



SSK-FORMATION  
kinésithérapie

# Programme Formation

## Concept Mulligan™

### Quadrant Inférieur (Basique et Avancé)

Le Concept Mulligan™ est une méthode de thérapie manuelle créée par Brian Mulligan, un physiothérapeute néo-zélandais, dans les années 80. Actuellement, il est utilisé dans l'évaluation et le traitement des dysfonctions neuro-musculo-squelettiques dans le monde entier en raison de son efficacité clinique et de ses preuves scientifiques.

Il s'agit d'une approche unique de la thérapie manuelle qui combine la mobilisation accessoire avec le mouvement actif. Fondamentalement, elle consiste à modifier les symptômes et la fonction en combinant des forces de mobilisation appropriées qui conduisent à une amélioration de la douleur, de la limitation du mouvement et/ou de l'activité fonctionnelle. Des techniques de traitement manuel, d'auto-traitement et de bandage sont appliquées. C'est un traitement indolore, fonctionnel et qui intègre la participation active du patient, élargissant ainsi notre éventail d'outils et nous permettant de les aborder avec plus de sécurité et de succès. Les effets immédiats de ces techniques sont expliqués par des mécanismes d'action biomécaniques, neurophysiologiques et psychologiques.



# Intervenant

Francisco NETO

Kinésithérapeute

Enseignement universitaire

Enseignant Mulligan

Public : Kinésithérapeutes

Durée : 3 Jours soit 25,5 heures

Horaires : 9h00 - 18h

Prise en charge : FIFPL (sous réserve de validation)

## Concept Mulligan™

### Quadrant Inférieur (Basique et Avancé)

#### Objectifs

L'objectif de ce cours est de former les physiothérapeutes aux compétences techniques et aux connaissances nécessaires pour appliquer cliniquement le Concept Mulligan™ dans la prise en charge des dysfonctions neuro-musculo-squelettiques du quadrant inférieur. À la fin de ce cours, les participants seront prêts à intégrer ce concept de thérapie manuelle dans leur pratique clinique.

À la fin du cours, le participant :

1. Aura compris les notions théoriques spécifiques au Concept Mulligan™.
2. Sera informé des dernières preuves scientifiques spécifiques au Concept Mulligan™.
3. Connaîtra les mécanismes d'action biomécaniques et neurophysiologiques du Concept Mulligan™.
4. Sera capable d'intégrer le Concept Mulligan™ dans l'examen clinique du quadrant inférieur.
5. Aura les bases nécessaires pour appliquer les techniques spécifiques du Concept Mulligan™ au quadrant inférieur.
6. Sera capable d'appliquer des variations des techniques spécifiques du Concept Mulligan™ au quadrant inférieur.
7. Pourra proposer aux patients des techniques de taping et des exercices à domicile en relation avec les techniques manuelles utilisées.
8. Développera la capacité de prendre des décisions concernant l'indication, la progression et/ou les modifications du traitement avec le Concept Mulligan™.
9. Intégrera les différentes techniques du Concept Mulligan™ dans une séquence de traitement en physiothérapie, en développant de nouvelles propositions de traitement.
10. Pourra participer à l'examen CMP (Certified Mulligan™ Practitioner) s'il a suivi les séminaires sur le Concept Mulligan™ pour le quadrant supérieur et le quadrant inférieur.

#### Moyens pédagogiques et techniques :

Apport théoriques - Travaux pratiques

Un support de formation est remis à chaque stagiaire. La pédagogie est active et participative, alternant des apports théoriques et des phases de mise en pratique.



## Modalités d'évaluation :

Contrôle de connaissances pré-formation et post-formation sous forme de QCM et de questions à réponses courtes

## Projet Pédagogique

### Résumé

Le Concept Mulligan™ est une méthode de thérapie manuelle créée par Brian Mulligan, un physiothérapeute néo-zélandais, dans les années 80. Actuellement, il est utilisé dans l'évaluation et le traitement des dysfonctions neuro-musculo-squelettiques dans le monde entier en raison de son efficacité clinique et de ses preuves scientifiques.

Il s'agit d'une approche unique de la thérapie manuelle qui combine la mobilisation accessoire avec le mouvement actif. Fondamentalement, elle consiste à modifier les symptômes et la fonction en combinant des forces de mobilisation appropriées qui conduisent à une amélioration de la douleur, de la limitation du mouvement et/ou de l'activité fonctionnelle. Des techniques de traitement manuel, d'auto-traitement et de bandage sont appliquées. C'est un traitement indolore, fonctionnel et qui intègre la participation active du patient, élargissant ainsi notre éventail d'outils et nous permettant de les aborder avec plus de sécurité et de succès. Les effets immédiats de ces techniques sont expliqués par des mécanismes d'action biomécaniques, neurophysiologiques et psychologiques.

Au cours des dernières années, plus de 380 articles scientifiques sur ce concept ont été publiés dans des revues internationales à fort impact dans les domaines de la physiothérapie (JOSPT, Manual Therapy, JMPT, JMMT, etc.) et de la médecine (BMJ, Spine, Pain, Clinical Biomechanics, etc.), démontrant son efficacité élevée.

L'approche est centrée sur le patient et vise à promouvoir l'auto-efficacité et l'autonomisation. Les techniques incluses dans ce concept permettent la transition des traitements passifs aux traitements actifs, l'objectif principal étant le retour à la fonction. Le Concept Mulligan™ s'inscrit dans une perspective biopsychosociale et peut être combiné avec d'autres stratégies d'intervention.

Pour obtenir plus d'informations sur ce concept révolutionnaire de thérapie manuelle basé sur des preuves scientifiques, visitez [www.bmulligan.com](http://www.bmulligan.com) et [www.mulliganconcept.net](http://www.mulliganconcept.net). Ce cours est accrédité internationalement par l'Association des Enseignants du Concept Mulligan™.

## Déroulé Pédagogique

### Jour 1

**09h – 09h30**

#### Objectifs:

- Présenter l'organisme, le cours et le formateur aux participants.
- Clarifier les objectifs du cours et les attentes.
- Mettre en place une dynamique de groupe favorable à l'apprentissage.

#### Contenu:

- Accueil des participants.
- Présentation de l'organisme (histoire, mission, valeurs).
- Introduction du cours (objectifs, contenu, structure).
- Présentation du formateur (expérience, compétences, rôle).

#### Méthode pédagogique:



- Exposé interactif
- Discussion en groupe

### **09h30 – 10h45**

#### **Objectifs:**

Comprendre l'évolution historique du Concept Mulligan.  
Appréhender le Concept Mulligan dans le cadre de la Thérapie Manuelle Orthopédique.  
Explorer l'intégration du Concept Mulligan dans la pratique basée sur les preuves (EBP).

#### **Contenu:**

Évolution historique du Concept Mulligan : développement, pionniers, et milestones.  
Le Concept Mulligan dans la Thérapie Manuelle Orthopédique : principes fondamentaux, techniques, et applications.  
Intégration du Concept Mulligan dans la pratique basée sur les preuves (EBP).

#### **Méthode pédagogique:**

- Exposé interactif.
- Discussions en groupe.

### **10h45 – 11h00**

Pause

### **11h00 – 13h00**

#### **Objectifs:**

- Découvrir les différentes techniques du Concept Mulligan.
- Comprendre les mécanismes d'action des techniques du Concept Mulligan.
- Développer des compétences en raisonnement clinique pour l'évaluation et le traitement selon le Concept Mulligan.
- Identifier les différences entre le Concept Mulligan et d'autres approches de thérapie manuelle.

#### **Contenu:**

- Introduction aux différentes techniques du Concept Mulligan.
- Mécanismes d'action des techniques du Concept Mulligan: théorie de la correction articulaire, réponses neurophysiologiques et psychologiques.
- Raisonnement clinique: principes d'évaluation et de traitement: Méthodes d'évaluation spécifiques au Concept Mulligan, Élaboration de plans de traitement personnalisés, Ajustement des techniques selon les réactions des patients.
- Différences entre le Concept Mulligan et d'autres approches de thérapie manuelle.

#### **Méthode pédagogique:**

- Exposé interactif.
- Discussions en groupe.

### **13h00 – 14h00**

Pause

### **14h00 – 16h00**

#### **Objectifs**

- Apprendre les techniques de mobilisation avec mouvement (MWM) pour l'évaluation et le traitement spécifiques du genou.
- Maîtriser l'utilisation des bandages et les techniques d'autotraitements pour optimiser les résultats thérapeutiques.



- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Mobilisations avec mouvement pour la main: étapes d'application. indication, progression et modifications du traitement.
- Techniques manuelles: articulations tibiofémorale, patellofémorale et tibiofémorale supérieur.
- Bandages: Types de bandages utilisés pour soutenir les techniques de MWM, méthodes d'application, indications cliniques.
- Autotraitement: Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.

**Méthode pédagogique:**

- Exposé interactif.
- Ateliers pratiques.
- Étude de cas pratiques.
- Feedback continu.

**16h00 – 16h15**

Pause

**16h15 – 18h00**

**Objectifs**

- Apprendre les techniques de mobilisation avec mouvement (MWM) spécifiques pour la cheville.
- Maîtriser l'utilisation des bandages et les techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Mobilisations avec mouvement pour le poignet: étapes d'application. indication, progression et modifications du traitement.
- Techniques manuelles et assistées par ceinture: articulations tibiotarsienne et tibiofibulaire inférieur.
- Bandages: Types de bandages utilisés pour soutenir les techniques de MWM, méthodes d'application, indications cliniques.
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.

**Méthode pédagogique:**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**18h00 – 18h30**



**Objectifs :**

- Faciliter la compréhension et la rétention des informations apprises au cours de la journée.
- Encourager l'interaction et l'échange de connaissances entre les participants.

**Contenu :**

- Questions et réponses.
- Résumé des points clés de la journée.
- Partage des connaissances apprises au cours de la journée.

