



Active Assisted Range of Motion of Lower Limb

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Important notes

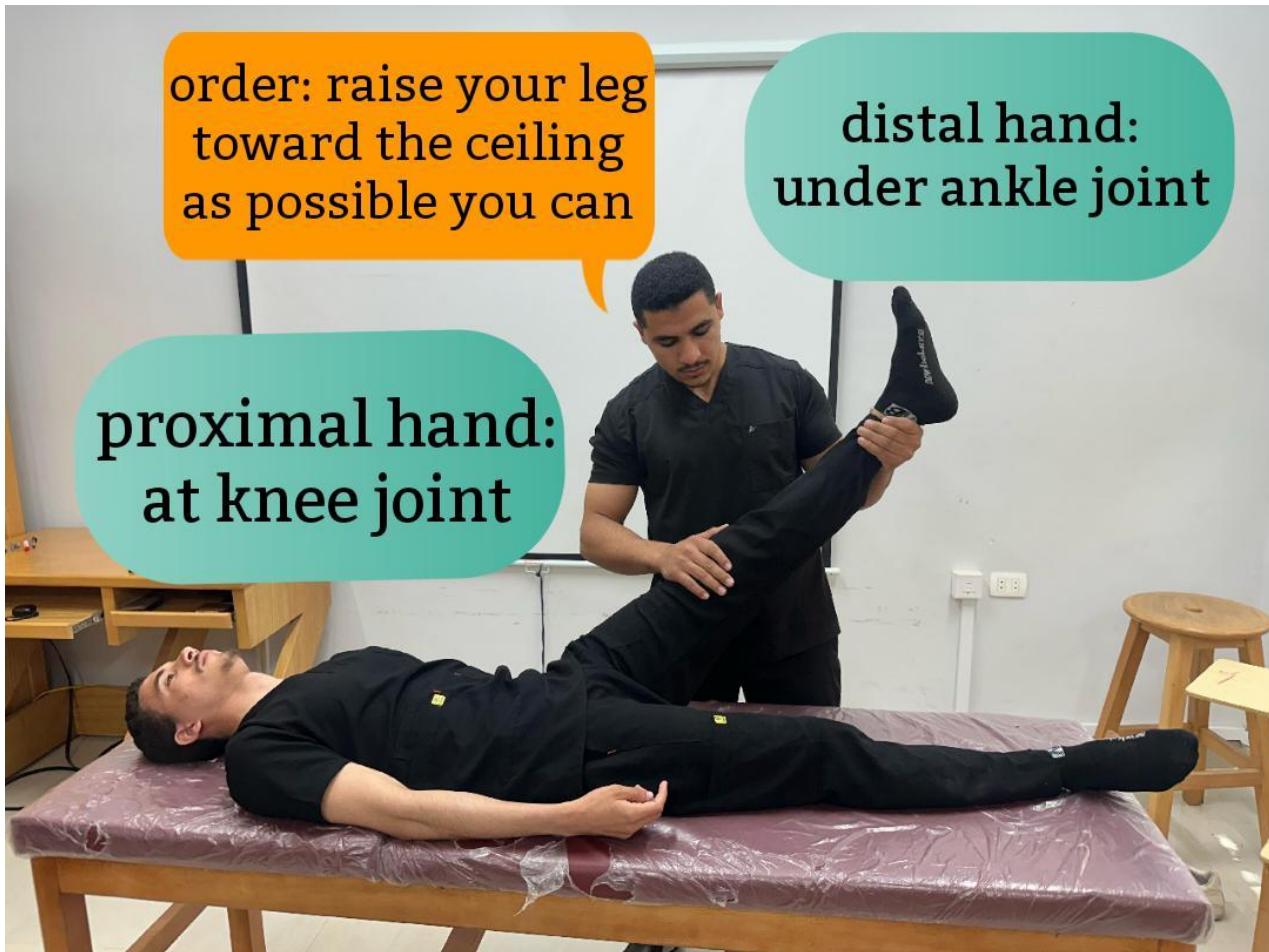
- ❖ All standings in active assisted is stride standing
To give more lateral stability.
- ❖ **ONE HAND(Distal)** :Guiding motion till the point of limitation then assist patient to complete ROM.
- ❖ **OTHER HAND:** for stability or cradling
- ❖ **IN SIDE LYING POSITION:** Knee flexed for stability.
- ❖ When stabilize around / Above ankle , take care **DO NOT PRESSURE ON ACHILLES TENDON.**



