

SNS COLLEGE OF PHYSIOTHERAPY COIMBATORE-35

COURSE NAME : BPT., Physiotherapy IV Year
SUBJECT : Rehabilitation
UNIT : I
TOPIC : Joint Mobilisation
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- Passive manual therapy technique applying graded forces to joints.
- Aims: reduce pain, restore accessory motion, improve function.
- Distinguish: mobilisation (graded, oscillatory/ sustained) vs manipulation (high-velocity, low-amplitude thrust).

What is Mobilization?



Mobilization is a manual therapy technique commonly used in **physiotherapy** to restore normal movement in joints, muscles, and soft tissues. It involves **skilled, passive movements** applied by a physiotherapist to a **joint or soft tissue structure** in graded, controlled motions.

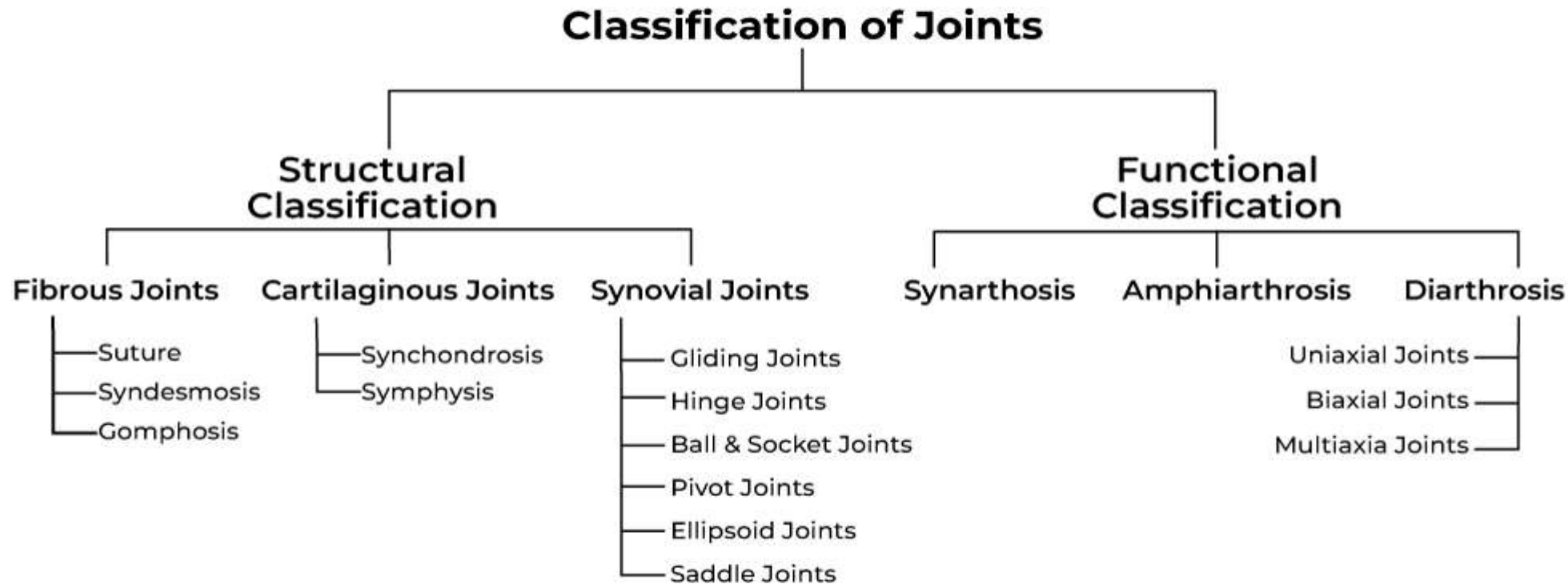
Benefits of Mobilization

- Increases flexibility and range of motion
- Reduces pain and muscle guarding
- Enhances joint lubrication and circulation
- Promotes better alignment and posture
- Speeds up healing and function