**Méthode pédagogique:**

- Discussion et réflexion de groupe.

**Jour 2****09h – 09h30****Objectifs :**

- Faciliter la compréhension des sujets abordés lors de la première journée.
- Encourager l'interaction et l'échange d'informations entre les participants.

**Contenus :**

- Questions-Réponses sur la 1ère journée.

**Méthodes pédagogiques :**

- Discussion en groupe

**09h30 – 11h00****Objectifs :**

- Apprendre les techniques de mobilisation avec mouvement (MWM) pour l'évaluation et le traitement du pied.
- Maîtriser l'utilisation des bandages et les techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Mobilisations avec mouvement pour le pied: étapes d'application, indication, progression et modifications du traitement.
- Techniques manuelles: intertarsales, tarso-métatarsiennes, métatarso-phalangiennes et interphalangiennes
- Bandages: Types de bandages utilisés pour soutenir les techniques de MWM, méthodes d'application, indications cliniques.
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.

**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.



**11h00 – 11h15**

Pause

**11h15 – 13h00**

Continuation de la séquence précédente

**13h00 – 14h00**

Pause

**14h00 – 16h00****Objectifs**

- Apprendre les techniques de mobilisation avec mouvement (MWM) pour l'évaluation et le traitement de la hanche.
- Maîtriser l'utilisation des techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Mobilisations avec mouvement pour la hanche: étapes d'application, indication, progression et modifications du traitement.
- Techniques manuelles.
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.

**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**16h00 – 16h15**

Pause

**16h15 – 18h00****Objectifs**

- Apprendre les techniques de mobilisation avec mouvement (MWM) pour l'évaluation et le traitement de l'articulation sacro-iliaque.
- Maîtriser l'utilisation des techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Mobilisations avec mouvement pour l'articulation sacro-iliaque: étapes d'application, indication, progression et modifications du traitement.
- Techniques manuelles.
- Bandages: Types de bandages utilisés pour soutenir les techniques de MWM, méthodes d'application, indications cliniques.
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.



- Preuves cliniques et scientifiques.

**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**18h00 – 18h30****Objectifs**

- Faciliter la compréhension et la rétention des informations apprises au cours de la journée.
- Encourager l'interaction et l'échange de connaissances entre les participants.

**Contenu**

- Questions et réponses.
- Résumé des points clés de la journée.
- Partage des connaissances apprises au cours de la journée.

**Méthode pédagogique :**

- Discussion et réflexion de groupe.

**Jour 3****09h – 09h30****Objectifs :**

- Faciliter la compréhension des sujets abordés lors de la deuxième journée.
- Encourager l'interaction et l'échange d'informations entre les participants.

**Contenu :**

- Questions-Réponses sur la 2ème journée.

**Méthodes pédagogiques :**

- Discussion en groupe

**09h30 – 11h00****Objectifs**

- Apprendre les techniques du concept Mulligan pour l'évaluation et le traitement des dysfonctions thoraciques.
- Maîtriser l'utilisation des techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Techniques manuelles: SNAGS (Sustained Natural Apophyseal Glides - Glissements Apophysaires Naturels Soutenus)
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.



**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**11h00 – 11h15**

Pause

**11h15 – 13h00****Objectifs**

- Apprendre les techniques du concept Mulligan pour l'évaluation et le traitement des dysfonctions lombaires.
- Maîtriser l'utilisation des techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Techniques manuelles: SNAGS (Sustained Natural Apophyseal Glides - Glissements Apophysaires Naturels Soutenus).
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.

**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**13h00 – 14h00**

Pause

**14h00 – 16h00****Objectifs**

- Apprendre les techniques du concept Mulligan pour l'évaluation et le traitement de la douleur référée associée aux problèmes neurodynamiques..
- Maîtriser l'utilisation des techniques d'autotraitement pour optimiser les résultats thérapeutiques.
- Développer des compétences pour l'application autonome des techniques apprises par les patients.

**Contenu :**

- Techniques manuelles: Gate, Bent Leg Raise, Traction Straight Leg Raise et SMWLM (Spinal Mobilisation with Leg Movement – Mobilisation Spinale avec Mouvement des Jambes).
- Autotraitement : Enseigner aux patients les techniques d'autotraitement, instructions détaillées pour une application sûre et efficace.
- Raisonnement clinique.
- Preuves cliniques et scientifiques.



**Méthode pédagogique :**

- Exposé interactif.
- Ateliers pratiques.
- Discussions de cas cliniques.
- Feedback continu.

**16h00 – 16h15**

Pause

**16h15 – 18h00****Objectifs**

- Comprendre le raisonnement clinique dans le cadre du concept Mulligan.
- Intégrer le concept Mulligan dans une approche multimodale de la physiothérapie.
- Résoudre les problèmes courants.
- Répondre aux questions des participants.
- Aborder les défis liés au concept Mulligan et à la physiothérapie musculosquelettique.

**Contenu :**

- Raisonnement clinique dans le concept Mulligan.
- Intégration dans une approche multimodale.
- Simuler des scénarios de cas cliniques.
- Dépannage.
- Questions et réponses.
- Discussion sur les défis spécifiques liés au concept Mulligan et à la physiothérapie musculosquelettique.

**Méthode pédagogique :**

- Exposé interactif.
- Discussion interactif.

**18h00 – 18h30****Contenus**

- Questionnaire informel bref (quizz interactif).
- Remise des certificats.
- Remarques de clôture.
- Clôture du cours

\*L'horaire pourra être modifié en fonction du rythme du groupe et des démonstrations cliniques.



## Références bibliographiques

1. Athanasiadis D, Dionyssiotis Y, Krumov J, Obretenov V, Panayotov K, Papathanasiou J. The cognitive- behavioral aspects of the Mulligan concept of manual therapy: A systematic review. *Eur J Transl Myol.* 2022;http://dx.doi.org/10.4081/ejtm.2022.10504
2. Baeske R. Mobilisation with movement: a step towards understanding the importance of peripheral mechanoreceptors. *Physical Therapy Reviews.* 2015;20(5/6):299-305. http://dx.doi.org/10.1080/10833196.2015.1121014
3. Baeske R, Silva MF, Hall T. The clinical decision making process in the use of mobilisation with movement - A Delphi survey. *Musculoskeletal science & practice.* 2020;49(October 2020):102212. http://dx.doi.org/10.1016/j.msksp.2020.102212
4. Baker RT, Naspany A, Seegmiller JG, Baker JG, Turner T. The Mulligan Concept: Mobilizations With Movement. *International Journal of Athletic Therapy & Training.* 2013;18(1):30-34.
5. Bisset L, Hing W, Vicenzino B. The efficacy of mobilisations with movement treatment on musculoskeletal pain: a systematic review and meta-analysis. *Physiotherapy (united kingdom).* 2011;97(eS134. http://dx.doi.org/10.1016/j.physio.2011.04.002
6. Bisset L, Hing W, Vicenzino B. A systematic review of the efficacy of MWM. In: Vicenzino B, Hing W, Rivett D, Hall T, eds. *Mobilisation With Movement: The Art and the Science.* Chatswood, NSW: Churchill Livingstone Australia; 2011:26-64.
7. Clar C, Tsartsvadze A, Court R, Hundt GL, Clarke A, Sutcliffe P. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report. *Chiropractic & manual therapies.* 2014;22(1):12. http://dx.doi.org/10.1186/2045-709X-22-12
8. Exelby L. Mobilisations with movement: a personal view. *Physiotherapy.* 1995;81(12):724-729.
9. Exelby L. Peripheral mobilisations with movement. *Manual Therapy.* 1996;1(3):118-126.
10. Haik MN, Evans K, Smith A, Bisset L. Investigating the effects of mobilization with movement and exercise on pain modulation processes in shoulder pain - a single cohort pilot study with short-term follow up. *The Journal of manual & manipulative therapy.* 2022;1-10. http://dx.doi.org/10.1080/10669817.2022.2030626
11. Hall T, Robinson K. Mobilisation with movement. *Australian Journal of Physiotherapy.* 1998;Autumn):16-18.
12. Hing W, Bigelow R, Bremner T. Mulligan's mobilisation with movement: a review of the tenets and prescription of MWMs. *New Zealand Journal of Physiotherapy.* 2008;36(3):144-164.
13. Hing W, Hall T, Mulligan B. The Mulligan Concept of Manual Therapy: Textbook of Techniques. 2nd. Chatswood, NSW: Elsevier Australia; 2020.
14. Lehman GJ. The Role and Value of Symptom-Modification Approaches in Musculoskeletal Practice. *The Journal of orthopaedic and sports physical therapy.* 2018;48(6):430-435. http://dx.doi.org/10.2519/jospt.2018.0608
15. May J, Krzyzanowicz R, Naspany A, Baker R, Seegmiller J. Mulligan Concept Use and Clinical Profile From the Perspective of American Certified Mulligan Practitioners. *Journal of Sport Rehabilitation.* 2015;24(4):337-341.
16. McDowell JM, Johnson GM, Hetherington BH. Mulligan Concept manual therapy: Standardizing annotation. *Manual Therapy.* 2014;19(5):499-503.
17. Mulligan BR. Manual Therapy Rounds: Mobilisations With Movement (MWM'S). *Journal of Manual & Manipulative Therapy.* 1993;1(4):154-156.
18. Mulligan BR. Manual Therapy: NAGS, SNAGS, MWMS etc. 7th. Wellington, New Zealand: Plane View Services Ltd; 2018.
19. Mulligan BR. Self Treatments for Back, Neck and Limbs: A New Approach. 3rd. Wellington, New Zealand: Plane View Services; 2012.
20. Raghava Neelapala YV. Effectiveness of Mulligan's Mobilization with Movement techniques on pain and disability of peripheral joints: a systematic review with meta-analysis



between 2008 to 2017. *Physiotherapy*. 2019;105(2):290. <http://dx.doi.org/10.1016/j.physio.2018.11.304>

21. Stathopoulos N, Dimitriadis Z, Koumantakis GA. Effectiveness of Mulligan's Mobilization with Movement techniques on pain and disability of peripheral joints: A systematic review with meta-analysis between 2008–2017. *Physiotherapy*. 2018;<http://dx.doi.org/10.1016/j.physio.2018.10.001>

22. Stathopoulos N, Dimitriadis Z, Koumantakis GA. Effectiveness of Mulligan's Mobilization With Movement Techniques on Range of Motion in Peripheral Joint Pathologies: A Systematic Review With Meta-analysis Between 2008 and 2018. *Journal of Manipulative and Physiological Therapeutics*. 2019;<http://dx.doi.org/10.1016/j.jmpt.2019.04.001>

23. Vicenzino B, Hing W, Rivett D, Hall T. *Mobilisation with Movement: The Art and the Science*. Chatswood: Elsevier Australia; 2011.

