

Mobilisation v Manipulation

Preamble

The issues surrounding the practice of manipulative and mobilization manoeuvres are numerous. They include legal, moral, therapist training and practice and protection of the consumer. Massage & Myotherapy Australia (Association) receives ethical complaints in relation to inappropriate application of manipulation manoeuvres which often requires legal investigation due to injury to the client that may be long lasting and potentially life threatening. This is often due to inadequate knowledge on safe practice, poor therapist/client communication and practitioners not adhering to their scope of practice.

The Association's Mobilisation versus Manipulation Position Statement is designed to facilitate best practice for safe client outcomes during treatment and to provide optimal client comfort and safety.

Aim

This position statement is to serve as a context to therapists for appropriate manual therapy practice and a platform from where the National Education and Ethics Committees can make an informed determination in relation to any complaints that arise.

This position statement should be read in conjunction with the Code of Ethics and Standards of Practiceⁱ, the practitioners' level of education and the practitioners own scope of practice. It is intended to work alongside current formal training in massage, remedial massage, advanced diplomas and degree levels of musculoskeletal and myotherapy education. It endeavours to provide an outline of the principles of soft tissue treatment of the joints to ensure greatest protection for both clients and therapists.

The Association Board of Directors serves to protect both the membership and the public by adopting this position statement which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practiceⁱⁱ.

Process

Every therapist has the right to make the decision as to the appropriateness and application of mobilisation of the clients' joints. This decision-making and treatment protocol should be consistent in context with the treatment, the pathology, within the scope of practice of the practitionerⁱⁱⁱ and in consultation with the client.

Professional Association members should never, under any circumstance, proceed with treatment of any soft tissue or bony tissue area of the body without first obtaining written "informed consent" and providing the client with information about how the treatment will be performed along with possible benefits and side effects.

The Association accepts the use of defined manoeuvres that are clinically proven to be safe as a return to normal function of a joint and which have been referred to, and taught, throughout the therapists training and/or ongoing post graduate development.



Position Statement

Mobilisation, massage and myotherapy are performed by a wide variety of practitioners but must be distinguished from thrust manipulation or high-velocity, low-amplitude (HVLA) thrust manipulation.

- **Thrust manipulation** involves rapidly moving the joint beyond its physiologic or normal operating range of motion and below its anatomical or maximum limit of motion. This rapid distraction or gapping of the facet joint surfaces is often accompanied by an audible "crack" or "pop" caused by the formation of tiny gas bubbles (this is called cavitation) in the joint fluid. This sound and the gas bubbles have no therapeutic outcomes but may indicate a clean separation of the joint surfaces.^{iv}

Thrust manipulation or HVLA thrusts can be performed by chiropractors or osteopaths and by doctors or physiotherapists who have undergone specialist post-graduate training in manipulation. HVLA is not covered in, or at any level of massage or myotherapy training and therefore is not endorsed by the Association.

The Certificate in Massage, Diploma in Remedial Massage, Advanced Diploma of Myotherapy and Degree in Musculoskeletal Therapy or Clinical Myotherapy provide insufficient study in neuroanatomy, neurophysiology, pathophysiology and musculoskeletal anatomy and there is insufficient understanding of the contraindications and medical conditions that might be affected by such techniques. There are a high number of contraindications to HVLA, including Rheumatoid Arthritis (RA), carotid or vertebrobasilar vascular disease, the possibility of bony metastasis, severe osteopenia, a history of pathological fractures, and many others. Therefore the Association believes that "high velocity, low amplitude thrust technique" is outside an Association members' scope of practice^v.

Mobilisation of the joint involves passive joint movements within control of the patient and within the physiologic range of a joint. The Association references many texts to select the best definition and explanation of mobilisation techniques to endorse to promote communication, informed consent and client safety. The five graded system developed by Maitland appears to be the most referenced within the HLT package and is listed below:

Maitland Joint Mobilization Grading Scales:

- Grade I: Small amplitude rhythmic oscillating mobilization in early range of movement
- Grade II: Large amplitude rhythmic oscillating mobilization in midrange of movement
- Grade III: Large amplitude rhythmic oscillating mobilization to point of limitation in range of movement
- Grade IV: Small amplitude rhythmic oscillating mobilization at end-range of movement
- Grade V (Thrust Manipulation): Small amplitude, quick thrust at end-range of movement - which is out of scope of practice^{vi}



The Association further believes that generally, sufficient foundational knowledge in safety and accuracy of application of Maitland's grades I – IV is not gleaned until the latter part of the Diploma, and therefore that the technique is only applied when the student feels they are within their scope of practice and the technique is performed within the individual clients' pain threshold/tolerance.

Association members must recognise, accept and respect the right of every individual client to choose whether they wish to decline treatment based on the soft tissue/bony tissue methods used. Therapists must ensure that clients are never, in any way, subjected to any form of pressure whatsoever (either direct or implied) to accept the proposed mobilisation techniques offered.

Other Documents

Code of Ethics and Standards of Practice
Informed Consent - Position Statement

ⁱ Code of Ethics & Standards of Practice

ⁱⁱ *ibid*

ⁱⁱⁱ Code of Ethics: 3. Competence

^{iv} Evans DW. /Mechanisms and effects of spinal high-velocity, low-amplitude thrust manipulation: Previous theories/.
J Manipulative Physio Ther. 2002;25:251-262.

^v Rattray & Ludwig 2000 Clinical Massage therapy: Understanding, assessing & treating over 70 conditions. Tallus:
Toronto pg 57.

^{vi} Maitland G.D. (2005). *Maitland's Vertebral Manipulation*. 7th ed. Philadelphia, PA. Elsevier.