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COMPARATIVE EFFECTS OF MYOFASCIAL TRIGGER POINT RELEASE AND MUSCLE ENERGY TECHNIQUE ON PAIN AND NECK DISABILITY AMONG SMARTPHONE USERS WITH UPPER TRAPEZIUS MYOFASCIAL PAIN

Logesh Ekambaram, (PhD)[1]*, Dr. P. Senthil Selvam, (PhD)[2], Sivasankari A., (PhD)[3], Ajithkumar Anbazhagan, (MPT)[4], Dhanush T., (BPT)[5]

[1,3,4]Assistant Professor, School of Physiotherapy, VISTAS, Chennai, India.
[2]HOD and Professor, School of Physiotherapy, VISTAS, Chennai, India.
[5]BPT, School of Physiotherapy, VISTAS, Chennai, India.

***Corresponding Author: Logesh Ekambaram, (Ph.D)**

Assistant Professor, School of Physiotherapy, VISTAS, Chennai, India.

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ABSTRACT

BACKGROUND

In recent years, the widespread use of smartphone has significantly impacted musculoskeletal health, particularly contributing to upper trapezius myofascial pain condition. Prolonged usage of smartphone in forward head posture places excessive strain on trapezius muscle leading to stiffness, pain and reduced mobility. In order to reduce pain and improve functional ability certain techniques are used. This study is done to analyse the effect of myofascial trigger release technique and muscle energy technique among smartphone users with upper trapezius myofascial pain.

OBJECTIVES OF THE STUDY

- To evaluate the effect of myofascial trigger release technique on pain and physical function among smartphone users with upper trapezius myofascial pain.
- To evaluate the effect of muscle energy technique on pain and physical function among smartphone users with upper trapezius myofascial pain.
- To compare the effect of myofascial trigger release technique and muscle energy technique on pain and physical function among smartphone users with upper trapezius myofascial pain.

METHODOLOGY: This is a comparative type of study consisting of 30 subjects of both genders who fulfilled the inclusion criteria aged between 18-25 years of age. They were later divided into two groups of 15 subjects in each group. Group A consists of 15 subjects and they received myofascial trigger release technique. Group B consists of 15 subjects and they received muscle energy technique (MET). Both the group received treatment for a duration of 3 times a week for 4 weeks. Pre-test and post-test values of each group were measured using numerical pain rating scale (NPRS) and neck disability index (NDI). **RESULTS:** From pre and post values it was proved that myofascial trigger release technique was effective in the treatment of upper trapezius myofascial pain. **CONCLUSION:** This study concludes that myofascial trigger release technique is better than muscle energy technique (MET) in reducing pain and functional disability among smartphone users with upper trapezius myofascial pain.

KEYWORDS: Muscle energy technique (MET), myofascial trigger release technique, upper trapezius myofascial pain, numerical pain rating scale (NPRS) and neck disability index (NDI).

INTRODUCTION

Upper trapezius myofascial pain is a common musculoskeletal condition characterized by inflammation and pain in the trapezius muscle, which extends from the neck to the shoulders and upper back. The upper trapezius is considered as a postural muscle and is highly suspectible to overuse. The prevalence of musculoskeletal disorders among smartphone users

ranges from 1% to 67.8%. The prevalence of neck pain in young adults among smartphone users in the past 12 months was 47.4%. Smartphone usage for prolonged periods of time causes repetitive strain of muscles (Gayathri K et al., 2022).

Prolonged smartphone usage has become an integral part of daily life, leading to various musculoskeletal issues. One such condition is upper trapezius myofascial pain, which involves inflammation and pain in the trapezius muscle, extending from the neck to the shoulders and upper back. Excessive smartphone use, particularly with poor posture, has been identified as a major contributing factor to this condition. Frequent forward head posture, prolonged screen time, and improper hand positioning place excessive strain on the trapezius muscle, leading to stiffness, discomfort, and even chronic pain. Symptoms often include neck pain, shoulder tightness, headaches, and restricted movement, impacting overall well-being and productivity.

Other causes for upper trapezius myofascial pain included muscle overuse, carrying heavy bag, lack of physical activity while causes muscle weakness, stress, tension, improper sleeping position, sudden movement such as turning the head quickly strain the muscle and can cause muscle tightness or pain.

According to recent research, 79% of people aged 18 to 25 use their smartphones with their hands in a bended position, spending most of their day on digital devices. Extended use of smartphones and computers leads to repetitive strain on postural muscles, causing muscle fiber damage, cumulative stress injuries, and muscle tension, particularly in the neck and shoulders. Pain in the upper trapezius muscle is very common, with young people experiencing it more frequently than older individuals. (Gayathri K et al., 2022).