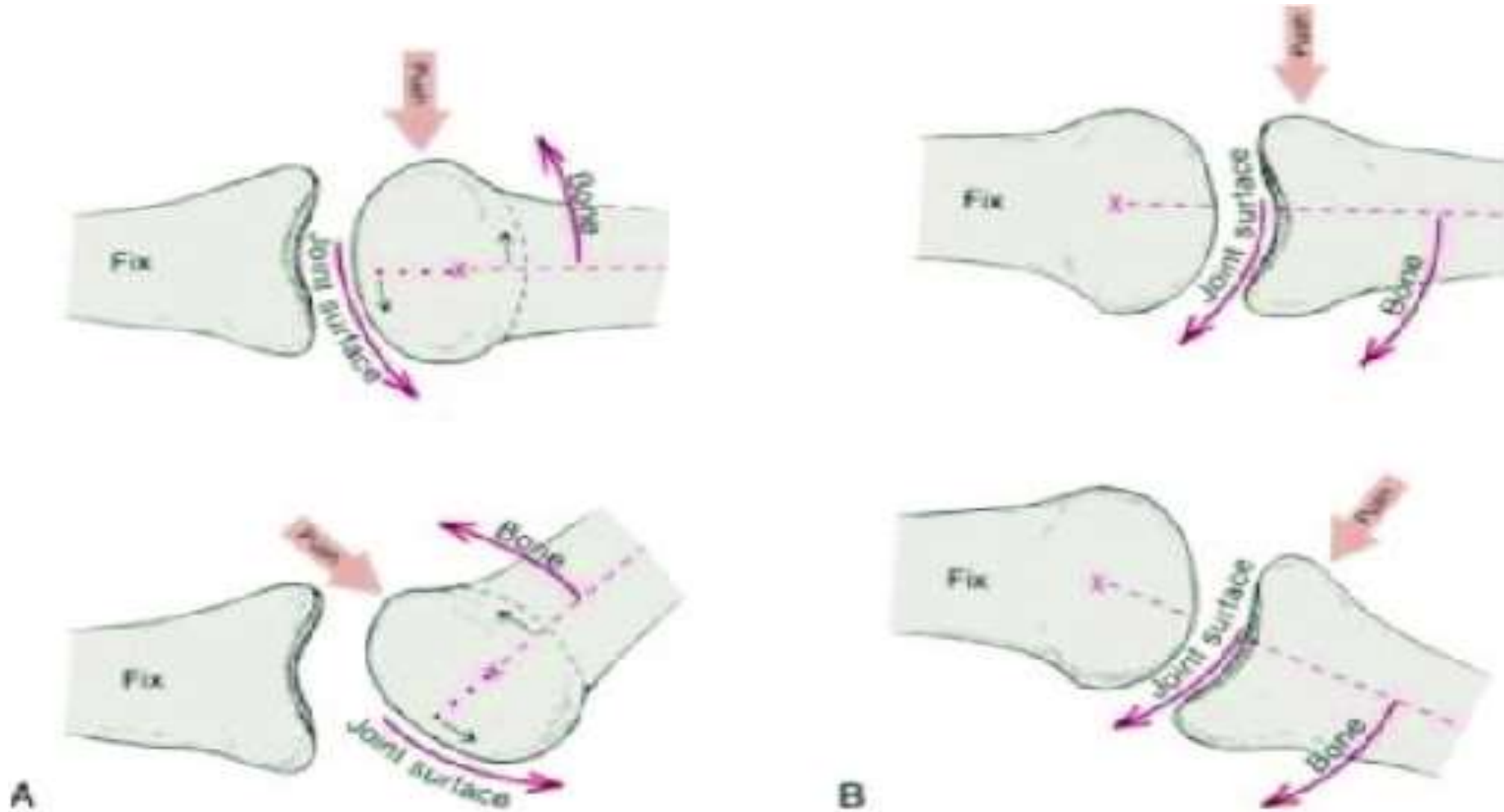




- Accessory (joint) vs physiological movements.
- Convex–concave rule (general concept) — direction of glide relative to slide.
- Role of joint capsule, ligaments, synovium in motion limitation.



