

# BROOKS 6: SUPINE Examination

# Table of Contents for Chapter 8 slide sets

- BROOKS 1 STANDING Examination
- BROOKS 2 SEATED Examination—Pedal Appendage wo Innominates
- BROOKS 3 SEATED Examination—Cephalad Appendage
- BROOKS 4 SIDELYING Examination
- BROOKS 5 PRONE Examination
- BROOKS 6 SUPINE Examination

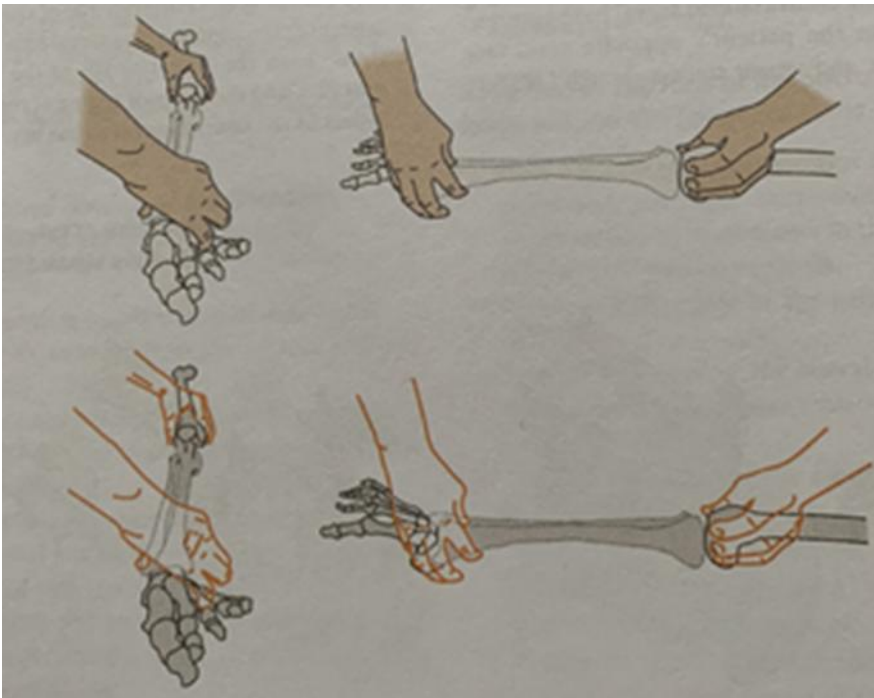
## Figure 8-143, p.184

Finger holds for **lateral rotation of the leg on the thigh at the tibiofemoral/patellofemoral joints.**



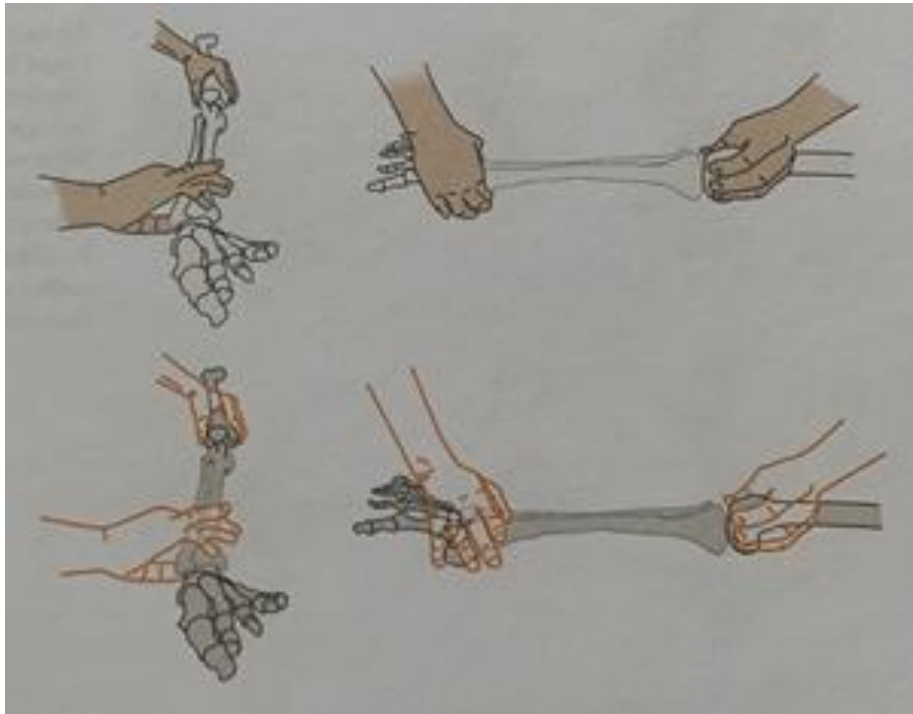
## Figure 8-144, p.184

Finger holds for **lateral rotation of the leg on the thigh at the tibiofemoral/patellofemoral joints.**



## Figure 8-145, p.185

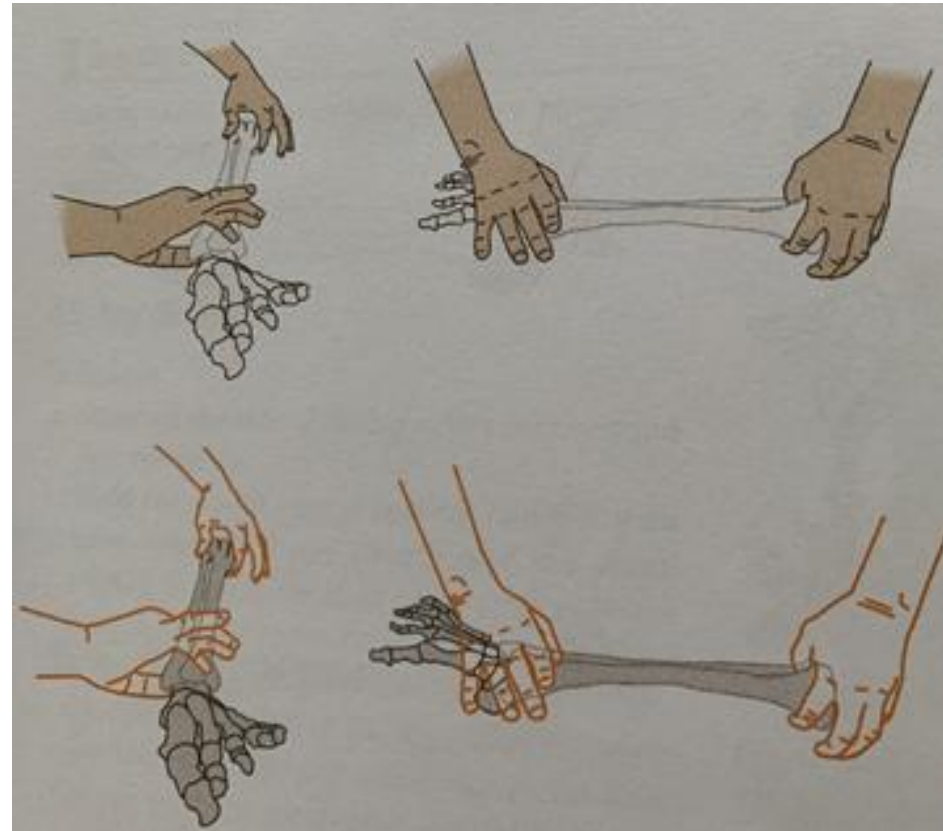
Finger holds for **medial rotation of the leg on the thigh at the tibiofemoral/patellofemoral joints.**



## Figure 8-146, p.186

Finger holds for one phase of tibia and fibula countertilting within the leg:

**Proximal tibia tilting anterolateral along with the proximal fibula tilting posteromedial and simultaneously the distal tibia tilting posteromedial along with the distal fibula tilting anterolateral.**



## Figure 8-147, p.187

Finger hold for one  
other, reciprocal,  
phase of tibia and  
fibula countertilting  
with the leg:  
**proximal tibia tilting  
posteromedial  
along with the  
proximal fibula  
tilting anterolateral  
and simultaneously  
the distal tibia  
tilting anterolateral  
along with the  
distal fibula tilting  
posteromedial.**

