

FAQs

Q1. Define joint mobilization.

Ans- Mobilizations are passive movements that are oscillatory or sustained stretch performed in such a manner that the patient can prevent the motion if so desired. These motions are performed anywhere within the available ROM.

Q2. Describe Concave and Convex Relation of Joints. Explain with example.

Ans-When the joint surface is convex with respect to the other side of the joint, the articular surface moves in the opposite direction of the shaft of the bone. When the shoulder joint is being flexed (as in the swing phase of gait) by moving the humerus on the scapula, the convex surface of the proximal humerus is sliding and spinning on the concave glenoid of the scapula

Q3. Describe the Methods of increasing joint mobility.

Ans- There are three types of joint mobilization they are

- 1. Passive mobilization
- 2. Active mobilization.
- 3. Active-assisted mobilization.

Q4. What are the goals of joint mobilization?

Ans- The goal of joint mobilization is to relief joint pain and to increase joint mobility.

Q5. What is the difference between active and passive joint mobilization.

Ans- Active joint mobilization are performed by the patient itself wheras passive mobilization are performed by an external force.

Q6. What are the grades in passive mobilization?

Ans- There are 5 grades in this type of mobilization

Grade I- To relief pain, small amplitude at beginning ROM

Grade II- To relief pain, large amplitude through mid ROM

Grade III- to decrease joint stiffness, large amplitude from mid range to normal limit of motion.

Grade IV- To decrease joint stiffness, small amplitude at normal limit of motion.

Grade V- Manipulation, small amplitude beyond end range.

Q7. What are the factors affecting limitation of joint mobility.

Ans- There are many factors which affects the joint mobility. They are:

- 1. Pain
- 2. Injury eg; Ankle sprain
- 3. Disease eg; Osteo Arthritis, Rheumatoid Arthritis
- 4. Extra Fat or abnormal body mass
- 5. Body asymmetry
- 6. Abnormal tissue extensibility eg; contracture after burns
- 7. Body temperature
- 8. Joint shape
- 9. Age and gender

Q8. Mention the contraindications of joint mobilization.

Ans- Some of the contraindications of joint mobilization are as follows:

- 1. Fracture
- 2 Ligament rupture
- 3. Herniated disc with nerve compression in spinal mobilization.
- 4. Joint effusion
- 5. Joint replacement
- 6. Hyper mobile joint
- 7. Inability to relax.

Q9. What are the effects of joint mobilization?

Ans- The effects of joint mobilization can be explained under two groups,

(1) passive joint mobilization effects and (2) active Passive joint mobilization effects

Passive joint mobilization effects

- I. Maintains joint and soft tissue integrity.
- II. Minimize the effect of the formation of contractures.
- III. Maintain mechanical elasticity of muscles.
- IV. Assist circulation and vascular dynamics.

V. Enhance synovial movement for cartilage nutrition and diffusion of materials in the joint.

VI. Decrease or inhibit pain.

Active or self mobilization effects

I. Maintain physiological elasticity and contractility of the participating muscle.

II. Provide sensory feedback from the contracting muscle.

III. Provide a stimulus for bones and joint tissue integrity.

IV. Increase circulation and prevent thrombus formation.

V. Develop coordination and motor skill for functional activities.

Q10. What are the Limitations of mobilization technique?

Ans-1. Passive Mobilization will not-

- a. Prevent muscle atrophy
- b. increase strength or endurance
- c. Assist circulates to the extent that active or voluntary muscle contraction does
- 2. Active mobilization
 - a. it will not maintain or increase strength for strong muscle
 - b. It will not develop skill or coordination except in the movement pattern used