In physiotherapy, muscle spasms in the cervical spine are treated using various techniques such as interferential therapy (IFT), therapeutic ultrasound, TENS (transcutaneous electrical stimulation), hot water fermentation, cryotherapy, strengthening exercises and techniques like myofascial trigger release technique and muscle energy technique can used to treat patients with upper trapezius myofascial pain. (Gayathri K et al., 2022).

Muscle Energy Techniques (MET) were developed by osteopathic physicians Fred Mitchell Sr. and Fred Mitchell Jr. This method uses gentle muscle contractions to help relax and stretch tight muscles. It works by activating the Golgi tendon organs, which help muscles relax after contraction. MET is used to reduce pain, stretch tight muscles, improve blood flow, strengthen weak muscles, and improve joint movement. It is commonly used in physiotherapy to restore flexibility and relieve muscle tension. (Nipa Patel et al., 2021).

Myofascial trigger points are hyperirritable spots found in muscles or their surrounding tissue (fascia). These points feel painful when pressed and can cause referred pain, tenderness, and other symptoms. Myofascial release is a hands-on technique used to relax tight muscles and reduce pain. It helps in improving movement by relieving pressure on sensitive areas, restoring proper alignment, and reducing muscle spasms. This technique is often used in physiotherapy to improve flexibility and relieve muscle tension. (Jay Sata 2012).

The Numerical Pain Rating Scale (NPRS) is a simple and common way to measure pain. People rate their pain from 0 to 10, where 0 means no pain and 10 means the worst pain possible. This helps to understand the pain levels of patients and helps to track changes overtime. The Neck Disability Index (NDI) is a widely used questionnaire that measures how neck pain affects daily activities. It helps assess the severity of a person's condition by evaluating factors like pain intensity, personal care, work, sleep, and recreational activities.

The Neck Disability Index (NDI) consists of 10 questions, each scored from 0 to 5, with higher scores indicating greater disability. It is commonly used in track progress and guide treatment plans for individuals with neck pain and injuries. Outcome measures provide a score, an interpretation of results and at times a risk of categorization of the patient. In this study, Numerical Pain Rating Scale (NPRS) and Neck Disability Index (NDI) are used as outcome measures.

Therefore, the purpose of this study is to compare the effectiveness of myofascial trigger release technique and muscle energy technique (MET) on pain among smartphone users with upper trapezius myofascial pain.

METHODOLOGY

1. Study setting - Sri Isari Velan Mission Hospital
2. Study population - Smartphone users
3. Sample size - 30 samples (Group A-15 and Group B-15)
4. Sample method - Random sampling
5. Study design - Comparative study
6. Study duration - 4 weeks

INCLUSION CRITERIA

- Young adults aged between 18 and 25.
- History of browsing internet or playing games on smartphones in a day more than 4 hours.
- Pain level of more than 6 based on numerical pain rating scale.

EXCLUSION CRITERIA

- History of cervical trauma.
- History of neck lump, disc prolapse and fracture.
- Previous surgeries on the neck and upper limb.
- Long distance bike riders.

OUTCOME MEASURES

- Numerical Pain Rating Scale (NPRS)
- Neck disability index scale (NDI)

PROCEDURE

A total of 30 samples who fulfilled the inclusion and exclusion criteria were recruited for the study. Written informed consent was obtained from the samples. The procedures were explained to the samples. The samples were divided into two groups namely group A-15 samples (myofascial trigger release technique) and group B-15 samples (muscle energy technique).

Group A – myofascial trigger release technique (15 subjects)

Group B – muscle energy technique (15 subjects)

INTERVENTION

GROUP -A Myofascial trigger release technique

For 4 weeks, the myofascial release technique was applied 3 times per week to alleviate muscle tension and improve mobility. The patient was seated comfortably on a chair with adequate back support, hands resting on their thighs, and feet positioned flat on the ground to ensure stability and relaxation.

The therapist should stand behind the patient towards the affected side. With the patient's head and neck maintained in a neutral position, the therapist stabilized the opposite shoulder using one hand. The other hand applied firm, controlled pressure using the outer third of the thumb, precisely targeting the affected shoulder. The pressure was systematically moved along the upper trapezius muscle, starting from the middle of the muscle belly, progressing towards the base of the neck, and then extending toward the acromial process.

