

Soft Tissue

Trigger points and myofascial pain syndrome

- A 2015 systematic review of randomized control trials (RCT) found seven studies that demonstrated that myofascial release (MFR) with conventional physiotherapy is more effective than a control group receiving no treatment for various conditions.¹
- A 2009 systematic review reported moderately strong evidence supporting chiropractic manipulation and ischemic pressure for immediate pain relief at myofascial trigger points (MTrPs); however, limited evidence exists for long-term pain relief. This review also found strong evidence supporting laser therapy, and moderate evidence supporting the use of transcutaneous electrical nerve stimulation (TENS) for MTrPs and myofascial pain syndrome, with the duration of relief varying among therapies.²

Tendinopathy

- A 2009 literature synthesis on chiropractic management for tendinopathy reported evidence for ultrasound therapy in providing clinically important improvement for calcific tendonitis. However, limited evidence was found for the clinical effectiveness of manipulation or mobilization for the treatment of calcific tendonitis.³

Fibromyalgia Syndrome (FMS)

- A 2015 systematic review of reviews regarding complementary and alternative therapies in the treatment of fibromyalgia (FM) reported that chiropractic interventions and nutritional supplementation were found to have inclusive results but tai chi, yoga, meditation and mindfulness-based interventions reported consistently positive results.⁴
- A 2014 systematic review and meta-analysis found that “massage therapy with duration ≥5 weeks had beneficial immediate effects on improving pain, anxiety, and depression in patients with FM”.⁵
- A 2009 systematic review found strong evidence for the use of mild aerobic exercise to relieve pain and fatigue associated with FMS. Additionally, moderate evidence was reported for massage for improving sleep and reducing anxiety with the chronic pain of FMS. Mild muscle strength training was also found to have moderate evidence for the conservative management of FMS.⁶

References

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