CONCAVE CONVEX Rule



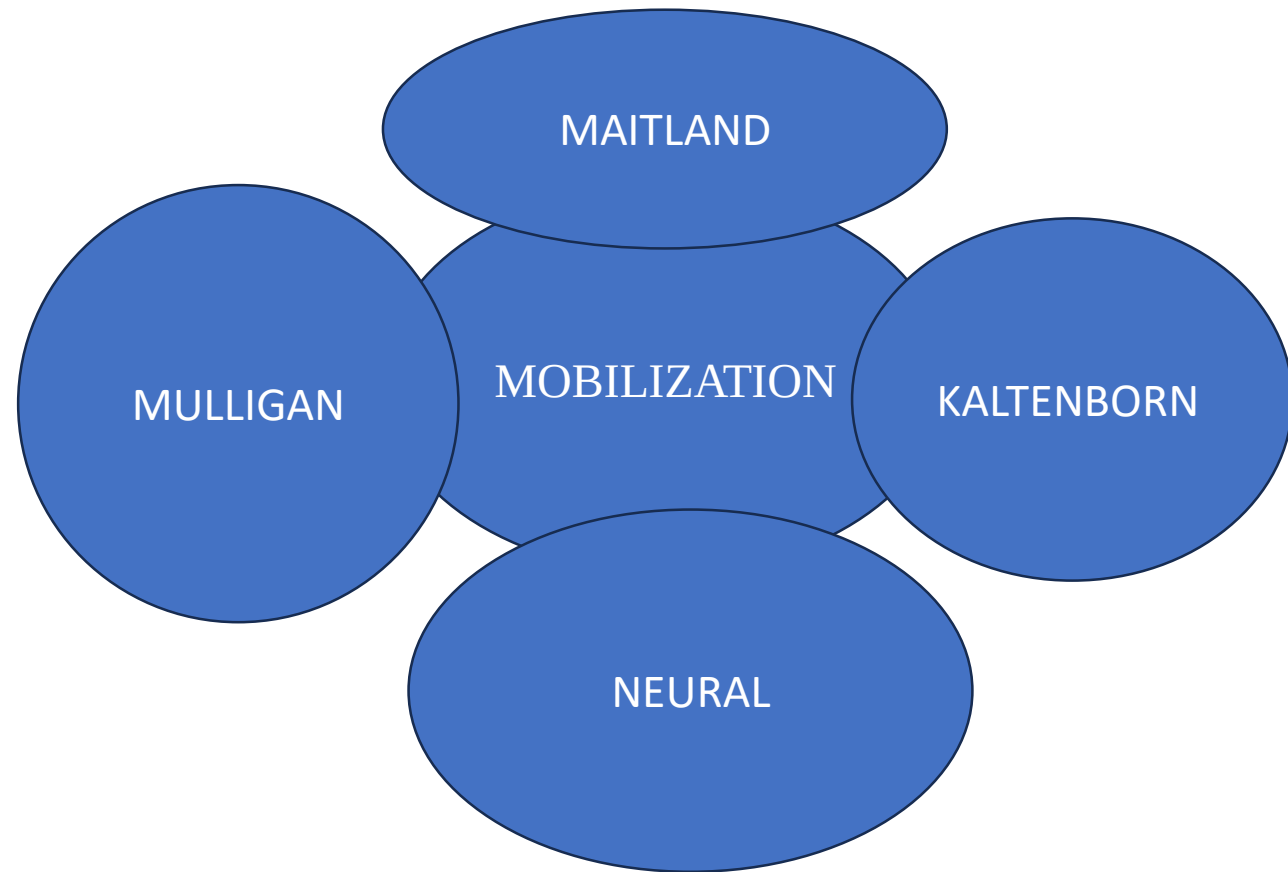
INDICATIONS

- Pain reduction (acute & subacute) where movement is painful.
- Hypomobility and joint stiffness.
- Pre- or post-therapeutic mobilising to prepare tissue for exercise.
- Facilitate joint nutrition and synovial fluid movement.

