



Effects of Median Nerve Neural Mobilization in Treating Cervicobrachial Pain: A Randomized Waiting List-Controlled Clinical Trial

SCIENCE

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Key Take-Away:

Median Nerve Neural Mobilization (MNNM) refers to non-invasive physical therapy technique in which pain relief is achieved by mechanical stimulation of the Median Nerve and the brachial plexus. This study relies on approximating effects of MNNM on cervicobrachial pain (CP) as there exists limited data in this context. It was estimated that MNNM technique exhibits superiority over other treatment methods in improving CP.

Introduction:

There is a lack of adequately high-quality randomized controlled clinical studies that estimate the efficacy of neural tissue mobilization approaches such as median nerve neural mobilization (MNNM) and their particular impacts on cervicobrachial pain (CP). This study evaluates the efficacy of MNNM among individuals with CP as compared to the waiting list control group (WLCG).

Methods:

A total of 156 participants were screened in a parallel, single-blinded, randomized controlled clinical trial. Out of 156 patients, 60 were selected, and 51 completed the analysis. Numeric Rating Scale for Pain (NRSP), Quick Disabilities of the Arm, and Shoulder and Hand (QuickDASH) scale were used to measure the pain, cervical range of motion (CROM), and functionality. All the evaluations were done at pre- and one hour postoperatively. The MNNM was performed with 30 days of follow-up.

Results:

MNNM group exhibited higher NRSP scores as compared to the WLCG group. Further, an NRSP drop of 3.08 points at discharge was seen among patients of MNNM group. QuickDASH and CROM values increased only in MNNM group. Hedges' g exhibited a substantial impact on the MNNM treatment.

Conclusion:

MNNM may be preferred to no treatment in decreasing pain and improving function among the persons with CP.

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