

# Patient information

# Passive stretching programme

Passive movements are exercises that we recommend to people who cannot move their body voluntarily.

## Why is it important to do these exercises?

By putting your joints through a range of movements regularly you will:

- Prevent / reduce stiffness and painful joints
- Increase circulation and decrease swelling
- Ensure you keep a useful range of movement to allow you to get dressed, sit
  correctly in your wheelchair and perform other functional activities.

## How often should I do these exercises?

You should aim to go through the full range of exercises about 5 - 10 times each, daily. The movements should be slow and rhythmical but be careful not to overstretch.

## How long will it take me to do the exercises?

The exercises described do not take long to do and can easily be fitted into your day at a time to suit you.

Source: Community neurology physiotherapy

Reference No: 6761-1 Issue date: 1/10/21 Review date: 1/10/24 Page 1 of 6



## Passive stretching programme

### Hip flexion / extension



Support the leg at the knee and heel, and bring the knee toward the chest. Support the leg at the knee and heel, and bring the heel away from the body towards the ground. Repeat with the other leg.

Slight over-pressure can be applied to gently increase the stretch as tolerated by the patient.

#### **Trunk rotation**

Bend both knees towards the chest. Support the legs at the knee and rotate the knees slowly from side to side as tolerated, additional support can be applied at the alternate shoulder.

Return to starting position.



## Hip abduction/ adduction

With the hip and knee bent, keep the foot flat on the bed and move the knee:

1. Outwards



2. Inwards



## **Hip rotations**

Support the leg, so that both the hip and knee are at 90°, then move the heel:



Away from you



Towards you

## **Knee extension**

Using the same position as previously, straighten the knee.



#### Ankle flexion

Place one hand on the person's shin and cup the heel in your other hand. Gently bend the ankle upward by pushing against the bottom of the foot with your forearm. Don't allow the foot to turn in or out.



Over-pressure can be applied to gently increase the stretch as tolerated by the patient.

Allow to return to resting position applying any splints or supports as advised.



#### Toes flexion / extension

With the person's leg flat, hold the ankle and curl and straighten the toes.





Ensure patient comfort at all times and work within individual patient's limitations. If you experience any difficulties or concern ensure the relevant health care professional is consulted for advice.

## **Upper limb**

1. Start with the arm by the side. Hold the arm by the elbow and writs, move the arm slightly forward and upwards. Stop the movement when you feel resistance or if becomes uncomfortable. Repeat on both sides



2. Position the arm with the palm facing up (if possible), hold the arm at the elbow and wrist and move the arm straight out to the side and then towards the ear and down again. Repeat on both sides.



3. With the arm at shoulder level and elbow bent, take the arm across the body do it touches the opposite shoulder. Repeat on both sides



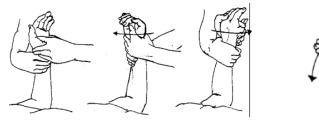
4. Move the arm to the side at shoulder level. With the elbow bent, hold the arm at the elbow and wrist and take the hand towards the bed backwards and forwards. Stop when you feel resistance or it is uncomfortable. Repeat on both sides.

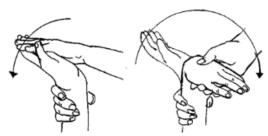


5. Hold the arm at the elbow and wrist and bend the elbow, take the hand to the same shoulder. Don't force the movement, stop if it gets uncomfortable.



- 6. With the elbow best at 90-degree angle, hold the wrist and hand.
  - a. Turn the forearm until the hand faces the patient and then the opposite side.
  - b. Bend the wrist forward and backwards.





- 7. Hand movements:
  - a. Move the thumb across to the middle finger.
  - b. Spread the thumb and other fingers apart and then together again.
  - c. Make a fist and then straighten the fingers again.









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