

Clinical Edge – Rewarding Substance of Care

To all with a personal investment in those we care for, we often find ourselves wishing we had a third hand. You know what I mean, that “3rd hand” that you often recognize would come in handy, "right about now". Those times you have found yourself with your clinical mind fully invested in your patient's needs - both of your hands fully committed and you recognize if only I could offer just one more critical piece to this emerging patient presentation?

Within this frequently recognized scenario the UE Ranger extends to you, a real life state of the art solution. First, to fully realize the value within this clinical tool's capacities, let us first acknowledge our reflexive line of thinking, meaning if I simply had another hand, I could work that much harder to fulfill patient after patient's deepest healing requirements.

The truth of the matter with respect to healing motion – you've never really needed a 3rd hand, you've just needed a mechanism that enables you to connect with the most sensitive system in the human body – that of the sensory motor nervous system and to coordinate with this system through the pathways of healing motion.

We have all heard the expression work smarter, not harder, so instead of hunkering down for another day, week, or year of hard work, don instead your thinking cap and let me invite you to a career replenishing adventure. Within this adventure, you will enjoy the ability to merge your creative minds with that of foundational science, to rekindle your passion with wonder of what is possible within the resiliency of our patients and to be intrigued by what you will see revealing itself before your eyes.

The principle basis for this career enhancing solution and thus, the principal supportive capacities within the UE Ranger is there is an extremely fine line between **grading restoration of healthy movements, complete with synergistic motor coordination's** meaning sufficient to restore the desired functional capacities of our patients while also preserving their body's own tissue integrity **versus yielding to inherent substitutions and their inevitable deterioration** of one's movement health.

To most efficiently provide that which you're patients are striving for (To Move Well) and that which can set you apart from your competition is to harness the capacity of communicating meaningfully with the neuro motor system. What is most readily known by our training yet most frequently overlooked in clinical application is we are most often unknowingly feeding into hard wired patho-mechanics versus influencing favorable change via readily available neuro-plasticity. Why is it when we see patients hiking their shoulder, grimacing through a painful arc and subsequently holding their breath do we simply press on thinking it will all ultimately come together if we just keeping working hard?

The truth of the matter is we've until now never had a viable alternative, meaning we have never before had the ability of reaching and favorably **integrating a resolution at the interface of the origin of pathology and the origin of movement**. Sit with this for a while and ask yourself as movement health specialist what clinical tool are you currently using that can extend your full knowledge and skills to resolving the most sensitive sources of your patient's upper extremity patho-mechanics. Within the vast contributory influences of restoring functional mobility, we recognize there to be a constant susceptibility of diverting from a fluid progression seamlessly flowing through relational articulations to that of dyskinesia ripe with substitutions. Thus we recognize the key word in this discussion to be the **interface** between progression of movement and that of our inherent susceptibility in the face of multiple impairments to divert to

substitutions. Interface thus is a constant dynamic – no wonder the shoulder is so challenging or are we just making it that difficult.

As therapists we like the word dynamic. So to get started with your career replenishing adventure, familiarize yourself with the following concepts. As you recognize these as facts you've always known, yet to date have been inadequately equipped to transfer these pearls to practice, begin to explore the applications within our clinically relevant video library and begin anew by initially viewing (please infuse a best Youtube link).

Ideal Movement -

Abiding by the laws of physics and muscle physiology such that movement proceeds efficiently and without undue stress on non-contractile structures to preserve the integrity and prevent injury of the musculo-skeletal system.

The Guide to Physical Therapist Practice, Vol I

Therapeutic Support When a therapist recognizes the need to intervene with an external support, its greatest value is achieved when **normal movement production is left unimpeded and the individual's greatest current physical capacities are enhanced.** Providing excessive support interfering or diminishing of either of these respective components will compromise the greatest of intentions.

1. Preserve or enhance the current capabilities
2. Nurture the ailing portions
3. Deter the sources of compensation

Therapeutic Threshold

When in which any intended intervention actually is producing a therapeutic influence from which the body can respond favorably versus supporting or perpetuating compensation.

SUBTLETIES MATTER