24. Vicenzino B, Paungmali A, Teys P. Mulligan's mobilization-with-movement, positional faults and pain relief: current concepts from a critical review of literature. *Man Ther*. 2007;12(2):98-108. <http://dx.doi.org/10.1016/j.math.2006.07.012>

25. Westad K, Tjoestolvsen F, Hebron C. The effectiveness of Mulligan's mobilisation with movement (MWM) on peripheral joints in musculoskeletal (MSK) conditions: A systematic review. *Musculoskeletal science & practice*. 2019;39(157-163. <http://dx.doi.org/10.1016/j.msksp.2018.12.001>

26. Wilson E. The Mulligan concept: NAGS, SNAGS and mobilizations with movement. *Journal of Bodywork & Movement Therapies*. 2001;5(2):81-89.

#### Rachis thoracique et côtes

1. Aiken DL, Vaughn D. The use of functional and traditional mobilization interventions in a patient with chronic thoracic pain: a case report. *The Journal of manual & manipulative therapy*. 2013;21(3):134- 141. <http://dx.doi.org/10.1179/2042618612y.0000000024>

2. Andrews D. Utilizing Manual Therapy within a Regional Interdependence Model for the Treatment of Cervicothoracic Dysfunction: A Dissertation of Clinical Practice Improvement. Utilizing Manual Therapy within a Regional Interdependence Model for the Treatment of Cervicothoracic Dysfunction: A Dissertation of Clinical Practice Improvement. 2017;1-1.

3. Andrews DP, Odland-Wolf KB, May J, Baker R, Nasypyany A. The Utilization of Mulligan Concept Thoracic Sustained Natural Apophyseal Glides on Patients Classified with Secondary Impingement Syndrome: A Multi-Site Case Series. *International Journal of Sports Physical Therapy*. 2018;13(1):121- 130.

4. Channak S, Saelee W, Narongrittikai N, et al. The effects of the T6 sustained natural apophyseal glide (SNAG) with rotation in mechanical chronic thoracic spine pain: a randomized controlled trial. *Journal of medical technology*. 2016;28(80-91.

5. Exelby L. The Mulligan concept: its application in the management of spinal conditions. *Manual Therapy*. 2002;7(2):64-70.

6. Horton SJ. Acute locked thoracic spine: treatment with a modified SNAG. *Manual Therapy*. 2002;7(2):103-107.

7. Lenker C, Larocca N, Lee J, Tucker P. The Use of Thoracic Mobilization With Movement to Treat Shoulder Impingement in Older Adults: A Case Study. *Topics in Geriatric Rehabilitation*. 2012;28(3):195-200. <http://dx.doi.org/10.1097/TGR.0b013e31825d3834>

8. Lewis C, Diaz R, Lopez G, Marki N, Olivio B. A preliminary study to evaluate postural improvement in subjects with scoliosis: active therapeutic movement version 2 device and home exercises using the Mulligan's mobilization-with-movement concept. *Journal of Manipulative & Physiological Therapeutics*. 2014;37(7):502-509. <http://dx.doi.org/10.1016/j.jmpt.2014.07.005>

#### Rachis lombaire

1. Adnan M, Arsh A, Ali B, Ahmad S. Effectiveness of bent leg raise technique and neurodynamics in patients with radiating low back pain. *Pak J Med Sci*. 2022;38(1):47-51. <http://dx.doi.org/10.12669/pjms.38.1.4010>

2. Ali MN, Sethi K, Noohu MM. Comparison of two mobilization techniques in management of chronic non-specific low back pain. *Journal of bodywork and movement*



- therapies. 2019;23(4):918-923. <http://dx.doi.org/10.1016/j.jbmt.2019.02.020>
3. Athanasiadis D, Dionyssiotis Y, Krumov J, Obretenov V, Panayotov K, Papathanasiou J. The cognitive- behavioral aspects of the Mulligan concept of manual therapy: A systematic review. Eur J Transl Myol. 2022;<http://dx.doi.org/10.4081/ejtm.2022.10504>
  4. Bello B, Danazumi MS, Kaka B. Comparative Effectiveness of 2 Manual Therapy Techniques in the Management of Lumbar Radiculopathy: A Randomized Clinical Trial. Journal of chiropractic medicine. 2019;18(4):253-260. <http://dx.doi.org/10.1016/j.jcm.2019.10.006>
  5. Bhat PV, Patel VD, Eapen C, Shenoy M, Milanese S. Myofascial release versus Mulligan sustained natural apophyseal glides' immediate and short-term effects on pain, function, and mobility in non-specific low back pain. PeerJ. 2021;9(e10706. <http://dx.doi.org/10.7717/peerj.10706>
  6. Buran Çirak Y, Yurdaişik I, Elbaşı ND, Tütüneken YE, Köce K, Çınar B. Effect of Sustained Natural Apophyseal Glides on Stiffness of Lumbar Stabilizer Muscles in Patients With Nonspecific Low Back Pain: Randomized Controlled Trial. Journal of Manipulative and Physiological Therapeutics. 2021;44(6):445-454. <http://dx.doi.org/https://doi.org/10.1016/j.jmpt.2021.06.005>
  7. da Rocha RCG, Nee R, Hall T, Chopard R. Treatment of persistent knee pain associated with lumbar dysfunction: a case report. New Zealand Journal of Physiotherapy. 2006;34(1):31-35.
  8. Dinkins EM, Stevens-Lapsley J. Management of symptoms of Restless Legs Syndrome with use of a traction straight leg raise: a preliminary case series. Man Ther. 2013;18(4):299-302. <http://dx.doi.org/10.1016/j.math.2012.11.002>
  9. Elrazik RKA, Samir SM, Zaki LA, Koura GA. Mobilisation with movement versus postero-anterior mobilisation in chronic non specific low back pain. International journal of pharmtech research. 2016;9(6) :(pp 9□16), 2016. Date of Publication: 2016.:
  10. Eusea J, Nasypyany A, Seegmiller J, Baker R. Utilizing Mulligan Sustained Natural Apophyseal Glides Within a Clinical Prediction Rule for Treatment of Low Back Pain in a Secondary School Football Player. International Journal of Athletic Therapy & Training. 2015;20(1):18-24.
  11. Exelby L. The locked lumbar facet joint: intervention using mobilizations with movement. Manual Therapy. 2001;6(2):116-121.
  12. Exelby L. The Mulligan concept: its application in the management of spinal conditions. Manual Therapy. 2002;7(2):64-70.
  13. Hall T, Beyerlein C, Hansson U, Lim HT, Odermark M, Sainsbury D. Mulligan Traction Straight Leg Raise: A Pilot Study to Investigate Effects on Range of Motion in Patients with Low Back Pain. Journal of Manual & Manipulative Therapy. 2006;14(2):95-100. <http://dx.doi.org/10.1179/106698106790820782>
  14. Hall T, Cacho A, McNee C, Riches J, Walsh J. Effects of the Mulligan Traction Straight Leg Raise Technique on Range of Movement. Journal of Manual & Manipulative Therapy. 2001;9(3):128-133. <http://dx.doi.org/10.1179/jmt.2001.9.3.128>
  15. Hall T, Hardt S, Schafer A, Wallin L. Mulligan bent leg raise technique--a preliminary randomized trial of immediate effects after a single intervention. Man Ther. 2006;11(2):130-135. <http://dx.doi.org/10.1016/j.math.2005.04.009>
  16. Hidalgo B, Pitance L, Hall T, Detrembleur C, Nielens H. Short-term effects of Mulligan mobilization with movement on pain, disability, and kinematic spinal movements in patients with nonspecific low back pain: a randomized placebo-controlled trial. Journal of manipulative and physiological therapeutics. 2015;38(6):365□374. <http://dx.doi.org/10.1016/j.jmpt.2015.06.013>
  17. Hussien HM, Abdel-Raoof NA, Kattabéi OM, Ahmed HH. Effect of Mulligan Concept Lumbar SNAG on Chronic Nonspecific Low Back Pain. Journal of chiropractic medicine. 2017;16(2):94□102.
  18. Konstantinou K, Foster N, Rushton A, Baxter D. The use and reported effects of mobilization with movement techniques in low back pain management; a cross-sectional descriptive survey of physiotherapists in Britain. Manual Therapy. 2002;7(4):206-214.
  19. Konstantinou K, Foster N, Rushton A, Baxter D, Wright C, Breen A. Flexion