HIP JOINT

1. Hip flexion (against gravity)

- Patient position: supine lying
- Therapist position: standing beside affected limb



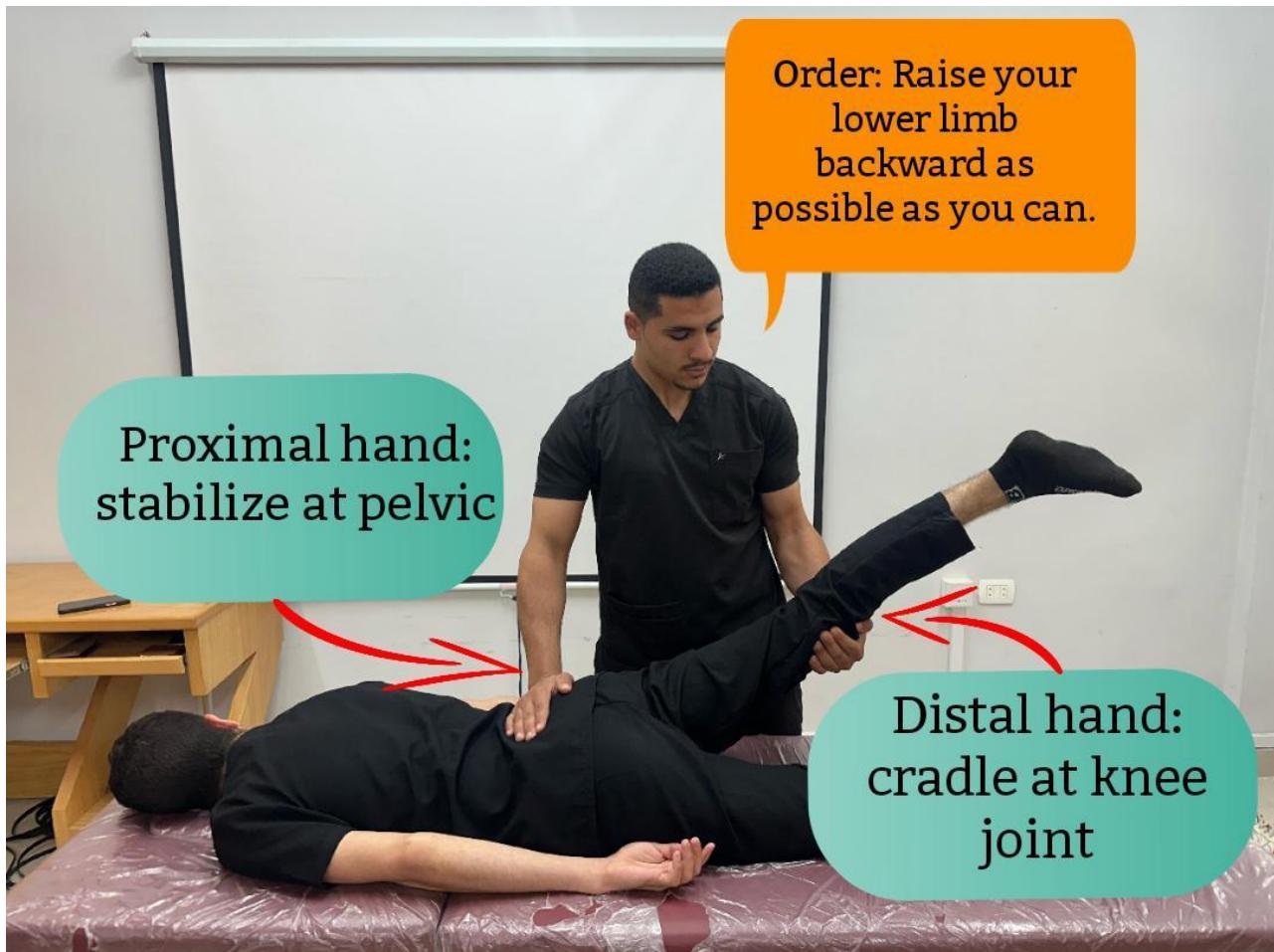
2. Hip flexion (omitting gravity)

