

notes







### WRIST

I) TOOL: The crescent of the hand

**II) PRACTITIONER POSITION:** Practitioner stands facing the client's shoulder at the level of the hips.

III) CLIENT POSITION: Face up

IV) DIRECTION OF STROKE: Distraction of the carpal bones

V) STROKE: The practitioner holds the client's arm and hand in both hands, extending the client's arm out fully. The practitioner places one hand firmly on the client's forearm, just proximal to the wrist. The practitioner uses his or her hand that is on the palm side of the client's hand. The practitioner, with the second finger and the thumb of his or her other hand, grasps the client's hand at the base of the first and fifth metacarpals. Stabilizing the client's forearm, the practitioner puts traction on the bases of the first and fifth metacarpals. The practitioner pulls very firmly for about five seconds, then releases the distraction. The practitioner repeats this maneuver two to four times.

VI) CLIENT MOVEMENT: No voluntary movement

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## **Decompression Strokes** (New Stroke)

WRIST, continued

VIII) TIPS:

A) Neither the practitioner nor the client will necessarily feel the carpals separate during distraction; more likely they will feel the carpals come back together as the traction is relaxed.

B) Traction must be applied slowly and firmly; high velocity distraction risks injury to the client's wrist.