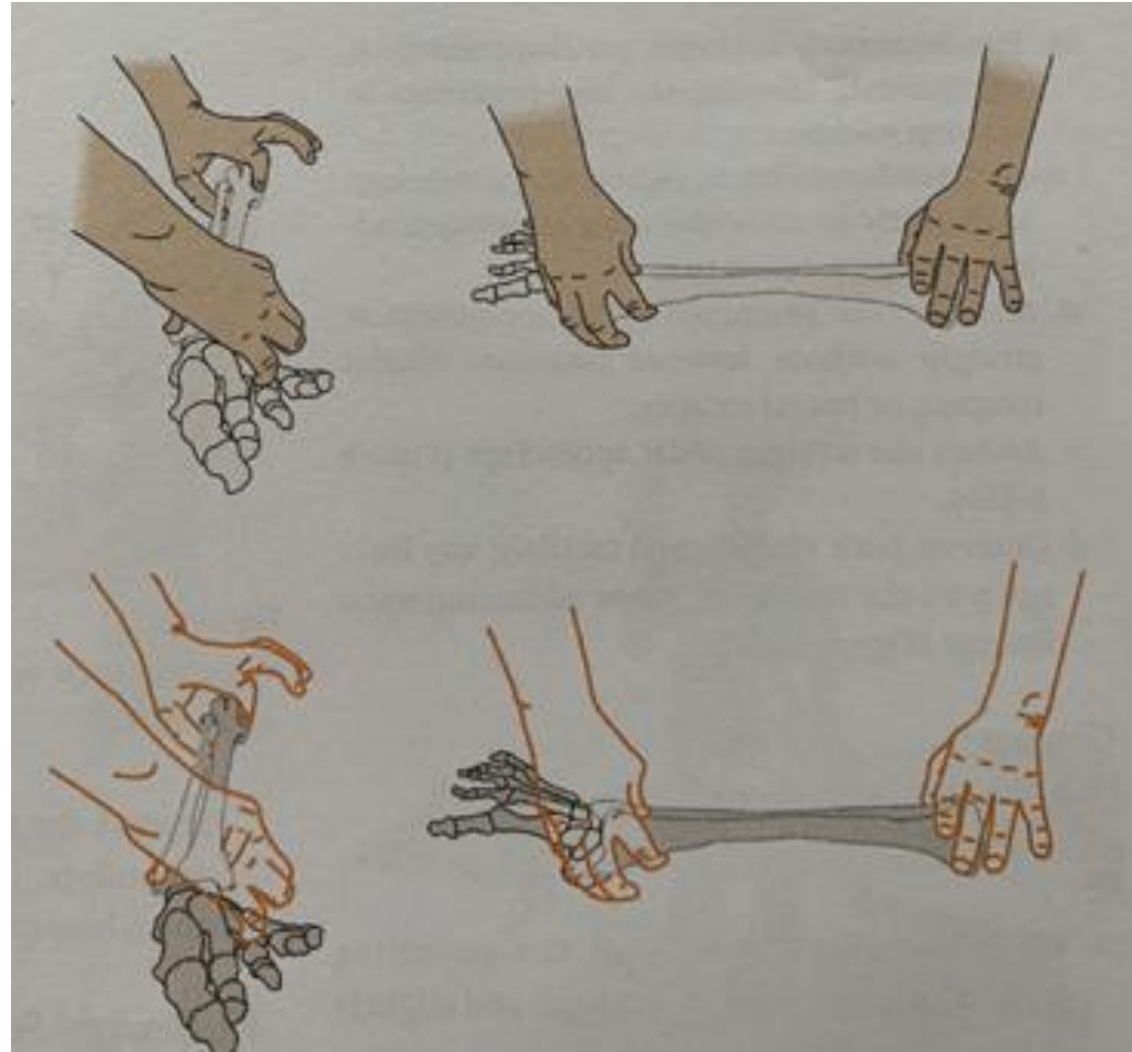


Figure 8-148, p.187

**Medial rotation of  
the straight pedal  
appendages.**





Figure 8-149, p.187

**Lateral rotation of  
the straight pedal  
appendages.**



Figure 8-150, p.188

**Right straight  
pedal appendage  
adduction.**



## Figure 151, p.188

Typical linkage upon **straight pedal appendage adduction.**

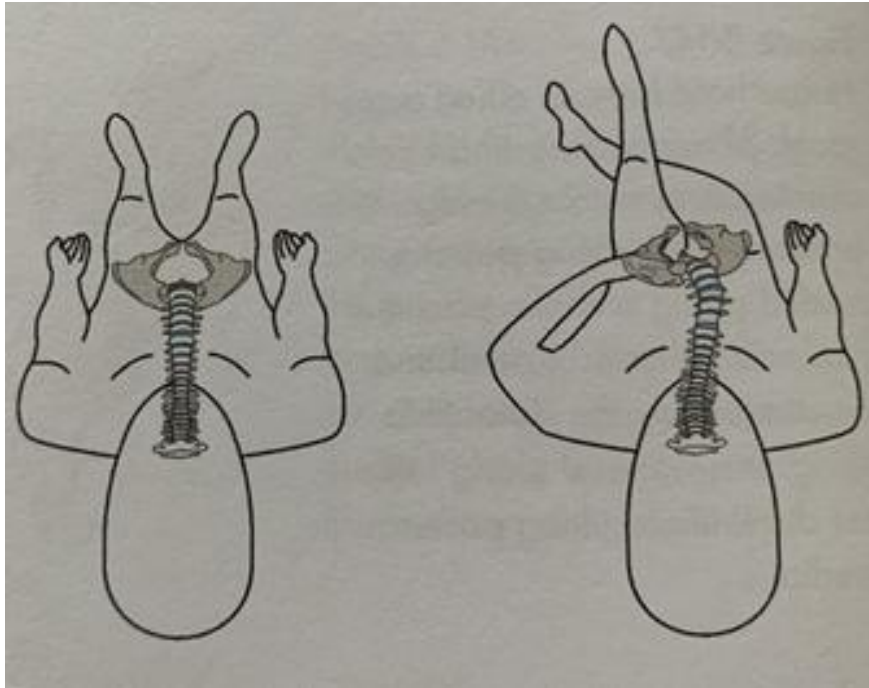


Figure 8-152, p.189

**Straight pedal appendage  
abduction.**



Figure 8-153, p.189

**Straight pedal appendage  
forward bending.**



Figure 8-154, p.189

**Straight pedal appendage  
bending with foot in full  
forward bending.**



Figure 8-155, p.190

**Bent pedal appendage  
forward bending.**



## Figure 8-156, p.190

Maintain the patient's  
contralateral pedal appendage  
straight during **bent pedal  
appendage forward bending.**





Figure 8-157, p.191

**Medial rotation of the 90°  
bent 90° forward bent pedal  
appendage.**



Figure 8-158, p.191

**Lateral rotation of the 90°  
bent 90° forward bent pedal  
appendage.**



Figure 8-159, p.191

**Bent 90° forward bent pedal  
appendage adduction.**



Figure 8-160, p.192

**Bent 90° forward bent pedal  
appendage.**



## Figure 8-161, p.192

**Starting position for bent 90°  
forward bent pedal  
appendage abduction.**



Figure 8-162, p.192

**Bent 90° forward bent pedal  
appendage abduction.**



## Figure 8-163, p.193

**Starting position for 90° bent cephalic appendage lateral rotation.**



Figure 8-164, p.193

**90° bent cephalic appendage  
lateral rotation.**





## Figure 8-165, p.193

Press the acromion tableward  
to isolate **rotation of the 90°  
bent 90°abducted cephalic  
appendage at the  
glenohumeral joint.**



Figure 8-166, p.193

**Lateral rotation of the 90°  
bent 90° abducted cephalic  
appendage at the  
glenohumeral joint.**



Figure 8-167, p.194

**Median rotation of the 90°  
bent 90° abducted cephalic  
appendage at the  
glenohumeral joint.**



## Figure 8-168, p.194

Medial rotation of the 90° bent  
90° abducted cephalic  
appendage at the four  
shoulder joints.



## Figure 8-169, p.194

Starting position for **forearm supination/pronation.**



**Figure 8-170, p.195**  
**Supination (lateral rotation)**  
**of the LEFT forearm in the**  
**straight cephalic appendage**  
**postural context.**



## Figure 8-171, p.195

**Supination (lateral rotation)**  
**of the RIGHT forearm in the**  
**straight cephalic appendage**  
**postural context** viewed from  
anterior.