- Patient position: side lying ,lower most limb flexed for stability
- Therapist position: standing behind patient



3. Hip Extension (against gravity)

- Patient position: prone
- Therapist position: standing beside affected limb



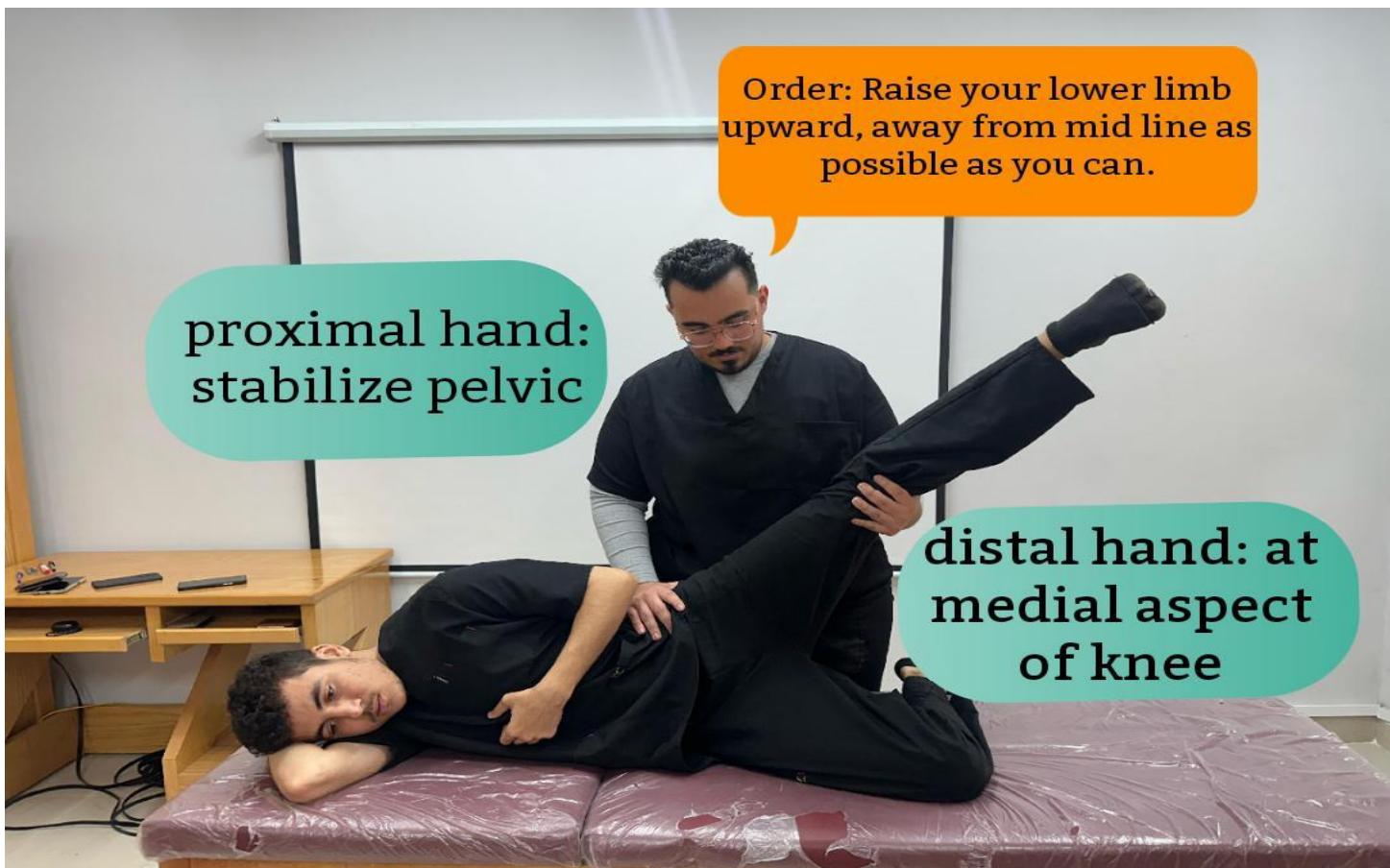
4. Hip Extension (omitting gravity)

