Spencer technique with muscle energy treatment (MET) – Upper extremity

Figure 1 – extension
Figure 2 - flexion
Figure 3 – circumduction
Figure 1 - circumduction with traction

Copyright 2013 – New York Institute of Technology College of Osteopathic Medicine
Department of Osteopathic Medicine
**Brief description:** Traditionally the Spencer technique uses 7 motions of the shoulder to improve glenohumeral joint motion. The method can also add an 8th motion, adduction, and for any of the motions muscle energy can be used by having the patient push against isometric resistance and re-engaging the barrier.

**Physician position:** Standing, facing the patient

**Patient position:** Lying on their side with the affected shoulder up.

**Hand positioning:** Stabilize the scapula with your cephalad hand and use your caudad hand to maneuver the arm.

**Technique:**

1. Stabilize the scapula.
2. Place the shoulder into extension. Make sure you go to the end range of motion and do this 7 times.
3. Place the shoulder into flexion. Make sure you go to the end range of motion and do this 7 times.
4. Do circumduction of the joint with the elbow flexed. Start with small circles and then make bigger circles. Go in the clockwise direction 7 times and then counterclockwise direction 7 times.

5. Now do circumduction with traction by extending the elbow and holding the arm near the wrist. (Apply traction by gently pulling the arm towards the ceiling.) Start with small circles and then make bigger circles. Go in the clockwise direction 7 times and then counterclockwise direction 7 times.

6. Proceed to abduction by having the patient grab your cephalad forearm and then push up on the elbow. Move the arm to its abduction barrier 7 times.

7. Next, adduct by having the patient grab your cephalad forearm and then push down on the elbow. Move the arm to its adduction barrier 7 times. (This is an optional part of the Spencer technique.)

8. Place the patient’s arm behind their back in order to internally rotate the arm. Be very gently with this step. Pull the elbow towards you to induce the internal rotation. Again, internally rotate the arm 7 times.

9. The final step is traction, place the patient’s hand on your shoulder and now grab the upper arm with both hands. Apply traction 7 times in all directions.

10. To add muscle energy to any component of the Spencer technique, simply place the patient in the barrier during that step of the technique and have the patient push against you. Then re-engage the barrier 2 more times with the patient again pushing against isometric resistance for 3-5 seconds. Finally, add a passive stretch before continuing to the next step of the Spencer technique.

**Models:** Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral

**Other notes:** Mnemonic for remembering Spencer technique → Step 1 “Shake hands with the patient,” Step 2 “Let’s go for a walk,” Step 3 “Would you like an ice cream cone?” Step 4 “How about a tall ice cream cone?” Step 5 “Do you like pistachio?” (Make the letter “P”), Step 6 “Don’t make me twist your arm,” Step 7 “Let’s be friends.”
Counterstrain (CS) of the lateral epicondyle- Upper extremity

**Brief description:** This tenderpoint (TP) is associated with the extensor carpi radialis muscle. The TP is located on the lateral aspect of the elbow and is treated by extending, abducting and supinating the forearm.

**Physician position:** Seated

**Patient position:** Supine

**Hand positioning:** Place one finger on the TP on the lateral aspect of the elbow.

**Technique:**

Technique:

1. Localize the tenderpoint and establish the pain scale.
2. Now extend, abduct and supinate the forearm so that you fold over the TP.
3. At the mobile point, you want the pain to ideally be 0 out of 10.
4. Hold the position for 90 seconds.
5. Now place the patient back to neutral and reassess the pain before lifting your finger off the TP.

**Models:** Biomechanical
Counterstrain (CS) of the medial epicondyle – Upper extremity

**Brief description:** This tenderpoint (TP) is associated with the coronoid. The TP is located on the medial aspect of the cubital fossa of the elbow and is treated by flexing, pronating and compressing to the point.

**Physician position:** Seated

**Patient position:** Supine

**Hand positioning:** Place one finger on the TP on the medial aspect of the elbow in the cubital fossa.

**Technique:**

1. Localize the tenderpoint and establish the pain scale.
2. Now maximally flex and pronate the forearm so that you fold over the TP. Add compression down to the TP as well.
3. At the mobile point, you want the pain to ideally be 0 out of 10.
4. Hold the position for 90 seconds.
5. Now place the patient back to neutral and reassess the pain before lifting your finger off the TP.

**Models:** Biomechanical
**Carpal spread – Upper extremity**

**Brief description:** Carpal spread or release is useful in patient suffering from carpal tunnel syndrome, a compression of the median nerve, as well as patients suffering from edema of the hands, such as pregnant patients. Simply grasp the patient’s hand, extend the wrist and apply pressure over the flexor retinaculum while moving from medial to lateral.

**Physician position:** Seated or standing

**Patient position:** Seated

**Hand positioning:** Hold the patient’s hand with the palm side up. Place a thumb on each side of the flexor retinaculum so that you are on the carpal bones. Use the rest of your fingers to grasp the hand.

**Technique:**

1. Grasp the patient’s hand and place your thumbs over the carpal bones.
2. Extend the patient’s wrist.
3. Starting with your thumbs medially and while applying pressure, move your thumbs out laterally.
4. Repeat several times until your feel that the flexor retinaculum is less tense.

**Models:** Biomechanical and Respiratory-Circulatory

---

Copyright 2013 – New York Institute of Technology College of Osteopathic Medicine
Department of Osteopathic Medicine