**Assignment for Viva (Spring 2020) (DPT 6th Semester)**

**Course Title: Manual Therapy Instructor: Dr. Maria Feroze**

**Note:**

* **Upload your assignment on SIC till 10th July 11:59 p.m.**
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**Id# 6999**

Q1. Explain Kaltenborn convex concave rule at the proximal radio-ulnar joint.

Ans:- **The kaltenborn convex concave rule :-**

When the convex joint surface is moving the glide and roll will be occure in the opposite direction the physiotherapist moves a convex joint surface opposite to the direction of the restricted movement to provoke the capsule in the same direction as the glide so like this the proximal radioulnar joint .this joint is pivot joints allowing for the supination and pronation .The ulnar notch of the radius sliding anteriorly over the head of the ulna during these movement.

 This is all about the articular surfaces of the distal radioulnar joints as well as the wrist joint.

The proximal radioulnar joint articulation is the synovial pivot joints between the head of the radius will be move in the form of circumference.

The radial notch formed as a ring of the ulna and the annular ligaments.

Q2. A patient comes to your Physical Therapy clinic with shoulder pathology. O/E, the patient has limited range of motion at the shoulder. What glide will you give him in order to improve his shoulder abduction and why?

**Ans: Mittlands technique**

- when a patient comes to our physical therapy clinic with shoulder problem than we give him /her two types of different exercises that are Mittlands and Mulligan's technique than according to my point of view I give him or her mitlands technique.

Joints mobilization also include mitlands oscillatory technique and kaltenborn sustain stretching techniques.this is used in clinic due the patient have limited range of motion or patient have problem in abduction this also used for frozen shoulder .we are givings this technique to increase shoulder movement by stretching strengthens of the capsule of glenuhumral joint.Mitalnds technique is most effective to reduce pain and also improving range of motion in frozen shoulder patients.

The technique of the mobalization of glenuhumral joints improve the range of motion of the shoulder also increase the abduction of the shoulder and the physical therapist also follow the convex concave rule of these joint mobalization.

According to the Roubal et Al Caudal glide is the best to increase flexsion and abduction Range of motion these all are concluded that an increase in external rotation range of motion will be achieved by kaltenborn grade 3 posterior glide mobalization they also suggested that the glenuhumral abduction Range of motion in the patient of the shoulder will be improveed by end range of Caudal and also give posterior glide mobalization.but in Mittlands we give grade two and grade 4 which is used for improving the range of motion .Caudal glides is also the best technique for abduction range of motion of the shoulder.