- Patient position: side lying ,lower most limb flexed for stability , knee maybe flexed to increase ROM
- Therapist position: standing behind patient



5. Hip abduction (against gravity)

- Patient position: side lying ,lower most limb flexed for stability
- Therapist position: standing behind patient



6. Hip abduction (omitting gravity)

- Patient position: supine lying
- Therapist position: standing beside affected limb



7. Hip adduction (Against gravity)

- Patient position: side-lying and unaffected limb upper most and abducted(elevated) OR bind under the affected one.
- Therapist position: standing Behind patient



ANOTHER ORDER:

(Try to touch your elevated limb with the other as possible as you can)

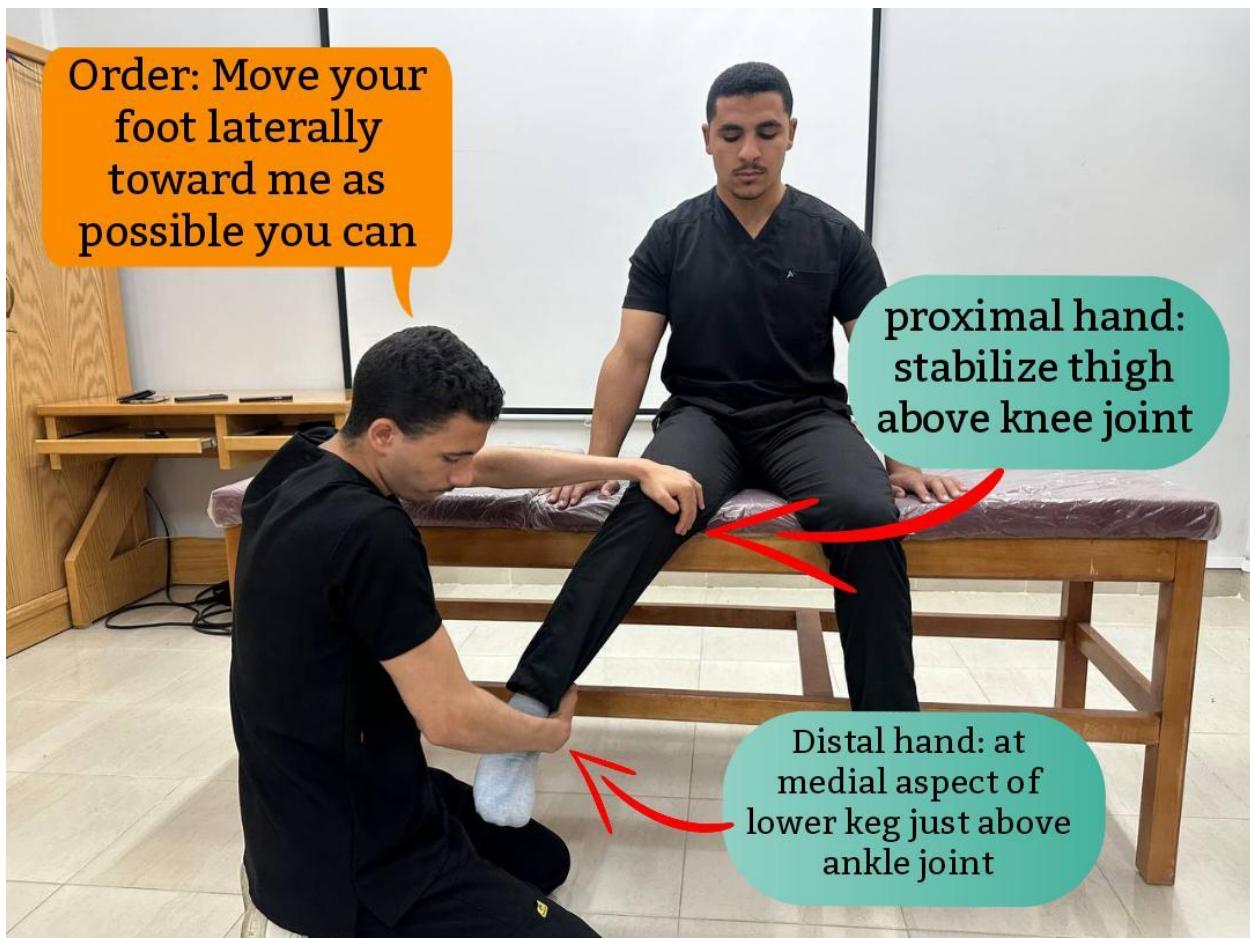
8. Hip adduction (omitting gravity)

