Title: Mulligan Mobilization with Movement Technique in a Patient with Lateral Epicondylitis

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Abstract Body:
Background & Purpose: Lateral epicondylitis is characterized by pain and tenderness located over the wrist extensor musculature at its insertion site to the lateral epicondyle of the humerus. Eccentric training has been shown to be a conservative, effective treatment for those with lateral epicondylitis. Unfortunately, each patient does not always respond as expected with eccentric exercise, and exercise modifications must be made. The purpose of this case report is to support the use of a Mulligan mobilization with movement (MWM) technique for a patient suffering from lateral epicondylitis.

Description: Patient was a 39 year-old female referred to physical therapy with left lateral epicondylitis due to overuse. Symptoms were aggravated with activities involving gripping, pinching, active and passive movement of the wrist or elbow, and palpation over the area. The cervical spine and other proximal components that could refer pain were ruled out. The patient’s comparable signs included active wrist extension range of motion repetitions and pain ratings with the use of the 10-cm visual analog scale (VAS). The patient received 3 treatments of physical therapy focusing on active range of motion and eccentric training, however, she could only perform the exercises with assistance from the right hand due to pain. At each session, no carry over was noted in the amount of repetitions that the patient could actively perform or in VAS scores. On the 4th visit, the Mulligan MWM technique for lateral epicondylitis, a lateral glide of the forearm in regards to the humerus, was implemented while the patient performed her eccentric exercise routine.

Outcomes: Patient’s active wrist extension went from being unable to perform due to pain to the patient being able to perform 20 repetitions of independent eccentric repetitions without the glide being applied after 6 sessions. She was also able to perform wrist flexion, radial deviation, and gripping activities independently with much less pain and for greater repetitions than before the MWM was implemented. VAS scores improved from 8.1/10 to a 5.2/10 (MCID 3.0cm).

Discussion - Conclusions: This case supports the use of the Mulligan MWM technique for patients suffering from lateral epicondylitis. This treatment was beneficial in allowing the patient to progress her active and eccentric training exercises to treat her lateral epicondylitis in a more effective and less painful manner. Without the use of this glide, treatment may have continued to be non-beneficial and the patient’s recovery slowed.

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