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Effect of Thrust v/s Non Thrust Mobilization directed at the thoracic spine in patients with thoracic spinal Pain : A Randomized Control Trial

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Background and objective Thoracic back pain (TBP) is a major public health problem, both in terms of personal health and overall well-being as well as indirect expense. Compared to the lumbar and cervical spine, the thoracic spine has received less attention in terms of clinical, genetic and epidemiologic research, yet pain experienced in the thoracic spine can be equally disabling, imposing similar burdens on the individual, community [4-6] and work forceThe prevalence ranged from 4.0–72.0% (point), 0.5–51.4% (7-day), 1.4–34.8% (1-month), 4.8–7.0% (3-month), 3.5–34.8% (1-year) and 15.6–19.5% (lifetime). Thoracic spine Pain associated with backpack use varied from 6.0–72.0% and 22.9–51.4% for point and 7-day periods, respectively. Thoracic spine Pain interfering with school or leisure ranged from 3.5–9.7% for 1-year prevalence. Generally, studies reported a higher prevalence for TSP in child and adolescent populations, and particularly for females. The 1 month, 6 month, 1 year and 25 year incidences were 0–0.9%, 10.3%, 3.8–35.3% and 9.8% respectively. As a consequence, Spinal somatic dysfunctions may aggravate somatic reactions due to strong biomechanical correlation between lower cervical and upper thoracic spine Fernández -de-laPefias et al, related Upper thoracic joint dysfunction is a temporary reduction of mobility in one or more planes in the first four thoracic segments. The concept suggests that a hypo mobile spinal motion segment(s) may produce a symptomatic response from an adjacent hyper mobile spinal motion segment. The alignment of thoracic spine plays an important role which affect cervical spine, the patient adapts a forward head position when thoracic spine is kyphotic to maintain the head and eyes in a functional position, an anterior translation of the lower cervical vertebrae is seen which leads to loss or exaggerated cervical lordosis. Although there is limited guidance in clinical decision making regarding the most effective interventions, recently published clinical practice guidelines suggest that the combination of manual therapy and therapeutic exercise is effective in patients with mechanical neck pain but there is no such study is done for mechanical thoracic pain. Thus the objective of this study is to compare the effect of thrust versus non-thrust mobilization of upper thoracic spine in patients with thoracic spinal pain. Methods: 87 participants participated with 45 in group I and 42 in group 2. Group I received conventional physiotherapy with thrust mobilization whereas group 2 received conventional physiotherapy with non-thrust mobilization. Outcomes were measured in the form of NRS and ODI pre-intervention, immediate after treatment and after 5 days of intervention.

Results: Data was analyzed using paired and unpaired't' test and results showed that there was significant improvement in both outcomes immediate and after 5 days of intervention in both groups. But greater improvement was seen in group I compared to group 2.

Conclusion: It is concluded that thrust and non-thrust mobilizations of thoracic spine are effective in patients with thoracic pain but thrust mobilization is more effective.

Biography

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