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QNO:1

Mulligan introduce the concept of NAGS SNAGS and MMT for different clinical condition…

FIRST PART:

CLINICAL CONDITION:NECK PAIN

The neck problem is common problem is being wide spread in the world. half of the people having a neck pain in their lives which is increasing day by day. The physician apply different type of maelalities intervention for neck pain, in experiments having three groups and applying diffrenet intervention on them, which is conventional therapy, meitland and malligans mobalization , NAGS are the natural apophyseal glids which will apply on the patient neck by therapist, SNAGS is done by the patient their by sustain gental pressure. The sample size is about 30 subjects in which the inclusion citris having male and female with age of 20-45 years, and given the three different mobilization till to 30 days. So it has been concluded from this article that the maligan mobilization is more efficient to decreasing pain, improving, ROM, functional limitation and disssability as compared to conventional therapy and maitlanel mobilization. In this article we are going to see the comparision between the maligan mobilization and kaltenborn mobilization, both used for non-specific neck pain. In this study the sample size is about 40 which is divided into two groups. Both the mobilization used for the same purpose , the neck pain is occure mostly due to wrong posture , wrong bbiomechinics , trauma, nerve compression , stenosis, disc prolapse, fracture and other many causes . so the initial management is iciny, NSAIDS, non-inflimatory drugs, isometric, active and passive exercise ,hot and cold pack , ignor the wrong posture which increases the pain , manual traction ,taken pillow beneath neck, but from all these techniques the maligan mobilization is the option to restore the normal function , reduce pain quickly. The exclusion criteria patient with history of (OA) previous neck surgery or systemic diseases occure. The group A which was treated with keltenborn mobilization given them anterior fraction , isometric exercises: pne week 3 days about 2 weeks. While the group B refer mulligan mobilization performing side flexion , extention , work on flexibility of extensor of flexors and rotators muscle plus NAGS. To find out in the experimental data the non-specific problem are more in office going, student studying for more hours with bad posture. So, from this whole article it has been concluded that efficiency of malligan is more then keltenborn in improving ROM , reduction in pain , disability and function loss.

In this study we are going to find out the effect of mulligan mobilization in teenagers with neck pain which is common MSK disorder with stress and other related pathologies main aim of the studies to find out the effect of the mulligan in restore function decrease pain , depression, and fear of movements. The sample size of the study is about 42 youngsters with neck pain, which are divided into two groups. The result of this randomize controlled and double blinded study show that all participants had less pain , depression , and kinesiophobia greater range of motion and better quality of life, and functional level increase QOL except from mental health . in all groups of ages the NP is common in old people with other health problem. MMT have a good effect in reduction pain as compared to traditional therapy, according to different finds and studies the mulligans MMT give always best result for In improvement of abnormalities. Which are blind about their group. were given ten session of traditional physical therapy and mulligan therapy. the wide is increase with the passage of age. By apply different manual intervention that is manipulation glids, exercise, modalities, and mobalization. In orthopedic dysfunction different scales were used to check the severity and degree of pain and movement. The traditional therapy involve different types of modality that is electrotherapy, TENS, machine which is used for acute and chronic transcutinous pain, ultrasound heat which increase the blood circulation, diathermy, cold pack to decrease the swelling of the location and hot pack decrease the muscle spasm. In mulligan concept of mobalization physical theraphy involve SNAG sustain natural apophyseal glid and NAG,s and movement with mobalization. From these all researches and articles the data has been concluded that MMT mulligan has positive effect on non-specific neck pain. Improve range of motion, fear of movement, depression and pain. The better one prove again which is mulligan concept of mobalization to non-specific neck pain.

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SECONDE TOPIC:

CLINICAL CONDITION:KNEE PAIN.

THE mulligan concept for the knee pain the manual therapy have given good outcomes of their result for the treatment of knee osteoarthritis(OA)the mobalization with movment MWM is more effective in mulligan concept because it has been given a very good instant result in a very short duration of time and also having a very quik result the knee problem is very main problem in MSK disorder.mostly in old people age the obese and in diabetic patient it is most commen in femal as compared to male in the manual therapy the therapist will give very gently slowly glids to the joint of knee for the reduction of knee pain and also increase the blood circulation by giving the active movments as a result the quiek reduction in the pain and regain the normal function the inclusion criteria was Grade 2 and GRADE 3 having osteoarthritis (OA)in the knee joint remember always should care about the patient privacy and ethical rules do not missuse the patient body parts the painful side is treated with MMT maitland manual therapy in mulligan mobalization

(MM) the therapist will apply the MWMwhich is about the two sets of TEN repetition by active knee flexion and extension then the patient was instructed to frome the whole techniques to do by their own self with weight bearing lying position it may easily performed by the client by their own incase the pain sign and symptoms swelling redness heat inflimation discoloration stiffness occure then should be avoided by their own self and to must consult to the therapist the mulligan concept having the three tecniques that is SNAG NAG MWM so in the condition of arthritis the mobalization with movment