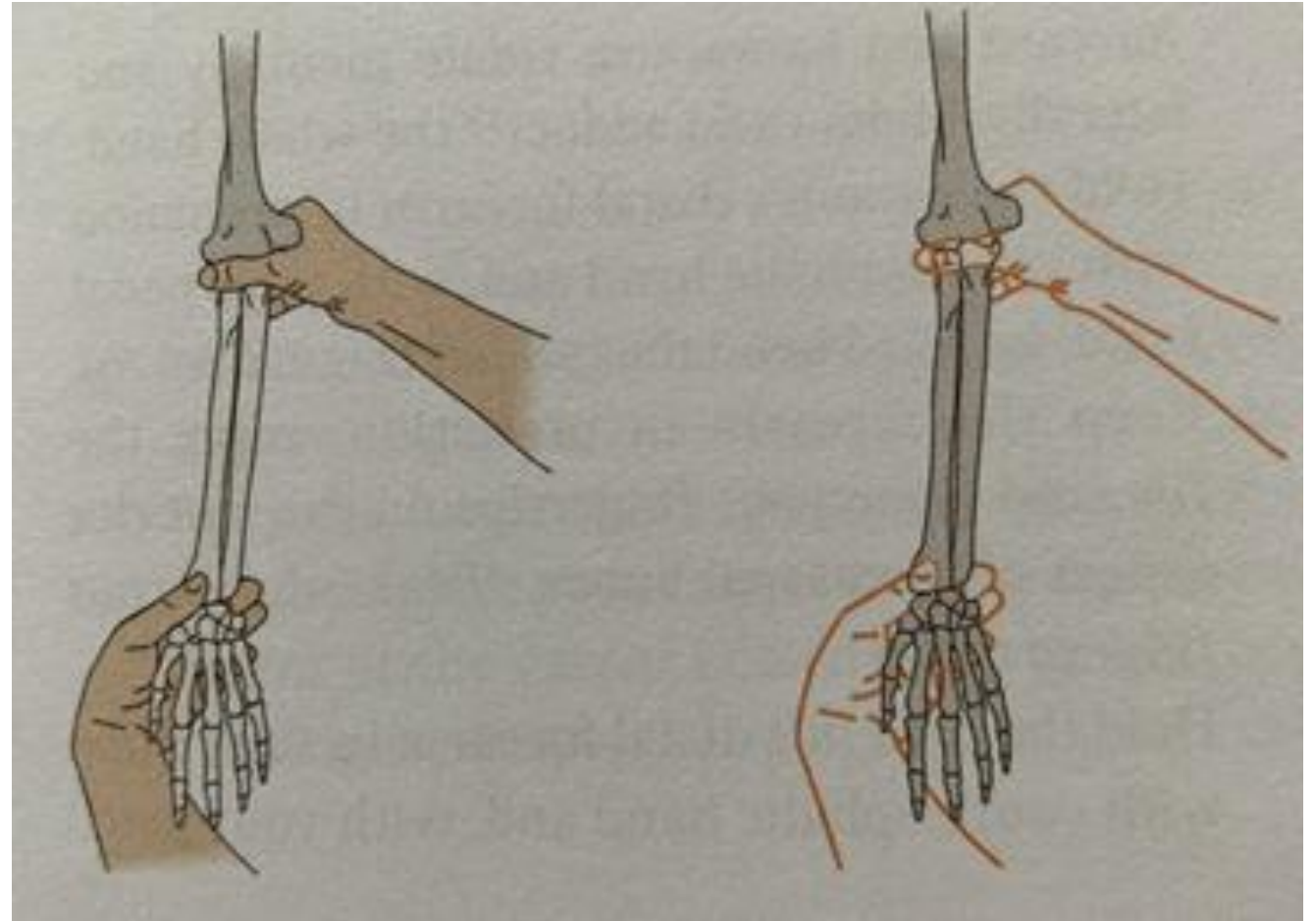




Figure 8-172, p.195

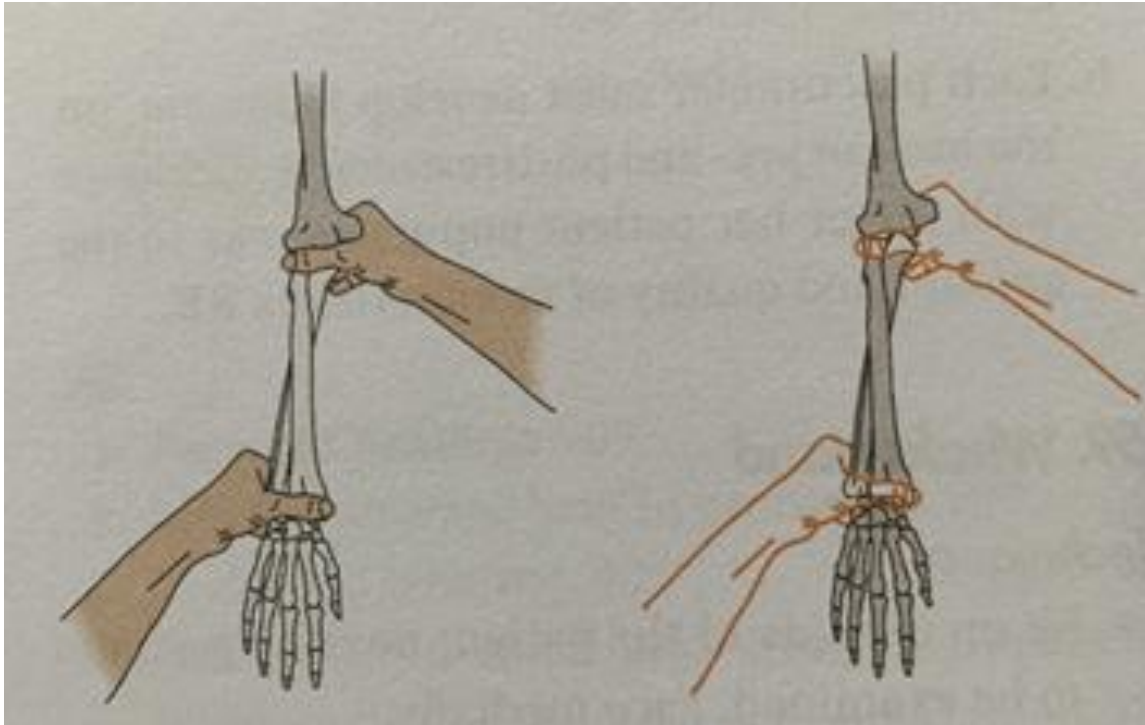
**Pronation (medial rotation) of  
the LEFT forearm in the  
straight cephalic appendage  
postural context.**





## Figure 8-173, p.195

**Pronation (medial rotation) of the RIGHT forearm in the straight cephalic appendage postural context** viewed from anterior (forearm and hand posterior surfaces face anterior).



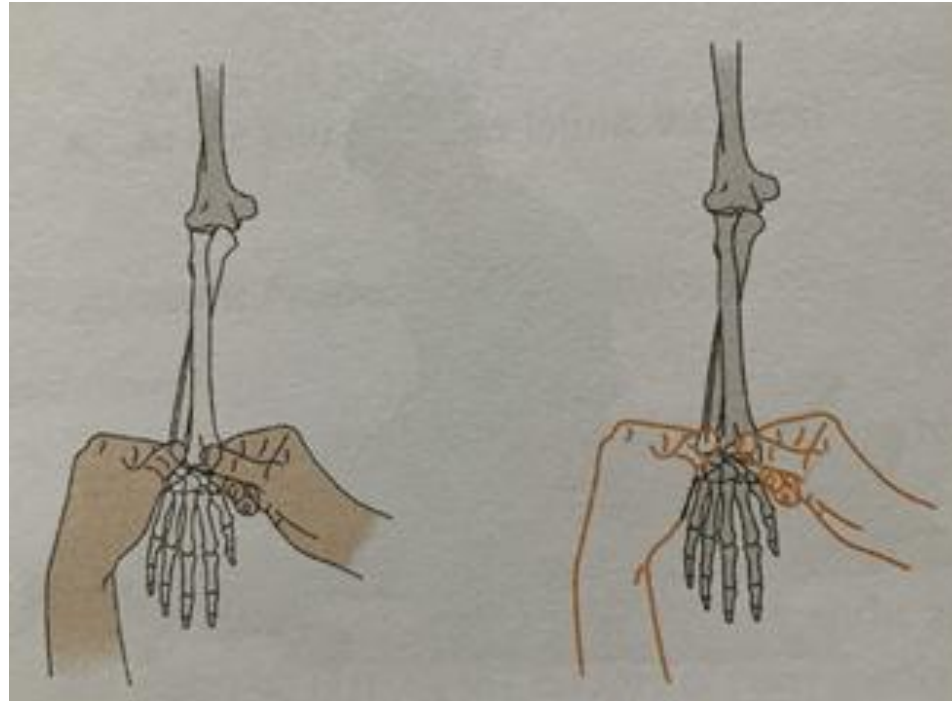
## Figure 8-174, p.196

Hand holds for **distal ulnar glide on the radius** in the **right forearm pronated position**.



## Figure 8-175, p.196

Hand holds for  
**distal ulnar glide**  
**on the radius in**  
**the right forearm**  
**pronated position**  
viewed from  
anterior (forearm  
and hand posterior  
surfaces face  
anterior).

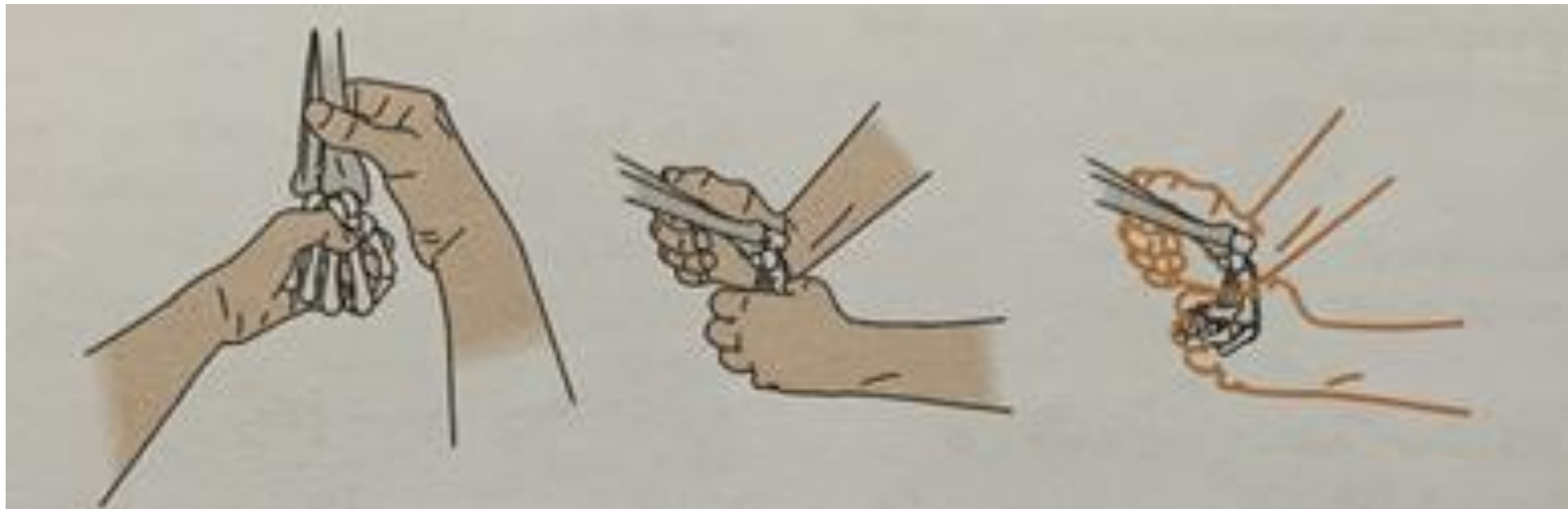


## Figure 8-176, p.196

### **Forward bending of the full fist in right forearm pronation.**

Left image: viewed from anterior (forearm and hand posterior surfaces face anterior.)

Middle and right images: viewed from lateral (middle and right image) (the medial forearm faces laterally).



