Effectiveness of Mulligan’s MWM versus muscle energy technique in stage II adhesive capsulitis - A randomized clinical trial

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Background & Objectives: Adhesive capsulitis was defined as ≥50% loss of passive movement of the shoulder joint relative to the non-affected side, in 1 or more of 3 movement directions. Muscle energy technique helps in increasing shoulder range of motion and it will release and relax muscles, and promote the body's own healing mechanisms. Mulligan's technique for peripheral joints combines sustained manual application of “gliding” force to joint, repositioning bone positional faults. The aim of the study is to find out and compare the effect of MET and MWM to reduce pain, improve the shoulder range of motion and function in stage 2 of adhesive capsulitis.

Materials & Method: The present randomized clinical trial was conducted among 30 participants who included both male and female symptomatic individuals from the age group of 40 years and above. Participants were randomly assigned into two groups of 15 each. Physical therapy treatment protocol which included Mulligan's MWM and MET along with conventional therapy was given for 15 days. The outcome measures recorded were pre and post 15th day of intervention using visual analogue scale, shoulder range of motion of flexion, abduction, External rotation and functional evaluation by Disability of Arm Shoulder Hand.

Result: In the present study, within group analysis showed that pain relief, improved range of motion and reduced disability was statistically significant in all both the groups (p<0.0001) whereas the between group analysis revealed that Group B (Mulligan's mobilization) showed better outcomes as compared to Group A (MET group) in reducing pain, improving range of motion and function.

Conclusion: Hence, it can be concluded that Mulligan's MWM is more effective in treatment of Adhesive Capsulitis than MET and Conventional therapy.

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Reduction of jaw (TMJ) dislocation with taping technique: A case report

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The facial area is one of the most frequently injured areas of the body, and the mandible is one of the most common maxilla-facial bones dislocated because of its prominent position on the face, the powerful muscle attachments and the lack of support. Dislocations occur when two bones that originally met at the joint detaches. If the jaw is dislocated, it may cause severe headache, inability to concentrate apart from pain and incomplete opening of the mouth. Taping is a very popular treatment for several health conditions over the last decade. Kinesio Tape is thinner and more elastic than conventional tape, which is hypothesized to allow greater mobility and skin traction. A male aged 35 years was admitted to Arogyadhama with pain in the face and inability to open his mouth from past 06 months. He complained of constant mild pain in the face in front of the left ear that would get aggravated after eating solid food. We suspected jaw dislocation and got an X-ray of the jaw and that showed grade 1 anterior dislocation. We planned physiotherapy treatment aimed at pain relief (ultrasound therapy), reduction of the dislocation (taping technique) and strengthening the jaw muscles (exercises). After 02 weeks of this therapy, X-ray of the jaw was taken which showed correction of the dislocation with normal appearance of the TMJ. The participant felt better, the pain decreased and he was able to open the mouth wider than before.

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