of both of your hands. The stabilization hand primarily functions to stabilize (pin) one bone at the joint, while the therapy hand moves the other bone of the joint into the realm of joint play, stretching the soft tissues. Because the range of joint play is very small, it's extremely important that joint mobilization is done very carefully. Further, its movement should be performed slowly and

** Pin and stretch involves one hand pinning (fixing) a part of the client's body, while the other hand stretches the client around that pinned point. This allows for a more specific stretch to be done than would otherwise be possible.*

evenly as the joint is stretched into its joint play range of motion; joint mobilization *never* involves a fast thrust!

Therapy Hand Contact

When performing joint play to the client's neck, there is a choice of possible therapy hand contacts. Figures 2, 3 and 4 respectively illustrate three options: the thumb, finger pads and the radial side of the index finger. In each case, the contact point on the client's body is the facets (articular processes) located approximately halfway between the spinous processes and transverse processes (Figure 5); in the cervical region, the facets form a wide and comfortable place to contact and move a vertebra.

joint mobilization cautions

Joint mobilization of the cervical spine is a very powerful technique that has the potential to do great good, but may cause harm instead if not performed correctly. It is extremely important with joint mobilization—or any type of stretch for that matter–that the stretch is not forced; the client should never experience any pain. Further, if the client has a bulging or herniated disc, or advanced degenerative joint disease (osteoarthritis), joint mobilization at or near that level is likely contraindicated. In these cases, written permission from the client's physician should be obtained before performing joint mobilization of the neck.

Stabilization Hand Contact

In some ways, placement and use of the stabilization hand is more challenging than the therapy hand because the role of the stabilization hand is to hold and move the client's head. If clients don't feel both comfortably and securely held, they will not relax and let you perform the joint mobilization. Exactly how the stabilization hand is positioned will vary depending upon the level and exact joint mobilization that is being done. As a general rule, it will be placed on the opposite side from the therapy hand and under the center of weight of the head so that the head is comfortably balanced in the hand (Figure 6). When placing the stabilization hand on the client's head, be careful to place your thumb and index finger around the ear; do not cup over the client's ear.

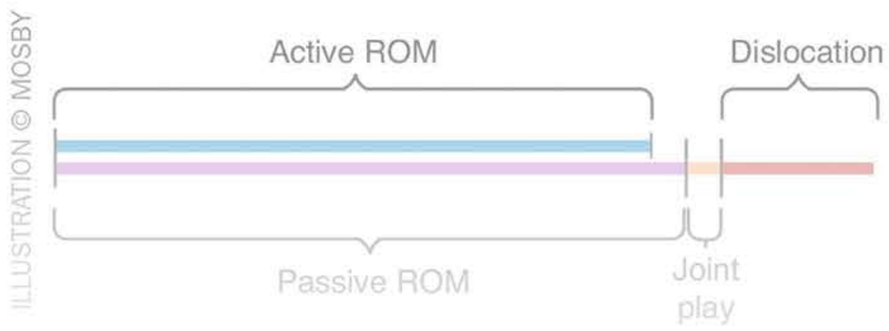

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FIGURE 1 shows the relationship between active, passive and joint play ranges of motion.

Four Steps To Perform Joint Mobilization of the Neck

1. Comfortably and securely, place the client's head in your stabilization hand.
2. Place the therapy hand contact on the facet at the desired vertebral level.
3. With the stabilization hand, move the client's head and upper cervical spine around the therapy hand contact until the end of passive range of motion is reached (at the vertebral joint level between your therapy hand contact and the vertebra above it).