## Figure 8-177, p.197

### Peaking of the carpus in right forearm pronation.

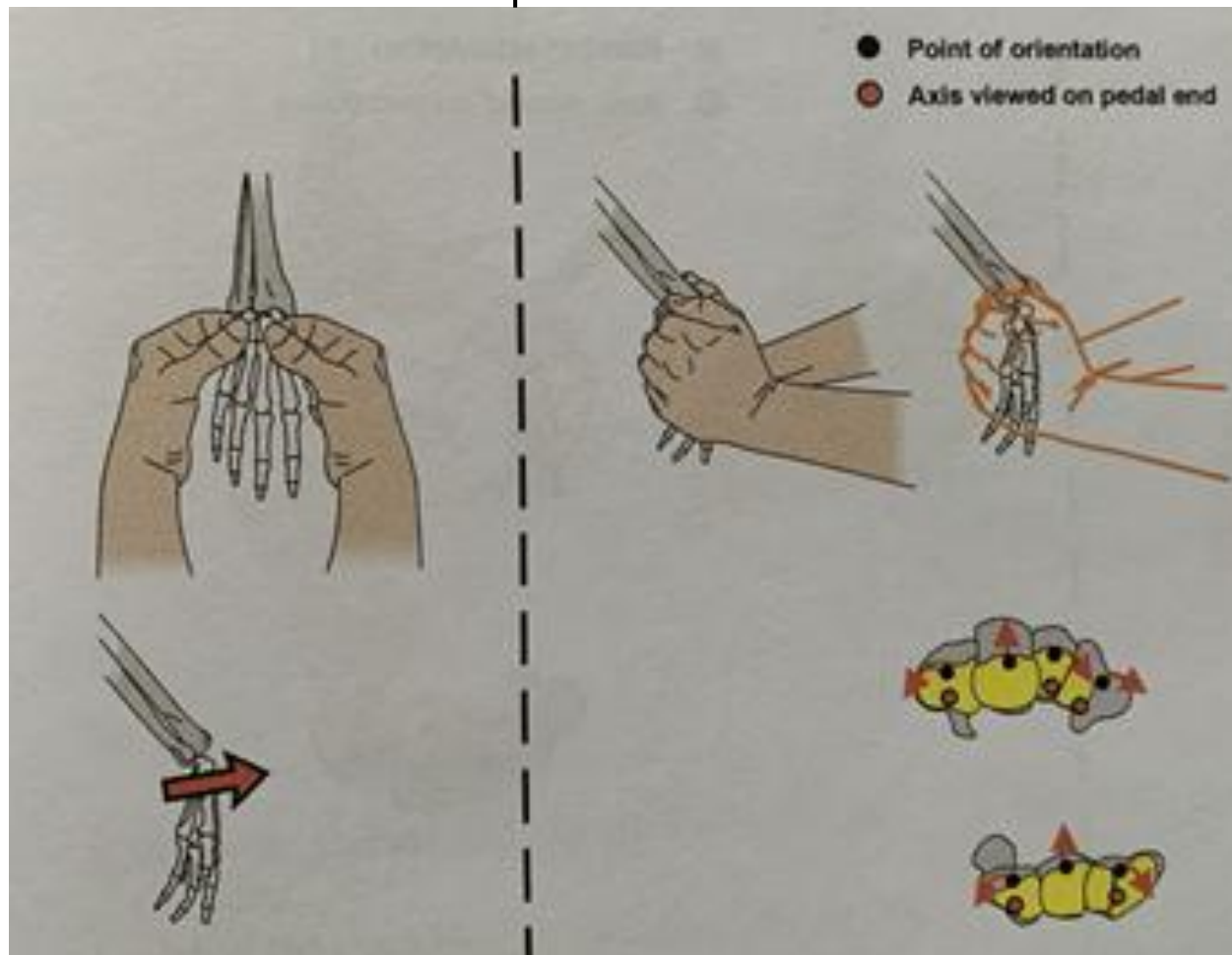
Left column, top image: viewed from anterior (forearm and hand posterior surfaces face anterior.)

Left column, bottom image: viewed from lateral.

Right column, top images: viewed from lateral.

Right column, middle image: distal carpal row viewed from pedal.

Right column, bottom image: proximal carpal row viewed from pedal. (Pisiform not depicted.)

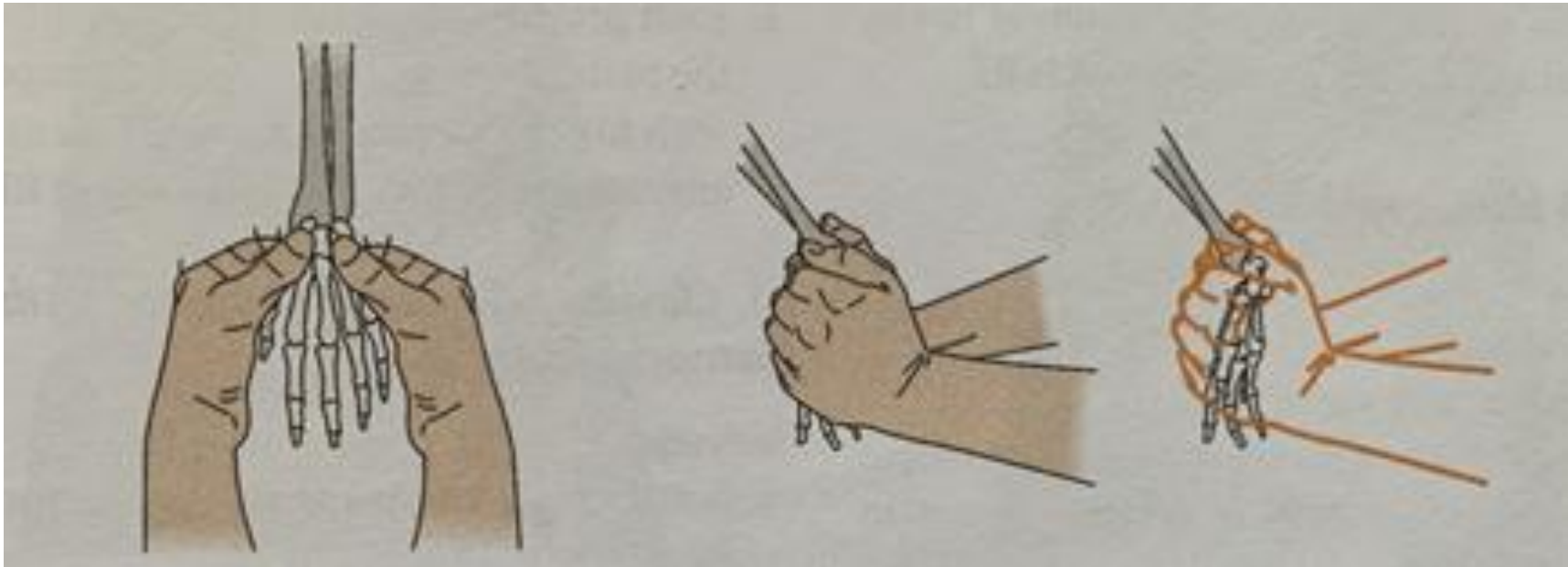


## Figure 8-178, p.197

**Backward bending of the splayed hand and fingers in right forearm supination.**

Left image: viewed from anterior.

Middle and right images: viewed from lateral.



