Abstract

Background and Objectives: To determine the efficacy of an osteopathic technique (‘Still Technique’) on range of motion at the talocrural joint in individuals with a history of ankle injury. This dissertation has two sections. Section I contains a review the literature regarding investigation on range of motion at the talocrural joint. Section II consists of a manuscript of a study investigating the ‘Still Technique’ on talocrural joint range of motion.

Design: A randomised, controlled, blinded, experimental study.

Subjects: Thirty-two volunteers (19 males, 13 females; mean age=28.3 SD= 8.4) with a history of ankle injury from a university population, aged between 18 and 47 years.

Methods: Subjects with a history of ankle injury were randomly allocated to control and experimental groups. Subjects in the experimental group received three consecutive applications of ‘the Still Technique’ at the talocrural joint within a single session. Those in the control group received a sham intervention designed to mimic the ‘Still Technique’. Pre-test and post-test measures of passive dorsiflexion ROM were collected using a magnetometer.

Results: A comparison of the pre and post intervention control group (n=16) means revealed a mean change of 1.5º (p= 0.163; d= 0.10) (95% CI= -0.6 to 3.6º). A comparison of the pre and post intervention experimental group (n=16) means revealed a mean change of 3.8º (p= 0.18; d=0.34) (95% CI= 0.75 to 6.8º). The observed changes in ROM for both the experimental and control groups did not exceed the smallest detectable difference (SDD=5.9º).

Conclusion: The application of the Still technique did not substantially alter ROM at the talocrural joint in all subjects. Rather there was a range of
The patient has a history of 6–7 inversion ankle sprains of the involved ankle over the last 10–15 years. Physical Examination. The talocrural joint lateral glide mobilizations, subtalar joint eversion mobilizations, and the talocrural joint anterior to posterior joint mobilizations were performed for approximately 3–4 bouts of 30 oscillations. Because of the difficulty in sub-grouping patients with LBP based on this model, attempts have been made to subgroup patients based on findings from the history and physical examination.13 Perhaps the treatment of ankle sprains would benefit if clinicians and researchers explored an alternate treatment-based classification scheme that is based on an individual patient’s response to treatment rather than.

OBJECTIVE: Ankle rigidity is a common musculoskeletal disorder affecting the talocrural joint, which can impair weight-bearing ankle dorsiflexion (WBADF) and daily-life in people with or without history of ankle injuries. Our objective was to compare the immediate effects of efficacy of Mulligan Mobilization with Movement (MWM) and Osteopathic Mobilization (OM) for improving ankle dorsiflexion range of motion (ROM) and musculoarticular stiffness (MAS) in people with chronic ankle dorsiflexion rigidity. Design: A randomized clinical trial with two arms.

Keywords: ankle joints, Still technique, dorsiflexion, range of motion, osteopathic medicine

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