



Active Solutions Physical Therapy

Advanced, one-on-one care for effective results

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Over 70 years of combined
experience

Advanced, one-on-one care for:

- Spinal conditions
- Back & neck pain
- Shoulder, arm & hand pain
- Leg, hip, knee, ankle & foot pain
- Work injuries
- Auto injuries
- Sports injuries
- TMJ pain
- Numbness & tingling
- Headaches
- Posture problems
- Balance Problems
- Dizziness

Gentle, effective therapy techniques:

- Manual therapy
- Joint and soft-tissue mobilization/manipulation
- Myofascial release
- Neuromuscular re-education
- Feldenkrais Method®
- Ultrasound
- Iontophoresis
- Spinal stabilization program
- Customized exercise programs
- Custom splinting
- Vestibular Rehabilitation

The convenience you deserve:

- Most insurance accepted & filed
- Open 7 a.m. to 6 p.m., M-F
- Short wait times
- New patients seen promptly, usually within 24 to 48 hours

PHYSICAL THERAPY ALERTS

Mulligan's Mobilization with Movement Technique and Chronic Ankle Instability

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More than 23 000 ankle sprains have been estimated to occur per day in the United States, which equates to one sprain per 10 000 people daily. However, it has been reported that 55% of individuals who sprain their ankle do not seek treatment from a health care professional, so the incidence of injury may be much greater. Of particular concern is the high proportion (up to 70%) of patients who will suffer from repetitive ankle sprains and chronic symptoms after initial injury. Chronic ankle instability cannot only limit activity but may lead to an increased risk of osteoarthritis and articular degeneration at the ankle.

Mulligan, a leading physical therapist, instructor and author, has proposed that some individuals diagnosed with lateral ankle sprains experience an anterior positional fault of the distal fibula on the tibia. (4) He has hypothesized that when the foot is inverted past its normal range, the fibula is pulled forward on the tibia at the inferior tibiofibular joint and a positional fault occurs at the joint. (1) His recommended treatment is to manually glide the fibula posterior on the tibia while the patient actively inverts his ankle.

Since the original hypothesis proposed by Mulligan there have been several studies that have examined fibular position in subjects with ankle instability. Results have suggested both anterior and posterior positional faults in those with ankle instability. (1)

Of interest is a recent pilot study of 125 participants, which demonstrated significant lower incidence of ankle injury with prophylactic use of posterior fibula repositioning tape among male basket ball players. (2)

O'Brien and Vicenzino (3) reported immediate reduction of pain, increase in range of inversion, improved outcome, and improvements in function in subjects with acute ankle sprain after treatment with posterior mobilizations of the fibula.

In our clinic we frequently see patients with chronic ankle instability. The Mulligan approach of posterior fibula repositioning with active ankle inversion movement, combined with exercise has been very successful.

Research references

- 1) Tricia J. Hubbard, PhD, ATC, J Hertel, PhD, ATC, Paul Sherbondy, M.D. Fibular Positioning in Individual with Self-Reported Chronic Ankle instability. *J. of Orthop Sports Phys Ther* 2006; 36: 3-9.
- 2) Moiler K, Hall T, Robinson K. The role of fibular tape in the prevention of ankle injury in basketball: a pilot study. *J. Orthop Sports Phys Ther* 2006; 36(9): 661-667
- 3) O'Brian t, Vicenzino B. A study of the effects of Mulligan's mobilization with movement treatment of lateral ankle sprain using a case study design. *Man Ther.* 1998;3:78-84
- 4) Mulligan BR. *Manual Therapy: "NAGS," "SNAGS," "MWMS," ETC.* 3rd ed. Wellington, New Zealand: Plane View Services, Ltd; 1995