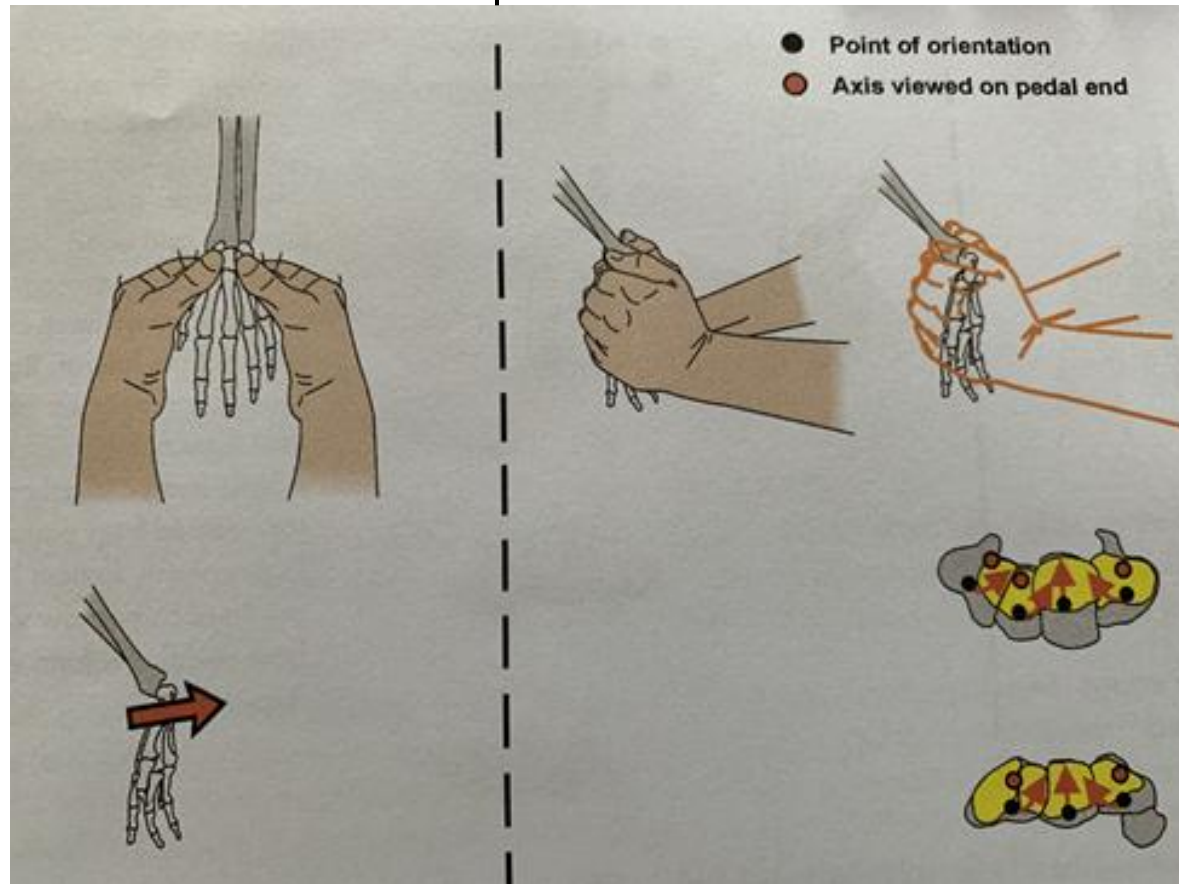


## Figure 8-179, p.198

### Flattening of the carpus in right forearm supination.

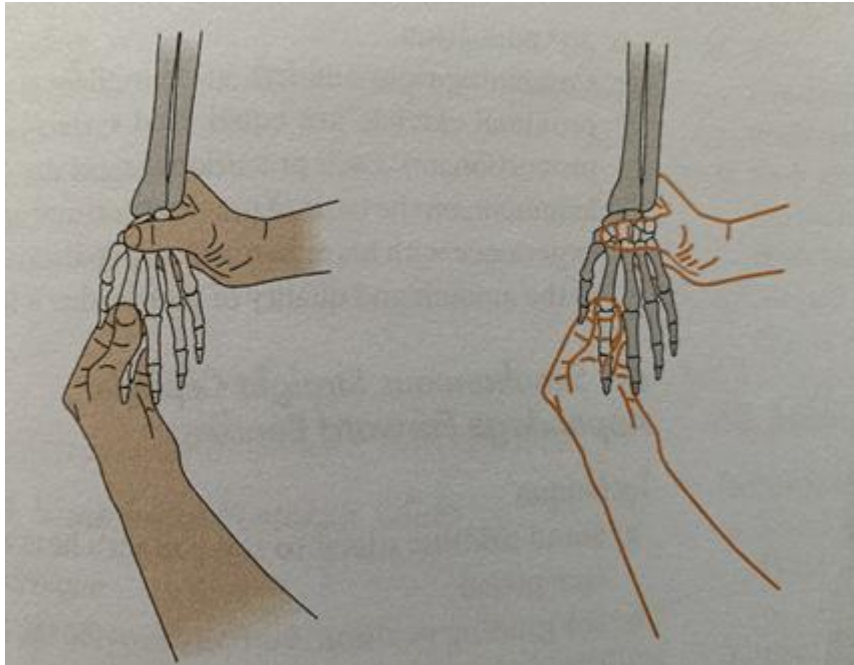
- Left column, top image: viewed from anterior.
- Left column, bottom image: viewed from lateral.

- Right column, top images: viewed from lateral.
- Right column, middle image: distal carpal row viewed from pedal.
- Right column, bottom image: proximal carpal row viewed from pedal. (Pisiform not depicted.)



## Figure 8-180, p.199

Patient's right **straight cephalic appendage with supinated forearm** viewed from anterior. Forward and backward bend each metacarpal.





## Figure 8-181, p.199

Monitor the sternum and clavicle for clavicle adduction and abduction at the sternoclavicular joint.



Figure 8-182, p.199

**Abduction of  
the clavicle as  
a component  
motion of  
scapular  
cephalic glide.**



Figure 8-183, p.200

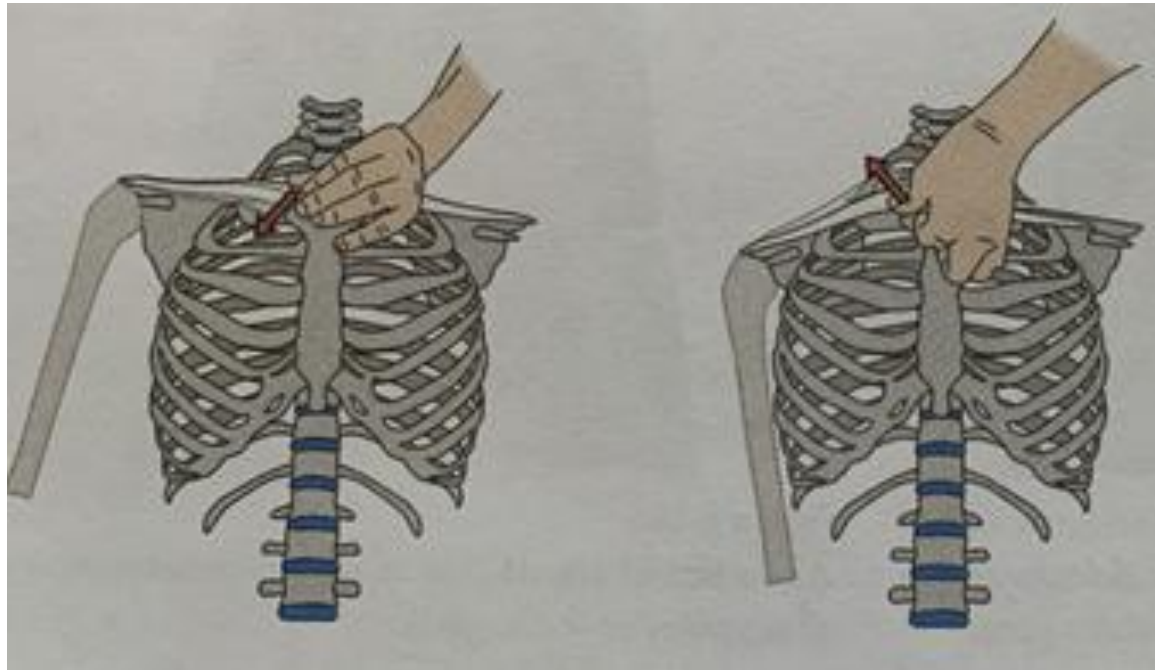
**Adduction of  
the clavicle as a  
component  
motion of  
scapular  
cephalic glide.**



## Figure 8-184, p.200

Left image: **Glide the proximal clavicle pedad during clavicular abduction.**

Right image: **Glide the proximal clavicle cephalad during clavicular adduction.**



## Figure 8-185, p.201

Hand holds for **innominate posterior glide**.

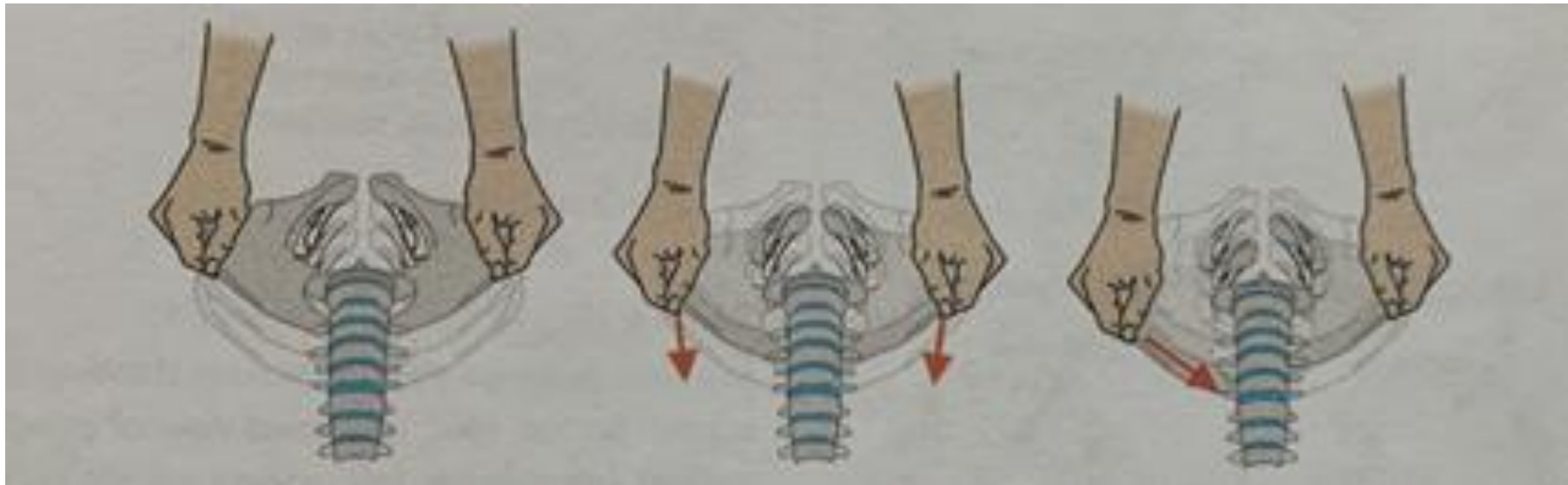


## Figure 8-186, p.201

Left image: Hand holds for **innominate posterior glide**.

Middle image: **Simultaneously gently press both innominates** tableward so as to prohibit lumbar rotation.

Right image: **Spring an innominate posteriorly along an oblique axis.**



## Figure 8-187, p.202

Hand holds for **innominate  
sagittal plane countertilt**:  
right cephalad and left pedad.



## Figure 8-188, p.202

Hand holds for **innominate**  
**sagittal plane countertilt:**  
right cephalad and left pedad.





## Figure 8-189, p. 202

Hand holds for **innominate  
sagittal plane countertilt**:  
right pedad and left cephalad.