- mobilizations with movement techniques: the immediate effects on range of movement and pain in subjects with low back pain. *Journal of manipulative and physiological therapeutics.* 2007;30(3):178–185. <http://dx.doi.org/10.1016/j.jmpt.2007.01.015>
20. Lewis JS, Hewitt JS, Billington L, Cole S, Byng J, Karayiannis S. A randomized clinical trial comparing two physiotherapy interventions for chronic low back pain. *Spine.* 2005;30(7):711–721.
21. Mhatre BS, Singh YL, Tembhukar JY, Mehta A. Which is the better method to improve “perceived hamstrings tightness” – Exercises targeting neural tissue mobility or exercises targeting hamstrings muscle extensibility? *International Journal of Osteopathic Medicine.* 2013;16(3):153–162. <http://dx.doi.org/10.1016/j.ijosm.2013.06.002>
22. Moutzouri M, Billis E, Strimpakos N, Kottika P, Oldham JA. The effects of the Mulligan Sustained Natural Apophyseal Glide (SNAG) mobilisation in the lumbar flexion range of asymptomatic subjects as measured by the Zebris CMS20 3-D motion analysis system. *BMC musculoskeletal disorders.* 2008;9(131. <http://dx.doi.org/10.1186/1471-2474-9-131>
23. Moutzouri M, Perry J, Joanna P, Billis E, Eudokia B. Investigation of the effects of a centrally applied lumbar sustained natural apophyseal glide mobilization on lower limb sympathetic nervous system activity in asymptomatic subjects. *Journal of manipulative and physiological therapeutics.* 2012;35(4):286–294. <http://dx.doi.org/10.1016/j.jmpt.2012.04.016>
24. Mulligan BR. Manual therapy rounds. Spiral mobilizations with leg movement (further mobilizations with movement). *Journal of Manual & Manipulative Therapy (Journal of Manual & Manipulative Therapy).* 1995;3(1):25–27.
25. Mulligan BR. Manual therapy rounds. Update on spinal mobilisations with leg movement. *Journal of Manual & Manipulative Therapy (Journal of Manual & Manipulative Therapy).* 1997;5(4):184–187.
26. Pourahmadi MR, Mohsenifar H, Dariush M, Aftabi A, Amiri A. Effectiveness of mobilization with movement (Mulligan concept techniques) on low back pain: a systematic review. *Clin Rehabil.* 2018;32(10):1289–1298. <http://dx.doi.org/10.1177/0269215518778321>
27. Samir S, Zak L, Soliman M. Mulligan versus maitland mobilizations in patients with chronic low back dysfunction. *International journal of pharmtech research.* 9 (6) (pp 92–99), 2016. Date of publication: 2016. 2016;
28. Satpute K, Hall T, Bisen R, Lokhande P. The Effect of Spinal Mobilization With Leg Movement in Patients With Lumbar Radiculopathy-A Double-Blind Randomized Controlled Trial. *Archives of physical medicine and rehabilitation.* 2019;100(5):828–836. <http://dx.doi.org/10.1016/j.apmr.2018.11.004>
29. Seo UH, Kim JH, Lee BH. Effects of Mulligan Mobilization and Low-Level Laser Therapy on Physical Disability, Pain, and Range of Motion in Patients with Chronic Low Back Pain: A Pilot Randomized Controlled Trial. *Healthcare (Basel).* 2020;8(3):<http://dx.doi.org/10.3390/healthcare8030237>
30. SMS D, P D, R I. Effect of spinal mobilization with leg movement as an adjunct to neural mobilization and conventional therapy in patients with lumbar radiculopathy: Randomized controlled trial. *Journal of Medical and Scientific Research.* 2018;6(1):11–19. <http://dx.doi.org/10.17727/jmsr.2018/6-3>
31. Tambekar N, Sabnis S, Phadke A, Bedekar N. Effect of Butler's neural tissue mobilization and Mulligan's bent leg raise on pain and straight leg raise in patients of low back ache. *Journal of bodywork and movement therapies.* 2016;20(2):280–285. <http://dx.doi.org/10.1016/j.jbmt.2015.08.003>
32. Tul Ain SQ, Shakil Ur Rehman S, Maryam M, Kiani SK. Effects of Sustained Natural Apophyseal Glides with and without thoracic posture correction techniques on mechanical back pain: a randomized control trial. *J Pak Med Assoc.* 2019;69(11):1584–1587. <http://dx.doi.org/10.5455/jpma.274875>
33. Waqqar S, Shakil-ur-Rehman S, Ahmad S. McKenzie treatment versus mulligan sustained natural apophyseal glides for chronic mechanical low back pain. *Pakistan journal of medical sciences.* 2016;32(2):476–479. <http://dx.doi.org/10.12669/pjms.322.9127>
34. Yadav S, Nijhawan MA, Panda P. Effectiveness of Spinal Mobilization With Leg Movement (SMWLM) in Patients With Lumbar Radiculopathy (L5 / S1 Nerve Root) in Lumbar



Disc Herniation. International Journal of Physiotherapy and Research. 2014;2(5):712-718.

#### Articulation sacro-iliaque

1. Alkady SME, Kamel RM, AbuTaleb E, Lasheen Y, Alshaarawy FA. Efficacy of Mulligan Mobilization Versus Muscle Energy Technique in Chronic Sacroiliac Joint Dysfunction. International Journal of Physiotherapy. 2017;4(5):<http://dx.doi.org/10.15621/ijphy/2017/v4i5/159427>
2. Baglan-Yentur S, Mete O, Tuna Z, Tufan A, Oskay D. The effects of the Mulligan concept in ankylosing spondylitis: a report of two cases. International Journal of Therapy & Rehabilitation. 2019;26(5):1-10. <http://dx.doi.org/10.12968/ijtr.2018.0068>
3. Bindra S. Hip Rotation MWM for Sacroiliac Joint Dysfunction: A Case Report. Indian Journal of Physiotherapy & Occupational Therapy. 2014;8(3):8-11. <http://dx.doi.org/10.5958/0973-5674.2014.00346.3>
4. Farooq S, Zahid S, Hafeez S, Hassan D. Effectiveness of Mulligan mobilization and Kinesio-taping technique on the anterior innominate dysfunction in females. J Pak Med Assoc. 2021;71(7):1716-1719. <http://dx.doi.org/10.47391/JPMA.828>
5. Jeong-Hyun S, Gi Duck P, Hoo Sung P. The Effect of Sacroiliac Joint Mobilization on Pelvic Deformation and the Static Balance Ability of Female University Students with SI Joint Dysfunction. Journal of physical therapy science. 2014;26(6):845-848. <http://dx.doi.org/10.1589/jpts.26.845>
6. Krzyzanowicz R, Baker R, Nasypyany A, Gargano F, Seegmiller J. Patient Outcomes Utilizing the Selective Functional Movement Assessment and Mulligan Mobilizations With Movement on Recreational Dancers With Sacroiliac Joint Pain: A Case Series. International Journal of Athletic Therapy & Training. 2015;20(3):31-37.
7. Shinde M, Jagtap V. Effect of muscle energy technique and mulligan mobilization in sacroiliac joint dysfunction. Global Journal for Research Analysis. 2018;7(3 - March 2018):79-91.
8. Son J-H, Park GD, Park HS. The effect of sacroiliac joint mobilization on pelvic deformation and the static balance ability of female university students with si joint dysfunction. Journal of physical therapy science. 2014;26(6):845-848. <http://dx.doi.org/10.1589/jpts.26.845>

#### Hanche

1. Albertin ES, Miley EN, May J, Baker RT, Reordan D. The Effects of Hip Mobilizations on Patient Outcomes: A Critically Appraised Topic. Journal of sport rehabilitation. 2019;28(4):390-394. <http://dx.doi.org/10.1123/jsr.2016-0238>
2. Beselga C, Neto F, Alburquerque-Sendín F, Hall T, Oliveira-Campelo N. Immediate effects of hip mobilization with movement in patients with hip osteoarthritis: a randomised controlled trial. Manual therapy. 2016;22(80-85). <http://dx.doi.org/10.1016/j.math.2015.10.007>
3. Bindra S. Hip Rotation MWM for Sacroiliac Joint Dysfunction: A Case Report. Indian Journal of Physiotherapy & Occupational Therapy. 2014;8(3):8-11. <http://dx.doi.org/10.5958/0973-5674.2014.00346.3>
4. Carpenter G. The effects of hip mobilization and mobilization with movement in the physical therapy management of a person with lateral hip pain: a case report. Journal of Manual & Manipulative Therapy (Journal of Manual & Manipulative Therapy). 2008;16(3):170-170.
5. Dabholkar A, Kumari S, Yardi S. Comparative Study of Short Term Response between Maitland Mobilization and Mulligan's Mobilization with Movement of Hip Joint in Osteoarthritis of Knee Patients Identified as Per Clinical Prediction Rule. Indian Journal of Physiotherapy & Occupational Therapy. 2014;8(4):6-10. <http://dx.doi.org/10.5958/0973-5674.2014.00002.1>
6. Hanney W. Immediate Changes in Hip Range of Motion after Mobilization with Movement Versus Static Stretching. Archives of physical medicine and rehabilitation. 2022;103(3):e40. <http://dx.doi.org/10.1016/j.apmr.2022.01.111>
7. Mulligan BR. Manual therapy rounds. Mobilisations with movement (MWMS) for the hip joint to restore internal rotation and flexion. Journal of Manual & Manipulative Therapy (Journal of Manual & Manipulative Therapy). 1996;4(1):35-36.
8. Nunes GS, Wolf DF, Dos Santos DA, de Noronha M, Serrão FV. Acute Effects of



Hip Mobilization With Movement Technique on Pain and Biomechanics in Females With Patellofemoral Pain: A Randomized, Placebo-Controlled Trial. Journal of sport rehabilitation. 2019;1-9. <http://dx.doi.org/10.1123/jsr.2018-0497>

9. Shepherd MH, Shumway J, Salvatori RT, Rhon DI, Young JL. The influence of manual therapy dosing on outcomes in patients with hip osteoarthritis: a systematic review. Journal of Manual & Manipulative Therapy. 2022;1-13. <http://dx.doi.org/10.1080/10669817.2022.2037193>

10. Smith DA, Saranga J, Pritchard A, Kommatas NA, Punnoose SK, Kale ST. Effect of a lateral glide mobilisation with movement of the hip on vibration threshold in healthy volunteers. Journal of Bodywork and Movement Therapies. 2018;22(1):13-17. <http://dx.doi.org/https://doi.org/10.1016/j.jbmt.2016.10.001>

11. Solanki D, Kage V. A Comparative Study on Immediate effect of Adductor Stretch MWM Versus MET in Subjects with Hip Adductor Tightness - Randomized Clinical Trial. Indian Journal of Physiotherapy & Occupational Therapy. 2012;6(4):44-47.

