a combination of e.g. animations, videos with personal patient stories, podcasts, written text, spoken words and interactive quizzes.

**Conclusion:** The e-learning program is developed and ready for feasibility testing. Subsequently, the effectiveness of the program will be tested in a RCT study among approximately 250 patients.

**References:**


**Disclosure of Interests:** None declared

**DOI:** None declared

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**AB1310-HPR**

**EFFECTS OF INSTRUMENT-ASSISTED SOFT TISSUE MOBILIZATION ON FROZE...**

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**Background:** Frozen shoulder has a greater incidence, more severe course, and resistance to treatment in patients. Management is based on the underlying cause of pain and stiffness. Joint mobilization has been reported to improve joint range of motion in frozen shoulder. However, there is no information regarding the effect of instrument-assisted soft tissue mobilization (IASTM) in frozen shoulder. We proposed that there would be no significant difference between the two manual physical therapy techniques with relatively similar treatment effects in the frozen shoulder.

**Objectives:** The aim of this randomized controlled study was to compare the effectiveness of IASTM and joint mobilization in the treatment of patients with frozen shoulder.

**Methods:** Thirty patients with phase II frozen shoulder (mean age 50.9 years, age range 39–65 years) were randomly assigned to one of two treatment groups: Group I received joint mobilization combined with manual stretching exercise and Group II received IASTM with manual stretching exercise (two days per week for six weeks) (Figure 1). The pain level was evaluated with a visual analogue scale (VAS) and the active range of motion (ROM) was measured with a universal goniometer. The Disabilities of the Arm, Shoulder and Hand score and the Constant-Murley score were used for functional assessment. The assessments were performed at baseline and after the 6-week intervention.

**Results:** Both groups had a significant decrease in pain according to VAS and a significant increase in ROM and function level (p<0.05). After the 6-week intervention, improvement of shoulder abduction ROM in Group I was found significantly higher than Group II (p=0.01), on the other hand, Constant-Murley score in Group II was found significantly higher compared to Group I (p=0.001).

**Conclusion:** Our results supported the hypothesis that either joint mobilization or IASTM, performed in addition to stretching exercise, provided similar improvements in pain levels in patients with the frozen shoulder.

**References:**


**Disclosure of Interests:** None declared

**DOI:** None declared

**Figure 1. Instrument-Assisted Soft Tissue Mobilization**