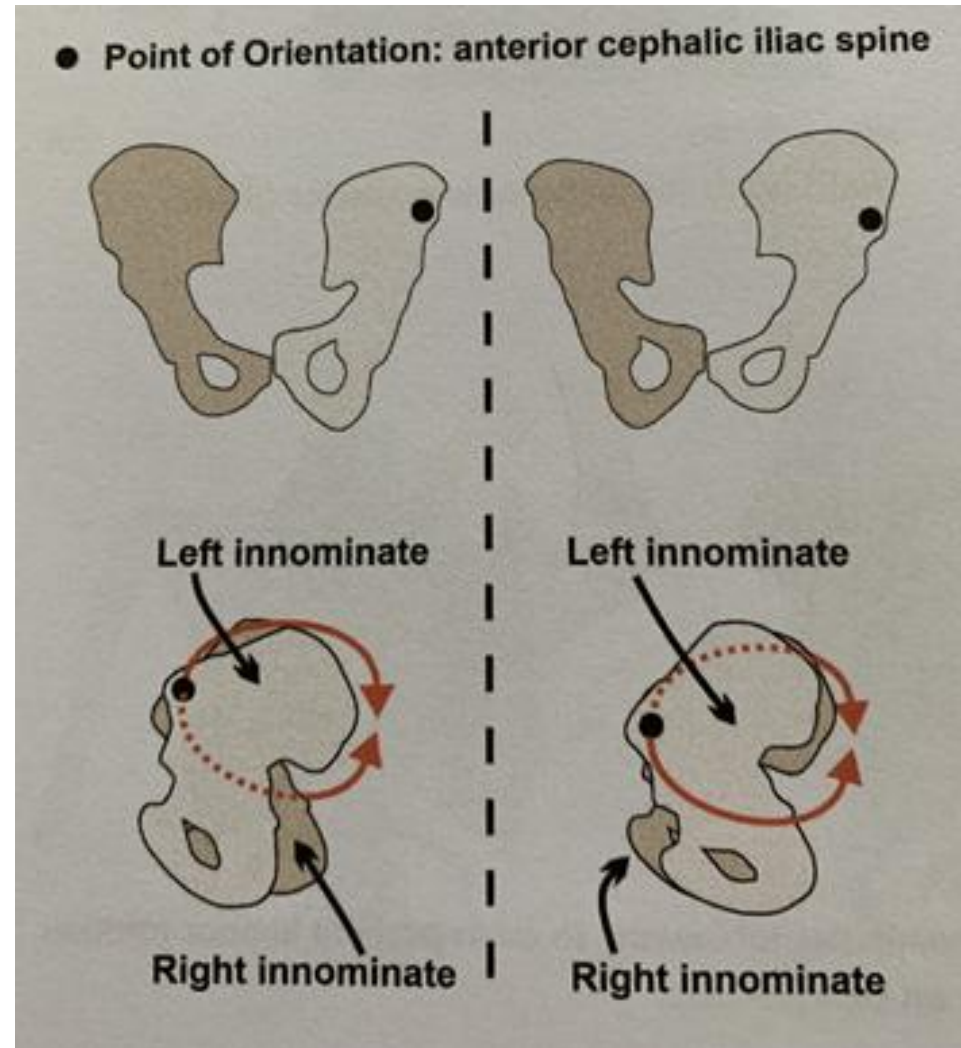
## Figure 8-190, p.202

Top row: Anterior view of patient standing or supine.

Bottom row: Left-sided view of standing patient.

Left column: Left innominate tilts cephalad (clockwise), right innominate tilts pedad (counterclockwise)).

Right column: Left innominate tilts pedad (counterclockwise), right innominate tilts cephalad (clockwise).



## Figure 8-191, p.203

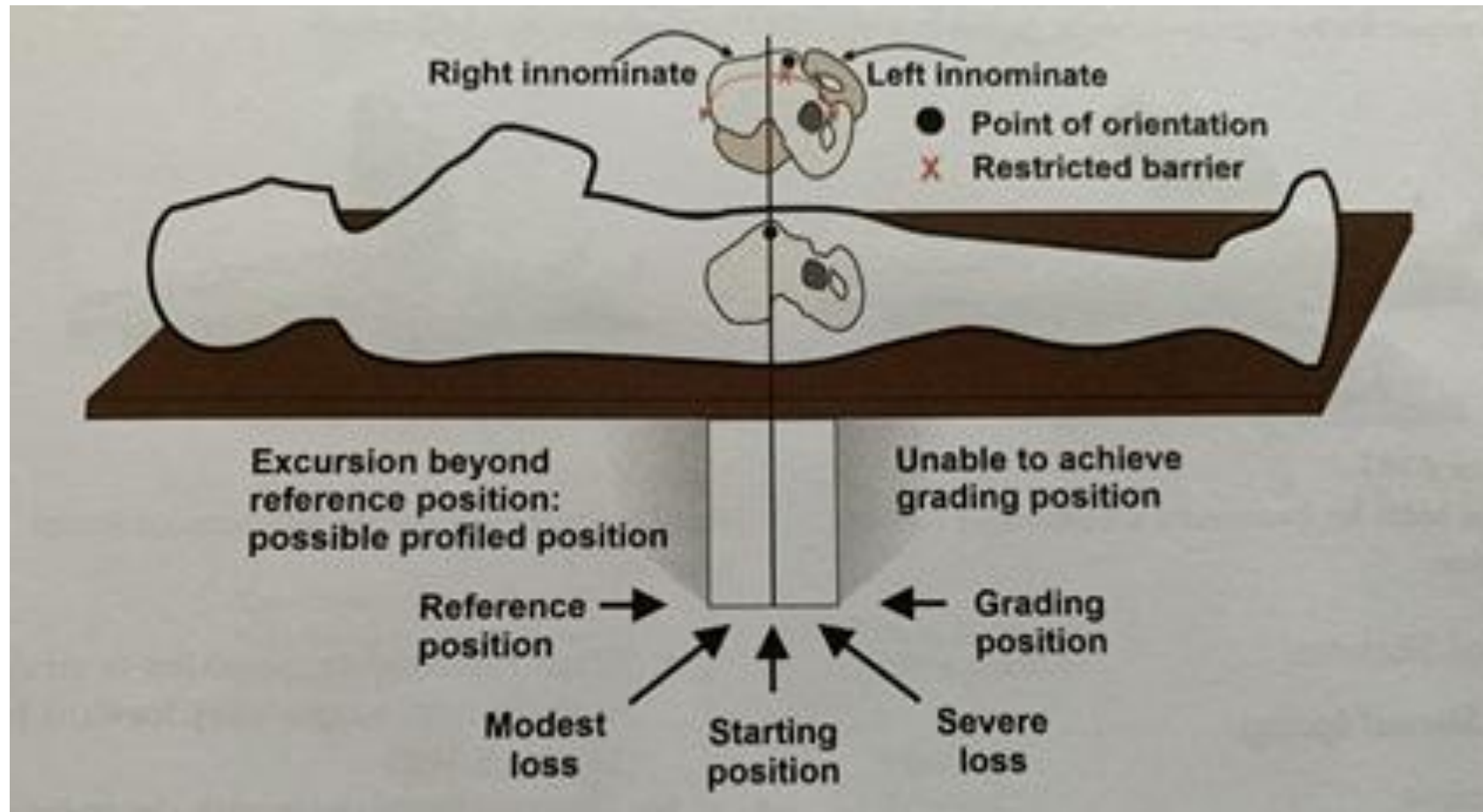
Viewed from a patient's right side. Grading for **sagittal plane countertilt of the innominates**: right cephalad, left pedad.

Bottom embedded image is starting position.

Above the body, the light brown image is the left innominate and the white image is the right innominate.

Grading is potentially separate for each innominate; however, often it is the same.

Grading is shown for the right innominate: severe loss of cephalad (counterclockwise in this view) rotation.



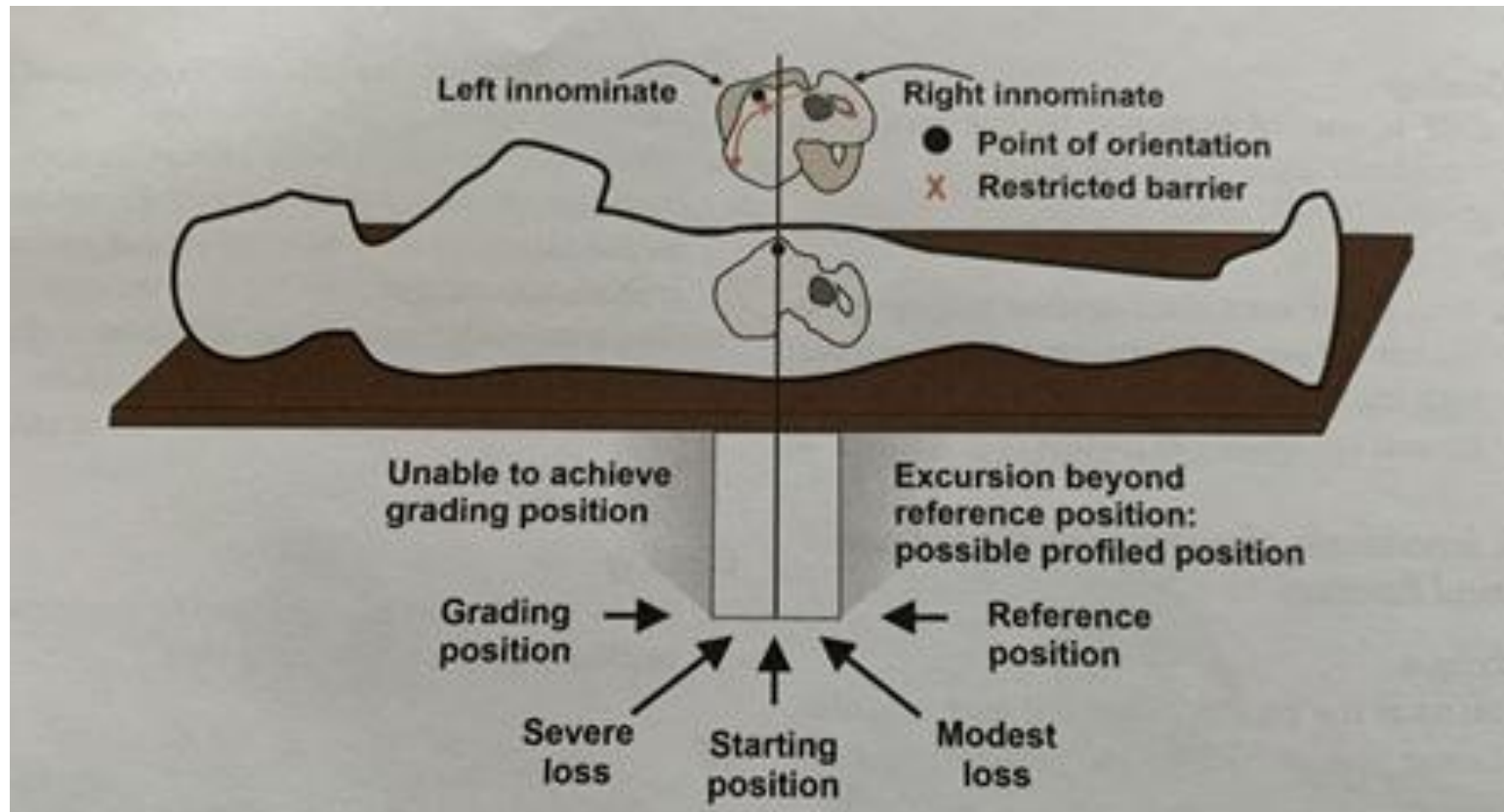
## Figure 8-192, p.204

Viewed from a patient's right side.

