EFFECT OF MULLIGAN'S MOBILIZATION OVER ROUTINE PHYSIOTHERAPY TREATMENT IN PATIENT DIAGNOSED AS FROZEN SHOULDER

Abstract Author

Aim: To study the effect of Mulligan's mobilization over routine physiotherapy treatment in patients diagnosed as frozen shoulder.

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Objectives

- 1. Making aware about physiotherapy treatment in frozen shoulder.
- 2. Teaching self treatment for frozen shoulder.
- 3. Outcome of Mulligan's mobilization in patients having frozen shoulder.

Material and Methodology

Materials:

- 1. Numerical Pain rating Scale.
- 2. Oxford shoulder score
- 3. Goniometer.

Sampling technique: Purposive sampling.

Study design: Comparative study. **Study setting:** R.N.P.C Sawangi (M). **Sample size:** Minimum 20 Subjects.

Inclusion criteria

- 1. Both Genders.
- 2. Age group (30-70 yrs.).
- 3. Patients diagnosed as frozen shoulder.

Exclusion criteria

- 1. Operated cases of shoulder joint & Pathologies.
- 2. Rheumatoid arthritis of shoulder.
- 3. Patient under gone steroid therapy.
- 4. Malignant shoulder conditions.
- 5. Neurological conditions.

Procedure: After explaining the patient of study an informed consent were obtained from them and were assessed according to assessment proforma and was divided into two groups:

Group A: Mulligan's mobilization along with Mulligan's self exercise's in same position that of mobilization and also Ultrasound treatment (Duration -7 min. intensity -0.8 W/cm², Intermittent mode).

Group B: Ultrasound treatment (Duration -7 min. intensity -0.8 W/cm², intermittent mode) and routine physiotherapy treatment as – Resting in sling, ice application locally, and exercise.

Data analysis: Data was analyzed using Numerical Pain Rating scale (NPRS) and ratio of distribution of Frozen shoulder recovery was taken out.

Result: Mulligan's Mobilization Mulligan's self exercise technique along with ultrasound treatment was equally effective as regular physiotherapy in the treatment of patients with frozen shoulder. But the pain status in case of Group A is less as compared to Group B. The percentage of male taking treatment in Group A is more than Group B & Vice versa in case of female. Also the result of Oxford shoulder score showed a significant improvement in ADLs. Also according to goniometric results the range of motion of shoulder Flexion, Abduction & rotation has been improved significantly.

Conclusion: Study was concluded as Mulligan mobilization + Mulligan's self exercise program in same position that of mobilization is an effective measure in treatment of Frozen shoulder and can be practice in daily routine physiotherapy treatment.

Keywords: Effect, Mulligan, mobilization, Physiotherapy, treatment, Patient, Frozen shoulder.

I. INTRODUCTION

Frozen shoulder which is also known to be adhesive capsulitis or periarthritis, has characteristic feature of dense adhesion formation and capsular restrictions especially in dependent fold of capsule rather than arthritic change in cartilage and bone. In India since, the data is limited. As previous study conducted the prevalence rate of frozen shoulder is 2-10 % among the general population. The onset is usually insidious and usually occurs between the ages of 30-70 years of age. The cause for onset is not definite or no known cause in case of primary frozen shoulder. In primary frozen shoulder the pathogenesis may be from a chronic inflammation in musculotendinious or synovial tissue such as rotator cuff biceps tendon, or joint capsule that results in formation of capsular thickening and adhesion in fold of inferior capsule.

Idiopathic frozen shoulder follows a common classical pattern

- 1. Freezing
- 2. Frozen
- 3. Thawing

II. AIM

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III. OBJECTIVES

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- 2. Teaching self treatment for frozen shoulder.
- 3. Outcome of Mulligan's mobilization in patients having frozen shoulder.

IV. MATERIAL & METHODOLOGY

1. Materials

- Numerical Pain rating Scale.
- Oxford shoulder score.
- Goniometer.
- 2. Sampling technique: Purposive sampling.
- 3. Study design: Comparative study.
- **4. Study setting:** R.N.P.C Sawangi (M).
- **5. Sample size:** Minimum 20 Subjects.

V. INCLUSION CRITERIA

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VII. PROCEDURE

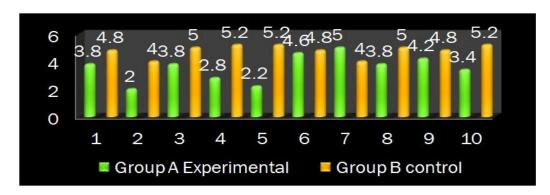
After explaining the patient of study an informed consent were obtained from them and were assessed according to assessment proforma and was divided into two groups:

- **1. Group A:** These were given Mulligan's mobilization along with Mulligan's self exercise's in same position that of mobilization and also Ultrasound treatment (Duration 7 min. intensity -0.8 W/cm², Intermittent mode).
- **2. Group B:** These were given Ultrasound treatment (Duration -7 min. intensity -0.8 W/cm² Intermittent mode) and routine physiotherapy treatment as Resting in sling, ice application locally, and exercise.

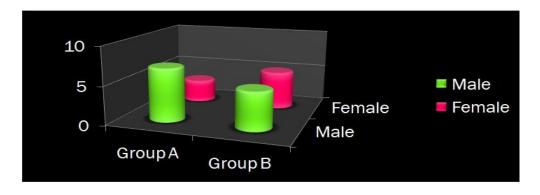
VIII.DATA ANALYSIS

Data was analyzed as follows

Numerical Pain Rating Scale Graph



IX. MALE AND FEMALE DISTRIBUTION RATIO



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X. RESULT

- 1. Mulligan's Mobilization + Mulligan's self exercise technique along with ultrasound treatment was equally effective as regular physiotherapy in the treatment of patients with frozen shoulder.
- 2. But the pain status in case of Group A is less as compared to Group B
- 3. The percentage of male taking treatment in Group A is more than Group B & Vice versa in case of female
- 4. Also the result of Oxford shoulder score showed a significant improvement in ADLs.
- 5. Also according to goniometric results the range of motion of shoulder Flexion, Abduction & rotation has been improved significantly.

XI. CONCLUSION

Study was concluded as Mulligan mobilization + Mulligan's self exercise program in same position that of mobilization is an effective measure in treatment of Frozen shoulder and can be practice in daily routine physiotherapy treatment