**Effect of Mulligan’s Mobilization over Routine Physiotherapy treatment in Patient Diagnosed as Frozen Shoulder**

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**Introduction**

Idiopathic Frozen shoulder which is also called as adhesive capsulitis or periarthritis is characterized by development dense adhesions 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 age 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:-

* Freezing
* Frozen
* Thawing

**Aim**

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

**Objectives**

* To create awareness about physiotherapy treatment for frozen shoulder.
* To teach self treatment mode for frozen shoulder.
* To find out the effect of Mulligan’s mobilization in patients diagnosed as frozen shoulder.

**Material & 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**

* Both Genders.
* Age group (30-70 yrs.).
* Patients diagnosed as Frozen shoulder.

**Exclusion Criteria**

* Post traumatic shoulder joint condition & Pathologies.
* Shoulder Joint Rheumatoid arthritis.
* Patient under gone corticosteroid injection therapy.
* Malignant shoulder joint conditions.
* Neurological conditions.

**Procedure**

The procedure was explained to the patient and informed consent were obtained from them and were assessed according to assessment proforma and will be divided into two groups:-

1. Group A:-

These were given Mulligan’s mobilisation 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).

1. 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.

**Data Analysis**

Data was analyzed as follows

**Numerical Pain rating Scale graph**

**Male & Female distribution ratio**

**Result**

* Mulligan’s Mobilization + Mulligan’s self exercise technique along with ultrasound treatment was equally effective as routine physiotherapy in the treatment of patients diagnosed as 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 mobilisation + 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