Name :Mohammad Bilal

I’d : 13633

***Condition no1***

Ans What is frozen shoulder?the answer was it’s the inflammation or pain occurs in the ball and socket and also pain theier humral head our shoulder is made up of 3 bones 1 humrus ;shoulder blade) scapula and clavicle the shoulder joint elleborete the surroundings of all tissues and hold on every thing tougher.its called frozen capsule.how the pain come in shoulder the capsule of shoulder become thick and tight and they produced the pain . The main symptoms of frozen shoulder are stiffness and pain that’s why the shoulder becomes stiff and tight : The treatment was tou go to pahysical therapist for strithing and stretching exercise::::

>>>>the aims of the study was to compare their 3 mobalization tiqniqus end range mobalization and mid range mobalization and mobalization with movement and also the manegment of frozen shoulder syndrome mobalization technique Frozen shoulder syndrome.

> frozen shoulder syndrome is a condition which more people are effect the etiology of characterised through progressive shoulder motion the clinical syndrome are included for a pain and limited range of motion and also muscle weakness the natural history is uncertain some others have self limiting disease and some have adhesives capsulaitis and its very common disease some have problems in movement problems nd some have a restricted range of motion some have very stiff of joint some have nerves problems frozen shoulder demonstrated moderate functional deficits. The region of normal and extensibility of the shoulder capsule and tight soft tissue and also have decided to passive stretching of the shoulder capsule and soft tissues through technique of use only three technique mid range motion, end range of motion and mobalization with movment the technique are have been adovocate the mulligan and these technique are only use for ERM and MRM and without biracial plexus and utalizing of other treatment modalities.

For the home we recommend to subject are hot pack cold pack but it’s not conclusion efficiency of mobalization in patient with frozen shoulder syndrome.

***Intervention***

*The particepants and both groups were revived mobalization treatment twice for a 30 minute and some and sample exercise and scapular exercises and retraction and provided treatment physical therapist with 8 years experience in manual therapy and included therapeutic modalities like ultrasound short view diathermy and electro therapy and some how also use the intra articulate steroids injections and some subject have not exercise in home .*

***Mid range mobalization:***

An MRM tecniques are perfomed on the invled shoulder are decribed by Mulligan with the subject in realxed supien position (40° of abduction) and the humrus was held in the position 10 to 15 repition of the mobalization teqnics were applied.

End range mobalization

The ERM was not only to restore joint play but also as a used for strech in also used for intervention the physical therapist are exammeind the subject ROm to ibtaind informtion nd find the end feel of the glenohumral joint.then the physical therapist hand were placed close to the glenihumaral joint nd humerus are brought into a position of maximal range different purposes. 10 to 15 repiteion.

Mobalization with movement: the mobalization with movement are used for phriphral joints and the mannual force of mobalization is positional faults .the mobalization with movement are to restore the painfree motion at joints and also have pain full limitation of range of the movement. The mobalization with movement are performd in shoulder now apply the mobalization with movement so first of all relexd the subject in sitting position a belt was fexed around the head of the humerus to glide the the humerus head are very fast and the physical therapist hand was used are used very appropreate and aspect of the humrus

The glide are sustained and very slow and ment to the end of the painfree and retry the this technics. Three sets and 10 to 15 repeat during in one minte

***Result***

The recerch Cleard in both group are improvd over the week’s improvement were found the in ERM and mobalization with movement are additionaly Mwm re corrected then the ERM are better than other.

Links

1

https://academic.oup.com/ptj/article/87/10/1307/2742245

2

https://pdfs.semanticscholar.org/feda/ac3b27afe7c9be2cf0d65cbc3f37d36c3f78.pdf

3 https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011275/abstract

Condition number 2Ans

2) . ***CONDITION NUMBER 2:TREATMENT OF MENISCAL INJURY BY THE APPLICATION OF MULLIGAN CONCEPT:***

***MENISCAL INJURY OR TEAR:MENISCUS IS A*** Piece of cartelage provide spongy support b/w the tibia and femer;two menisci in each knee joint.

