⊘SciMedCentral

Mini Review

"Hand as Foot" Application in Rehabilitation after Musculotendinous Cuff Injury

Jili Zhao[#], Hui Xue[#], Xin He, and Wenping Xiang*

Baotou Medical College of Inner Mongolia University of Science and Technology, Central Clinical Medical College, China "Jili Zhao and Hui Xue contribute equally to this work

Abstract

Objective: The disadvantages of traditional teaching mode of application in rehabilitation after musculotendinous cuff injury, so it is necessary to explore new teaching mode and teaching method.

Methods: In clinical teaching, the teaching method of "Hand as Foot" was adopted to simulate application in rehabilitation after musculotendinous cuff injury

Results: In clinical teaching, the teaching method of "Hand as Foot" was adopted to explain the application in rehabilitation after musculotendinous cuff injury. The students had a more vivid understanding of application in rehabilitation after musculotendinous cuff injury, which strengthened the interaction between students and achieved a good teaching effect.

Conclusion: Application in rehabilitation after musculatendinous cuff injury teaching, "Hand as Foot" teaching method highlights its advantages; it is worth further exploration and promotion.

In the clinical teaching of neurorehabilitation department, we found that the simple manual rehabilitation treatment after musculotendinous cuff injury is difficult to use the traditional teaching method to remember deeply. Recently, I was inspired by the relevant articles on the teaching method of "Hand as Foot" [1] in your journal, we found that in the clinical teaching work of neurorehabilitation department, the use of "Hand and Foot" teaching method can vividly simplify and visualize some rehabilitation manipulation. It has been well received by teachers and students. Here, we report a teaching experience in the department of neurorehabilitation-simple manual rehabilitation after musculotendinous cuff injury.

The muscle group of musculotendinous cuff includes subscapular muscle, supraspinatus muscle, infraspinatus muscle and teres minor muscle, all of which are intertwined to strengthen the glenohumeral joint capsule and provide muscle balance, thus achieving accurate movement coordination [2]. musculotendinous cuff injury leads to pain and loss of function of the shoulder joint. Some simple manipulative treatments are beneficial to the recovery of range of motion, muscle strength and function of the joint. Therefore, in the clinical work of neurorehabilitation department, doctors must have a deep understanding of simple manual rehabilitation after musculotendinous cuff injury.

When taking the sitting position, the arm is raised naturally

Annals of Vascular Medicine & Research

*Corresponding author

Wenping Xiang, Baotou Medical College of Inner Mongolia University of Science and Technology, Baotou, Inner Mongolia Autonomous, 014040, China, Tel: 8615147244996; Email: xiangwenp@126.com

Submitted: 30 July 2022

Accepted: 29 August 2022

Published: 30 August 2022

ISSN: 2378-9344

Copyright

© 2022 Zhao J, et al.

OPEN ACCESS

Keywords

- Hand as Foot
- Musculotendinous cuff injury
- Rehabilitation

and held for at least 10 seconds when in line with the body, the subscapular muscles are relaxed. Then the arm maintains elbow flexion and shoulder abduction 90° position, the forearm is lowered forward and downward, and the forearm is level with the shoulder for at least 10 seconds, the supraspinatus muscle is relaxed; in the same position, the forearm continues to be lowered forward and downward. When the current arm is parallel to the longitudinal axis of the body, the infraspinatus and teres minor muscle is relaxed (Figure 1). Below, we use "hands and food" teaching methods to describe the manual rehabilitation treatment after musculotendinous cuff injury. First, we extend the left hand to represent the upper arm, the wrist joint to represent the shoulder joint, and the right hand to represent the forearm (Figure 2). When the above three are in a straight line, the subscapular muscle is relaxed. When the above three are 90° to each other, the right hand rotates 90° forward and downward, and the supraspinatus muscle is relaxed; the right hand continues to rotate forward and downward 90°. At this time, the infraspinatus muscle and the teres minor muscle were relaxed.

Through the above gesture image teaching method, this paper helps students understand the simple manual rehabilitation treatment after musculotendinous cuff injury. This unique "hand and foot" teaching method is convenient to strengthen students'

Cite this article: Zhao J, Xue H, He X, Xiang W (2022) "Hand as Foot" Application in Rehabilitation after Musculotendinous Cuff Injury. Ann Vasc Med Res 9(3): 1148.

⊘SciMedCentral-

memory, enhance the interaction between teachers and students, and get twice the result with half the effort. It has produced a good teaching effect and has been recognized and praised by the students.

REFERENCES

1. Zhao A, Bai R, Yao J, Liu R. The "Hand as Foot" teaching model in

Dimeglio classification of children clubfoot. Asian J Surg. 2022; 45: 646-648.

2. Barr K. Rotator cuff disease. Phys Med Rehabil Clin N Am. 2004; 15: 475-491.

Cite this article

Zhao J, Xue H, He X, Xiang W (2022) "Hand as Foot" Application in Rehabilitation after Musculotendinous Cuff Injury. Ann Vasc Med Res 9(3): 1148.