12. Torres D, Hanney WJ, Velazquez L, Pabian PS, Pilkington C. The Effect of Mobilization With Movement and Passive Stretching on Hip Range of Motion: A Randomized Controlled Trial. Orthopaedic Physical Therapy Practice. 2021;33(3):150-154.

13. Walsh R, Kinsella S. The effects of caudal mobilisation with movement (MWM) and caudal self- mobilisation with movement (SMWM) in relation to restricted internal rotation in the hip: a randomised control pilot study. Manual therapy. 2016;22(9):15. <http://dx.doi.org/10.1016/j.math.2016.01.007>

14. Yıldırım MS, Ozyurek S, Tosun O, Uzer S, Gelecek N. Comparison of effects of static, proprioceptive neuromuscular facilitation and Mulligan stretching on hip flexion range of motion: a randomized controlled trial. Biology of sport. 2016;33(1):89-94. <http://dx.doi.org/10.5604/20831862.1194126>

15. Zemadanis K, Betsos T, Mandalidis D. The short and long-term effect of weight-bearing mobilization- with-movement (MWM) and automobilization-MWM techniques on pain and functional status in patients with hip osteoarthritis. International Journal of Physiotherapy. 2017;4(3):<http://dx.doi.org/10.15621/ijphy/2017/v4i3/149068>

#### Genou

1. Alkhawajah HA, Alshami AM. The effect of mobilization with movement on pain and function in patients with knee osteoarthritis: a randomized double-blind controlled trial. BMC musculoskeletal disorders. 2019;20(1):452. <http://dx.doi.org/10.1186/s12891-019-2841-4>

2. Alsiri NF, Alhadhoud MA, Al-Mukaimi A, Palmer S. The effect of Mulligan's mobilization with movement following total knee arthroplasty: Protocol of a single-blind randomized controlled trial. Musculoskeletal care. 2020;<http://dx.doi.org/10.1002/msc.1503>

3. Altmis H, Oskay D, Elbasan B, Duzgun I, Tuna Z. Mobilization with movement and kinesio taping in knee arthritis-evaluation and outcomes. International orthopaedics. 2018;42(12):2807-2815. <http://dx.doi.org/10.1007/s00264-018-3938-3>

4. Anandkumar S, Miller J, Werstine R, Young S. Effect of mobilization with movement on lateral knee pain due to proximal tibiofibular joint hypomobility. Physiotherapy Theory & Practice. 2018;34(10):813- 820. <http://dx.doi.org/10.1080/09593985.2018.1424979>

5. Anwer S, Alghadir A, Zafar H, Brismée J-M. Effects of orthopaedic manual therapy in knee osteoarthritis: a systematic review and meta-analysis. Physiotherapy. 2018;104(3):264-276.

6. Balasundaram AP, Sreerama Rajan S. Short-term effects of mobilisation with movement in patients with post-traumatic stiffness of the knee joint. Journal of bodywork and movement therapies. 2018;22(2):498-501. <http://dx.doi.org/10.1016/j.jbmt.2017.06.007>

7. Bhagat M, Neelapala YVR, Gangavelli R. Immediate effects of Mulligan's techniques on pain and functional mobility in individuals with knee osteoarthritis: A randomized control trial. Physiotherapy research international : the journal for researchers and clinicians in physical therapy. 2020;25(1):e1812. <http://dx.doi.org/10.1002/pri.1812>

8. Bhosale N, Kanase SB, Bathia K. Effect of Mulligan's Pain Release Phenomenon with Kinesiotaping in Chronic Patellofemoral Osteoarthritis. Indian Journal of Public Health Research & Development. 2019;10(4):324. <http://dx.doi.org/10.5958/0976-5506.2019.00712.5>



9. Brody K, Baker RT, Nasypyany A, Seegmiller J, Piccininni JJ. Treatment of Meniscal Lesions Using the Mulligan "Squeeze" Technique: A Case Series. International Journal of Athletic Therapy and Training. 2015;20(6):24-31. <http://dx.doi.org/10.1123/ijatt.2014-0135>
10. Chaconas E, Gray S, Kempfert D. Mobilization with movement symptom modification procedure for a 38 year old male with patella femoral pain syndrome. Manual Therapy. 2016;25(e63-e64).
11. Chan-Woo N, Sang-In P, Min-Sik Y, Young-Min K. Effects of the MWM Technique Accompanied by Trunk Stabilization Exercises on Pain and Physical Dysfunctions Caused by Degenerative Osteoarthritis. Journal of physical therapy science. 2013;25(9):1137-1140. <http://dx.doi.org/10.1589/jpts.25.1137>
12. Coelho BAL, Rodrigues HLdN, Almeida GPL, João SMA. Immediate Effect of Ankle Mobilization on Range of Motion, Dynamic Knee Valgus, and Knee Pain in Women With Patellofemoral Pain and Ankle Dorsiflexion Restriction: A Randomized Controlled Trial With 48-Hour Follow-Up. Journal of Sport Rehabilitation. 2021;30(5):697-706. <http://dx.doi.org/10.1123/jsr.2020-0183>
13. Creighton D, Krauss J, Pascoe S, Patel H, Pierce J. The effects of tibio-femoral joint traction mobilization on patients with limited passive knee flexion: a case series. Journal of Manual & Manipulative Therapy (Journal of Manual & Manipulative Therapy). 2006;14(3):173-174.
14. da Rocha RCG, Nee R, Hall T, Chopard R. Treatment of persistent knee pain associated with lumbar dysfunction: a case report. New Zealand Journal of Physiotherapy. 2006;34(1):31-35.
15. Dabholkar A, Kumari S, Yardi S. Comparative Study of Short Term Response between Maitland Mobilization and Mulligan's Mobilization with Movement of Hip Joint in Osteoarthritis of Knee Patients Identified as Per Clinical Prediction Rule. Indian Journal of Physiotherapy & Occupational Therapy. 2014;8(4):6-10. <http://dx.doi.org/10.5958/0973-5674.2014.00002.1>
16. Demirci S, Kinikli GI, Callaghan MJ, Tunay VB. Comparison of short-term effects of mobilization with movement and Kinesiotaping on pain, function and balance in patellofemoral pain. Acta orthopaedica ET traumatologica turcica. 2017;51(6):442-447. <http://dx.doi.org/10.1016/j.aott.2017.09.005>
17. Deng F, Adams R, Pranata A, Cui F, Han J. Tibial internal and external rotation taping for improving pain in patients with patellofemoral pain syndrome. Journal of Science and Medicine in Sport. 2022;<http://dx.doi.org/10.1016/j.jsams.2022.04.003>
18. Gomes MG, Primo AF, De Jesus L, Dionisio VC. Short-term Effects of Mulligan's Mobilization With Movement on Pain, Function, and Emotional Aspects in Individuals With Knee Osteoarthritis: A Prospective Case Series. Journal of manipulative and physiological therapeutics. 2020;43(5):437-445. <http://dx.doi.org/10.1016/j.jmpt.2019.04.011>
19. Heggannavar A, Gupta R. Quantitative effects of proprioceptive exercises and mulligan's MWM in subjects with osteoarthritis of knee-a randomized clinical trial. Physiotherapy (united kingdom). 2015;101(eS555-eS556. <http://dx.doi.org/10.1016/j.physio.2015.03.3370>
20. Hendry D, Campbell A, Ng L, Grisbrook TL, Hopper DM. Effect of Mulligan's and Kinesio knee taping on adolescent ballet dancers knee and hip biomechanics during landing. Scand J Med Sci Sports. 2014;<http://dx.doi.org/10.1111/sms.12302>
21. Hickey A, Hopper D, Hall T, Wild CY. The effect of the Mulligan knee taping technique on patellofemoral pain and lower limb biomechanics. Am J Sports Med. 2016;44(5):1179-1185. <http://dx.doi.org/10.1177/0363546516629418>
22. Hotwani R, Metgud S, Ganesh BR. Comparison of McConnell patellar taping versus mobilisation with movement in chronic knee osteoarthritis: a randomized clinical trial. Indian Journal of Physiotherapy & Occupational Therapy. 2010;4(4):132-136.
23. Howe A, Campbell A, Ng L, Hall T, Hopper D. Effects of two different knee tape procedures on lower-limb kinematics and kinetics in recreational runners. Scand J Med Sci Sports. 2015;25(4):517-524. <http://dx.doi.org/10.1111/sms.12269>
24. Hudson R, Richmond A, Sanchez B, et al. An Alternative Approach to the Treatment of Meniscal Pathologies: A Case Series Analysis of the Mulligan Concept "Squeeze" Technique. International Journal of Sports Physical Therapy. 2016;11(4):564-574.



