

Effects of Mulligan MWM and taping techniques on the temporal and spatial parameters of gait: a pilot study.

Faculty Sponsor Dr. Walker
Jon DeVaul
Justin Robbins
Angela Wehrle

Introduction

- Inversion ankle sprain: calcaneus thrust into excessive varus causing injury to the lateral ligament complex.
- Brian Mulligan's theory
 - Positional fault vs. ligamentous injury
- Taping guidelines
 - Correct positional fault
 - Application ASAP
 - No Fx
 - Grade of sprain insignificant

Mulligan Taping technique



Purpose

- To determine if the application of Mulligan's mobilization with motion and taping technique improves ankle joint dynamic function as reflected by the spatial and temporal parameters of gait in subjects within 72 hours of sustaining an inversion ankle sprain.

Background Information

- Grading (I, II, III)
- Stages (**acute**, subacute, chronic)
- Tests (Ottawa Ankle Rules, Anterior Drawer, Talar Tilt)
- Taping

Methods/ Procedures

- Informed Consent
- Physical Examination
 - Ottawa ankle rules, palpation, observation, stress tests
- Ankle Joint Function Assessment Test (AJFAT)
 - 12 item subjective survey
 - Prior to initial gait analysis
 - 3 days post initial taping
- GAITRite
 - temporal parameters (step time, single leg support time, & double leg support time)
 - spatial parameters (step length and base of support)

Subject Population

- 4 participants
- Inclusion criteria
 - Inversion ankle sprain within 72 hours
 - Ambulate without assistive device
- Exclusion criteria
 - No history of surgery either LE
 - No current bony deformities in LE altering gait



Walk trials



Data analysis

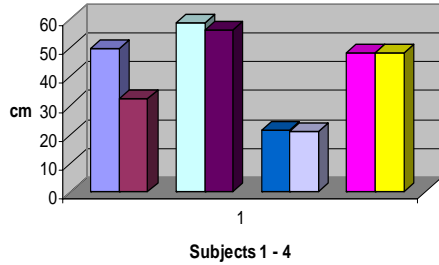
(Extra Special Thanks to Mike Biderman!)

- Excel & SPSS
- Paired t-test
 - AJFAT
- Two-way Repeated measures ANOVA
- Alpha (“p” value) of <0.05

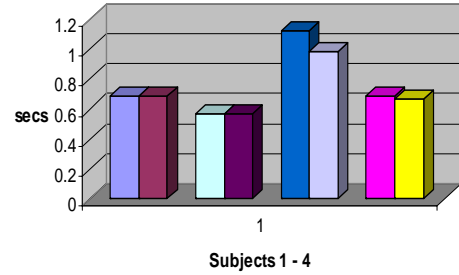
Results

- No statistical significance found
 - Temporal parameters
 - F 0.048 – 5.147 (p = 0.108 – 0.841)
 - Spatial parameters
 - F 0.019 – 9.425 (p = 0.055 – 0.898)
 - Toe in/ out
 - F 0.749 – 2.449 (p = 0.216 – 0.450)
 - AJFAT
 - (p = 0.333)

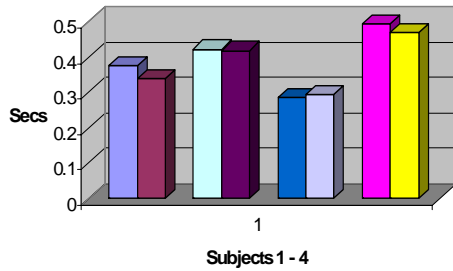
Changes in step length of the uninvolved LE pre and post taping



Changes in step time of the involved LE pre and post taping



Changes in single support time of the involved LE pre and post taping



Discussion & Conclusion

- No statistical significance
 - Low Statistical Power
 - Small sample size
 - 72 hour criteria
- Control Subject's Activity Level
- AJFAT compliancy