This technique was performed for a duration of 10 minutes, ensuring consistent and deep release of myofascial technique. To further enhance the effectiveness of the treatment, the same steps were repeated while the patient gently bended their head forward and slowly rotated it from side to side, promoting active engagement of the muscle fibre.

For additional resistance and deeper tissue mobilization, the patient's head was positioned horizontally, and sustained pressure was applied in the direction of the scapular spine. This variation helped in targeting deeper myofascial adhesions, optimizing the release process and improving overall shoulder mobility and function.



Figure no. 1: Myofascial Trigger Release Technique.

GROUP-B Muscle energy technique

For 4 weeks, the muscle energy technique (post-isometric relaxation) was applied 3 times per week to improve mobility, reduce muscle tension, and enhance flexibility.

The patient is made to sit on the chair in relaxed position. The therapist positioned themselves on the affected side, standing behind the patient for optimal control and precision. One hand was used to stabilize the shoulder, preventing compensatory movements, while the other hand gently supported the neck. The therapist carefully bent and rotated the patient's neck towards the treated side until reaching the restriction barrier, ensuring a safe and effective stretch.

To activate the targeted musculature, the patient was instructed to gently shrug their shoulder towards the ear using approximately 20% of their strength, ensuring the movement remained within a pain-free range. This isometric contraction was maintained for 7 to 10 seconds, engaging the muscle fibres effectively. Following this, the patient was guided to relax and exhale deeply for 3 seconds, promoting a release of muscle tension.

Upon relaxation, the therapist gradually increased the neck range of motion by further bending and rotating it while simultaneously stretching the shoulder downward. This technique facilitated a deeper release of myofascial restrictions and improved flexibility. The procedure was repeated 3 times, progressively enhancing the patient's range of motion with each repetition.



Figure No. 2: Muscle Energy Technique.

DATA ANALYSIS

TABLE 1

COMPARISON OF NPRS BETWEEN PRE-TEST AND POST TEST WITHIN GROUP A

Group A	Mean		Standard deviation		t-value	p-value
	Pre test	Post test	Pre test	Post test		
NPRS	7.87	3.47	1.41	1.06	33.6056	<0.0001

GRAPH 1

COMPARISON OF NPRS BETWEEN PRE-TEST AND POST TEST WITHIN GROUP A

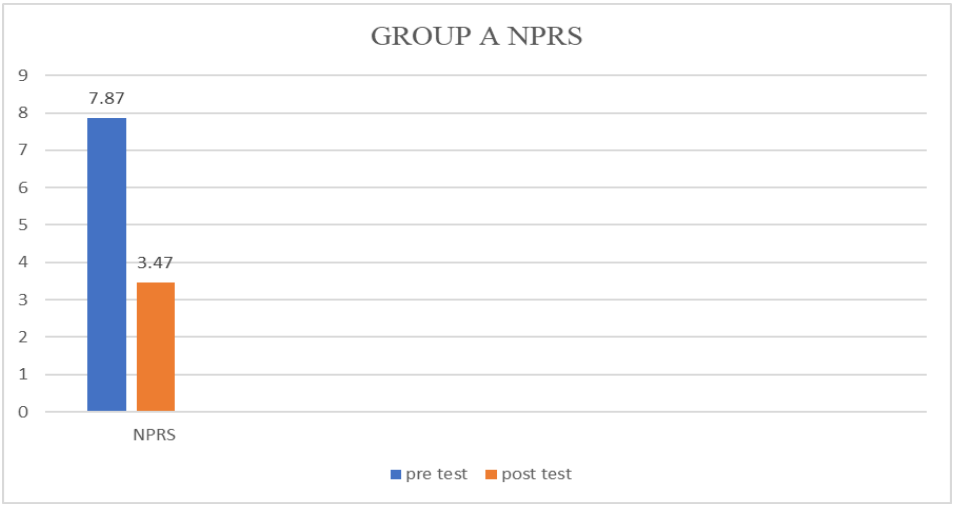


TABLE 2

COMPARISON OF NDI BETWEEN PRE-TEST AND POST-TEST WITHIN GROUP A

Group A	Mean		Standard deviation		t-value	p-value
	Pre test	Post test	Pre test	Post test		
NDI	37.13	22.33	7.73	6.67	17.4883	<0.0001

