POSTURAL RESPIRATION: EXAM TESTS

1) Horizontal Upper Extremity Abduction

Patient lies in supine with knees flexed to flatten the lumbar spine. Passively take the patient's arm into horizontal abduction while securing the shoulder joint with one hand and maintaining forearm supination with the other hand.

A positive test is indicated by limited horizontal abduction of one extremity when compared to the other. Less than 30° is considered limited.

2) Cervical Axial Rotation

Patient lies in supine with knees flexed to flatten the lumbar spine. Place both hands around each side of the patient's neck, with little fingers placed on distal transverse processes of C2, middle fingers placed on transverse processes of C7 and index fingers placed on spinous process of T1. Place thumbs directly under and parallel to SCM's. Passively rotate the cervical spine as a unit to the left by rotating the neck with right thumb, 3rd, 4th, and 5th fingers while right index finger stabilizes T1. Compare soft tissue limitations or rotational limits or differences secondary to thoracic spine position by rotating neck from neutral to the left and from neutral to the right.

A positive test is indicated by limitation in one direction when compared to the other, or when inequality of range of motion exists.

3) Shoulder Flexion

Patient lies in supine with knees flexed to flatten the lumbar spine. Passively take the patient's arm into flexion.

A positive test is indicated by limited shoulder flexion of one extremity when compared to the other.

4) Apical Expansion

Patient lies in supine with knees flexed to flatten the lumbar spine. Patient inhales through nose, upon exhalation guide left rib cage down. Hold ribs down as patient attempts to fill opposite chest wall. Repeat on opposite side.

A positive test is indicated when the patient is unable to draw air into the right thoracic chest wall as easily as on the left, through patient report or tester observation. Limitation in expansion of the right thoracic-apical chest wall reflects right rib internal rotation orientation with accompanying left rib external rotation orientation secondary to possible compensation of thoracic rib cage to the left as a result of thoracic "spinal" orientation to the right.

5) Humeral Glenoid Internal Rotation

Patient lies in supine with knees flexed to flatten the lumbar spine. Position the patient's bent arm at shoulder level. Stabilize the shoulder by placing firm pressure on the anterior shoulder joint. Passively rotate the patient's arm toward the mat as far as it will go. Repeat the test on the opposite extremity.

A positive test is indicated when the patient's arm will not fully rotate towards the mat or table.