25. Hudson R, Richmond A, Sanchez B, et al. Innovative treatment of clinically diagnosed meniscal tears: a randomized sham-controlled trial of the Mulligan concept ‘squeeze’ technique. *The Journal of manual & manipulative therapy.* 2018;1-10. <http://dx.doi.org/10.1080/10669817.2018.1456614>
26. Jayaseelan DJ, Scalzitti DA, Palmer G, Immerman A, Courtney CA. The effects of joint mobilization on individuals with patellofemoral pain: a systematic review. *Clinical Rehabilitation.* 2018;32(6):722-733.
27. Kaya Mutlu E, Ercin E, Razak Ozdincler A, Ones N. A comparison of two manual physical therapy approaches and electrotherapy modalities for patients with knee osteoarthritis: A randomized three arm clinical trial. *Physiotherapy Theory & Practice.* 2018;34(8):600-612. <http://dx.doi.org/10.1080/09593985.2018.1423591>
28. Kaya Mutlu E, Razak Ozdincler A, Ercin E. Comparison of two different mobilization techniques in the management of osteoarthritis of the knee: a randomized clinical trial. *Osteoarthritis and cartilage.* 2015;23(A391-A392).
29. Li L-L, Hu X-J, Di Y-H, Jiao W. Effectiveness of Maitland and Mulligan mobilization methods for adults with knee osteoarthritis: A systematic review and meta-analysis. *World Journal of Clinical Cases.* 2022;10(3):954-965. <http://dx.doi.org/10.12998/wjcc.v10.i3.954>
30. Mackay GJK, Stearne SM, Wild CY, et al. Mulligan Knee Taping Using Both Elastic and Rigid Tape Reduces Pain and Alters Lower Limb Biomechanics in Female Patients With Patellofemoral Pain. *Orthopaedic Journal of Sports Medicine.* 2020;8(5):232596712092167. <http://dx.doi.org/10.1177/2325967120921673>
31. Nam C-W, Park S-I, Yong M-S, Kim Y-M. Effects of the MWM Technique Accompanied by Trunk Stabilization Exercises on Pain and Physical Dysfunctions Caused by Degenerative Osteoarthritis. *Journal of physical therapy science.* 2013;25(9):1137-1140. <http://dx.doi.org/10.1589/jpts.25.1137>
32. Nigam A, Satpute KH, Hall TM. Long term efficacy of mobilisation with movement on pain and functional status in patients with knee osteoarthritis: a randomised clinical trial. *Clin Rehabil.* 2020;269215520946932. <http://dx.doi.org/10.1177/0269215520946932>
33. Nunes GS, Wolf DF, Dos Santos DA, de Noronha M, Serrão FV. Acute Effects of Hip Mobilization With Movement Technique on Pain and Biomechanics in Females With Patellofemoral Pain: A Randomized, Placebo-Controlled Trial. *Journal of sport rehabilitation.* 2019;1-9. <http://dx.doi.org/10.1123/jsr.2018-0497>
34. Oskay D, Altmis H, Duzgun I, Elbasan B. Immediate effects of mulligan's concept mobilization with movement on knee pain and functions in patients with knee osteoarthritis. *Annals of the rheumatic diseases.* 2015;74(1315). <http://dx.doi.org/10.1136/annrheumdis-2015-eular.4743>
35. Qamar MM, Kiran A, Ijaz MJ, Basharat A, Rasul A, Ahmed W. Comparison of efficacy of mulligan's mobilization with movement with maitland mobilization along with conventional therapy in the patients with knee osteoarthritis: A randomized clinical trial. *Libyan International Medical University Journal.* 2018;3(1):26. [http://dx.doi.org/10.4103/liuj.liuj\\_12\\_18](http://dx.doi.org/10.4103/liuj.liuj_12_18)
36. Rao RV, Balthillaya G, Prabhu A, Kamath A. Immediate effects of Maitland mobilization versus Mulligan Mobilization with Movement in Osteoarthritis knee- A Randomized Crossover trial. *Journal of bodywork and movement therapies.* 2017;(no pagination) (<http://dx.doi.org/10.1016/j.jbmt.2017.09.017>)
37. Razek RA, Shenouda MM. Efficacy of Mulligan's Mobilization with Movement on Pain, Disability, and Range of Motion in Patients with Knee Osteoarthritis: A Randomized Controlled Pilot Study. *Indian Journal of Physiotherapy & Occupational Therapy.* 2014;8(1):242-247. <http://dx.doi.org/10.5958/j.0973-5674.8.1.046>
38. Rehman M, Riaz H. Comparison of mobilization with movement and Mulligan knee taping on Patellofemoral pain syndrome. *J Pak Med Assoc.* 2021;71(9):2119-2123. <http://dx.doi.org/10.47391/JPMA.04-658>
39. Rhinehart A. Effective Treatment of an Apparent Meniscal Injury Using the Mulligan Concept. *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association.* 2015;1(2):<http://dx.doi.org/10.25035/jsmahs.01.02.04>
40. Salam P, Cook C, Reiman MP, Sheets C. Treatment effectiveness and fidelity of



manual therapy to the knee: A systematic review and meta-analysis. *Musculoskeletal care.* 2017;15(3):238-248. <http://dx.doi.org/10.1002/msc.1166>

41. Sanchez BJ, Baker RT. Conservative Management of Possible Meniscal Derangement Using the Mulligan Concept: A Case Report. *Journal of Chiropractic Medicine.* 2017;16(4):308-315. <http://dx.doi.org/10.1016/j.jcm.2017.08.005>

42. Shahid S, Ahmed A, Ahmed U. Effectiveness of Routine Physical Therapy with and Without Pain Release Phenomenon in Patello-Femoral Pain Syndrome. *International Journal of Science and Research (IJSR).* 2016;5(7):1891-1919. <http://dx.doi.org/10.21275/v5i7.ART2016586>

43. Singh D. An Experimental Study on effects of Mulligan Mobilization Technique and Isometric Exercises in Patients with Osteoarthritis Knee. *Indian Journal of Physiotherapy & Occupational Therapy.* 2012;6(4):158-162.

44. Takasaki H, Hall T, Jull G. Immediate and short-term effects of Mulligan's mobilization with movement on knee pain and disability associated with knee osteoarthritis - A prospective case series. *Physiotherapy Theory & Practice.* 2013;29(2):87-95. <http://dx.doi.org/10.3109/09593985.2012.702854>

45. Ughreja RA, Shukla YU. Mulligan's Mobilisation with Movement (MWM) relieves pain and improves functional status in osteoarthritis knee. *Int J Physiother.* 2017;4(2):132-138.

46. Weleslassie GG, Temesgen MH, Alamer A, Tsegay GS, Hailemariam TT, Melese H. Effectiveness of Mobilization with Movement on the Management of Knee Osteoarthritis: A Systematic Review of Randomized Controlled Trials. *Pain Res Manag.* 2021;2021(8815682). <http://dx.doi.org/10.1155/2021/8815682>

47. Zemadanis K, Sykaras E, Athanasopoulos S, Mandalidis D. Mobilization-with-movement prior to exercise provides early pain and functionality improvements in patients with patellofemoral pain syndrome. *International Musculoskeletal Medicine.* 2015;37(3):101-107. <http://dx.doi.org/10.1179/1753615415Y.oooooooooooo09>

#### Cheville et pied

1. Abassi M, Whiteley R. Serial Within-Session Improvements in Ankle Dorsiflexion During Clinical Interventions Including Mobilization-With-Movement and A Novel Manipulation Intervention - A Case Series. *Int J Sports Phys Ther.* 2021;16(4):1158-1168. <http://dx.doi.org/10.26603/001c.25544>

2. Akaras E, Guzel NA, Kafa N, Özdemir YA. The acute effects of two different rigid taping methods in patients with hallux valgus deformity. *Journal of back and musculoskeletal rehabilitation.* 2020;33(1):91-98. <http://dx.doi.org/10.3233/bmr-181150>

3. Alves Y, Ribeiro F, Silva AG. Effect of fibular repositioning taping in adult basketball players with chronic ankle instability: a randomized, placebo-controlled, crossover trial. *The Journal of sports medicine and physical fitness.* 2018;58(10):1465-1473. <http://dx.doi.org/10.23736/s0022-4707.17.07472-2>

4. Ambarish AA, Chitra J, Subhash KM. Comparative effectiveness of Mulligan's mobilization in weight bearing and non-weight bearing in the treatment of ankle sprains- a randomized clinical trial. *Indian Journal of Physiotherapy & Occupational Therapy.* 2008;2(4):1-4.

5. An CM, Won JI. Effects of ankle joint mobilization with movement and weight-bearing exercise on knee strength, ankle range of motion, and gait velocity in patients with stroke: a pilot study. *Journal of physical therapy science.* 2016;28(2):689-694.

6. Anandkumar S. Effect of a novel mobilization with movement procedure on anterolateral ankle impingement - A case report. *Physiotherapy Theory & Practice.* 2018;34(7):569-577. <http://dx.doi.org/10.1080/09593985.2017.1422822>

7. Bianco L, Fermin S, Oates R, May J, Cheatham SW, Nasypyany A. Use of the Mulligan concept in the treatment of lateral ankle sprains in the active population: an exploratory prospective case series. *The Journal of the Canadian Chiropractic Association.* 2019;63(3):154-161.

8. Bleakley CM, McDonough SM, MacAuley DC. Some conservative strategies are effective when added to controlled mobilisation with external support after acute ankle sprain: a systematic review. *Australian Journal of Physiotherapy.* 2008;54(1):7-20.

