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Association Between Lateral Pelvic Tilt and
Asymmetry in Sitting Pressure Distribution

Effectiveness of Neural Mobilization in the
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ABSTRACTS: AAOMPT Conference, 2004

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The following abstracts are to be presented at the 10th annual meeting of the American Academy of Orthopaedic Manual Physical Therapists held in Louisville, Kentucky from October 22 – 24, 2004. Presentations are either by poster or platform. Inclusion of abstracts in this supplement does not constitute peer-reviewed journal publications. The publication of abstracts alerts readers to research that is presently being conducted. It is hoped that the research presented in brief here will eventually be submitted as full-length manuscripts for review and potential publication.

SI JOINT INJECTIONS WITH MANIPULATION: A STUDY IN THERAPEUTIC EFFICACY

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Objective:

Manipulation under anaesthesia is a recognized technique under the Current Procedural Codes (CPT) codes for physicians and has a long history in medicine. (Gordon) Recent research has been reported on treatment of shoulder dysfunction with local anaesthesia. (Roubal, Dobritt, and Placzek)

This study examined the therapeutic efficacy of sacroiliac joint (SIJ) injections and joint manipulation as measured by both patient report and gait analysis. Our hypothesis is that SIJ injections combined with manipulation therapy yield a more significant change in patient pain report and gait parameters than SI injections alone.

Methods: Data was acquired for this study from 40 patients with sacroiliac dysfunction. Of the 24 patients examined, 79% were female. The mean duration of pain was 7.3 ± 15.3 years and the mean age was 50.0 ± 14.2 ranging 33-85 years. 62.5% had radicular symptoms and 66.7% had leg length discrepancies. The patients gait was evaluated with the GAITRite system, a walkway for measuring spatiotemporal gait parameters. Each subject walked a total distance of 56 feet, three different times: before therapy (baseline), after injection and after manipulation. VAS scores were taken each of these three times.

All injections were fluoroscopy controlled. Subsequently, patients received a manipulation from a manipulative physical therapist. The manipulation procedure involved the therapist passively rotating the patient before delivering a rapid posterior and inferior thrust through the anterior superior iliac spine. This manipulation

has been previously described in the literature. (Childs and Flynn; Flynn et al.)

Results: A repeated measures ANOVA comparing the velocities and step lengths at the three times yielded $p < 0.001$ for each parameter, indicating a difference in at least one of three groups. After manipulation, in the patients with leg length discrepancy, the leg length was noted to be equal.

Mean differences and paired t-tests were utilized to further examine relationships between groups. From baseline to post-injection, pain levels dropped on average 6.5 ± 1.9 , which was found to be statistically significant ($p < 0.001$). Correspondingly, velocity increased 7.6 ± 14.0 cm/s ($p = 0.019$) and step length on the injected side increased 4.3 ± 5.2 cm ($p = 0.016$). Comparing baseline to post-manipulation, pain levels dropped 2.8 ± 2.5 ($p = 0.001$), velocity increased 13.1 ± 13.5 cm/s ($p < 0.001$) and step length increased 6.2 ± 4.7 cm ($p < 0.001$).

Conclusion: This study demonstrates that manipulation combined with injection improves patient mobility more than injection alone. This also shows a significant improvement in function in a chronic patient group who may respond better with the combination of manipulation with injections. This is significant as it can impact management decisions for patients with SIJ dysfunction.

THRUST JOINT MANIPULATION CLINICAL EDUCATIONAL OPPORTUNITIES FOR ENTRY-LEVEL PHYSICAL THERAPY STUDENTS

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Purpose: To describe; 1) the availability of thrust joint manipulation (TJM) educational opportunities for entry-