GRAPH 2
COMPARISON OF NDI BETWEEN PRE-TEST AND POST-TEST WITHIN GROUP A

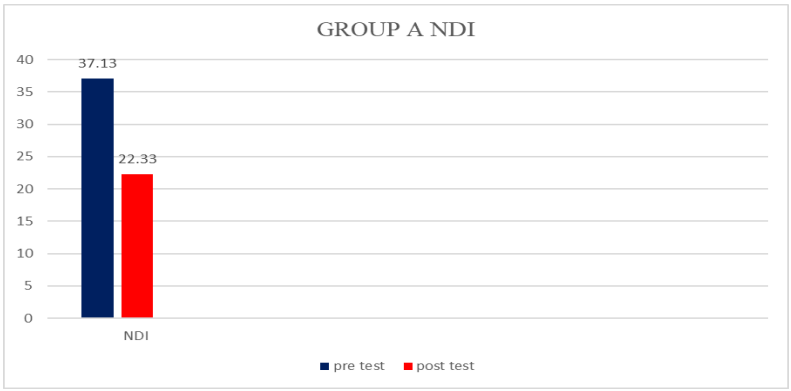


TABLE 3
COMPARISON OF NPRS BETWEEN PRE-TEST AND POST-TEST WITHIN GROUP B

Group B	Mean		Standard deviation		t-value	p-value
	Pre test	Post test	Pre test	Post test		
NPRS	8.07	5.87	1.28	1.51	12.6021	<0.0001

GRAPH 3
COMPARISON OF NPRS BETWEEN PRE-TEST AND POST-TEST WITHIN GROUP B

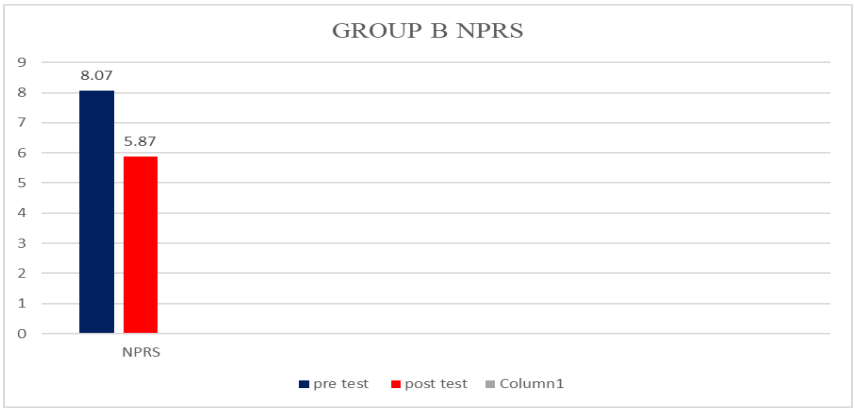


TABLE 4
COMPARISON OF NDI BETWEEN PRE-TEST AND POST-TEST WITHIN GROUP B

Group B	Mean		Standard deviation		t-value	p-value
	Pre test	Post test	Pre test	Post test		
NDI	36.40	24.13	6.87	4.85	11.3122	<0.0001

GRAPH 4
COMPARISON OF PRE AND POST TEST VALUES OF NDI IN BETWEEN GROUP A AND B

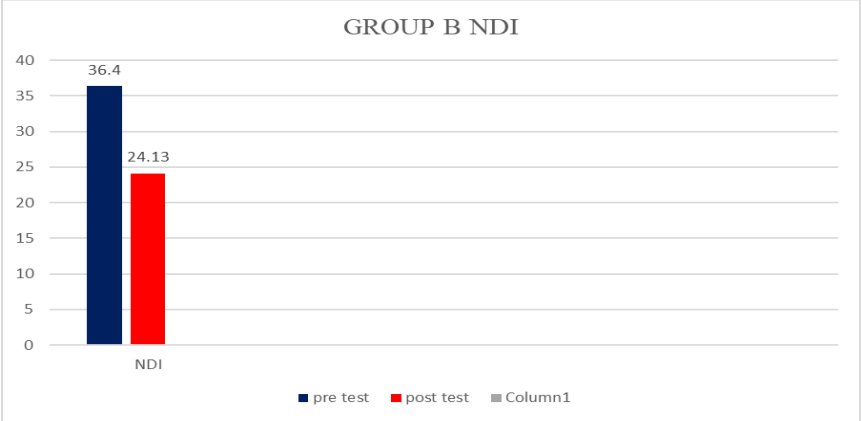


TABLE 5
COMPARISON OF PRE-TEST AND POST-TEST VALUES OF NPRS IN BETWEEN GROUP A AND B

	Group A		Group B		t-value	p-value
	Mean	Standard deviation	Mean	Standard deviation		
Pre test	7.87	1.41	8.07	1.28	0.4068	0.6873
Post test	3.47	1.06	5.87	1.51	5.0383	<0.0001