Normalized values Subject 1

Parameters		LRF4/2005 3:20:34 PM		LRF4/2005 3:27:54 PM		BACK	
Step Time (sec)	L	432 (4)	430 (5)	0.002			
	R	497 (5)	495 (5)	0.012			
Cycle Time (sec)	L	1.196 (2)	1.189 (3)	0.007		0.52	0.50
	R	1.184 (2)	1.177 (2)	0.007			
Swing Time (sec)	L	520 (4) / 44.7	543 (11) / 45.7	0.008		1.06	1.18
	R	379 (4) / 21.7	341 (8) / 29.5	0.034			
Stance (sec)	L	661 (5) / 55.3	646 (11) / 54.3	0.015			
	R	809 (3) / 68.3	836 (4) / 71.0	0.027			
Single Support (sec)	L	375 (4) / 21.4	341 (8) / 28.7	0.034			
	R	535 (4) / 45.2	543 (11) / 46.1	0.008			
Double Support (sec)	L	272 (1) / 22.7	309 (11) / 26.1	0.037			
	R	279 (10) / 23.1	303 (11) / 25.7	0.024			
Step Length (cm)	L	53.109 (1)	51.718 (10)	1.703			
	R	43.721 (8)	32.527 (16)	17.134			
Stride Length (cm)	L	104.023 (3)	88.799 (6)	15.224			
	R	103.191 (5)	62.395 (6)	20.895			
Base of Support (cm)	L	19.98 (12)	15.32 (16)	4.660			
	R	18.79 (10)	14.13 (26)	4.660			
Toe In / Out (deg)	L	30 (15)	21 (27)	9.000			
	R	6 (19)	8 (100)	2.000			

Normalized values Subject 3

Parameters		LRF4/2005 10:17:11 AM		LRF4/2005 10:21:43 AM		BACK	
Step Time (sec)	L	664 (2)	661 (2)	0.001			
	R	1.121 (2)	1.077 (1)	0.144			
Cycle Time (sec)	L	1.077 (3)	1.579 (1)	0.209		0.52	0.52
	R	1.900 (6)	1.563 (5)	0.237			
Swing Time (sec)	L	205 (4) / 15.2	239 (11) / 18.7	0.016		1.06	1.18
	R	655 (3) / 26.4	702 (1) / 44.8	0.047			
Stance (sec)	L	1.592 (18) / 64.8	1.263 (1) / 49.3	0.309			
	R	1.145 (2) / 45.8	860 (1) / 55.0	0.205			
Single Support (sec)	L	655 (1) / 24.9	702 (1) / 44.5	0.047			
	R	205 (4) / 15.8	239 (11) / 18.3	0.016			
Double Support (sec)	L	912 (2) / 48.6	595 (2) / 27.7	0.317			
	R	679 (2) / 48.6	538 (2) / 26.3	0.201			
Step Length (cm)	L	27.471 (1)	21.120 (1)	0.991			
	R	44.959 (1)	56.207 (1)	11.091			
Stride Length (cm)	L	69.159 (1)	77.007 (1)	9.729			
	R	68.481 (1)	76.905 (1)	10.424			
Base of Support (cm)	L	19.50 (4)	11.62 (5)	4.670			
	R	19.52 (2)	11.52 (2)	7.000			
Toe In / Out (deg)	L	11 (100)	21 (87)	12.000			
	R	8 (67)	18 (89)	10.000			

Conclusions

- One study (Kavanaugh J) on positional fault at distal tibiofibular joint
- One study (Collins N, Teys P, Vincenzo B) on Mulligan's MWM effects on DF & pain
- One manuscript (Ogston J, Crowell R; unpublished) on effect of Mulligan taping on stabilometric measures in chronically unstable ankle

Recommendations

- Eliminate non-essential parameters.
- Consider adding "functional" parameters.
- Normalized subjects?
- Begin data collection earlier in year.