They can be demaged by activites that put pressure on or rotate the knee joint.occurs mainly in players during playing cricket,football or basket ball etc.

1) ***EFFECTIVE TREATMENT OF AN AFFARENT MENISCAL INJURY USING THE MULLIGAN CONCEPT:***

***OBJECTIVE:***

present a clinical case which shows the result of mulligan concept in the treatment of an apparent meniscal injury.the mulligan concept is utilized in the treatment of 20 years old player having apparent acute meniscal injury.

***BACKGROUND***:

these are common knee injuries in which the mulligan concept is used as both treatment and therapeutic intervention.

Treatment : the patient was fulley treated in four treatment session of mulligan,s technique. ***INTRODUCTION***:

meniscal injuries are present in diff populations which can be degenrative or traumatic.

The mulligan concept is a therapeutic intervention procedure includes a technique that having sustained passive accessory glides with active motion or mobalizaton with movement mwm.

The active motion utillized during the chief complaint of patient and is utilized as the client specific impairment measure(csim).while using MC patient will get pill responce.which means pain free,immediate and long lasting.if the pill responce is not present with initial mwm then perform a series of alternate glides with the active motion.

But if again pill responce is not achieved the intervention is not valid and the clinician should follow or apply another strategy.

The purpose of this study is to present the effectiveness of mulligan tratment procedure for an apparent meniscal injury that will show a pill response with the application of mulligan concept:or mulligan moballization.

***CASE REPORT***:

20 year old player with chief complaint of knee pain and inability to fully extent or flex the knee,painfull ambulation on stairs.

***INTERVENTION***:

the patient was treated by the application of 4 sessions of MC in a clinic.4 sessions daily for 9 days.diff mwm were used during the treatment time.mwms were given to the patients for the assessment of his chief complaint and for the achieving of pill responce.slowely the patient was progressed from non waight beaing to a weight beaing position.the MC tapping is applied in firt visit and the reapplied in the 3rd visit.at discharge the patient discontinoued the tapping.

Aditionally the patient wore a compressive sleeve and didn,t used any cryotherapy analgesic or NSAIDS.

***RESULT***:

During each treatment session the patient got significant MCID improvements .

The patient was discharged after 4 four treatment sessions.the improvement were maintained after one month follow up after discharge.the paitent particepated in full sports activities during the follow up periods.flextion and extension were llmited in first evalution but after first session of treatment it got a prominant improvement.

The rannge of motion improvement were maintained upto discharge and follow up.

***COCLUSION***:

At last in study they reported and concluded that mulligan concept is the most beneficial therapeutic intervention for the treatment of meniscal injury cuz the mulligant mobalization worked out here in this condition of meniscal injury.moreover in this case report the clinician clearly used MC to treat apparent meniscal injury cuz of which the patient get well soon.and onward its the most applicable procedure to bring it in usage for further treatment.

(2) .***TREATMENT OF CLINICALLY DIAGNOSED MENISCAL TEAR:A RANDOMIZED SHAM CONTROLLED TRIAL OF THE MULLIGAN CONCEPT “SQUEEZE”TECHNIQUE:***

***OBJECTIVE:***

THE aim of this study was to find out the effectiveness of the mulligan concept squeeze technique compared to a sham technique in participants with a meniscal tear which is clinically diagnosed.

METHODS;

In thus study the multi site randomized 23 subjects were taken aged frm 24 to 12 years who have clinically diagnosed meniscal tear were randomly and equally distributed into two groups .

Groups got max of six treatment in 14 days.patients outcome included rating scale NRS,patient specific functional scale,the displacement in physically active scale and the knee injury oesteoarthritis outcome score and numeric pain rating scale.

***RESULTS***:

In the MC squeeze group all the participants get the discharge criteria of 2 points on NRS,23 on DPA for chronic or acute injuries,9 ponts on PSFS respctively in the treatment intervention time.

