

Original Article

COMPARITIVE EFFECT OF GONG'S MOBLISATION VERSUS MULLIGAN'S MOBILISATION ON PAIN AND SHOULDER ABDUCTION MOBILITY IN FROZEN SHOULDER

Mehta Bryna Pankaj¹, Vinod Babu. K^{*2}, Sai Kumar. N³, Asha D⁴.

¹ Post Graduate MPT student 2012-2014, ^{*2} Assistant Professor in Physiotherapy, ³ Principal, ⁴ Associate Professor.

K.T.G. College of Physiotherapy and KTG Hospital. Bangalore. India.

ABSTRACT

Background and introduction: The purpose is to compare the effect of gong's mobilization versus mulligan's mobilization on improving pain and shoulder abduction mobility for subjects with frozen shoulder.

Method: 30 subjects with unilateral frozen shoulder whose abduction ROM was limited to 120 degree or less were selected and randomized 15 subjects each into Gong's and MWM group. Gong's group received Gong's mobilization with conventional therapy while MWM group received movement with mobilization and conventional therapy for duration of five sessions per week for 3 weeks. A goniometer to measure shoulder abduction ROM and VAS to measure pain were used.

Results: Analysis using Independent 't' test and Mann Whitney U test found that there is no statistically significant difference ($p < 0.05$) between Gong's mobilization and MWM on improving shoulder abduction ROM and pain, however the percentage of change in improvement was greater in MWM group.

Conclusion: The present study concludes that both MWM with conventional therapy and Gong's mobilization with conventional therapy are effective on improving pain and shoulder abduction mobility for subjects with Frozen shoulder.

KEYWORDS: Gong's mobilization; MWM; Frozen shoulder; Shoulder mobility; Pain; ROM; Conventional therapy.

Address for correspondence: Vinod Babu.K, Assistant Professor, K.T.G. College of Physiotherapy and K.T.G. Hospital, Bangalore-560 091, India. **Email:** vinodbabupublications@gmail.com

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INTRODUCTION

Frozen shoulder or adhesive capsulitis is characterized by an insidious and progressive loss of active and passive mobility in the glenohumeral joint presumably due to capsular contracture.¹

Clinical symptoms include pain, a limited range of motion (ROM), altered scapulohumeral rhythm and muscle weakness from disuse.^{2,3,4} The prevalence of frozen shoulder is slightly greater than 2% in the general population, affecting persons older than 40 years. Approximately 70% of patients presenting with adhesive capsulitis are women, and 20% to 30%

of those affected develop adhesive capsulitis in the opposite shoulder.⁵

A variety of interventions are used by physiotherapist to reduce pain which includes exercises and electrotherapy techniques with mobilization techniques to decrease pain and to improve mobility.^{6,7} But there is no un animous decision in the selection of these treatment patterns and it is been found that mobilization are integral part of frozen shoulder.^{8,9}

Mulligan incorporated Kaltenborn's principles of passive mobilization. They are thought to achieve painless movement by restoring the reduced accessory glide. Similar principles can