Myofascial release


"Patients were randomly divided into three groups: (1) OMT [osteopathic manipulative therapy] + medication therapy, (2) sham + medication therapy and (3) medication therapy only. Patients received 8 treatments in a study period of 6 months."

"Techniques used were myofascial release, balanced ligamentous tension, balanced membranous tension and cranial-sacrum"

"These findings suggest that OMT may be considered a valid procedure for the management of migraineurs."


"The following case reports present the effect of treating proposed cranial bone dysfunctions on chronic somatic tinnitus, following head trauma, with one year follow up. Both cases were suffering from chronic tinnitus on the right side without any otic pathology or temporomandibular dysfunctions. Temporary and limited effects of medications and other treatments on their persistent tinnitus had a negative effect on their social interactions and quality of life. Both patients were considered to demonstrate marked sphenoid, temporal and occipital bone dysfunctions, based on manual cranial treatment. Active tender points were also identified with intra-oral palpation and examination on the lateral pterygoid muscle on the right side. Manual therapy of the cranial bones for restoration of normal alignment and cranial rhythm and myofascial release technique to deactivate tender points on the lateral pterygoid had a significant effect on reducing the persistent tinnitus in both patients. At one-year follow up, both patients reported significant improvement in their quality of life and social interactions without recurrence of their tinnitus symptoms. The findings of this study suggest that cranial manual therapy and myofascial release technique could be a potential treatment for somatic tinnitus in patients with no otic pathology or temporomandibular disorders."

"The OMT [osteopathic manipulative technique] protocol consisted of the following elements: Soft-tissue and myofascial release at T1 to L5 and sacral ‘rock’ (patient prone) (3-4 minutes); myofascial release in the shoulders and scapulae bilaterally26 (patient lateral recumbent) (4-5 minutes) Cervical spine myofascial, counterstrain,muscle energy, or soft-tissue techniques for release and correction (patient supine) (3-4 minutes); Occipitoatlantal and condylar decompression (1-2 minutes) Venous sinus technique (5-6 minutes) V-spread, frontal and parietal lifts, or both (2-3 minutes); CV4 technique26 (3-4 minutes); Recheck for other key tender points (2-3 minutes) and treat according to findings"

"The OMT group had significantly reduced sway for the eyes-open test after 4 visits (P=.001)"

"The OMT protocol used in the present study improved the postural stability of healthy elderly patients, as measured by changes in sway values."


"Patients scheduled to undergo a CABG [coronary artery bypass graft] operation were voluntarily enrolled and randomly assigned to receive 1 of 3 treatment protocols after their surgical procedure: standardized daily OMT and conventional postoperative care (the OMT group), daily time-matched placebo OMT and conventional postoperative care (the placebo group), or conventional postoperative care only (the control group)."

"Specific OMT [osteopathic manipulative treatment] techniques used were thoracic inlet myofascial release, standard rib raising (with paraspinal muscle stretch to the L2 vertebral level), and soft tissue cervical paraspinal muscle stretch (with suboccipital muscle release). Primary outcome measures included time to discharge, time to postoperative bowel movement, and FIM functional assessment scores."

"Patients in the OMT group were discharged 0.55 days earlier than those in the control group and 0.16 days earlier than those in the placebo group. The mean (SD) number of days to first postoperative bowel movement was 3.5 (0.9), 4.0 (0.8), and 4.0 (0.9) for the OMT group, the placebo group, and the control group, respectively. On day 3 after surgery, the mean (SD) total score on the FIM was 19.3 (6.7), 15.4 (7.3), and 18.6 (6.5) for the OMT, the placebo, and the control group, respectively; total score for the OMT group was 0.81 greater than that of the control group and 3.87 greater than that of the placebo group. None of the differences achieved statistical significance (P<.05)"

"A daily postoperative OMT protocol improved functional recovery of patients who underwent a CABG operation."

