


**Choice of
Technique & Grade
with
Manual Therapy Treatment**

cervical dysfunction


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**Treatment of
Mobility Restriction**



Technique choices:

- soft tissue techniques
- functional technique
- manual traction
- neuromeningeal system mobilization
 - sliders
 - tensioners
- passive mobilizations
 - PIVM Type
 - PAVM Type
 - Z or U joint focus
 - NAGS
- active mobilizations
 - MET
 - SNAGS / SMWAMS
- exercise



Grading Systems:

Kaltenborn:

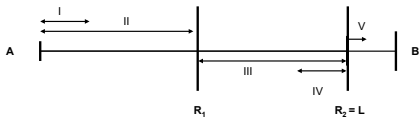
- Stage 1
"loosen"
– before the start of resistance (R1)
- Stage 2
'take up the slack'
– between R1 and R2
– well into resistance
- Stage 3
"stretch"
– attempts to move R2 further into range

Maitland:

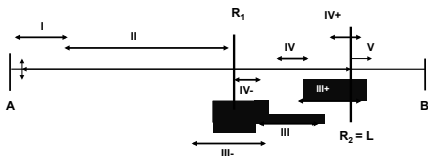
- Grade I
– small amplitude movement at beginning of the range
- Grade II
– large amplitude before R1
- Grade III
– large amplitude into resistance
- Grade IV
– small amplitude into resistance
- Grade V
– high velocity, low amplitude thrust at the barrier



Movement Diagram:
original grading system



modification of grading system



pain > resistance

- pain is the main consideration
- movement limited by P2 rather than resistance
- irritable
- often muscle reactivity or guarding present
- severe pain or pain at rest



Pain

Position	
Strength	
Grade	
Speed	
Duration	
Choice	




Pain


Position	resting position , neutral, least pful
Strength	
Grade	
Speed	
Duration	
Choice	




Pain	
Position	resting position , neutral, least pful
Strength	gentle
Grade	
Speed	
Duration	
Choice	




Pain	
Position	resting position , neutral, least pful
Strength	gentle
Grade	in pain free range – grade I or II traction - stronger grade as tolerated, may be sustained
Speed	
Duration	
Choice	




Pain	
Position	resting position , neutral, least pful
Strength	gentle
Grade	in pain free range – grade I or II traction - stronger grade as tolerated, may be sustained
Speed	slow
Duration	
Choice	



Pain	
Position	resting position , neutral, least pful
Strength	gentle
Grade	in pain free range – grade I or II traction - stronger grade as tolerated, may be sustained
Speed	slow
Duration	short – 30 sec, reassess, repeat 2-3x
Choice	




Pain	
Position	resting position , neutral, least pful
Strength	gentle
Grade	in pain free range – grade I or II traction - stronger grade, sustained
Speed	slow
Duration	short – 30 sec, reassess, repeat 2-3x
Choice	traction / distraction functional tech / MET PIVM / PAVM generally flexion before extension




resistance \geq pain


- pain & stiffness both present
- different types of relationships between pain & resistance
- if pain = resistance, likely have to move into resistance to be effective
- always monitor & respect pain
- won' t necessarily always be painfree




Resistance & Pain	
Position	
Strength	
Grade	
Speed	
Duration	
Choice	




Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	
Grade	
Speed	
Duration	
Choice	




Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	gentle at first, then progress into range – may cause post treatment soreness
Grade	
Speed	
Duration	
Choice	




Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	gentle at first, then progress into range – may cause post treatment soreness
Grade	respecting pain, grade II to II+ → progress to III- or IV-
Speed	
Duration	
Choice	



Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	gentle at first, then progress into range – may cause post treatment soreness
Grade	respecting pain, grade II to II+ → progress to III- or IV-
Speed	slow to mod as move further into range
Duration	
Choice	



Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	gentle at first, then progress into range – may cause post treatment soreness
Grade	respecting pain, grade II to II+ → progress to III- or IV-
Speed	slow to mod as move further into range
Duration	start 1 min → 2 min, repeat 2-3x
Choice	



Resistance & Pain	
Position	neutral, pain free position → moving into physiological range
Strength	gentle at first, then progress into range – may cause post treatment soreness
Grade	respecting pain, grade II to II+ → progress to III- or IV-
Speed	slow to mod as move further into range
Duration	start 1 min → 2 min, repeat 2-3x
Choice	traction / distraction accessory or physiological – whichever has greatest pain free range (NAGS) MET / SNAGS


- ### Resistance
- stiffness is the main disability
 - pain is a minimal component
 - R₁ & R₂ are the most important factors
 - end range problem
 - techniques are aimed at stretching stiff structures → may cause discomfort

Resistance

Position	
Strength	
Grade	
Speed	
Duration	
Choice	


Resistance

Position	into resistance → end of range
Strength	
Grade	
Speed	
Duration	
Choice	




Resistance

Position	into resistance → end of range
Strength	firm
Grade	
Speed	
Duration	
Choice	




Resistance


Position	into resistance → end of range
Strength	firm
Grade	grades III+ to IV+ interspersed with III treatment soreness expected- monitor
Speed	
Duration	
Choice	




Resistance	
Position	into resistance → end of range
Strength	firm
Grade	grades III+ to IV+ interspersed with III treatment soreness expected- monitor
Speed	fast oscillations or slow, sustained stretch movements
Duration	
Choice	



Resistance	
Position	into resistance → end of range
Strength	firm
Grade	grades III+ to IV+ interspersed with III treatment soreness expected- monitor
Speed	fast oscillations or slow, sustained stretch movements
Duration	3-4 mins, repeat 2-3X – depends on effect & treatment soreness
Choice	




Resistance	
Position	into resistance → end of range
Strength	firm
Grade	grades III+ to IV+ interspersed with III treatment soreness expected- monitor
Speed	fast oscillations or slow, sustained stretch movements
Duration	3-4 mins, repeat 2-3X – depends on effect & treatment soreness
Choice	physiological & accessory movements incorporate combined movements NAGS & SNAGS




**CLINICAL EFFECTIVENESS
of
PHYSIOTHERAPY TECHNIQUES**

In the
Treatment of Neck Dysfunction




Strong evidence

- multimodal approach
 - mobilization / manipulation
 - therapeutic exercise
- subacute & chronic
- long term effect
- 28-70% advantage over control
- long term absolute benefit
 - ↓ pain 25mm on NRS



Moderate evidence

- exercise **
 - strong evidence when used as part of multimodal approach
- laser
 - intermediate term
- electrotherapy
 - immediate post treatment only for acute > chronic
- traction
 - short term
 - inconsistent evidence for radiculopathy
- acupuncture
 - immediate to short term for pain



No benefit

- home exercise (alone)
- hot packs
- electromechanical stimulation
- ultrasound

Ref : Gross et al, 2007
Gross et al, 2009 