***DISCUSSION***:

From result its indicated that MC squeeze technique had positive effects on patient function healthy quality of life in a period of 14 days.

Mc technique was statistically and clinically superior to the sham treatment.further investigation of this technique is warranted.

***CONCLUSON***;

Finally they concluded that mc technique giving quick resut is more curative,long lasting,than other one and further its investigation is warranted.this technique proved clinically superior to sham treatment.

2) **.CONSERVATIVE MANAGEMENT OF POSSIBLE MENISCAL DEARANGEMANT USING MULIGAN CONCEPT:**

**OBJECTIVE:**

The am of this case study was to report on the immediate effectiveness of combined use of squeeze technique and use of mobalization with movement on a patient having knee stiffness,popping and swelling.

***CLINICAL FEATURES***:

The patient presented having stifness in the right knee,popping sensations and swelling.

During clinical examination pain was revieled in knee flexion and extension with a positive apely,s compression test and a positive thessaly,s test at 20 degree of knee flexion.

***INTERVENTION AND OUTCOME***:

The patient got totally 3 treatments using mulligan concept for the course of 11 days.the intervention based on the application of a tibia internal rotation mobalization with movement and the squeeze technique to the effected knee.

The outcomes included the disablement in the patients specific personal scale and the neumeric rating scale for pain,physically active scale were collected throughout the course of treatment.the patient reported difference on the numeric rating scale for pain after each treatment nd on all outcomes after the 3rd treatment.

After the 3rd treatment the patient showed great improvement on her follow up 4 days visit.and got completely discharge.

***CONCLUSION***:

They concluded that patient got clear nd favorable response by the use of mulligan concept as manual therapy technque for the treatment of symptoms of possible meniscal derangement.

***Links of 3 articles given below***:

1

https://www.sciencedirect.com/science/article/pii/s1556370717300172.

2

https://scholarworks.bgsu.edu/cgi/viewcontent.cgi?article=1005&context=jsmahs.

3

https://www.tandfonline.com/doi/full/10.1080/10669817.2018.1456614?scroll=top&needaccess=tr

***Condition no3***.

***Low back pain***

> back echoes is indication in the pain of lower back pain to some type of injury usually occurs from haight road traffic accident muscle sprain or strain due to sudden movements abnormal body mechanics while lifting Harvey obect it can also be the result of some kind of diesses such as cancer of the spinal cord.becuse the aching pain in lower back . Burnings like pain that moves from the low back pain of the things. And some time radiating to lower leg which is caused shiateca like symptoms muscle spasms and tightness in the low back pain pelvis and hip.

Mulligan mobalization are frequently use in low back pain the aims of the. Study is the immediate effect of the mulligan traction straight leg raise technique on range of strait leg rise in discomfort with low back pain is common in different ages group and sex. Different physical therapy technique like exercise, mannaul therapy and electrical therapy are play in important role.

The purpose is to compare the effects of extensions with mulligan technique sastined natural apopehysial glides for chronic machanical low back pain. The rendamised control trail was conduct at hospital of isra pahysical rehabilitation centre Pakistan pIA general hospital Islamabad dateted 23aprail to 13agust the inclusion criteria of patient was both gender and ages ranges is 25 to 65 years with minimam 5 weeks history of chronic machainical low back pain..

A total of 38 patients were scrend our is criteria and rendamly devided into two groups and the groups name are A and B 20 patien were placed in group A and were treated with mulligan sustaind natural apepesial glides and also 17 patients were placed in group B and were. Treated with mckinzie EEP for five week at two session per week and single seeion per day. For mesurment visual analogu scale osevesity disibility scale and lumber range of motion were used as in assessment tools nd were mesured at beseline nd at the compliton 5 week intervetion.

