Your FREE guide to getting the most from Mulligan techniques

The aim of this guide is to outline the range of techniques developed by Brian Mulligan and to offer some guidance as how to apply these techniques most effectively. We will also consider how you might get more success with these techniques and discuss which courses are currently available and what benefits you might gain from attending the course that is right for you.

So where did these techniques come from?

The charismatic New Zealand physiotherapist Brian Mulligan initially developed NAGS and SNAQS which are spinal mobilisations applied in a weight bearing position. With subsequent developments the concept was taken to peripheral joints in the form of mobilisations with movement or MWM’s. The techniques gave immediate improvement in movement and decreases in pain, sometimes dramatically so. In the preface in the latest edition of his popular book ‘Manual Therapy: NAGS, SNAQS, MWM’s etc’ he still states that when working clinically and ‘using these techniques I expected at least one ‘miracle’ a day’. Whilst that claim is played down nowadays, the techniques can certainly be extremely dramatic in their effect if selected and used correctly.

As a closing thought for this section and to mirror Mulligan’s thoughts, wouldn’t it be good to expect at least one miracle per day. How exciting would that be?

So why are we not all using them?

Most manual therapist would have heard of Brian Mulligan and either NAGS, SNAQS or MWM’s. However, not everyone has a firm grasp of the key concepts, growing research base and skill of application to gain the best results from them. The latter may be contributed to not by a lack of personal skill or ability but due to a limitation in the initial learning phase. It may be they were acquired through a single in-service training or taught by a colleague. Whilst the techniques are not complex, the thought and reasoning process behind their most successful application might be missing and hence the potential of the techniques in the therapists’ hands. It is vital they are applied accurately, if not applied in the correct plane the effects can be disappointing.

Whilst standards of practice, standards of training and the time devoted to learning and developing differ enormously it may be useful to reflect on what training you have received in these techniques. If you have picked up a handful of techniques through in-service training sessions or from reading a book and your results with the techniques are limited then it may be useful to ask why? Is it your client group, do others have success in that group, have any studies been published on that client group using the techniques? By asking these questions and reflecting, you might find avenues for study and change which could ultimately bring benefits to your practice.

We will briefly consider the Mulligan Concept to understand the key ‘rules’ underpinning the use of the techniques to gain maximum effect.
The Mulligan Concept and the rules underpinning successful technique application

These techniques were developed during clinical patient interactions, as such the theoretical base underpinning their effect is limited. The primary mechanism by which they work has always been claimed to be that they ‘correct joint positional faults’. Treatment returns the joint to its normal alignment, allowing for pain free function. Research is suggesting they have a mechanical effect but the exact nature of this has yet to be determined.

Ed Wilson, an accredited Mulligan tutor on his courses discusses the theoretical cycle of events that occurs following injury leading to dysfunction which can then respond to applied NAGS, SNAGS or MWM’s. The initial joint derangement of the joint complex leads to altered proprioception and CNS responses. This in turn can alter the muscle firing pattern which then can create a positional fault and positive feedback and potentially more derangement of the joint complex. Correction of this using Mulligan techniques would be therapeutic with the aim of breaking this cycle.

A vital step in the successful application of these techniques is a knowledge of the angulation of joint surfaces and functional biomechanics. Secondly, and crucial to their application, is they must be pain-free, the expectation that treatment with mobilisations should be painful simply does not apply with MWM’s. If the technique cannot be applied pain free and bring improvement then they are discarded. Equally so, if there is no lasting benefit, the techniques are not used - simple.

Key points that Linda Exelby (UK Accredited Mulligan Teacher) considers and reflects on with the course group is the debate on the Concept’s neurophysiological or positional fault effects and research pertaining to this. Consideration is given to the integration of this concept with other manual therapy techniques, its potential use in the alteration of movement dysfunction and handling skill accuracy. During the course its important use as a differential diagnosis within the clinical reasoning model is highlighted. The concept’s appeal is demonstrated in its patient based collaborative problem solving by applying manual therapy to a patient’s specific functional restrictions.

Feedback from previous participants:

‘Best pacing for practical work that I have done in a long time. Some tutors allow too long to practise a technique or chat to other delegates leaving you hanging around waiting and it’s easy to lose focus.’

‘Excellent course with good application to the clinical setting.’

"Linda is a fantastic tutor. She made the days enjoyable with use good examples and humour which I think helps to remember things. The course was very practically oriented and a great introduction to this form of manual therapy so helped in manual handling skills overall."

