

## Manual Therapy for Peripheral Joints



### Manual Therapy and the Ankle

**A randomized controlled trail of a passive accessory joint mobilization on acute ankle inversion sprains (Green, T et al. Physical Therapy. 2001 Apr;81(4):984-94)**

**Methods:** Randomized controlled trail of 42 subjects with an acute ankle sprain (>72 hours), where subjects were allocated into control group (protocol of RICE), and the treatment group (ankle mobilization and RICE protocol).

**Conclusions:** The Addition of talo-crural mobilization to the RICE protocol in the management of ankle inversion injuries necessitated fewer treatments to achieve pain-free dorsiflexion and to improve stride speed more than RICE alone.

### Manual Therapy and the Knee

**Effectiveness of Manual Physical Therapy and Exercise in Osteoarthritis of the Knee (Deyle, GD et al, Annals of Internal Medicine. 2000. Feb 1; 132(3): 173-181)**

**Methods:** Randomized controlled trial of 83 patients with osteoarthritis of the knee who were allocated to the intervention or placebo group. The intervention group received manual therapy, applied to the knee as well as to the lumbar spine, hip and ankle as required, and performed a standardized knee exercise program in the clinic and at home. The placebo group had subtherapeutic ultrasound to the knee. Both groups were treated at the clinic twice weekly for four weeks.

**Conclusion:** A combination of manual physical therapy and supervised exercise yields functional benefits for patients with osteoarthritis of the knee and may delay or prevent the need for surgical intervention.

### Manual Therapy and the Hip

**Comparison of manual therapy and exercise therapy in osteoarthritis of the hip: a randomized clinical trial (Hoeksma, HL. Et al, Arthritis Rheum. 2004 Oct 15;51(5): 722-9)**

**Methods:** A single-blind, randomized clinical trial of 109 hip OA was carried out in the outpatient clinic for physical therapy of a large hospital. The manual therapy group focused on specific manipulation and mobilization of the hip joint. The treatment period was 5 weeks (9 sessions)

**Conclusions:** The effect of the manual therapy program on hip function is superior to the exercise therapy program in patients with OA of the hip.

**At advantage physiotherapy we are committed to providing treatment based on the highest quality of research that is available. The February newsletter is a compilation of the latest research available on manual therapy and the peripheral joints. Manual therapy is a specialized area of physiotherapy that can be further studied after graduation with a series of post-graduate courses and an examination process.**



### Manual Therapy and the Shoulder

**Manipulative therapy in addition to usual medical care for patients with shoulder dysfunction and pain (Bergman, G. et al, Annals of Internal Medicine. 2004. Sept 21; 141(6): 432-439)**

**Methods:** Randomized controlled trial of 150 patients with shoulder symptoms and dysfunction of the shoulder girdle. All patients received usual medical care from their general practitioners. Only the intervention group received additional manipulative therapy, up to six treatment sessions in a twelve week period.

**Conclusions:** Manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms.

### Manual Therapy and the Wrist

**Manipulation of the wrist for management of lateral epicondylitis: a randomized pilot study (Struijjs, PA. et al, Physical Therapy. 2003 Jul; 83(7): 608-16)**

**Methods:** Randomized Controlled trial of 31 subjects with a history and examination results consistent with lateral epicondylitis who were allocated to one of two treatment protocols. The first consisted of ultrasound, friction massage, and muscle strengthening, and stretching exercises. The second group received manipulation of the wrist.

**Conclusion:** Manipulation of the wrist appeared to be more effective than ultrasound, friction massage, and muscle stretching and strengthening exercises for the management of lateral epicondylitis.

**At advantage physiotherapy we are proud to offer our patients skill in manual therapy that works well as an adjunct to other therapies. We book our assessment appointments for one hour and follow up treatments for thirty minutes which allows for this type of hands- on treatment.**