TITLE: To find out and compare the effectiveness of Manual Mulligan traction Versus Intermittent electrical traction on pain, range of motion and functional disability in patient with cervical spondylosis.

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INCLUSION CRITERIA: Patients with a diagnosed cervical spspondylosis, Age group between 35-60 years, Both males and females, Neck disability index score of 10 or greater. **EXCLUSION CRITERIA:** History of previous cervical surgery, Cervical trauma with fracture and dislocation, Osteoporosis, Rheumatoid arthritis, Acute cervical radiculopaty. **OUTCOME MEASURES:**Numerical Pain Rating Scale (NPRS), Cervical range of motion by inch tape, Neck disability index scale (NDI). **METHODOLOGY:**30 subjects with cervical spondylosis were selected and screened by considering inclusion and exclusion criteria. Prior to the commencement of the procedure, informed consent was taken from the participants. Demographical data were collected. Initial evaluation of pain intensity was done using Numerical Pain Rating Scale (NPRS). Active Range of cervical extension and cervical rotation were measured by inch tape and functional disability was scored by using neck disability index scale. The participants were then randomly allocated into two groups A & B. Group A (n=15) were given Manual Mulligan traction with IFT and isometric neck exercise and Group B (n=15) were given Intermittent electrical traction with IFT and isometric neck exercise. Pre and post evaluation measures were compared and statistically analyzed.**RESULTS:**There was statistically significant improvement in NPRS (Z=3.46,P=0.001) NDI (t=10.64,P=0.001) and cervical ROM extension (t=10.75,P=0.001) right side rotation (t=4.99,P=0.001) left side rotation (t=5.33,P=0.001) was observed in group A patients.There was statistically significant impr0vement in NPRS (Z=3.46,P=0.001) NDI (t=7.73,P=0.001) and cervical ROM extension (t=7.26,P=0.001) left side rotation (t=6.98,p=0.001) and right side rotation (t=3.80,p=0.002) was observed in group B patients.When comparing Group

A and Group B, there was significant difference in NPRS (Z=9.77, P=0.002) NDI (t=2.76, P=0.010) and cervical ROM extension (t=7.26, P=0.026) left side rotation (t=2.31, P=0.029) was observed. But the level of improvement in right side rotation was insignificant (t=1.89, P=0.07).**CONCLUSION:**The result of the study concluded that manual Mulligan traction and intermittent electrical traction are effective in reducing pain, improving cervical range of motion and functional performance in cervical spondylosis. However the subject who received the manual mulligan traction with IFT and isometric neck exercise showed better improvement in reducing pain, improving cervical range of motion and functional performance than subject who received the intermittent electrical traction.In conclusion the treatment program consisting 0f manual mulligan traction with IFT and isometric neck exercise are more effective in cervical spondylosis patient.

BIOGRAPHY: My name is Sankar, I have just finished my PhD at the age of 23 years from Chidambaram Annamalai University and am currently studying for a Masters Degree in the field started with the financial assistance of the Central Government.

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