GRAPH 3
COMPARISON OF PRE-TEST AND POST-TEST VALUES OF NPRS IN BETWEEN GROUP A AND B

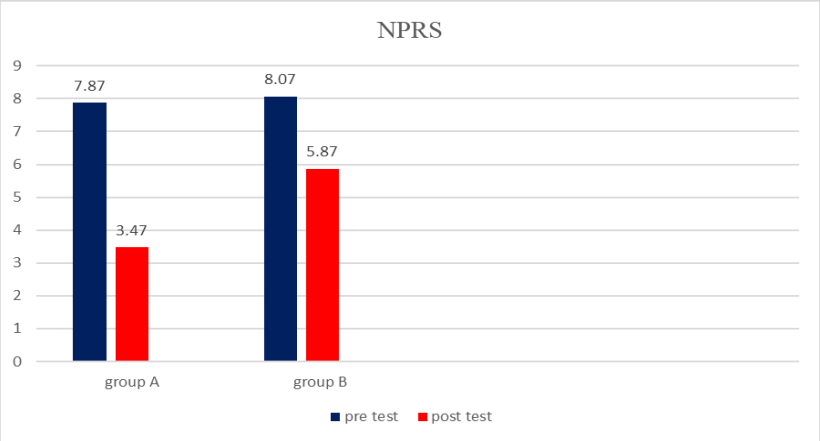
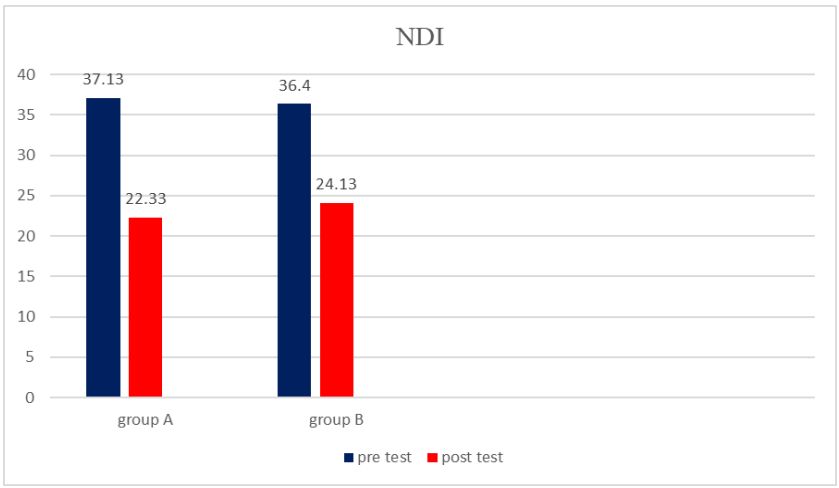


TABLE 6
COMPARISON OF PRE AND POST TEST VALUES OF NDI IN BETWEEN GROUP A AND B

	Group A		Group B		t-value	p-value
	Mean	Standard deviation	Mean	Standard deviation		
Pre test	37.13	7.73	36.40	6.87	0.2734	0.7866
Post test	22.33	6.67	24.13	4.85	0.8453	0.4051

GRAPH 4
COMPARISON OF PRE AND POST TEST VALUES OF NDI IN BETWEEN GROUP A AND B



RESULT

From statistical analysis made with the quantitative data revealed that there is statistical difference in the parameter between pre and post test values of myofascial trigger release technique and muscle energy technique groups.

Descriptive statistical comparison within the group revealed that there was a significant difference between the pre-treatment and post-treatment values in Group A (myofascial trigger release technique) for NPRS (p-value <0.0001) and NDI (p-value <0.0001).

The comparison between the groups revealed that there were significant differences between the means of two

groups, the results interpreted significant improvement in post value of NPRS and NDI in group A (myofascial trigger release technique).

DISCUSSION

This study was performed with the intention to compare the effectiveness of myofascial trigger release technique and muscle energy technique on pain and functional ability among smartphone users with upper trapezius myofascial pain.

In this study a total of 30 subjects both male and female who fulfilled the inclusion criteria were included. They were randomly divided into two groups 15 in each group. Group A received myofascial trigger release technique and group B received muscle energy technique.

GROUP A MYOFASCIAL TRIGGER RELEASE TECHNIQUE

Table 1 and 2 shows the pre-test and post-test values of NPRS and NDI within group A.