(MWM) will be used and proven very affective mulligan mention in their studies that the effect of the gentle glides in hing joint which is medial and letteral is more effective then the anterior and posterior and still it is unclear that why it is not useful for the knee arthritis a multimanual treatment e:g manual therapy,muscle strenghting,endurance,glids,rang of motion ROM and the exercise it has been proved that it will give better result in the condition of knee pain so it has been proved that mobalization with movement is more beneficial for the knee pain furthure researches did not show the exact effect of MWM.the purpose of this study is to determine the efficacy of mulligan concept and manual therapy in knee pain condition to check out the muscl and joint assessment this research is on the elder femal with osteoarthritis OA because the knee problem is most commen in femal patient the sample size of the study is about the 30 subjects which are randomly divided into physical therapy and mulligan group .applying the mobalization about the four week then to check the pain and muscle assisment with WAS and again the better result is shown by the mulligan mobalization the muscle strength ,rediuction in pain muscle endurance ROM coordination WALKING GATE balance was baterly prove in the mulligan group so as for other researches this has also been prove the good result of the mulligan mobalization which is sufficient to reduce the pain improve ROM improve muscle strength endurance functional limitation reduce in the elder femal with osteoarthritis OA in this article we will determine the efficacy of mulligan knee tapping techniques on pattelofemoral join PFJ pain and lower limb biomechanics due to which the walking gate is also disturb in mulligan concept the tapping is practice which is for the relief of knee joint pain stiffness tightnessin this technique the therapist will work on the muscle which is around the muscle to strengthen by which the knee will support and bearing low load of the full body which is the treatment for the knee abnormal condition the therapist will apply the specific tapping around the knee joint which will be on the specific location for the relief of the pain by controlling the muscle and joint used in knee OA condition .

The purpose of this study is to find out the mulligan knee tapping whos bring changes in the correction of gate and reduction of pain the pettellofemoral joint PF effect 25% of population the problem of pfp joint is most common in the female.as compared to man in this article the study design is control labolatory study the total sample size of study is about 20 subjects the inclusion criteria is of femal with the age of 18 to 35 old the subjects receives the maximum pain in the gluteus medius vastus medialus and oblique muscle were measured the subject have the maximum knee pain recorded after the completion on squate by VAS in case of PF pain the hip joint biomechanics is also affected and the gluteus medius muscle strenghting is also reduce the mulligan knee tapping technique is proven successful in the reduction of pain pfp and lower limb biomechanics correction this is the first study to establish a knee tapping technique in the reduction of pettellofemoral knee joint pain in junction of hip internal rotation and the ability to activated the gluteus medias muscle..

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**THIRD TOPIC:**

**CLINICAL CONDITION :FROZEN SHOULDER**

The frozen shoulder also khown as adhesive capsulitis ..the mulligan concept the purpose of this study is to find out the efficiency of mulligan concept and keltborn mubalization for the frozen shoulder and which the humeral joint capsule become tighten and contructurs occure which leads to limited rang of motion and inflimation occure in the bursa painfull condition and disability the study design of this article was randomize control trial in which the total sample size of the subject is about 30 in which 19 were female and 11 male and both the inclusion and exclusion criteria was involved in the design of this study .the subject is divided into 3 three groups that is e:g A B C having the problem of limited rang of motion on A was apply the mulligan mobalization B HOME packs and group C was given the keltborn mobalization traction their pain was determine this study show the efficacy of mulligan mobalization techniques is more effective as compared to keltborn mobalization in condition of limited ROM and pain the mulligan is more beneficial in spine and peripheral joint mobalization from the research it has been prove that mulligan and keltborn are effective for the rerduction of pain stiffness and ROM but the mobalization with movment is more then the conventional therapy and Kelton born then the study on the comparison of maitland and keltnborn mobalization for the frozen shoulder so both groups receive the same result 0n the pain and improving the limited motion so the study divided the subject in 3 groups the MWM keltnborn and conventional therapy as result the MWM with active movments more effective to reduce the pain and increase the ROM in case of frozen shoulder .

The main purpose of this article to find out the other techniques and mobalization in case of FS which determine the effectiveness between the mulligan and muscle energy for the pain and ROM 80 subjects was selected in inclusion criteria the mulligan was apply on client in sit him in chair and the therapist was stood to the client face it one hand stabilize the scapula and on other the humeral head the clint done the posterioletteral glids at the end rang given gently overpressure and hold for 10 sec for external rotation the patient was lying in supine 90 degree arm abducted and elbow flexed while the forearm is neutral the therapist apply passive overpressure to hold for 30 sec the duration for session is 3 weeks ……..mulligan work on neuro physiology mechanism by increasing of algesic effect on the activation of peripheral mechanoreceptors and inhibition of nociceptors the diabetic patient is not treated in short time it takes long term due to high non-enzymetic glycocylation bcz of hyper glycemia state limited joint mobalization also in adult diabetic mellitus patient.

The purpose of this article is to compare the end rang joint mobalization and maitland in mulligan concept for the treatment of frozen shoulder to improve the ROM rang of motion from this research we has been concluded that the efficacy and approach of both the are the same which shows that the effectiveness of end rang mobalization ERM technique with maitland concept of mobalization for the increase of rang of motion ROM and also improve the pain in the case of frozen shoulder condition mulligan also improve the daily life ideal quality like in the frozen shoulder spin neck knee and othe pathology related to the MSK so we could not see the other authentic difference between the both techniques MWM and maitland mobalization for frozen shoulder to improve ROM.

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