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Physiotherapy instrument mobilisation: Clinical application of mechanical adjusting devices according to joint kinematic principles

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Statement of the Problem: Articular mobilisation and manipulation techniques are performed by many health professionals including physiotherapists. Problems exist with the reliability and specificity of manual mobilisation techniques, safety of mobilisation of the cervical spine and thumb injury in the performance of manual techniques. It has been consistently demonstrated that the majority of manual therapy physiotherapists eventually suffer from thumb damage to the extent that that it impairs their ability to continue manual therapy. Clinicians demonstrate poor intratherapist and worse intertherapist reliability for accurately applying mobilising forces to a specific vertebra. In addition to the problems of accurately manually applying mobilising forces, there is good evidence to demonstrate that passive accessory movements are not specific to the stated levels. Manipulation is not without danger and the risks of serious injury are well documented. Therefore a method of more safely applying high velocity thrusts is desirable. Instrument mobilisation has greater safety with only one documented major incident in over 40 years.

Benefits of Instrument Mobilisation: Higher velocities of mobilisation, particularly instrument mobilisation, result in higher relative inertia of adjacent vertebra and therefore a more specific accessory mobilisation. Instrument mobilisation has documented equal effectiveness compared to manipulation of the cervical spine, lumbar spine and sacro-iliac joints. Additionally, higher velocities of instrument mobilisation have a range of spindle-modulated afferent barrage effects that give clinicians access to a variety of beneficial neurophysiological effects. Research reports that instrument mobilising according to joint kinematic principles is as effective as the Activator Methods approach.

Conclusion: Physiotherapy instrument mobilisation is more reliable, more specific, far safer, far more efficient, less injurious to the therapist and equally effective compared to manipulation and mobilisation and is a useful manual therapy option for physiotherapists and other clinicians.

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