**Traction Straight leg Raise**

**Indications-**

Radiating pain due to lumbar spine involvement.

Tight hamstrings.

Decreased SLR due to hip joint involvement.

Patient position- Supine lying on a low plinth or on the floor.

Therapists Position- Standing beside the patient on affected side with knees bent.

Hand Placement- one hand of the therapist holding distal leg (just proximal to both the

malleoli) and reinforced this grip with elbow of the other hand.

Mobilisation

Therapist grasps the patient’s lower leg (proximal to the medial malleolus ) and raises off

the bed to the position just short of painful range. Elbow of the other hand is locked over the distal leg proximal to the hand grasping the medial malleolus.

Therapist flexes the knees and holds the leg close to his chest. Therapist applies longitudinal traction along the long axis of the leg.

While maintaining this traction, therapist simultaneously extends his knees to provide

flexion( SLR) on the affected leg.

Traction is sustained and leg is raised as far as possible, provided there is no pain. External rotation and/or abduction at the hip can be added is patient complains of pain.

Hold it in new available end range for 10-20 seconds. Do not relieve traction till the leg returns to the starting position. Repeat the same maneuver three times (only if it is pain-free and therapist is able to increase the range of motion)

To check the efficacy of this technique measure the SLR and compare it with the previous

measurements.

Precautions to be taken-

Hand holding the malleolus should be properly locked with the elbow of the other hand. Height of the plinth should neither be very low not too high. Do not release the traction till the leg returns to the starting position.