Brain Mulligan

MWMS NAGS SNAGS



Brain Mulligans

Brian trained as a physiotherapist at the NZ School of Physiotherapy and qualified in 1954.

Two years later he commenced in private practice in **Wellington**where he remained until 2000 when he finally retired from active clinical practice.

Brian's special interest has always been manual therapy since being introduced to the field by **Stanley Paris** in the early 1960s.

He acknowledges as his mentor,

Freddy Kaltenborn, but has also found invaluable the contributions of James

Cyriax, Geoff Maitland, Robin McKenzie and Robert Elvey.

Brian was one of small group of physiotherapists who formed the

NZ Manipulative Therapists Association in 1968.

- He and his colleague, Robin McKenzie, were the principle teachers on the newly formed Post graduate program for the Diploma of Manipulative Therapy.
- Brian joined the international lecturing circuit in 1972.
 Currently he has taught in 91 cities in the United
 States of America and 20 countries of the world.

- In 1983 Brian relinquished his teaching role on the Diploma programme and began teaching his newly-founded techniques.
- One of his initial students, Barbara Hetherington, took over his Diploma programme teaching role.
- She later became one of his original teachers when the Mulligan Concept Teachers Association was formed in 1996.
 - Brian's favorite quote has always been Louis Pasteur's;
- In the field of discovery chance only favors the prepared mind

- Manual therapists worldwide are fortunate that,
- by chance and his prepared mind, Brian discovered and developed a new field within manual therapy called "Mobilisations with Movement" (MWMs).
- This was in 1983 and two years later under similar circumstances he discovered and developed the "Pain Release Phenomenon" techniques (PRPs).
- Brian Mulligan wrote his first textbook on his techniques in 1989, and it is now in its 6th edition (Januray 11, 2010).

It is now available in multiple languages.

He wrote another book in 2003 titled "Self Treatments for the Back, Neck and Limbs."

This was written for the general public and is now in its 3rd edition.

Well over 100 articles supporting Brian's MWM techniques have been published in scientific journals from around the world.

Brian has been the recipient of many awards:

- > Honorary Fellowship of the NZ Society of Physiotherapists (1996),
- Honorary Life Membership of the NZ Society of Physiotherapists (1996),
- Honorary Life Membership of the NZ Manipulative Therapists Association (1993),
- Honorary Membership of the NZ College of Physiotherapy (1998),
- Ball Dynamics Award for Excellence in a Published Case Study (1997),
- Award of Excellence of the World Confederation of Physical Therapists (2007).
- He also holds an Honorary Teaching Fellowship at the University of Otago, New Zealand

- To meet the huge demand from therapists wishing to learn his techniques and ensure high teaching standards, he set up an international organization in 1995 to accredit teachers.
- Currently there are 48
- Mulligan Concept Teachers Assn (MCTA) from 18 nations.

Brian Mulligan's novel concept of the

- simultaneous application of therapist applied accessory mobilizations and
- patient generated active movements
 - The indications for use of this unique approach and examples of commonly treated clinical presentations are outlined.
- Increased function and decreased pain are expected to be immediate and sustained with the application of these techniques with no pain experienced during their utilization.

Brain Mulligan's concept

Introduction

The Physiotherapy treatment of musculoskeletal injuries has progressed from its foundation in remedial gymnastics and active exercise to therapist-applied passive physiological movements and on to therapist-applied accessory techniques.

Since retiring from active practice Brain has continued to teach internationally at seminars in many countries, drawing large crowds of physiotherapists and medical practitioners.

Brian Mulligan's concept of

- mobilizations with movement (MWMS) in the <u>extremities</u>
- natural apophyseal glides (NAGS) &
- > sustained natural apophyseal glides (**SNAGS**) in the **spine** are the logical continuance of this evolution with the concurrent application of both therapist applied accessory and patient generated active physiological movements.

Principles of Treatment

- In the application of manual therapy techniques, Physiotherapists acknowledge that contraindications to treatment exist and should be respected at all times.
- Although always guided by the basic rule of never causing pain, therapist choosing to make use of SNAGS in the spine and MWMs in the extremities must still know and abide by the basic rules of application of manual therapy techniques.

