

















MULLIGAN DEFINITIONS
 MWM - Mobilization With Movement

 Manual techniques in the peripheral joints which are the simultaneous combination of accessory gliding techniques and physiologic movement.

 SNAG – Sustained Natural Apophyseal Glide

 Manual technique designed to be pain free which consists of sustained clinician mobilization of the facet/apophyseal/zygapophyseal joints concurrently with active movement by the patient, with overpressure at end range (if applicable/needed).







## UPPER CERVICAL SPINE

### **HEADACHE "SNAGS"**

Indication: Current cervicogenic headache

**Contact:** "Headlock Position" – Middle phalanx of 5<sup>th</sup> digit contacts C2 spinous process, thenar eminence of opposite hand covers the 5<sup>th</sup> digit

**Glide:** Gentle anterior glide/pressure applied directly with thenar eminence. Can be angled L/R, Up/Down as needed if greater relief is noted. Hold until symptoms abate

Variation: Firmer pressure for nausea or vertigo/cervicogenic dizziness



### SHOULDER

# MANUAL TECHNIQUE WITH ELEVATION

Indications: Painful arc or painful/restricted flexion or abduction.

**Contact/Positioning:** Stand beside/slightly behind patient on opposite side of pain, stabilize scapula with posterior hand, anterior hand contacts humeral head with thenar eminence.

**Direction of Mobilization:** Posterolateral in the plane of glenoid

**Movement:** Perform repetitions of previously painful movement



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### SHOULDER

### END OF RANGE SHOULDER MWM AGAINST WALL

**Indications:** Painful and/or restricted elevation/end range movement

**Contact/Positioning:** Stand beside patient on the same side as the painful shoulder, stabilize scapula with posterior hand, anterior hand contacts humeral head with hypothenar eminence

**Direction of Mobilization:** Posterolateral in the plane of glenoid

**Movement:** Patient places hands up on wall and bows forward



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### **RESTRICTED SLR**

### **SLR + TRACTION**

**Indications:** Painful or restricted straight leg raise (Tight hamstrings vs. sciatic nerve tension?)

**Contact/Positioning:** Patient in supine position with clinician on painful side. Clinician holds ankle in crook of elbow with other hand on top of the ankle

**Glide/Movement:** Clinician applies longitudinal traction while moving into SLR/stretch position



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# KNEE

### TIBIAL INTERNAL ROTATION MWM

**Indications:** Limited or painful knee flexion (squatting, lunging, stairs, etc.)

**Contact/Positioning:** Clinician behind the patient, place heel of outer hand behind proximal fibula and other hand medially with fingers wrapping around to grasp spine of tibia

**Glide/Mobilization:** Internally rotate tibia (careful not to change hip/leg position – avoid creating a valgus position!)

**Movement:** Patient flexes knee/performs painful movement (squat, step down, lunge, etc.)



### ANKLE

### DORSIFLEXION MWM (VARIANT)

Indications: Limited or painful dorsiflexion

**Contact/Positioning:** Patient's foot on a chair, clinician in front of the patient, wrap web space of one hand around the talus while using the other hand to grasp the distal tib/fib posteriorly

Glide/Movement: Pull forward with posteriorly positioned hand, while stabilizing the talus with anterior hand, as patient lunges forward over foot

Self/At Home Version: Use band loop!



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ANKLE

plantarflexion

table.

# PLANTAR FLEXION Indications: Limited or painful **Contact/Positioning:** Knee at 90 degrees flexion, neutral DF, heel at edge of the **Glide/Movement:** Superior hand glides the tibia and fibula posteriorly, without releasing the glide, the inferior hand rolls the talus ventrally/caudally. Movement: This is a passive technique TWIN CITIES ORTHOPEDICS







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