- Patient position: supine lying OR long sitting
- Therapist position: standing beside affected limb



9. Hip internal rotation (against gravity)

- Patient position: sitting ,hand placed to support trunk
- Therapist position: kneeling beside affected limb



10. Hip internal rotation (omitting gravity)

- Patient position: supine , affected limb in 90° flexion knee & hip
- Therapist position: standing beside affected limb



11. Hip external rotation (against gravity)

- Patient position: sitting ,hand placed to support trunk
- Therapist position: kneeling beside affected limb



12. Hip external rotation (omitting gravity)

- Patient position supine, affected limb in 90° flexion knee & hip
- Therapist position: standing beside affected limb





KNEE JOINT

1. Knee flexion (against gravity)

- Patient position: prone
- Therapist position: standing beside affected limb



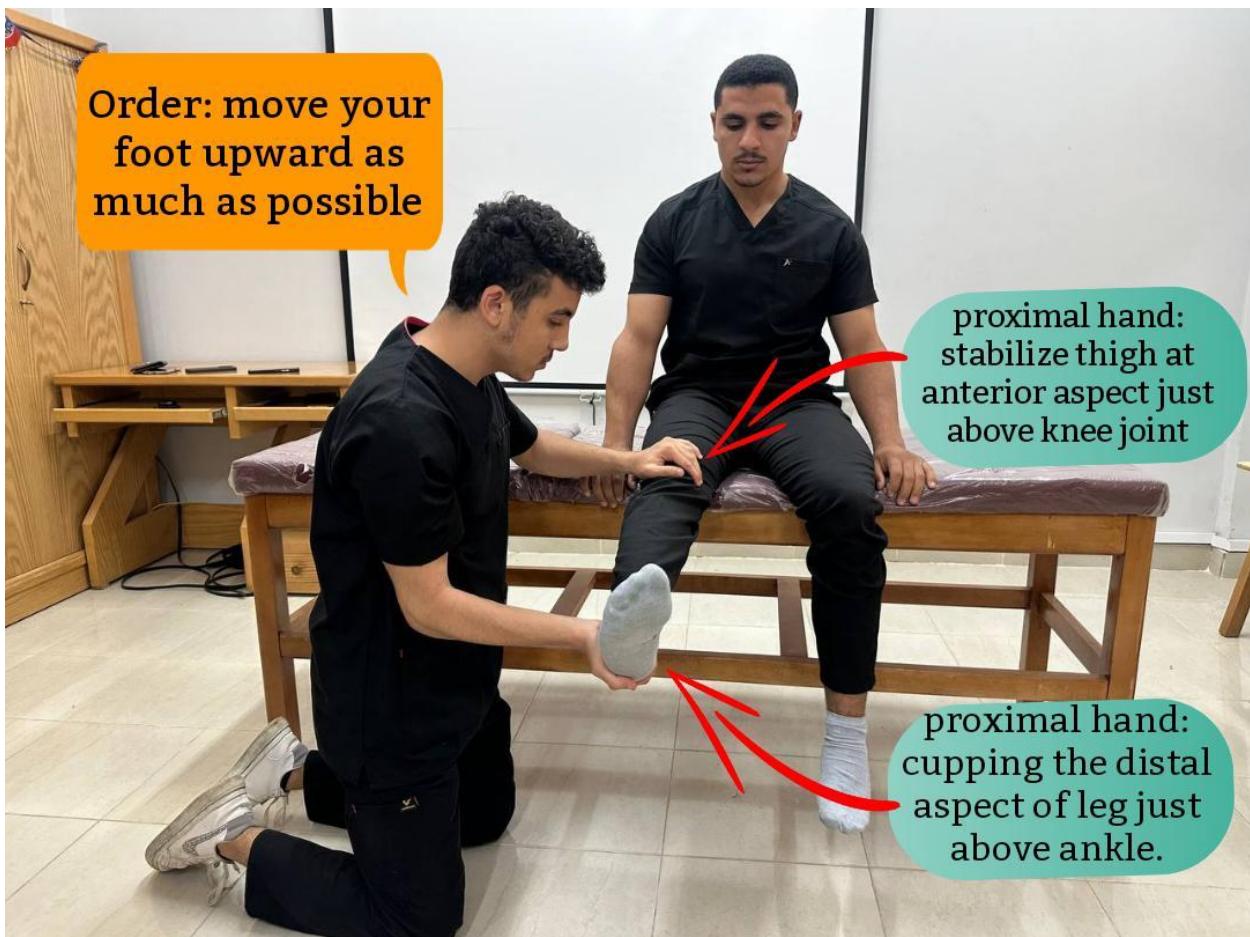
2. Knee flexion (omitting gravity)