Where 5 weeks were completed the pre and post statiscal analyse were taken McKinze EEP improved the pain 9.12 to 1.46 and also disibility 73.82 to 6.24and slightly more than mulligan SNAgs (pain from 8.85 to 2.55) disibility 73.75 to 7.05 but the mulligan sastaind natural apepesial glides improved lumber range of motion more effectively then MSkinze EEp nd all direction of motion including the flexion exteinton side building and rotataions.

Probably they’re wasni main deffrence between the effects of two interventions in the treatment of pain and disibility and improving lumber ranges of motion and thus result in conclusion that MCkinze EEP is clinically slithgly more effictive in the managment of pain and disibility as compaired with mulligan SNAgs while mulligan SNAgs are more effictive in the imrovement of lumber ROM as with compaired with MECHAnize EEp in the mangement of chronic mehanical low back pain.

Accordingly other study aims was to invistigate the out comes of adding lumber sustained natural apepaysial glides SNAg as compared to a conventional therapy program for chronic non specific low back pain. A randamoized control were permod 42 patients were taken with low back pain and divided them into two groups randomly. And were name the study group nd control group. The study group recive a convenal physical therapy treatment concider of stretching and strengthening exercise plus SNAgs .this group is based on mulligan concept on the effected lumber region and the control group recived the same convention programs SNAgs 3 time per week for 1 month out come measure were responsibility error pain and function mesuserd through an isokinomatic diameater visula analogue scale and the Oswestry disibility index. Mesurment were recorded before and after the end of the treatment period. The pre and post treatment result indicates that both study and control group has same improvement but study group gets more imporovement responsibility weir pain in function as a result the study indicated improvement in both group adding SNAGs to conventional A total 37 of patients were screand out as per inclusion criteria nd randomly divided into two groups,nd the were named A and.b 20 patients were placed in group A and were treated with mulligan sustained natural apepesial glide and also 17 patient were placed nd group b and were treated with MCKEzie EEP for five week at two session per week and single session per day. For measeurment visual analugue scale, osestrey disibility scale and number range of motion were used as an assessment tools nd were measured at beseline nd it the compleation four week intervention.

When five week were compleated the pre and post statastical analysis were taken McKInze EEP improved the pain ( mean 9.12 to 1.46) and also disibility (73.82to6.24) and slitghly more than mulligan SNAgs ( pain from 8.85 to 2.55 disibility 73.75 to 7.05) but mulligan sastaind natural apepesial glides improved lumber range of motion more efficiently than MCKize EEP and all direction of motion including they fexion extention side bending and rotataion. Probably their was no main difference between the effects of two interventions of pain and disibility and improving lumber range of motion thus result in conclusion that MCKEnzie EEP as clinicaly slightly more effictive in the management of pain and disibility as compared with mulligan SNAGs while mulligan SNGs are more affective improvement lumber ROM as compared with MCKnize EEP in the manegment of choronic machanical low back pain according to the other study aims was to investigate the out come of adding lumber sastaind natural apepesial glides (sNAGs ) as compared to a conventional therapy program choronic non specific around randamized control were performed 42 patients were taken with low back pain into two groups randomly and were name the study group and control group. The study group recived a convenal physical therapy treatment consist of stareching and strinthing exercise plus SNAg) this group is based on mulligan concept on the effected lumber region and the control group receive the same convenal progress with out SNGs three time per week for one month out come measure were reposting error pain In function mesur through an isokynatic dynamiter vasual analogou scale nd the oswestry disibility nd disk mesurment were recorded before and after end of the treatment period.

The pre and post treatment results indicate that both study and control has same improvement but study group gets more imporovment reposition Eror pain in function as result this study indicates improvement in both group adding SNAGs convenal program in the teretment of chronic non specific Low back pain may result are greater improvement of repostiong eror pain reduction and improved function.

Links:

1 https://www.tandfonline.com/doi/abs/10.1179/106698106790820782

2

https://journals.sagepub.com/doi/abs/10.1177/0269215518778321

3

https://journals.sagepub.com/doi/abs/10.1177/0269215518778321