References

- Alt W, Lohrer H, Gollhofer A. Functional properties of adhesive ankle taping: neuromuscular and mechanical effects before and after exercise. *Foot Ankle Int.* 1999; 20: 238-245.
- Bachmann LM, Kobb E, Koller MT, et al. Accuracy of Ottawa ankle rules to exclude fractures of the ankle and mid-foot: systematic review. *Br Med J.* 2003; 326: 417(3).
- Bahr R, Pona F, Shine J, Lew WD, Lindquist C, Trydal S, Engebretsen L. Mechanics of the anterior drawer and talar tilt tests: a cadaveric study of lateral ligament injuries of the ankle. *Acta Orthop Scand.* 1997; 68(5): 435-441.
- Blinney B, Morris M, Webster K. Concurrent related validity of the GAITRite walkway system for quantification of the spatial and temporal parameters of gait. *Gait Posture.* 2003; 17(7): 68-74.
- Blanshard KS, Finley DBL, Scott DJA, Levy GC, Higgins D, Allen MJ. A radiological analysis of lateral ligament injuries of the ankle. *Clin Radiol.* 1986; 37: 247-251.
- Boruta PM, Bishop JO, Braly WG, et al. Acute lateral ankle ligament injuries: a literature review. *Foot Ankle.* 1990; 11: 107-113.
- Collins N, Teys P, Vincenzo B. The initial effects of a Mulligan's mobilization with movement technique on dorsiflexion and pain in subacute ankle sprains. *Man Ther.* 2004; 9(2): 77-82.
- Cutlip RG, Mancoske C, Hubert P, DiPasquale J. Evaluation of an instrumented walkway for measurement of the kinematic parameters of gait. *Gait Posture.* 2000; 12(7): 134-138.
- Enwemeka CS. Connective tissue plasticity, ultrastructural, biomechanical, and morphometric effects of physical factors on intact and regenerating tendons. *JOSPT.* November 1991; 14(6): 195-212.
- Eren OT, Kucukkaya M, Kabukcuoglu Y, Kuzgun U. The role of a posteriorly positioned fibula in ankle sprain. *Am J Sports Med.* 2003; 31(8): 985-988.
- Fuji T, Luo Z, Kitaoka HB, An K. The manual stress test may not be sufficient to differentiate ankle ligament injuries. *Clin Biomech (Bristol, Avon).* March 2000; 15(7): 619-623.
- Frey C, Bell J, Terezi L, et al. A comparison of MRI and clinical examination of acute lateral ankle sprains. *Foot Ankle Int.* 1996; 17: 533-537.
- Funder V, Jorgensen JP, Andersen A, Andersen SB, Lindhommer E, Niedermann, Vuust M. Ruptures of the lateral ligaments of the ankle. *Acta Orthop Scand.* 1982; 53: 997-1000.
- Garrick JG. The frequency of injury, mechanism of injury, and epidemiology of ankle sprains. *Am J Sports Med.* 1977; 5(6): 241-242.
- Kavanaugh J. Is there a positional fault at the inferior tibiofibular joint in patients with acute or chronic ankle sprains compared to normals? *Man Ther.* 1999; 4(1): 19-24.
- Kiener LA, Colby C. Therapeutic exercise: foundations and techniques, 4th ed. Philadelphia: F.A. Davis; 2002. p. 285-296.

References continued

- Menz HB, Latt MD, Tiedemann A, Kwan MMS, Lord SR. Reliability of the GAITRite walkway system for the quantification of tempo-spatial parameters of gait in young and older people. *Gait Posture.* 2004; 20: 20-25.
- Liu W, Majland ME, Nigg BM. The effect of axial load on the in vivo anterior drawer test of the ankle joint complex. *Foot Ankle Int.* May 2000; 21(5): 420-426.
- Lohrer H, Alt W, Gollhofer A. Neuromuscular properties and functional aspects of taped ankles. *Am J Sports Med.* 1999; 27: 88-92.
- Lynch SA. Assessment of the injured ankle in the athlete. *J Athl Train.* 2002; 37(4): 406-412.
- Magee DJ. Orthopedic physical assessment, 4th ed. Philadelphia: Saunders; 2002. p. 5, 777.
- Martroy PP, Ashton-Miller JA, Wojtya EM. The effect of exercise, prewrap, and athletic tape on the maximal active and passive ankle resistance to ankle inversion. *Am J Sports Med.* 1997; 25: 156-163.
- McDonough AL, Batavia M, Chen FC, Kwon S, Zhai J. The validity and reliability of the GAITRite system's measurements: a preliminary evaluation. *Arch Phys Med Rehabil.* 2001; 82: 419-426.
- Mulligan, B. Self treatments for back, neck and limbs: a new approach. Plane View Services; Wellington; 2003; 89, 90.
- Rastikaainen T, Pulkkinen M, Puranen J. Arthrography, clinical examination, and stress radiograph in the diagnosis of acute injury to the lateral ligaments of the ankle. *Am J Sports Med.* 1992; 20(1): 2-6.
- Safran MR, Benedetti RS, Bartolozzi AR, et al. Lateral ankle sprains: a comprehensive review part 1: etiology, pathoanatomy, histopathogenesis, and diagnosis. *Med Sci Sports Exerc.* 1999; 31: S429-S437.
- Stell IG, Greenberg GH, McKnight RD, et al. A study to develop clinical decision rules for the use of radiography in acute ankle injuries. *Ann Emerg Med.* 1992; 21: 384-390.
- Trevino SG, Davis P, Hecht PJ. Management of acute and chronic lateral ligament injuries of the ankle. *Orthop Clin North Am.* 1994; 25: 1-15.
- VanDijk CN, Lim LSL, Bossuyt PMM, Marij RK. Physical examination is sufficient for the diagnosis of sprained ankles. *J Bone Joint Surg.* November 1996; 78-B: 958-962.
- vanDijk CN, Mo BWJ, Lim LSL, Marij RK, Bossuyt PMM. Diagnosis of ligament rupture of the ankle joint. *Acta Orthop Scand.* 1996; 67(6): 566-570.
- VariUden CJT, Besser MP. Test-retest reliability of temporal and spatial gait characteristics measured with an instrumented walkway system (GAITRite). *BMC Musculoskelet Disord.* May 2004; 5: 13(4).

QUESTIONS?