- Patient position: side lying, lower most limb flexed for stability
- Therapist position: standing behind patient



3. Knee extension (against gravity)

- Patient position: sitting starting with knee flexed 90°
- Therapist position: kneeling at affected limb



4. Knee extension (omitting gravity)

- Patient position: side lying, lower most limb flexed for stability
- Therapist position: standing behind affected limb





ANKLE JOINT

1) Ankle dorsiflexion (against gravity)

- Patient position : supine and the foot out of plinth
- Therapist position: sitting front of or at side of affected foot



2) Ankle dorsiflexion (omitting gravity)

- Patient position: side lying, affected foot rested on plinth
- Therapist position: standing beside affected foot



3) Ankle Planterflexion (against gravity)

- Patient position: prone and foot out of plinth
- Therapist position: sitting in front or beside affected foot



4) Ankle Planterflexion (omitting gravity)

- Patient position: side lying, affected foot rested on plinth
- Therapist position: standing behind affected limb





SUBTALAR JOINT

1. Subtalar inversion (against gravity)

- Patient position : sitting with knee flexed 90
- Therapist position: kneeling in front of affected foot



2. Subtalar inversion (omitting gravity)

- Patient position : supine lying
- Therapist position:standing or sitting in front of affected foot



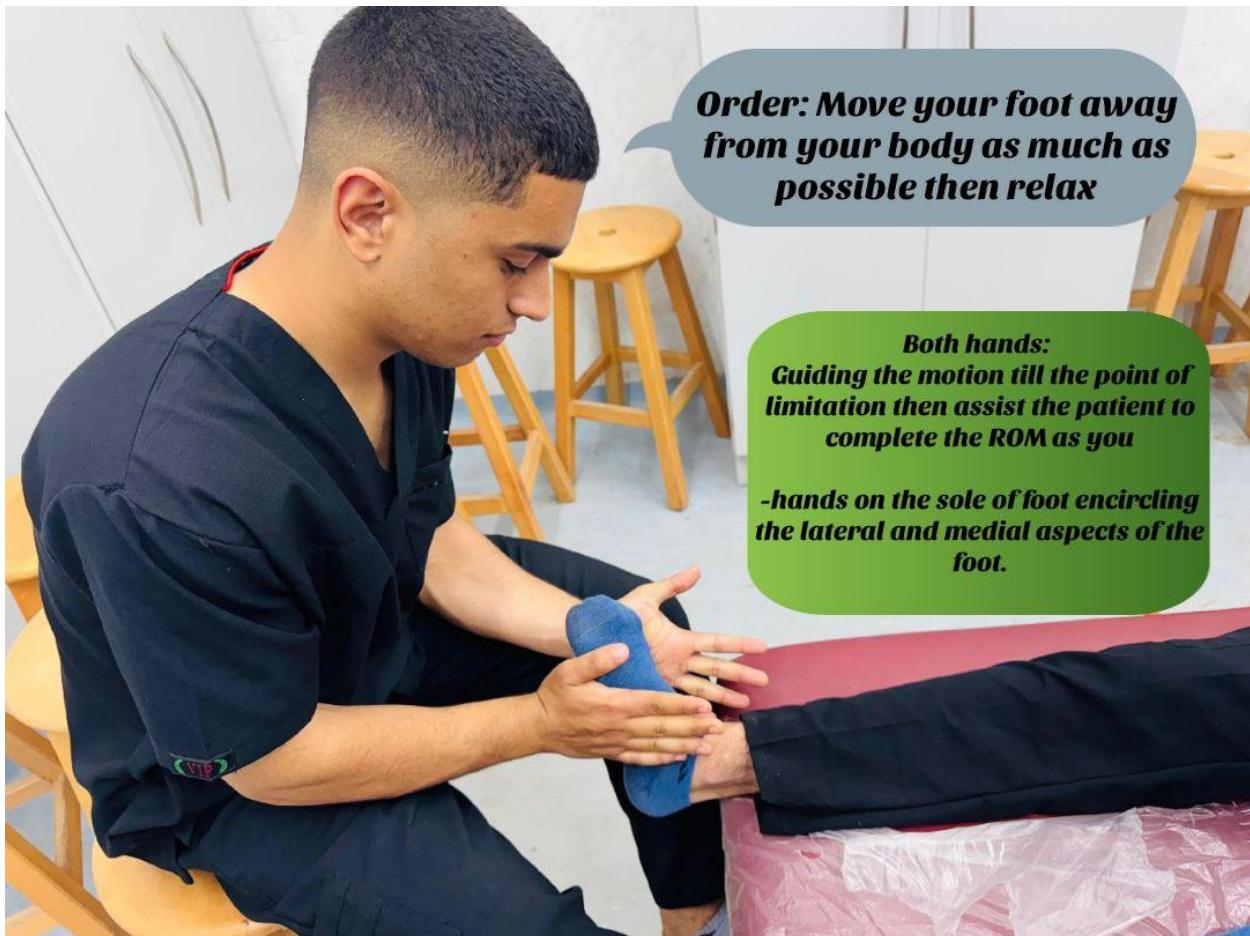
3. Subtalar Eversion (against gravity)

- Patient position : sitting with knee flexed 90
- Therapist position: kneeling in front of affected foot



4. Subtalar Eversion (omitting gravity)

- Patient position: supine lying
- Therapist position: standing or sitting in front of affected foot





SELF
ASSISTED
WITH
EQUIPMENT

1) HEEL SLIDE (KNEE AND HIP FLEXION):

- **EQUIPMENT:** Towel OR resistance band
- **STARTING POSITION:** supine OR long sitting ,legs extended
- **INSTRUCTIONS:**

1. Place the resistance band at sole of foot OR above ankle
2. Bend the knee slowly by sliding heel on plinth toward buttocks to full ROM
3. IF limitation occur pull by resistance band to assist movement to reach full ROM.



2) DORSIFLEXORS STRENGTH:

- **EQUIPMENT:** Towel OR resistance band
- **STARTING POSITION:** sitting with flexed knee
- **INSTRUCTIONS:**
 1. Place the resistance band under sole of foot.
 2. Start with relaxed foot (PLANTERFLEXION)
 3. Move your foot up
 4. IF limitation occur pull by resistance band to assist movement to reach full ROM





Thanks for Dr. Nabil for all efforts with us and his wonderful explanation of the information and helping us to invest and apply it practically





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