THE 5 MINUTE OMM/OMT EXAM AND TREATMENT

Cervical Spine Station
1. Soft Tissue Techniques
   a. Rock and Roll
   b. Traction
2. Muscle Energy Techniques - Cross-hand Stretch, HVLA set-up
3. High Velocity Low Amplitude Techniques
4. Facilitated Positional Release
   **Goal**: Increased Mobilization

Thoracic Spine/Ribs Station
1. Soft Tissue Techniques
   a. Rib Raising
   b. Kneading
   c. Rock and Roll
   d. Cross-hand Stretch
2. Muscle Energy Techniques
   a. Seated
   b. Lateral Recumbent
3. High Velocity Low Amplitude
   a. Seated - Rib - Thoracic Vertebrae
   b. Pillow Technique
4. Facilitated Positional Release
   **Goals**: Use In and Outpatient, Lymphatic Pump, Somato-Visceral Reflex

Lumbosacral Spine/Pelvis Station
1. Soft Tissue Techniques
   a. Kneading
   b. Rock and Roll
3. High Velocity Low Amplitude
   a. Lumbar Roll Utilizing Leverage Technique
   b. Pubic Symphysis
   **Goals**: Increase Mobilization, Increase Range of Motion

Extremities/Pelvis Station
1. Soft Tissue Techniques
   a. Kneading
   b. Mobilize Scapula/Glenohumeral Joint
2. Muscle Energy Techniques
   a. Spencer Techniques
3. Lower Extremities/Pelvis
   a. Figure 4, Internal External Rotation, Flexion Extension
   b. Hamstring Stretches/Innominates
   c. Pubic Symphysis
   **Goals**: Increase Flexibility, Increase Range of Motion, Decrease Pain and Spasm
SPENCER TECHNIQUES (Seven Stages of Spencer)

This technique is useful in patients who have developed fibrosis and restriction during a period of inactivity (adhesive capsulitis) following an injury. Such injuries may include a healed rotator cuff tear or immobilization of the shoulder girdle after a humerus fracture.

The Spencer techniques are performed in 7 stages. In all stages, the patient is in the lateral recumbent position lying with the side of the dysfunctional shoulder up. The physician stands on the side of the table faxing the patient, then carefully and slowly moves the upper extremity through the following sequence:

**Stage I:** Extension of the upper extremity with the elbow flexed

**Stage II:** Flexion of the upper extremity with the elbow extended

**Stage III:** Circumduction with slight compression and the elbow flexed

**Stage IV:** Circumduction with traction with the elbow extended

**Stage V:** *Broken into 2 parts*

- **Va:** Abduction with Internal Rotation
- **Vb:** Adduction and External Rotation

**Stage VI:** Abduction and Internal Rotation with the upper extremity behind the back

**Stage VII:** Stretching tissues and pumping fluids with the arm extended

**Note:** The purpose of this technique is to improve motion in the glenohumoral joint; therefore, it is important that the physician limits motion at the scapula by placing his/her hand on the top of the patient’s shoulder. Muscle energy techniques can also be utilized at each of the shoulders’ restrictive barriers.