The Effects of Passive Joint Mobilization on Pain and Hypomobility Associated with Adhesive Capsulitis of the Shoulder GARVICE G. NICHOLSON, MS, PT' The purpose of this investigation was to determine the effects of passive mobilization and active exercises in patients with painfully restricted shoulders.RESULTS A summary of the initial descriptive group data is presented in Table 1.The force and am- plitude of the treatment movements varied, but eventually all experimental subjects were able to tolerate grade IV oscillations (small amplitude mo- tions at the end of the range of motion) without significant discomfort.The experimental subjects performed active and resistive exercises after the passive mobilization treatments and were in- structed to perform them independently three times daily.All motions studied, except internal rotation in the control group, increased significantly from base- line levels over the 4-week period with consist- ently greater gains in the mobilizationgroup.Pain questionnaires were answered and isolated glenohumeral mobility measurements were taken initially and at weekly intervals during the 4 weeks of treatment.With the exception of internal rotation in the control groop, all motions increased'significantly from baseline in both groups.Pain scores decreased significantly from baseline in the experimental group and not in controls.Passive abduction improved significantly more in the mobilization group than in the control group.Pain scores decreased more in the mobilization group; however, the difference between the groups was not significant.Adhesive capsulitis, periarthritis, and frozen shoulder are all terms used to describe a painful stiffness of the glenohumeral joint.Twenty patients with painful glenohumeral restrictions were randomly placed in one of two groups.The experimental group received mobilization and active exercises two to three times per week for 4 weeks.The results suggest that joint mobilization and exercises are clinically effective in the treatment of painfully stiff shoulders.Table 2 shows the mean increases in glenohumeral range of motion and mean reductions in pain scores for each group.The controls received only active exercises.An