Linda Exelby
Helpful Acronyms

As a guide to assessment and application, the acronym “PILL” will to guide you in their clinical application and will tell you immediately if they are an appropriate intervention:

P is for pain free: There must be no pain felt by the patient with the sustained mobilisation (repositioning) and there will be no pain with the movement taking place.

I is for immediate effect. There must be an immediate improvement in the functional movement being undertaken

LL is for long lasting: The improvement gained must be long lasting. Further research is needed to assess this as current studies are limited in their longitudinal analysis of clinical gains.

The acronym “CROCKS” ensures the techniques are applied in a safe manner.

C is for Contraindications. Are both the therapist and patient fully aware of the contraindications and have these been tested for and consented to.

R is for Repetitions: Initially the number of reps in the spine may just be 3 times. If caution is indicated these can be progressed to 6-10 times. In the periphery if the severity and irritability is low, they can be repeated up to 10 x 3 times.

O is for Overpressure: To get the maximum benefit from an MWM/SNAG overpressure needs to be applied. This is passive overpressure and it may be applied by the therapist, patient or a third party.

C is for apply confident handling and communication skills: Without these the patient will not be on board and may not relax or comply with instructions.

K is for Knowledge: The therapist requires a sound knowledge of anatomy and biomechanics in conjunction with being able to apply sound reasoning, the principles of the Mulligan Concept and good practical handling skills.

S is for Sustain: When you reposition joint surfaces maintain the correction throughout the movement. Start and return to first position.
How can you accelerate your skill in applying these techniques

One needs to consider the use of Mulligan techniques in the wider context of practice. To draw out points from above, you need to have good handling skills. If you feel these need to be improved, spend time with someone who you class to have good skills. Ask them how they developed their skill and model what they do. Most of all, gain feedback from both your patients, and especially your peers. Patients do not always know what things should feel like and hence peer feedback can be very helpful.

The next step you might consider is to attend a Mulligan course. A Level 1 Mulligan course is an excellent starting point to establish a sound understanding of the Mulligan concept and its practical application. You will learn a wide range of peripheral and spinal techniques including NAGS, SNAGS and MWM’s, with time for correction of handling and feedback from both peers and from the accredited Mulligan tutor such as Linda Exelby or Ed Wilson. By the end you will be able to both reason through the use of these techniques in your practice and confidently apply them. The course could be your introduction to your miracle a day!!

For those with existing skill, a Level 2 course is great at refining and enhancing both your technique and repertoire.

The Level 2 course introduces further techniques not covered in the introductory course, including new upper and lower quadrant and spinal techniques. Included in these are MWM’s for the shoulder including advanced techniques for adhesive capsulitis and restriction into medial rotation. The ACJ will also be covered. There is time for troubleshooting and problem solving concerning the elbow joint and also the carpals. Some taping will also be discussed, and participants gain a thorough grounding in the application and management of upper quadrant conditions using Mulligan Concept mobilisations. In addition it covers advanced techniques for the cervical spine including dizziness and headaches. Thoracic spine techniques will be taught also involving rib work. The course then moves on to look at techniques for the lumbar spine, hip, knee and foot. Time is allowed for reflection and analysis of Mulligan Concept techniques and their use in practice. A lot is packed into these 2 days so if you have not been on a course for a long time or have only completed a Level 1 course, the Level 2 course is worth considering.

Feedback from previous participants:

“Ed Wilson is a phenomenal physio, not just for his huge clinical knowledge and expertise but also for the way in which he delivers the course content in an engaging way, making all participants feel at ease.”
Where is the evidence?

Although research on the concept is limited and largely confined to immediate effects there are some definite trends being identified mainly in its ability to have a rapid beneficial effect on range of movement. With the lack of longer term more longitudinal studies its benefits on other outcome measures are as yet unknown.

If you would like to know more about attending a Mulligan course

We will drop you an email to follow up this up in a few days which will give you all the course dates. However, if you did want to look before then a link to view all the current course dates is included at the end of the email which had the link to this document in it.

If you have questions about the Mulligan courses

Please feel free to contact me regarding the course, I would be happy to answer any questions you might have before you decide to book on. Experience has shown that if you are thinking ‘is this course for you?’ writing to us with your questions which we could then talk through on the phone or via email is an important factor in dispelling any hesitations so you know it is the right course. Drop me a line on info@physiouk.co.uk and I look forward to hearing from you and seeing you soon.

Chris Murphy
PhysioUK Director
References