CONTRA INDICATIONS

- Fracture
- Dislocation
- Malignancy in region
- Active infection
- Inflammatory arthritis flare (severe)
- Uncontrolled neurological signs.

- Pain-relief mobilisations
- Mobility-restoring mobilisations
- Neural mobilisation (sliders vs tensioners)
- Sustained vs oscillatory techniques



Maitland Grades (I–V)

- Grade I: small amplitude, beginning of range — pain relief.
- Grade II: large amplitude within range — pain relief and assessment.
- Grade III: large amplitude up to limit — increase mobility.
- Grade IV: small amplitude at limit — stretch capsular restrictions.
- Grade V (manipulation): HVLA thrust — not a mobilisation.



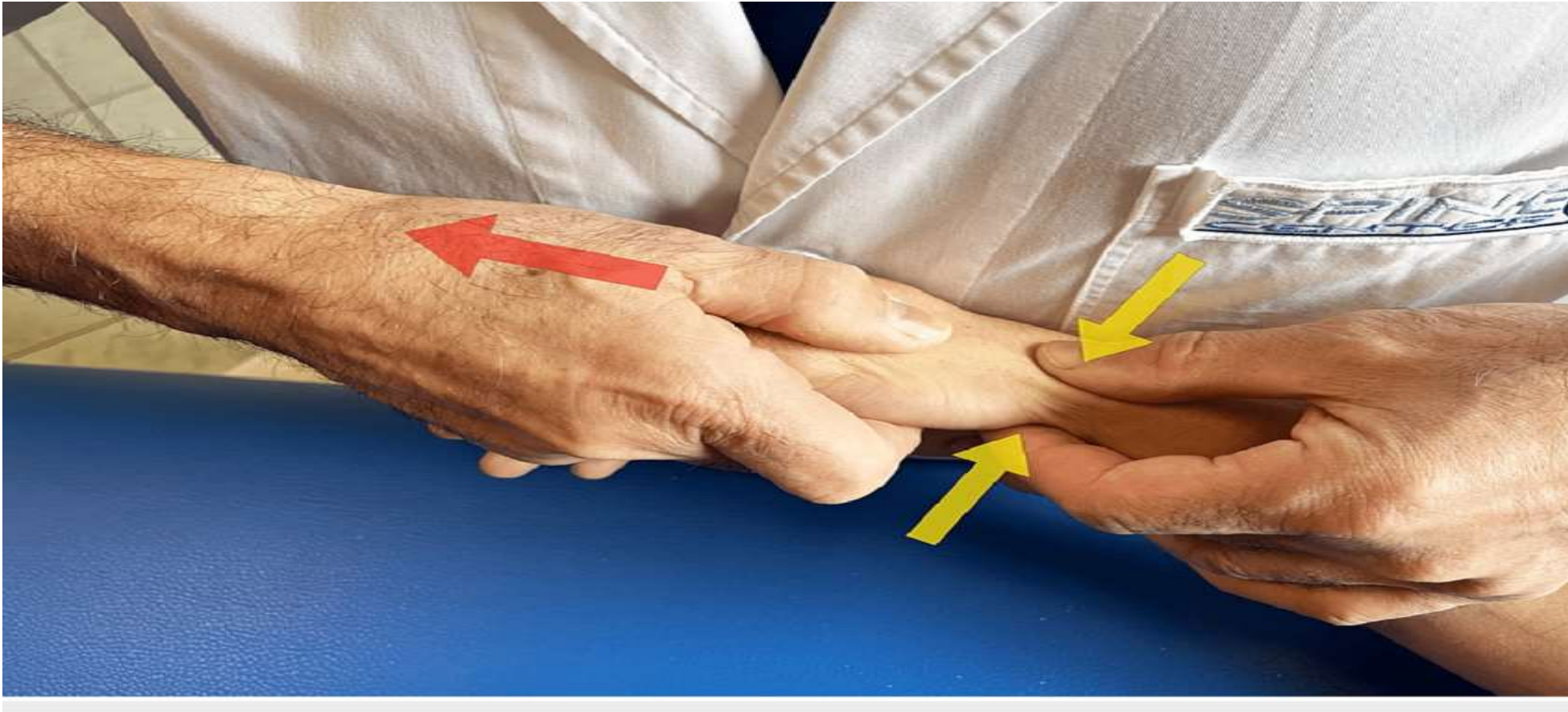
Mulligan Concept (SNAGs & MWMs)

