



**Figure 12.4.1.** Symmetrical stance: Face-side rotation. The therapist places her hands on the baby's femurs, over the knees, fingers perpendicular around the femur and thumbs parallel to the femur, pointing up toward the hips.



**Figure 12.4.2.** The therapist's *guiding (right) hand*, on the soon-to-be weight-bearing (right) leg, externally rotates the baby's femur so that the baby's weight transfers to the lateral border of the foot. As the femur and lower leg externally rotate, the baby's weight-bearing foot assumes a position of slight inversion and adduction. The therapist's *assisting (left) hand* stabilizes the less-weighted back leg in abduction with hip and knee extension.



**Figure 12.4.3.** Side view of the therapist's hand position for externally rotating the baby's right leg.



**Figure 12.4.4.** The therapist's *guiding (right) hand* externally rotates the baby's right femur so that the baby's weight transfers to the lateral border of the foot. The therapist's *assisting (left) hand* stabilizes the baby's left leg in abduction with hip and knee extension. The baby's turning to the right enhances the facilitation.

### **Functional Goals**

- Rotational weight shift control, used in gait
- Preparation for midstance control of the weighted lower extremity
- Equilibrium reactions with extension and rotation in standing
- Extension of the unweighted leg, used in terminal stance