9. Coelho BAL, Rodrigues HLdN, Almeida GPL, João SMA. Immediate Effect of Ankle



Mobilization on Range of Motion, Dynamic Knee Valgus, and Knee Pain in Women With Patellofemoral Pain and Ankle Dorsiflexion Restriction: A Randomized Controlled Trial With 48-Hour Follow-Up. *Journal of Sport Rehabilitation.* 2021;30(5):697-706. <http://dx.doi.org/10.1123/jsr.2020-0183>

10. Collins N, Teys P, Vicenzino B. The initial effects of a Mulligan's mobilization with movement technique on dorsiflexion and pain in subacute ankle sprains. *Manual therapy.* 2004;9(2):77-82. [http://dx.doi.org/10.1016/S1356-689X\(03\)00101-2](http://dx.doi.org/10.1016/S1356-689X(03)00101-2)
11. Cruz-Díaz D, Lomas Vega R, Osuna-Pérez MC, Hita-Contreras F, Martínez-Amat A. Effects of joint mobilization on chronic ankle instability: a randomized controlled trial. *Disability and rehabilitation.* 2015;37(7):601-610. <http://dx.doi.org/10.3109/09638288.2014.935877>
12. de-la-Morena JM, Alguacil-Diego IM, Molina-Rueda F, Ramiro-González M, Villafaña JH, Fernández-Carnero J. The Mulligan ankle taping does not affect balance performance in healthy subjects: a prospective, randomized blinded trial. *Journal of physical therapy science.* 2015;27(5):1597-1602. <http://dx.doi.org/10.1589/jpts.27.1597>
13. Delahunt E, Cusack KIM, Wilson L, Doherty C. Joint Mobilization Acutely Improves Landing Kinematics in Chronic Ankle Instability. *Medicine & Science in Sports & Exercise.* 2013;45(3):514-519.
14. Fazeli SH, Amiri A, Jamshidi AA, et al. Effect of ankle taping on postural control measures during grasp and release task in patients with chronic ankle instability. *Journal of back and musculoskeletal rehabilitation.* 2018;31(5):881-887. <http://dx.doi.org/10.3233/bmr-171067>
15. Ghadi P, Verma C. Study of the efficacy of the Mulligan's Movement with Mobilization and Taping Technique as an Adjunct to the Conventional Therapy for Lateral Ankle Sprain. *Indian Journal of Physiotherapy & Occupational Therapy.* 2013;7(3):167-171. <http://dx.doi.org/10.5958/j.0973-5674.7.3.086>
16. Gilbreath JP, Gaven SL, Van Lunen BL, Hoch MC. The effects of Mobilization with Movement on dorsiflexion range of motion, dynamic balance, and self-reported function in individuals with chronic ankle instability. *Manual Therapy.* 2014;19(2):152-157.
17. Gogate N, Satpute K, Hall T. The effectiveness of mobilization with movement on pain, balance and function following acute and sub acute inversion ankle sprain - A randomized, placebo controlled trial. *Phys Ther Sport.* 2021;48(91-100. <http://dx.doi.org/10.1016/j.ptsp.2020.12.016>
18. Hendley C, May J, Wallace JJ, Cheatham SW. The Use of the Mulligan Concept for the Treatment of a First-Degree Sprain of the First Metatarsophalangeal Joint. *Athletic Training & Sports Health Care: The Journal for the Practicing Clinician.* 2021;13(6):e460-e463. <http://dx.doi.org/10.3928/19425864-20210609-01>
19. Hetherington B. LATERAL LIGAMENT STRAINS OF THE ANKLE, DO THEY EXIST? *Man Ther.* 1996;1(5):274-275. <http://dx.doi.org/10.1054/math.1996.0279>
20. Hidalgo B, Hall T, Berwart M, Biernaux E, Detrembleur C. The immediate effects of two manual therapy techniques on ankle musculoarticular stiffness and dorsiflexion range of motion in people with chronic ankle rigidity: A randomized clinical trial. *Journal of Back & Musculoskeletal Rehabilitation.* 2018;31(3):515-524.
21. Hoch MC, McKeon PO. The effectiveness of mobilization with movement at improving dorsiflexion after ankle sprain. *Journal of sport rehabilitation.* 2010;19(2):226-232. <http://dx.doi.org/10.1123/jsr.19.2.226>
22. Hopper D, Samsson K, Hulenik T, Ng C, Hall T, Robinson K. The influence of Mulligan ankle taping during balance performance in subjects with unilateral chronic ankle instability. *Phys Ther Sport.* 2009;10(4):125-130. <http://dx.doi.org/10.1016/j.ptsp.2009.07.005>
23. Howe LP. The acute effects of ankle mobilisations on lower extremity joint kinematics. *Journal of bodywork and movement therapies.* 2017;21(4):775-780. <http://dx.doi.org/10.1016/j.jbmt.2016.11.007>
24. Hudson R, Baker RT, May J, Reordan D, Nasypyany A. Novel treatment of lateral ankle sprains using the Mulligan concept: an exploratory case series analysis. *Journal of Manual & Manipulative Therapy (Maney Publishing).* 2017;25(5):251-259.
25. Izaola-Azkona L, Vicenzino B, Olabarrieta-Eguia I, Saez M, Lascurain-Aguirrebeña



- I. Effectiveness of Mobilization of the Talus and Distal Fibula in the Management of Acute Lateral Ankle Sprain. *Phys Ther.* 2021;101(8):<http://dx.doi.org/10.1093/ptj/pzab111>
26. Jayaseelan DJ, Kecman M, Alcorn D, Sault JD. Manual therapy and eccentric exercise in the management of Achilles tendinopathy. *Journal of Manual & Manipulative Therapy* (Maney Publishing). 2017;25(2):106-114.
27. Kang MH, Kim JW, Kim MH, Park TJ, Park JH, Oh JS. Influence of walking with talus taping on the ankle dorsiflexion passive range of motion. *Journal of physical therapy science.* 2013;25(8):1011-1013. <http://dx.doi.org/10.1589/jpts.25.1011>
28. Kang MH, Oh JS, Kwon OY, Weon JH, An DH, Yoo WG. Immediate combined effect of gastrocnemius stretching and sustained talocrural joint mobilization in individuals with limited ankle dorsiflexion: a randomized controlled trial. *Manual therapy.* 2015;20(6):827-834. <http://dx.doi.org/10.1016/j.math.2015.03.016>
29. Kashif M, Albalwi A, Alharbi A, Iram H, Manzoor N. Comparison of subtalar mobilisation with conventional physiotherapy treatment for the management of plantar fasciitis. *J Pak Med Assoc.* 2021;71(12):2705-2709. <http://dx.doi.org/10.47391/JPMA.1049>
30. Kim SL, Lee BH. The effects of posterior talar glide and dorsiflexion of the ankle plus mobilization with movement on balance and gait function in patient with chronic stroke: a randomized controlled trial. *Journal of neurosciences in rural practice.* 2018;9(1):61-67. [http://dx.doi.org/10.4103/jnrp.jnrp\\_382\\_17](http://dx.doi.org/10.4103/jnrp.jnrp_382_17)
31. Kosik KB, Gribble PA. The Effect of Joint Mobilization on Dynamic Postural Control in Patients With Chronic Ankle Instability: A Critically Appraised Topic. *Journal of Sport Rehabilitation.* 2018;27(1):103- 108.
32. Kosik KB, McCann RS, Terada M, Gribble PA. Therapeutic interventions for improving self-reported function in patients with chronic ankle instability: a systematic review. *British journal of sports medicine.* 2017;51(2):105-112. <http://dx.doi.org/10.1136/bjsports-2016-096534>
33. Lawson BL, Williamson JD, Baker R, May J, Larkins L, Nasypyany A. Examining the Effect of the Mulligan Concept Fibular Repositioning Taping Technique After a Lateral Ankle Sprain. *Athletic Training & Sports Health Care: The Journal for the Practicing Clinician.* 2018;10(1):41-45.
34. Lehr ME, Fink ML, Ulrich E, Butler RJ. Comparison of manual therapy techniques on ankle dorsiflexion range of motion and dynamic single leg balance in collegiate athletes. *Journal of bodywork and movement therapies.* 2022;29(206-214. <http://dx.doi.org/10.1016/j.jbmt.2021.11.004>
35. Loudon JK, Reiman MP, Sylvain J. The efficacy of manual joint mobilisation/manipulation in treatment of lateral ankle sprains: a systematic review. *British Journal of Sports Medicine.* 2014;48(5):506-509.
36. Luzenski KL, Chaconas EJ, Dinkins EM. Management of a patient with chronic ankle instability utilizing mobilization with movement combined with neuromuscular re-education and patient self-taping in return to athletic activity. *Journal of Manual & Manipulative Therapy* (Maney Publishing). 2010;18(4):230-231.
37. Marrón-Gómez D, Rodríguez-Fernández Á, Martín-Urrialde JA. The effect of two mobilization techniques on dorsiflexion in people with chronic ankle instability. *Physical therapy in sport.* 2015;16(1):10-15. <http://dx.doi.org/10.1016/j.ptsp.2014.02.001>
38. Mau H, Baker RT. A MODIFIED MOBILIZATION-WITH-MOVEMENT TO TREAT A LATERAL ANKLE SPRAIN. *International Journal of Sports Physical Therapy.* 2014;9(4):540-548.
39. May JM. Analysis of an individual clinician's patient outcomes when applying the Mulligan Concept intervention strategy to treat lateral ankle sprains in an intercollegiate athletic training clinic. A dissertation of clinical practice improvement [thesis]. University of Idaho; 2014.
40. May JM, Nasypyany A, Paolino J, Baker R, Seegmiller J. Patient Outcomes Utilizing the Mulligan Concept of Mobilization With Movement to Treat Intercollegiate Patients Diagnosed With Lateral Ankle Sprain: An a Priori Case Series. *Journal of Sport Rehabilitation.* 2017;26(6):486-496.
41. Meyer JE, Rivera MJ, Powden CJ. The Evaluation of Joint Mobilization Dosage on