- Sustained natural apophyseal glides (SNAGs) for spine.
- Mobilisation with movement (MWM) for peripheral joints — patient actively moves while PT applies glide.

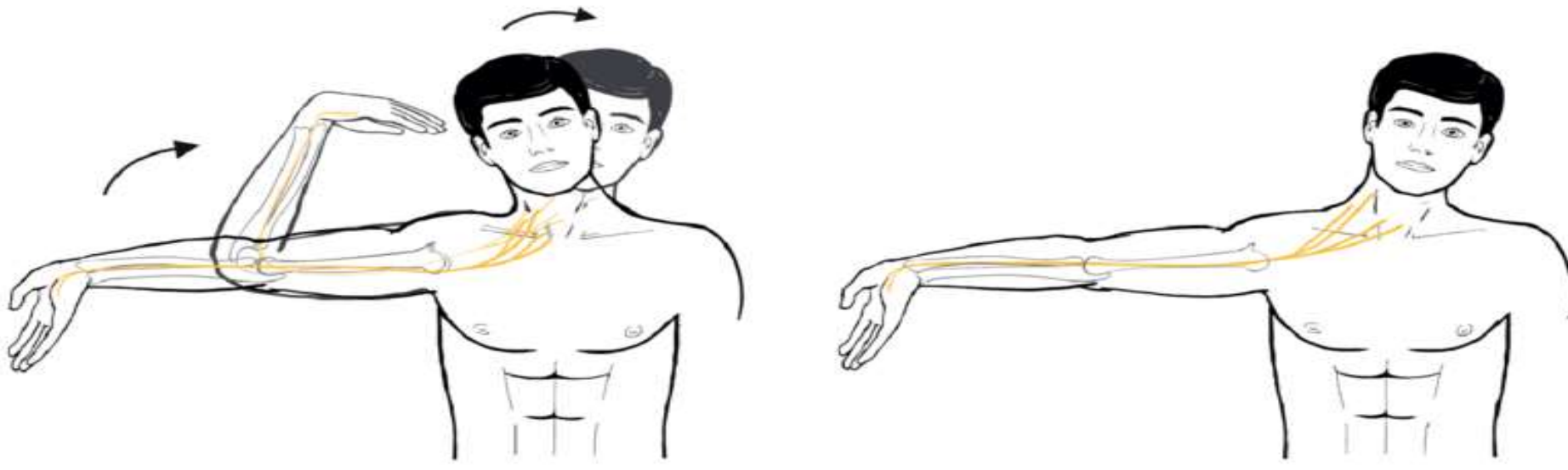


Kaltenborn Concept

- Focus on sustained translational glides (traction & glides).
- Three grades of traction: 1 (neutralize joint compression), 2 (take up slack), 3 (stretch).



- Neurodynamics: sliders (glide) vs tensioners (stretch).
- Indications: neural mechanosensitivity, radiating pain with movement.
- Example: Median nerve slider for carpal tunnel/neck-related arm pain.



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- Presentation: painful stiff shoulder, limited abduction and external rotation.
- Treatment plan: pain-relief glides (inferior/ posterior), ROM exercises, scapular control, home program.
- Expected timeline: gradual improvement over weeks—months; set realistic goals.

- Maitland grade used primarily for pain relief is: (A) I (B) III (C) IV
- The convex–concave rule helps determine: (A) Muscle length (B) Glide direction (C) Strength
- A Mulligan technique commonly called: (A) SNAG (B) PA glide (C) Traction