

Efficacy of Myofascial Release in Fibromyalgia

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Abstract

Fibromyalgia is a syndrome of widespread pain, decreased pain threshold and other characteristic symptoms. These other symptoms include undue fatigue, insomnia, joint pain, headache, chest pain, irritable bowel syndrome, jerky leg movements, numbness and tingling in various body parts. For the management of these symptoms many medical and physiotherapeutic interventions are used. Myofascial release is an important technique which is used to reduce these symptoms. Previous studies have been done to find out the effect of myofascial release in fibromyalgia. But there are not much studies which elucidate how myofascial release is effective in reducing these symptoms. The present study made an effort to find out the efficacy of myofascial release on patients with fibromyalgia and how its influence on VAS scale, Epworth Sleepiness Scale (ESS), Self Trait Anxiety Inventory (STAI) and Fibromyalgia Impact Questionnaire. (FIQ). The mean, standard deviation, t value and t test for all the variables were calculated. It was concluded that myofascial release has a significant effect on VAS scale however there is reduction in ESS, STAI, FIQ but not upto significant level.

Keywords: Fibromyalgia, Fatigue, Myofascial Release.

Introduction

Fibromyalgia is defined as “non articular rheumatism characterized by musculoskeletal pain, spasm, stiffness, fatigue and severe sleep disturbances”. It is a syndrome of widespread pain, decrease pain threshold and other characteristic symptoms (Wolfe, 1996). These other symptoms include chronic soft tissue neck and back muscle pain that is aching, throbbing or burning in nature usually accompanied by neck, shoulder, spine, shoulder or hip stiffness (Gray et al., 1997). Fibromyalgia patients may also experience undue fatigue, insomnia, joint pain, headache, chest pain, irritable bowel

syndrome, jerky leg movements, numbness and tingling in various body parts (Gray et al., 1997). It is estimated to affect approximately 3 to 6 million people and is the third most prevalent rheumatologic disorder. The majority of the affected patients are women in the age range of 30 to 60 years (Goldenburg, 1998). It affects women (3.4%) more frequently than men (Wolfe et al., 1995). The cause of fibromyalgia is unknown.

No evidence of an underlying cause or pathophysiologic basis for fibromyalgia currently exists although myriad of mechanisms have been proposed. Among the list of proposed mechanisms include lack of physical