Clinical Pearl: Active Glenohumeral Depression

Submitted by: John Gray, DPT, OCS, FAAOMPT

Technique: Active glenohumeral depression to increase glenohumeral joint mobility and increase shoulder AROM in cases of adhesive capsulitis and impingement.

Indication: Hypomobility in glenohumeral joint capsule in inferior direction.

Positioning: Patient sits sideways on chair with no arms. Their elbow rests on the backrest with the shoulder abducted 60 to 75 degrees. Abduction is important to keep the arm in a functional position and to help stretch the inferior joint capsule. However, abduction should be below 90 degrees to avoid painful impingement on RTC or bursa. In the clinic, an overhead pulley is used with a strap in the patient's axilla. For home exercise, the patient will use a large loop of resistive band that stretches from the top of a door down to the patient's axilla.

Instruction: The patient actively pushes the resistive band down towards the floor as far as possible – stretching the inferior capsule. They are then instructed to relax completely so that the resistive band/pulley will pull their humerus back up to the starting position. The elbow should remain stationary on the backrest.

Note: Recommend performing glenohumeral joint and soft tissue mobilizations prior to this exercise and having patients do other therapeutic shoulder exercises after the active glenohumeral depression. This will help maximize the patient's ability to move their shoulder and upper extremity through a larger pain-free ROM.