3/08/2015
"In eustachian tube dysfunction, the eustachian tube fails to open sufficiently, resulting in a difference between the air pressure inside and outside the middle ear. This condition can cause pain and hearing loss and may lead to barotitis media, otitis media, tinnitus, and vertigo. Although several treatment options are available, from antibiotics to surgery, little documentation of osteopathic manipulative techniques exists. The current report discusses various treatment options, including the modified Muncie technique—a type of myofascial release administered inside the patient's mouth for patients with eustachian tube dysfunction and its symptoms. An illustrative case of a 37-year-old woman who complained of intermittent vertigo and who was treated with this technique is included."


"In this outcomes research study, the authors randomly assigned patients with pancreatitis to receive standard care plus daily OMT [osteopathic manipulative treatment] for the duration of their hospitalization (n = 6) or to receive only standard care (n = 8). Osteopathic manipulative treatment involved 10 to 20 minutes daily of a standardized protocol, using myofascial release, soft tissue, and strain-counterstrain techniques. Attending physicians were blinded as to group assignment. Results indicated that patients who received OMT averaged significantly fewer days in the hospital before discharge (mean reduction, 3.5 days) than control subjects, although there were no significant differences in time to food intake or in use of pain medications. These findings suggest the possible benefit of OMT in reducing length of stay for patients with pancreatitis."


"These cases also demonstrate that the longer-standing and more chronic the presenting problem, the more treatments that may be necessary. This fits the generally accepted paradigm. They also show that even extremely chronic cases may be successfully treated with application of osteopathy in the cranial field in a relatively finite number of treatments; an osteopathic approach renders definitive care of vertigo and co-morbid tinnitus possible."
"After 20 weeks of myofascial therapy, the experimental group showed a significant improvement (P < 0.05) in painful tender points, McGill Pain Score (20.6 ± 6.3, P < 0.032), physical function (56.10 ± 17.3, P < 0.029), and clinical severity (5.08 ± 1.03, P < 0.039). At six months post intervention, the experimental group had a significantly lower mean number of painful points, pain score (8.25 ± 1.13, P < 0.048), physical function (58.60 ± 16.30, P < 0.049) and clinical severity (5.28 ± 0.97, P < 0.043). At one year post intervention, the only significant improvements were in painful points at second left rib and left gluteal muscle, affective dimension, number of days feeling good and clinical severity."

"The results suggest that myofascial release techniques can be a complementary therapy for pain symptoms, physical function and clinical severity but do not improve postural stability in patients with fibromyalgia syndrome."
"Objective: To determine the quantity and characteristics of OMT [Osteopathic Manipulative Treatment] performed in a single, community academic ED that houses an osteopathic emergency medicine residency."

"Main Outcome Measures: Medical record data were analyzed to determine patient demographics; treatment characteristics including number of procedures and patients per physician, OMT techniques used, night vs day procedure variation, and financial implication of future billing for OMT; chief complaints; primary discharge diagnoses; and length of stay in the ED."

"Results: Patients were aged 0 to 95 years (mean, 39 years) and were predominately female (1260 [60.69%]) and white (1300 [62.62%]). A mean of 0.74 patients received OMT per day, and a mean of 29.65 procedures were performed per physician. When data for residents were looked at separately, the mean was higher at 40.32 procedures per physician. The top 3 discharge diagnoses were low back pain (189 patients [9.10%]), muscle spasm (106 patients [5.11%]), and spasm: muscle, back (93 patients [4.48%]). Eleven different OMT techniques were recorded, with myofascial release being used most frequently (1150 of 2868 procedures [40.09%]), followed by muscle energy (672 [23.43%]). The average length of stay in the ED was 206 minutes. A total of 1663 OMT procedures (80%) were performed during the day, whereas 413 (20%) were performed at night. Potential procedural billing for all OMT performed during the study period was $33.09 per day.

Conclusion: In contrast to perceptions that OMT use is declining, the authors found that OMT is being performed on a near daily basis in the ED. Additional research is needed to fully understand the impact of OMT in the ED."

