Re: Critically Appraised Paper: There’s Something about Passive Movements,...

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It is widely felt that there is “…something in passive movements” as Mr Zvulun states, hence the paper’s title. However, other than ‘neurological’ (pain inhibition/palliation), What exactly has “…previous research shown” in terms of acceptable, lasting, clinically worthwhile mechanical mechanisms for therapeutic passive movement?

The anti-stretch defence citing ‘midrange’ and minimal ‘grades’ of therapeutic passive movement a la Maitland has long been around and remains unconvincing. Idiosyncratic interpretation notwithstanding, the former (‘midrange’ movement) clearly constitutes tissue loading. This is likely to be ‘sensed’ by connective tissue cells especially where they are exposed and ‘vulnerable’ due to surrounding soft tissue (ECM) damage. As for ‘grade 1’, I was under the impression that this was no longer seriously taught, at least at postgraduate level. Part of the reason being that the pathological presentations for which a ‘grade 1’ is purportedly indicated probably require evidence-based (mainly pharmacological) treatment rather than mechanical perturbation. However, should certain clinicians/institutions wish to go on mentioning it - and invoke some other (than the proposed mechanical) mechanism as justification – they are of course at liberty to do so.

I have no idea just how many individuals will (read or) choose to “…leave out the article” due to purported problems with technical terms and memory. Nor has Mr. Zvulun, but I appreciate his contribution in arousing interest.

REFERENCES


ACKNOWLEDGMENTS

None.

CONFLICTS OF INTEREST

None identified.