Grading for sagittal plane countertilt of the innominates: right pedad, left cephalad.

Bottom embedded image is starting position.

Above the body, the light brown image is the left innominate and the white image is the right innominate. Grading is potentially separate for each. Grading is shown for the right innominate: severe loss of pedad (clockwise in this view) rotation.



## Figure 8-193, p.204

Hand holds for **innominate simultaneous medial rotation.**





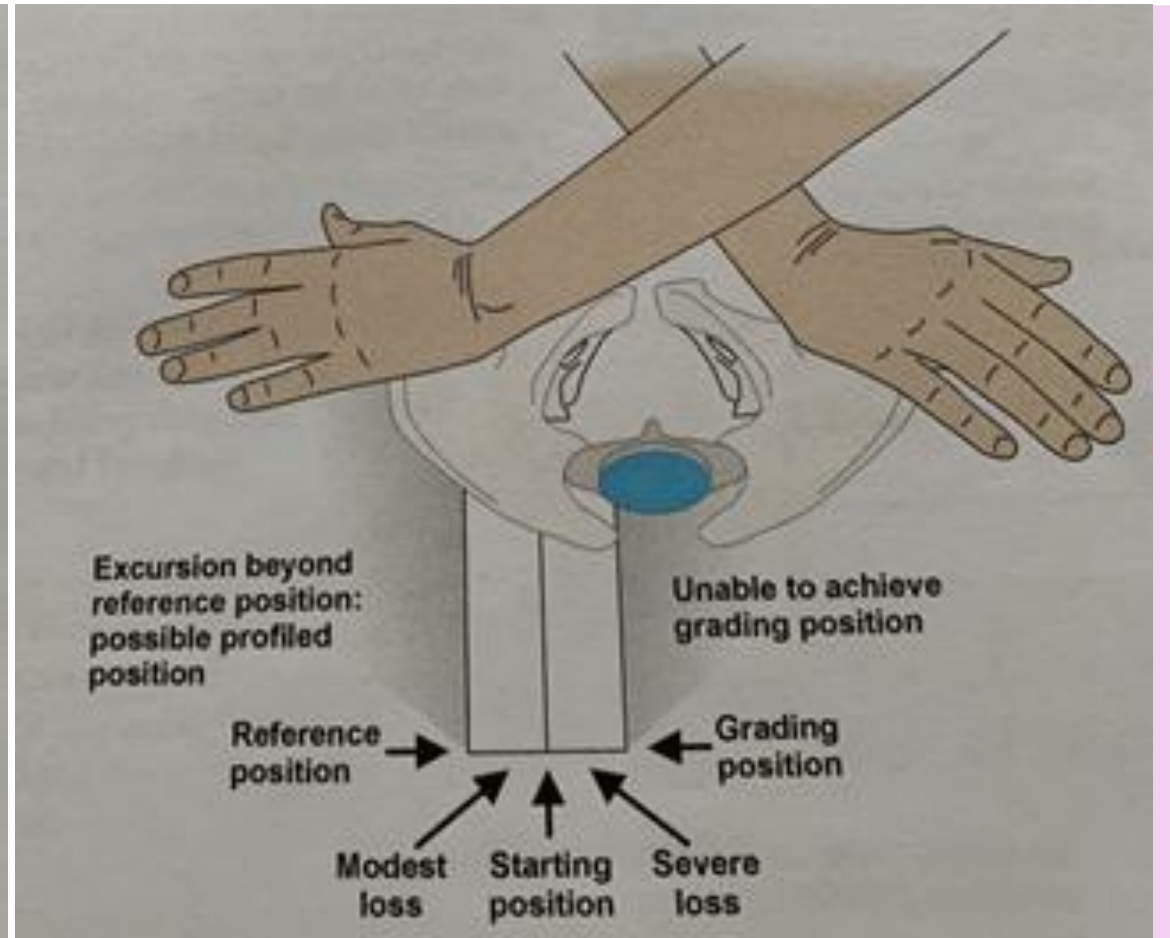
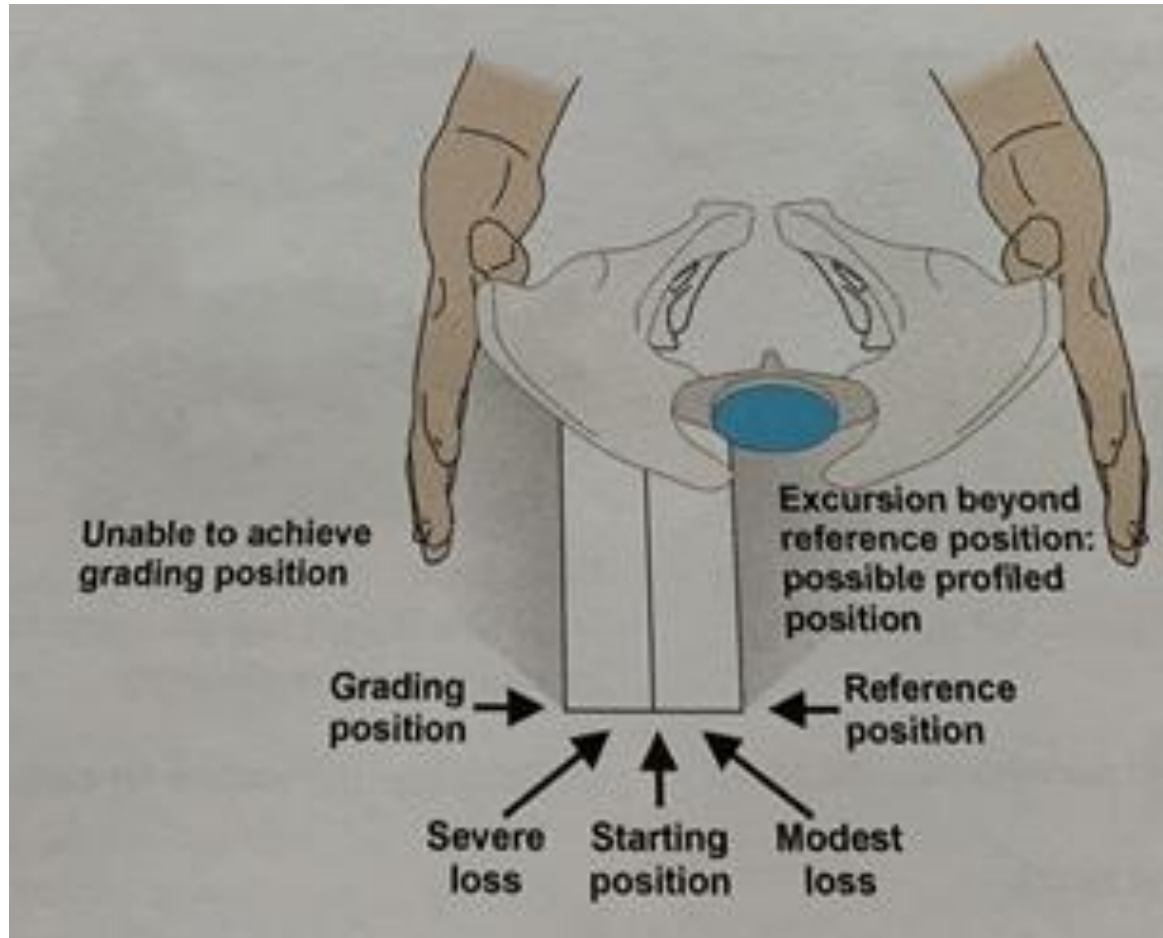
## Figure 8-194, p.204

