Chapter 7: Impaired Joint Mobility and Range of Motion

DISPLAY 7-5

Hip Joint Mobilization

**Hip Distraction/Distal Traction**

**Purpose:** pain relief and general mobility

**Position:** patient is supine or prone on the table, with the pelvis stabilized with a belt; therapist grasps either the distal thigh or the distal calf, depending upon whether or not you want distraction through the knee joint; a belt can be used around your waist and hands to reinforce the grip and allow use of body weight

**Mobilization:** a distal traction force is applied to the leg by shifting your body weight backwards

**Hip Lateral Traction**

**Purpose:** pain relief and general hypomobility

**Position:** the hip may be in any degree of flexion to extension depending upon the direction of hypomobility; mobilizing belt is placed around your pelvis and the patient’s proximal thigh

**Mobilization:** lean backward to apply a lateral traction force to the hip

**Hip Anterior Glide**

**Purpose:** increase extension and external rotation

**Position:** patient is prone with knee flexed to 90 degrees and a firm wedge or towel roll placed under the anterior pelvis; mobilizing hand just distal to posterior hip, and stabilizing hand grasps ankle to stabilize leg

**Mobilization:** anteriorly directed force through mobilizing hand via forward weight shift

**Hip Posterior Glide**

**Purpose:** increase flexion and internal rotation

**Position:** supine with hip near full flexion, knee flexed, pelvis stabilized on table or with additional wedges or support; mobilizing hands on patient’s knee

**Mobilization:** a posteriorly directed force through the long axis of the femur

(text continues on page 137)