



Musculoskeletal

Use of manual therapy with exercise in ankle injuries

The benefits of manual therapy vs. accepted exercise therapy in the treatment of recurrent ankle injury

Author : Chris Murphy

The following article lends evidence to support the use of manual therapy as an adjunct to accepted exercise therapy in the treatment of chronic ankle instability (CAI), with a focus on neural structures thought to be the cause of persistent residual symptoms. Differences in self-reported measures, pain pressure threshold, strength and ROM were found in the short term, advancing the argument for the inclusion of manual techniques and the role they play in CAI management.

Lateral ankle sprains are among the most common musculoskeletal injury documented with a further number going on to develop CAI and its preordained symptomology. Residual deficits in variables such as proprioception, ROM and strength are often a focus of treatment. However, it has been postulated that a sub-set of persistent symptoms are due to ongoing pathology to adjacent neural structures. The current research investigates the impact manual therapy techniques have when directed toward said neural structures and the overall outcome on current accepted rehabilitation practices.



A single blinded experimental design was used where clients were randomly assigned to either the control (exercise therapy) or experimental group (manual therapy/exercise). Treatments occurred over 4 weeks with testing occurring pre and post treatment and at 4-week follow-up.

Both groups revealed improvements over the course of treatment, however, the experimental group showed significant differences over all outcomes. The authors acknowledge the limits in validity of this study and suggest further research is needed to determine effect over the long-term.

> From: Plaza-Manzano et al., *Man Ther* 26 (2017-04-28 11:25:47) 141-149. All rights reserved to Elsevier Ltd.
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