

Comparison of Caudal and Antero-Posterior Glide Mobilisation for the Improvement of Abduction Range of Motion

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Abstract

The study was conducted on twenty patients of age between 40-65 year of adhesive capsulitis to compare caudal and antero-posterior glide mobilisation technique for the improvement of abduction range of motion, pain relief, and improvement in ADL'S. Significant improvement in abduction active ROM & passive ROM as well as alleviation in pain and disability was observed, when end range mobilisation was administered for three weeks. It was further observed that caudal glide was more effective than the antero-posterior glide.

Key Words: Caudal Glide, Antero-posterior Glide, End Range Mobilisation

Introduction

Adhesive Capsulitis is one of the most common and disabling Orthopaedic disorder characterized by painful restriction of shoulder motion for which patients seeks treatment (*Codman, 1934*) Adhesive Capsulitis is characterized by an insidious and progressive loss of active and passive mobility in glenohumeral joint presumably due to capsular contracture. Despite research in the last century its etiology and pathology remains enigmatic (*Howel et al., 1988*).

This painful, debilitating disorder reportedly affects 2-5% of the general adult population (*Neer et al., 1989*) and 10-20% of people with diabetes (*Kevin et al., 1997*). Incidence is slightly higher in women than in men and is somewhat more common in the non dominant arm (*Dan et al., 1987*). This condition most frequently affects persons aged 40-60 years (*Uitvlugt et al., 1993*).

Primary frozen shoulder is classically described as having three stages, "Freezing", "Frozen" and

"Thawing" (*Richard et al., 1986*). Pain particularly in the 1st phase often keeps patients from performing activities of daily living (ADL). In the second phase pain appears to be less pronounced but the restriction in active motion appears to limit the patient in personal care, ADL, and occupational activities. In the third stage there is increase in mobility, which leads to full or almost full recovery (*Richard et al., 1986*).

Inspite of various approaches there remains a lack of evidence that treatment speeds up recovery Joint mobilisation has become a widely employed physical therapy procedure for treating patients with joint hypomobility (*Maitland, 1983*). It is accomplished by performing gliding movements in the direction of limited joint glide (*Henricus & Obesmann, 2000*). Antero-posterior Glide and Caudal Glide mobilisations are frequently employed by physical therapists to mobilise the shoulder joint to decrease pain, improve mobility and