- Ankle Range of Motion in Individuals With Decreased Dorsiflexion and a History of Ankle Sprain. *Journal of sport rehabilitation.* 2020;1-6. <http://dx.doi.org/10.1123/jsr.2020-0114>
42. Moiler K, Hall T, Robinson K. The role of fibular tape in the prevention of ankle injury in basketball: A pilot study. *The Journal of orthopaedic and sports physical therapy.* 2006;36(9):661-668. <http://dx.doi.org/10.2519/jospt.2006.2259>
43. Nguyen AP, Mahaudens P, Detrembleur C, Hall T, Hidalgo B. Inferior tibiofibular joint mobilization with movement and taping does not improve chronic ankle dorsiflexion stiffness: a randomized placebo- controlled trial. *The Journal of manual & manipulative therapy.* 2020;1-10. <http://dx.doi.org/10.1080/10669817.2020.1805690>
44. Nguyen AP, Pitance L, Mahaudens P, et al. Effects of Mulligan Mobilization with Movement in Subacute Lateral Ankle Sprains: A Pragmatic Randomized Trial. *The Journal of manual & manipulative therapy.* 2021;29(6):341-352. <http://dx.doi.org/10.1080/10669817.2021.1889165>
45. Norouzi A, Delkhous CT, Mirmohammakhani M, Bagheri R. A comparison of mobilization and mobilization with movement on pain and range of motion in people with lateral ankle sprain: A randomized clinical trial. *Journal of bodywork and movement therapies.* 2021;27(6):54-660. <http://dx.doi.org/10.1016/j.jbmt.2021.05.006>
46. O'Brien T, Vicenzino B. A study of the effects of Mulligan's mobilization with movement treatment of lateral ankle pain using a case study design. *Manual Therapy.* 1998;3(2):78-84.
47. Painter EE, Deyle GD, Allen C, Petersen EJ, Croy T, Rivera KP. Manual Physical Therapy Following Immobilization for Stable Ankle Fracture: A Case Series. *The Journal of orthopaedic and sports physical therapy.* 2015;45(9):665-674. <http://dx.doi.org/10.2519/jospt.2015.5981>
48. Park D, Cynn HS, Yi C, Choi WJ, Shim JH, Oh DW. Four-week training involving self-ankle mobilization with movement versus calf muscle stretching in patients with chronic stroke: a randomized controlled study. *Topics in stroke rehabilitation.* 2020;27(4):296-304. <http://dx.doi.org/10.1080/10749357.2019.1690831>
49. Reid A, Birmingham TB, Alcock G. Efficacy of mobilization with movement for patients with limited dorsiflexion after ankle sprain: a crossover trial. *Physiotherapy Canada.* 2007;59(3):166-172.
50. Shumway JD, Vraa D. Short-Term Effect of Manual Therapy & Taping on Subacute Ankle Sprains with Potential Syndesmotic Sprain: A Case Series. *The Journal of manual & manipulative therapy.* 2022;30(2):116-123. <http://dx.doi.org/10.1080/10669817.2021.1974240>
51. Simpson H, Crous L, Louw Q. Physiotherapy for Acute Ankle Sprains: How do We Compare to Evidence Based Clinical Guidelines? *South African Journal of Physiotherapy.* 2014;70(2):19-26.
52. Someeh M, Norasteh AA, Daneshmandi H, Asadi A. Immediate effects of Mulligan's fibular repositioning taping on postural control in athletes with and without chronic ankle instability. *Phys Ther Sport.* 2015;16(2):135-139. <http://dx.doi.org/10.1016/j.ptsp.2014.08.003>
53. Stanek JM, Brown B, Barrack J, Parish J. A novel manual therapy technique is effective for short-term increases in tibial internal rotation range of motion. *Journal of exercise rehabilitation.* 2021;17(3):184- 191. <http://dx.doi.org/10.12965/jer.2142228.114>
54. Stanek JM, Pieczynski AE. Effectiveness of clinician- and patient-applied mobilisation with movement technique to increase ankle dorsiflexion range of motion. *International Journal of Therapy and Rehabilitation.* 2020;27(4):1-11. <http://dx.doi.org/10.12968/ijtr.2018.0118>
55. Terada M, Pietrosimone BG, Gribble PA. Therapeutic Interventions for Increasing Ankle Dorsiflexion After Ankle Sprain: A Systematic Review. *Journal of Athletic Training (Allen Press).* 2013;48(5):696- 709.
56. Tomruk M, Soysal Tomruk M, Alkan E, Gelecek N. Immediate Effects of Ankle Joint Mobilization With Movement on Postural Control, Range of Motion, and Muscle Strength in Healthy Individuals: A Randomized, Sham-Controlled Trial. *Journal of sport rehabilitation.* 2019;1-9. <http://dx.doi.org/10.1123/jsr.2019-0198>
57. van der Wees PJ, Lenssen AF, Hendriks EJ, Stomp DJ, Dekker J, de Bie RA. Effectiveness of exercise therapy and manual mobilisation in ankle sprain and functional instability: a



systematic review. *The Australian journal of physiotherapy.* 2006;52(1):27-37.

58. Vicenzino B, Branjerdporn M, Teys P, Jordan K. Initial changes in posterior talar glide and dorsiflexion of the ankle after mobilization with movement in individuals with recurrent ankle sprain. *Journal of orthopaedic and sports physical therapy.* 2006;36(7):464-471. <http://dx.doi.org/10.2519/jospt.2006.2265>

59. Weerasekara I, Deam H, Bamborough N, et al. Effect of Mobilisation with Movement (MWM) on clinical outcomes in lateral ankle sprains: A systematic review and meta-analysis. *Foot (Edinburgh, Scotland).* 2020;43(101657). <http://dx.doi.org/10.1016/j.foot.2019.101657>

60. Weerasekara I, Osmotherly PG, Snodgrass S, Tessier J, Rivett DA. Is the fibula positioned anteriorly in weight-bearing in individuals with chronic ankle instability? A case control study. *Journal of Manual & Manipulative Therapy.* 2021;29(3):168-175. <http://dx.doi.org/10.1080/10669817.2020.1844852>

61. Wikstrom EA, Bagherian S, Allen G, Song K. Anterior-to-Posterior Ankle Joint Mobilizations Improve Dynamic Postural Control in Chronic Ankle Instability Patients: A Critically Appraised Topic. *International Journal of Athletic Therapy & Training.* 2018;23(2):57-61.

62. Woodman R, Berghorn K, Underhill T, Wolanin M. Utilization of mobilization with movement for an apparent sprain of the posterior talofibular ligament: A case report. *Manual Therapy.* 2013;18(1):e1-e7.

63. Yoon J-Y, An D-H, Oh J-S. Plantarflexor and Dorsiflexor Activation during Inclined Walking with and without Modified Mobilization with Movement Using Tape in Women with Limited Ankle Dorsiflexion. *Journal of physical therapy science.* 2013;25(8):993-995. <http://dx.doi.org/10.1589/jpts.25.993>

64. Yoon J-y, Hwang Y-i, An D-h, Oh J-s. Changes in Kinetic, Kinematic, and Temporal Parameters of Walking in People With Limited Ankle Dorsiflexion: Pre-Post Application of Modified Mobilization With Movement Using Talus Glide Taping. *Journal of Manipulative & Physiological Therapeutics.* 2014;37(5):320-325. <http://dx.doi.org/10.1016/j.jmpt.2014.01.007>

65. Yoon J-y, Oh J-s, An D-h. Three-Dimensional Analysis of Foot Motion After Uphill Walking With Mobilization With Movement Using Tape Applied to the Talocrural Joint in Women With Limited Ankle Dorsiflexion. *Foot & Ankle International.* 2014;35(11):1217-1225.

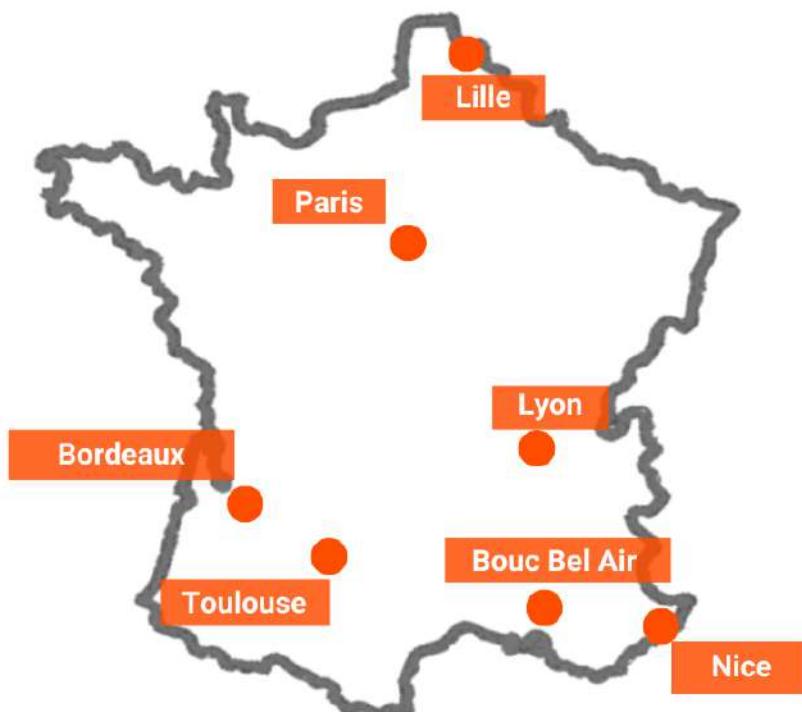


**“ Depuis plus de 10 ans, SSK Formation a toujours eu à cœur de proposer aux professionnels de la santé des stages de qualité, avec les meilleurs formateurs de la région. Je souhaite que ce stage vous aidera à mettre en pratique un enseignement de haut niveau auprès de vos patients qui exigent l'excellence. À bientôt dans l'un de nos centres, pour continuer à vous accompagner dans nos meilleures formations.**

**“ Seul on va plus vite, ensemble on va plus loin. »**

Amicalement,

**Cyril Castaldo**  
Kinésithérapeute, Ostéopathe



Afin de mieux s'adapter aux spécificités de chaque métier, SSK lance de nouvelles entités :

415 Avenue des Chabauds,  
13320, Bouc Bel Air

[lelia@ssk-formation.com](mailto:lelia@ssk-formation.com)

09 72 52 64 04



[www.ssk-formation.com](http://www.ssk-formation.com)

ABONNEZ-VOUS !