"Technique¶Balanced Ligamentous Tension Counterstrain¶Facilitated Positional Release High-Velocity, Low-Amplitude Lymphatic Pump¶Muscle Energy¶Myofascial Release¶Myofascial Unwinding¶Osteopathic Cranial Manipulative Medicine Trigger Point¶Visceral Manipulation¶No. (%)a¶261 (9.10) 213 (7.42) 86 (2.99) 80 (2.78)¶672 (23.43) 1150 (40.09) 97 (3.38) 34 (1.18)¶62 (2.16) 25 (0.87)¶ORIGINAL CONTRIBUTION¶=A total of 2868 procedures were performed on 2076 patients during the study period (2005-2013)."

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"Osteopathic manipulative treatment has an active presence in the ED and is being incorporated by DOs in the treatment of patients of nearly all ages, sexes, and races, via myriad techniques."
"Briefly, the OMTh techniques were focused on correcting osteopathic dysfunctions found during the initial evaluation; structural (including myofascial release and high-velocity, low-amplitude), visceral, and craniosacral techniques were performed as appropriate."

"The OMTh [osteopathic manipulative therapy] group had a significant reduction in headache frequency over time that persisted 1 month (approximate reduction, 40%; P<.001) and 3 months (approximate reduction, 50%; P<.001) after the end of treatment. Moreover, there was an absolute difference between the 2 treatment groups at the end of the study, with a 33% lower frequency of headache in the OMTh group (P<.001)."

"This feasibility study demonstrated the efficacy of OMTh in the management of frequent episodic TTH [tension type headaches], compared with sham therapy in a control group. Osteopathic manipulative therapy may be preferred over other treatment modalities and may benefit patients who have adverse effects to medications or who have difficulty complying with pharmacologic regimens."

"A pragmatic randomized controlled trial was conducted among a sample of women with a history of pregnancy-related LBP [low back pain] for at least 3 months after delivery."

"During 8 weeks, OMTh [osteopathic manipulative therapy] applied 4 times led to clinically relevant positive changes in pain intensity and functional disability in women with post-partum LBP."

"At each visit, OMTh was applied only to those structures with relevant osteopathic findings. Standard OMTh techniques were applied, including direct (high-velocity, low-amplitude; muscle energy; and myo-fascial release), indirect (functional techniques and balanced ligamentous tension), visceral, and cranial techniques. No predefined, standardized OMTh protocol was implemented; each osteopath was free to decide which techniques to use. Participants were not allowed to receive any additional treatment (ie, medication, physical therapy, or other sources of pain relief) during the study period. Participants in the control group did not receive OMTh, nor were they evaluated for somatic dysfunctions during the 8-week study period. At the first visit, control participants were required to fill out the VAS and ODI. The osteopath then told them that they would be placed on a waiting list for OMTh to be scheduled 2 months later. At 2 months, the control participants filled out the VAS and ODI for the second time. During the study period, participants were not allowed to receive any additional treatment for pain relief (eg, medication, physical therapy, or other sources of pain relief). After study completion, they were offered 2 free appointments for OMTh."

"During 8 weeks, OMTh applied 4 times led to clinically relevant positive changes in pain intensity and functional disability in women with post-partum LBP."
"Osteopaths performing OMT [osteopathic manipulative treatment] were trained to use only indirect and fluidic techniques which included: indirect myofascial, sutural spread, balanced membranous tension and balanced ligamentous tension (according to teachings of William Garner Sutherland, DO, and others)."
"The study suggests that osteopathic treatment may reduce a high occurrence of gastrointestinal symptoms and the rates of long-term stays."

"Fifty-five patients were included in the study. Individual analyses of the 11 outcome variables revealed statistically significant improvement in two mobility measures for patients who received OMT—the total score of Gross Motor Function Measurement and the mobility domain of Functional Independence Measure for Children (P<.05). No statistically significant improvements were seen among patients in the acupuncture treatment arm."

"The results of this study suggest a potential benefit of osteopathic manipulative treatment as adjuvant therapy in children with recurrent AOM [acute otitis media]; it may prevent or decrease surgical intervention or antibiotic overuse."
"Treatments were gentle techniques on areas of restriction consisting of articulation, myofascial release, balanced membranous tension (according to teachings of William Garner Sutherland, DO, and others), balanced ligamentous tension, facilitated positional release, and/or counterstrain treatments."