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**Subject Manual therapy**

**Assignment submitted to sir ahmad**

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**Department Allied health sciences**

**Mid term examination**

**Question 1. how will you treat lumbar radioculopathy in acute stage ?**

## Answer. Lumbar Radiculopathy

Lumbar radiculopathy refers to disease involving the lumbar spinal nerve root. This can manifest as pain, numbness, or weakness of the buttock and leg. Sciatica is the term often used by laypeople. Lumbar radiculopathy is typically caused by a compression of the spinal nerve root. This causes pain in the leg rather than in the lumbar spine, which is called "referred pain."

### Lumbar Radiculopathy Symptoms

Lumbar radiculopathy symptoms may include pain, tingling, numbness, weakness, and reflex loss. Lumbar radiculopathy symptoms may present in the leg and foot.

Treatment in acute stage

## Acute Phase

Severe radiating pain in a dermatome

Radicular pain limits moments or commonlyy seen that create a stretch into the involve nerve root such as lumbar and hip flexion with a straightened knee

Posture to limit the tension on the nerve such as a latral shift mybe present

Muscles associated with the level of the injury will often present with guarding spasm

Postive straight leg raising (SLR) where radicular pain is reproduce at about 30 SLR and Worsen with akle drsflexion

Positive contralatral Slr

**Non-Surgical Treatment of Lumbar Radiculopathy**

* **Physical therapy** and/or exercises that are designed to stabilize the spine and promote a more open space for spinal nerve roots are recommended.

**Non-Surgical Treatment** **of** **Lumbar Radiculopathy**

Medications, such as non-steroidal anti-inflammatory drugs (NSAIDs) to reduce swelling and **pain** and analgesics to relieve **pain**. Epidural steroid injections and nerve root injections to help reduce swelling and **treat acute pain** that radiates to the hips or down the leg.

Medications, such as **non-steroidal anti-inflammatory drugs** (**NSAIDs**) to reduce swelling and pain and analgesics to relieve pain.

Posture to limit the tension on the nerve such as latral shift may be present

### Rehabilitation Program

**Physical therapy**

A method that is commonly referred to as "back school" involves teaching the patient back-protection techniques (e.g, proper lifting, posture awareness). A lumbar stabilization program is another useful method that physical therapists may incorporate for patients with LBP)

Question 2.**- WRITE A NOTE ON MAITLAND FIVE GRADES OF OSCILLATION ?**

**Answer.**The Maitland techniques (maitland)

the Conept of Manipulative Physiotherapy [as it became to be known], emphasises a specific way of thinking, continuous evaluation and assessment and the art of manipulative physiotherapy (“know when, how and which techniques to perform, and adapt these to the individual Patient”) and a total commitment to the patient

Grade I-IV joint mobilization may be useful as a pre-test for the appropriateness of manipulation, as a pre-treatment for manipulation, or as a substitute for manipulation in patients where

manipulation might be contraindicated.

**Note:** Grade V mobilization should be construed as

joint manipulation or adjusting.

Practitioners should record in the patient’s chart the grade(s) of mobilization used during

treatment. In the case of grade V, rather than recording the grade, record the listing, type of

manipulation,

Five grades of oscillation

**• Grade I:** Small-amplitude movement start of resistance R1, rhythmic oscillations are performed at the beginning

Gentle oscillation used for pain relief

Requires great control to remain within the required small amplitude



**• Grade II**: Large-amplitud e, rhythmic oscillations are performed within the range below tis

sue resistance, not reaching the anatomic limit.

Large amplitude movement – start of resistance (R1)

Can occupy any part of the range that is free of any stiffness or spasm

Never reach into resistance, always resistance-free movements



• **Grade III:** Large-amplitude, rhythmic oscillations are performed to the limit of the available

motion and into tissue resistance.



• **Grade IV:** Small-amplitude, rhythmic oscillations are performed to the limit of the avail

able motion and to tissue resistance.



**• Grade V**:

Small amplitude, high velocity thrust at the end of motion – at R2

Single thrust once patient is correctly positioned – may or may not be an audible associated

Manipulations include the same techniques as articulations but incorporate a high velocity thrust.

The thrust is usually a short arc at the end of the available range of motion, i.e at or close to R2.



Application of mobilization

Movements are oscillations within the range

If the oscillations are too fast or too slow it will be impossible to gain

any feel of the movement

The whole body (of the PT) should be used to generate the

movement, not just the small muscles of the hands and fingers

Maximum movement will be produced when the joint to be mobilized

is in the mid-position for all other movements

The therapist’s hands must be relaxed so the ‘feeling’ can be

maximized

Pressure and force should be sufficient to the grade intended

Pain often limits the therapists' ability to mobilize in the appropriate

direction.In these cases,