

Comparison of Effectiveness of Mulligan ‘MWM’ Technique versus Kaltenborn Mobilization Technique on Pain and End Range of Motion in Patients with Adhesive Capsulitis of Shoulder Joint: A Randomized Controlled Trial

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Abstract

Aim: The aim of this study was to find the comparative effect of mulligan mobilization with movement (MWM) technique versus Kaltenborn mobilization technique on pain, disability and end range of motion of shoulder joint in patients with adhesive capsulitis. **Method:** The study was a randomized controlled trial with a sample of 30 subjects, 19 were female, 11 were male, and all subjects were assigned according to criteria (inclusion & exclusion) and carried out at physiotherapy OPD of CSS Hospital, Meerut. The subjects were equally divided into three groups such as group A (10 subjects, 3 male and 7 female), Group B (10 subjects, 4 male and 6 female) and Group C (10 subjects, 2 male and 8 female). Range of motion of the shoulder joint, ROM and pain was assessed by using the goniometry & VAS questionnaire respectively. The subjects were reassessed at 3 weeks after completion of intervention. **Results:** The collected data were of mean and standard deviation of goniometry and SPADI score and has been analyzed using SPSS software version 19.0. The study was done to find out the comparative effect of Mulligan MWM technique versus Kaltenborn mobilization technique on pain and end range of motion of shoulder joint in patients with adhesive capsulitis. **Conclusion:** This study shows that the effect of Mulligan MWM technique and Kaltensborn mobilization technique was significant in reducing pain and improving end range of motion but on comparison Mulligan ‘MWM’ was more effective than Kaltenborn mobilization technique.

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Introduction

Adhesive capsulitis is a condition characterized by progressive declination range of motion at the glenohumeral joint due to tightness of capsule. The etiology and pathology of adhesive capsulitis remains unknown (Vermeulen et. al., 2000). But more recent evidence states that adhesive capsulitis is a complex condition caused of inflammation of synovium and fibrosis in capsule which results in thickening of the inferior capsule lead to contracture. It has been termed "adhesive capsulitis" because of the changes in soft tissues and structure surrounding the joint, such as the posterior-inferior joint pouch, the sub-scapularis bursa and the synovial sheath of the long head of biceps