

## MET Applied: All Modalities

MET Technique	Indications	Contact Starting Point	Modus Operandi	Forces	Duration of Contraction	Action Following Contraction	Reps
1. Isometric Contraction using Reciprocal Inhibition (RI).	Muscle Spasm or contraction. Preparing joint manipulation.	At restriction barrier.	Antagonist muscle used, the non effected muscle.	20% of PT's Strength up to 50 %.	7" to 10" to start with, increasing to 20".	Muscle/Joint is taken to new barrier <u>without stretching</u> .	3 to 5 reps or till no further gain in ROM.
2. Isometric Contraction using Postisometric Contraction (PIR).	Muscle Spasm or contraction. Preparing joint manipulation.	At resistance barrier.	Agonist Muscles, the affected muscle.	20% of PT's Strength up to 50 %.	7" to 10" to start with, increasing to 20".	Muscle/Joint is taken to new barrier <u>without stretching</u> .	3 to 5 reps or till no further gain in ROM.
3. Isometric Contraction using PIR with Stretching.	Stretching restricted, fibrotic, contracted soft tissues.	Short of Resistance Barrier, in mid range.	Agonist Muscles, the affected muscle.	30% of PT's Strength up to 50 %.	7" to 10" to start with, increasing to 20".	Rest for 5" to 10". On exhalation stretch past the barrier and hold for 10".	3 to 5 reps or till no further gain in ROM.
4. Isotonic Concentric Contraction.	Toning Weak Muscles.	In the midrange position.	Agonist	As much as possible but built up slowly.	3" to 4".	NONE.	5 to 7 times or more.
5. Isotonic Eccentric Contraction (Isolytic)	Stretching Tight Fibrotic Musculature.	A little short of Midrange Barrier.	Agonist	Less than maximum but operator must win.	3" to 4".	NONE.	3 to 5 times without pain.
6. Isokinetic (combined isotonic and isometric contractions).	Toning weak muscle. Building strength. More like Physical Therapy.		Agonist	A progressive resistance through a whole range of movement.	3" to 4".	NONE.	2 to 4 times.