The pre-test and post-test values of NPRS within group A were 7.87 and 3.47 respectively. Th results from group A indicates a significant reduction in pain as measured by the numerical pain rating scale (NPRS) from the pre-test to the post-test. This improvement suggests that the intervention applied was effective in reducing pain.

The pre-test and post-test values of NDI within group A were 37.13 and 22.33 respectively. The results from group A indicates a significant improvement in NDI score after intervention. The improvement suggests that the applied treatment was effective in reducing disability levels among subjects with upper trapezius myofascial pain.

Thus, the findings from group A showed significant improvement in reduction of pain and disability following the intervention.

Sai Vispute and Neeraj Kumar 2022 conducted a study on comparative study of immediate effects of myofascial release technique and positional release technique on upper trapezius myofascial pain among the college student. The Study was done on 100 male and female subjects who have fulfilled the inclusion criteria. Treatment was given in the form of myofascial release technique and positional release technique. In this study the concluded that myofascial release technique and positional release technique both were effective in reducing pain, improving ROM and reducing functional disability.

Ravish V.N et al 2014 they conducted a study to compare the effectiveness of myofascial release technique versus positional release technique with laser in patients with unilateral upper trapezius myofascial pain. This study was done for a duration of 4 weeks. This study concluded that both the techniques showed improvement in reduction of pain, functional limitation and improved range of motion. However, myofascial release technique with laser has shown a better improvement than positional release with laser.

GROUP B MUSCLE ENERGY TECHNIQUE

Table 3 and 4 shows the pre-test and post-test values of NPRS and NDI within group B.

The pre-test and post-test values of NPRS within group B were 8.07 and 5.87 respectively. Th results from group B indicates a significant reduction in pain as measured by the numerical pain rating scale (NPRS) from the pre-test to the post-test. This improvement suggests that the intervention applied was effective in reducing pain.

The pre-test and post-test values of NDI within group B were 36.40 and 24.13 respectively. The results from group B indicates a significant improvement in NDI score after intervention. The improvement suggests that the applied treatment was effective in reducing disability levels among subjects with upper trapezius myofascial pain.

Thus, the findings from group B showed significant improvement in reduction of pain and disability following the intervention.

G. Yatheendra Kumar, P. Sneha, N. Sivajyothi they conducted a study on the Effectiveness of Muscle energy technique, Ischaemic compression and Strain counterstrain on Upper Trapezius Trigger Points. This study was done for a duration of 4 weeks. This study concluded that muscle energy technique was superior to ischemic compression and strain counter-strain techniques in the treatment of upper trapezius trigger points.

Mehak Hamna Zahra Gilani et al 2018 they conducted a study on the Comparison between Effectiveness of Ischemic Compression and Muscle Energy Technique in Upper Trapezius Myofascial Trigger Points. This study concluded that both the techniques were effective in reducing pain, but for range of motion muscle energy technique is more effective than ischemic compression in upper trapezius myofascial trigger points.

Comparison in between groups

In this present study, myofascial trigger release technique was compared with muscle energy technique among smartphone users with upper trapezius myofascial pain.

Table 5 shows the pre-test and post-test values of NPRS within group and B. the post-test values for NPRS of group A and group B were 3.47 and 5.87 respectively. This indicates that both the groups experienced pain reduction however, the pain reduction in group A in greater than in group B.

Table 6 shows the pre-test and post-test values of NDI within group A and group B. the post-test values for NDI of group A and group B were 22.33 and 24.13 respectively. This indicates that both the groups experienced improvement in NDI scoring but group A showed a significant improvement than group B.

The difference between group A and group B was statistically significant in terms of NPRS and NDI. However, the result showed that the mean difference of group A "myofascial trigger release technique" is slightly more effective than group B "muscle energy technique" in terms of pain, disability and mobility among smartphone users with upper trapezius myofascial pain.

Thus, according to the mean values of group A and group B it can be concluded that group A "myofascial trigger release technique" was effective that group B "muscle energy technique" among smartphone users with upper trapezius myofascial pain.

CONCLUSION

Analysing result, this study shows that the pre and post test values of group A is effective based on myofascial trigger release technique among smartphone users with upper trapezius myofascial pain in terms of all standard measures. Similarly, group B is effective based on muscle energy technique among smartphone users with upper trapezius myofascial pain.

However, the result shows that the significance and mean difference of group A (myofascial trigger release technique) is slightly more effective on the basis of NPRS scale and NDI scoring than group B (muscle energy technique) among the smartphone users with upper trapezius myofascial pain.

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