Specific to the application of MWM and SNAGS in clinical practice, the following basic principles have been developed

1) During assessment the therapist will identify one or more **comparable signs** as described by Maitland.

These signs may be a

- loss of joint movement,
- pain associated with movement,
 - or pain associated with specific functional activities

(i.e., lateral elbow pain with resisted wrist extension, adverse neural tension).

2) A passive accessory joint mobilization is applied following the principles of Kaltenborn (i.e., parallel or perpendicular to the joint plane).

This accessory glide must itself be pain free.

- 3) The therapist must continuously monitor the patient's reaction to ensure no pain is recreated.
- Utilizing his/her knowledge of joint arthrology, a well-developed sense of tissue tension and clinical reasoning, the therapist investigates various combinations of parallel or perpendicular glides to find the correct treatment plane and grade of accessory movement.

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- 4) While sustaining the accessory glide, the patient is requested to perform the comparable sign.
 - The comparable sign should now be significantly improved (i.e., increased range of motion, and a significantly decreased or better yet, absence of the original pain).
- 5) Failure to improve the comparable sign would indicate that the therapist has not found the correct contact point, treatment plane, grade or direction of mobilization, spinal segment or that the technique is not indicated.

- 6) The previously restricted and/or painful motion or activity is repeated by the patient while the therapist continues to maintain the appropriate accessory glide.
- Further gains are expected with repetition during a treatment session typically involving

three sets of ten repetitions.

- Further gains may be realized through the application of passive overpressure at the end of available range.
- It is expected that this overpressure is again, painfree.

- Self-treatment is often possible using MWM principles with adhesive tape and/or the patient providing the glide component of the MWM and the patient's own efforts to produce the active movement.
- Pain is always the guide.
 - Successful MWM and Snags techniques should render the comparable sign painless while significantly improving function during the application of the technique.
- Sustained improvements are necessary to justify ongoing intervention.

NAGS

In the cervical spine, Mulligan describes an oscillatory mid to end range manual therapy technique performed in seated weight bearing.

As the therapists gliding force is always performed parallel to the surface of the relevant apophyseal joints under treatment they have been termed

"Natural Apophyseal Glides" or "NAGS".

Their application is well described by Mulligan and therapists using these this technique find excellent results in both the mid and lower cervical as well as upper thoracic spine.

- NAGS provide the therapist with an opportunity to both assess and treat the patient in the closed kinetic chain weight bearing position where most patients experience their symptoms.
- They are often indicated in the elderly and highly useful in the management of the acute post-injury patient when

other manual therapy techniques would be poorly tolerated.

SNAGS

- Mulligan's other spinal manual therapy treatment techniques involve the concurrent application of both therapist applied accessory apophyseal joint gliding and end range active physiological movement on the part of the patient.
- As these techniques are sustained at the end of available pain-free range and still follow the plane of the apophyseal joints under treatment, they have gained the name
 - "Sustained Natural Apophyseal Glides".
 "SNAGS" was of course the acronym of choice.

Mulligan claims these to be a new and unique approach as they:

- 1. Are performed exclusively in weight bearing.
- 2. Are mobilizations which are combined with active or passive physiological movements.
- 3. Follow the Kaltenborn treatment plane rule that applies to both spinal and extremity joints.
- 4. Are sustained at the end of range where pain-free overpressure may be applied.

- 5. Are applicable to all spinal joints.
- 6. Allow the therapist to quickly decide if they are indicated and will become part of a given therapy regime.
- 7. Are painless when performed correctly and clinically indicated.
- 8. Produce immediate and sustained gains in pain-free function.

Peripheral MWMs

- Mobilizations with movement in the peripheral joints are also the simultaneous combination of therapist-applied accessory gliding techniques and patient and/or therapist generated physiological movements.
- They are applicable to most extremity joints and result in immediate and sustained improvement in mobility and function.

- Physiotherapists seeking to expand from a basic recipe treatment format to an analytical problem solving approach based on a solid foundation of;
- anatomy,
- arthrology
- biomechanics

will find this system of intervention rewarding to both the patients under their care and to their own professional development.

- Mulligan readily admits that his discovery of NAGS, SNAGS and MWMs was by chance and therefore encourages his students to emulate Louis Pasteur who stated that;
- "In the field of scientific discovery chance only favors the prepared mind".