Hand holds for **innominate simultaneous lateral rotation.**



## Figure 8-195 and 8-196, p.205

**Simultaneous Medial (on left) and Lateral (on right) rotation on the innominate: grading for one innominate.**



## Figure 8-197, p.206

Stage one: Standard posture  
for **sternal spring**

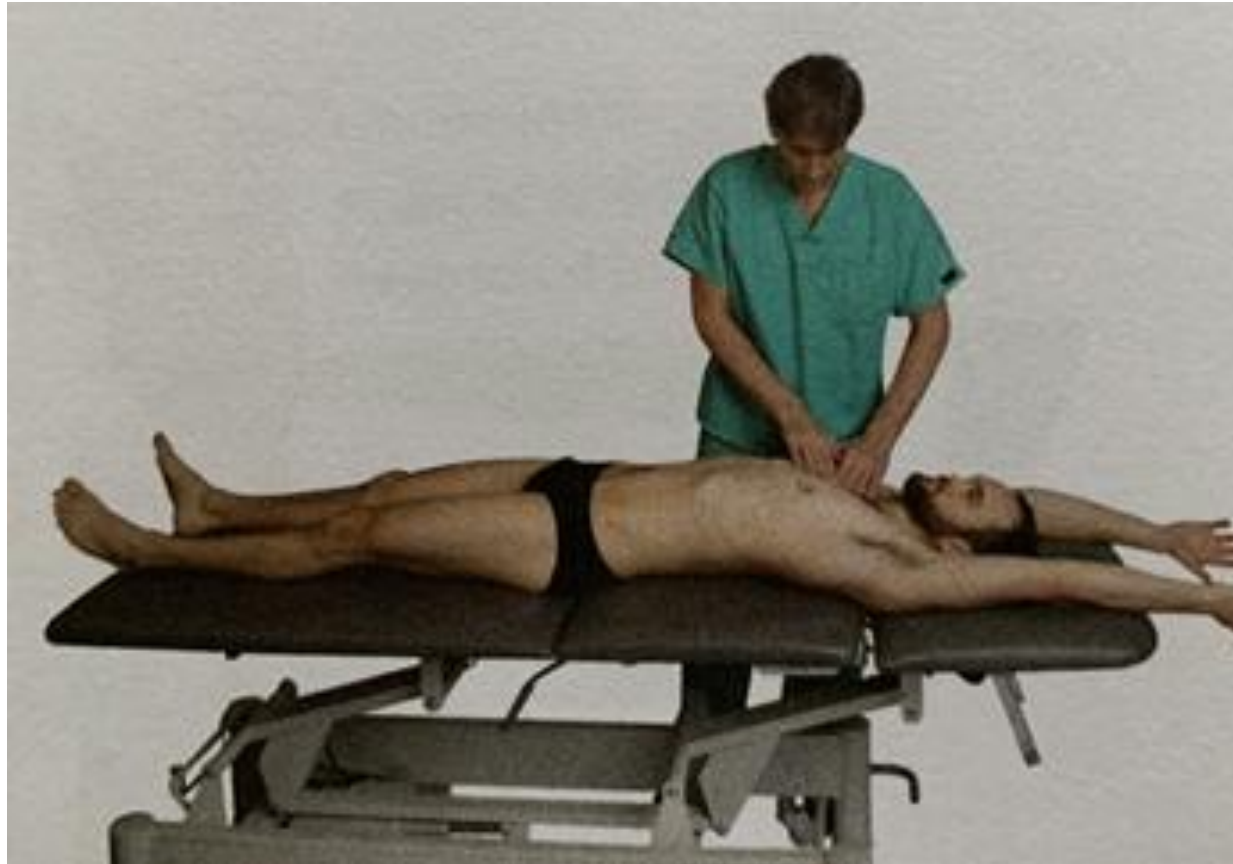




## Figure 8-198, p.206

Stage two: **Straight cephalic appendages fully forward bent for sternal spring.**

- Pedal body, midbody, and cephalic manubrium springs contribute to peaking at the sternal angle.
- Simultaneous cephalic body and pedal manubrium springs contribute to flattening at the sternal angle.



# Figure 8-199, p.206

Grades for **sternal spring**.

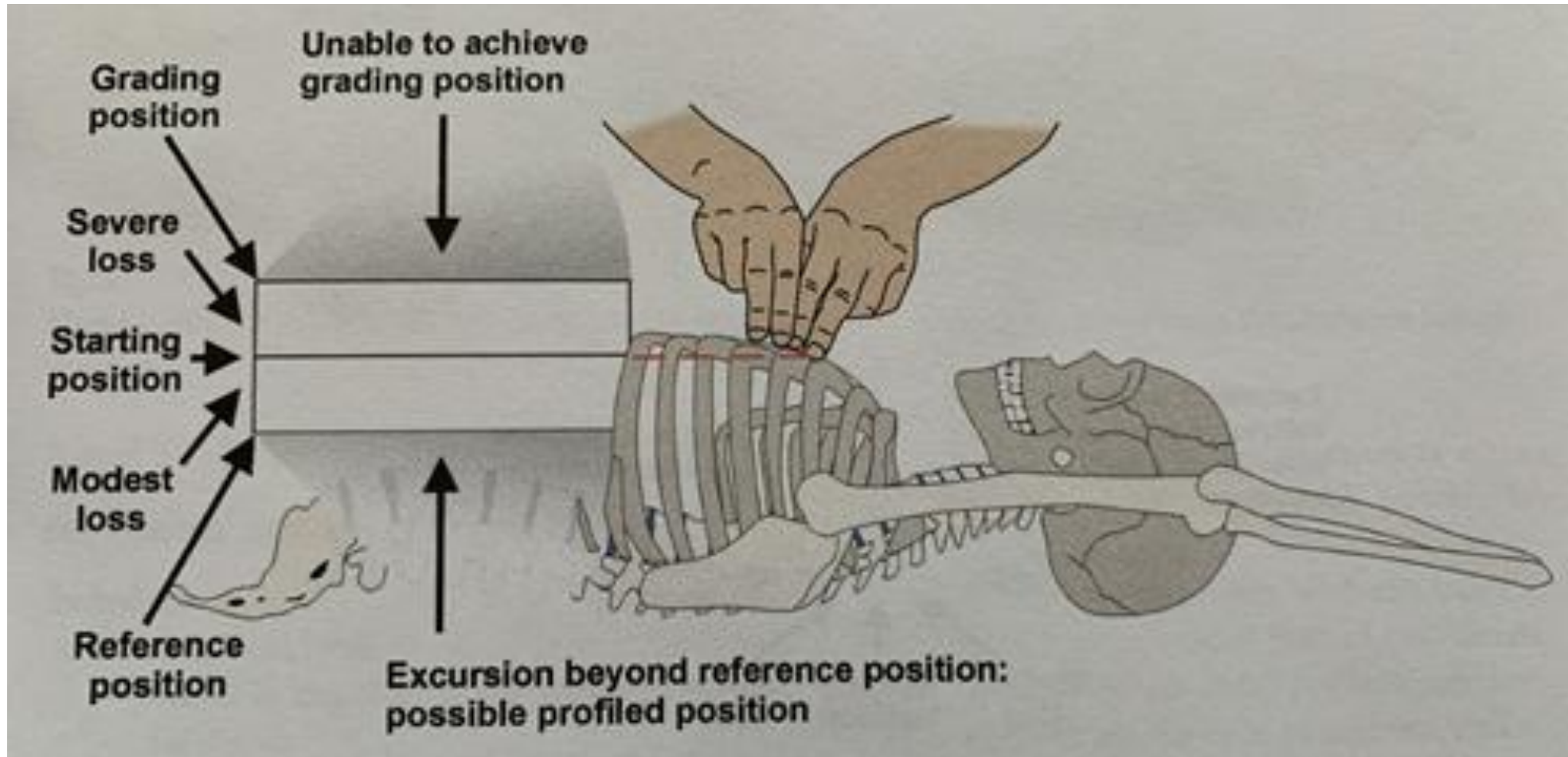


Figure 8-200, p.207

**Cervical forward bending by  
progressive anterior TILTING  
of each vertebra.**

Cervical Spine – Occiput through C7:  
Sagittal Plane Anterior and Posterior  
**Tilting**



Figure 8-201, p.207

Cervical backward bending  
by progressive posterior  
**TILTING** of each vertebra.

Cervical Spine – Occiput through  
C7: Sagittal Plane Anterior and  
Posterior **Tilting**



## Figure 8-202, p.208

Contact the posterior occiput  
for transverse plane  
progressive TURNING from  
posterior.

Cervical Spine – Occiput through C7  
Posterior Progressive TURNING  
(Regional Right and Left Rotation)



## Figure 8-203, p.208

Contact the posterior aspects  
the articular pillar of the **atlas**.

Cervical Spine – Occiput through C7  
Posterior Progressive **TURNING**  
(Regional Right and Left Rotation)





## Figure 8-204, p. 208

Contact the posterior aspects of each articular pillar from C2-C7

Cervical Spine – Occiput through C7  
Posterior Progressive TURNING  
(Regional Right and Left Rotation)



Figure 8-205, p.208

**TURN** the occiput from  
posterior.

Cervical Spine – Occiput through C7  
Posterior Progressive TURNING  
(Regional Right and Left Rotation)





Figure 8-206, p.209

**TURN** the atlas from  
posterior.

Cervical Spine – Occiput through C7  
Posterior Progressive **TURNING**  
(Regional Right and Left Rotation)



Figure 8-207, p.209

Turn C2 from posterior.  
Progressively turn each  
vertebra through C7.

Cervical Spine – Occiput through C7  
Posterior Progressive TURNING  
(Regional Right and Left Rotation)



Figure 8-208, p.209

**Contact the anterior C2  
through C7 articular pillars.**

Cervical Spine – Atlas through C7:  
From Anterior Progressive Turning  
and Counterturning



Figure 8-209, p.209

**Contact the anterior C2  
through C7 articular pillars.**

Cervical Spine – Atlas through C7:  
From Anterior Progressive Turning  
and Counterturning



Figure 8-210, p.209

**Contact the anterior C2  
through C7 articular pillars**

Cervical Spine – Atlas through C7:  
From Anterior Progressive Turning  
and Counterturning



Figure 8-211, p.209

**TURN** each vertebra to the left by pressing posterior on the anterior articular pillar.

Cervical Spine – Atlas through C7:  
From Anterior Progressive Turning  
and Counterturning



## Figure 8-212, p.210

Progressively TURN/rotate the head and neck to the right though the vertebra cephalic to the vertebra turning left. TURN a vertebra left by pressing posterior on the anterior articular pillar.

## Cervical Spine – Atlas through C7: From Anterior Progressive Turning and Counterturning



## Figure 8-213, p.210

Positioning for **left cervical region side bending** and for **vertebral pedad tilting** of the occiput through C7 (except for the atlas).

Cervical Spine—Occiput and C2-C7: Coronal Plane Progressive Pedad TILT (Regional Right and Left Side Bending)





Figure 8-214, p.210

**Progressive pedad TILTING** of  
the occiput through C7  
(except for the atlas).

Cervical Spine—Occiput and C2-  
C7: Coronal Plane Progressive  
Pedad TILT (Regional Right and  
Left Side Bending)



Figure 8-215, p.210

**Side bend the whole neck  
right and further pedad TILT  
the occiput through C7  
(except for the atlas).**

Cervical Spine—Occiput and C2-  
C7: Coronal Plane Progressive  
Pedad TILT (Regional Right and  
Left Side Bending)



## Cervical Spine – Atlas: Translation and Turned Ipsilateral Translation

Figure 8-216, p.211

**Translate the atlas along the left/right axis in both directions.**



## Figure 8-217, p.211

**Rotate** the neck in one direction (left) and **translate the atlas** (left) along the left/right axis toward the side of rotation.

Cervical Spine – Atlas:  
Translation and Turned Ipsilateral  
Translation



# Remember:

The most common patterns of linkage, and thus potential compensation, are assumed in the descriptions. The examiner must be ever mindful of possible atypical patterns of linkage.