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Commentary

Muscle Energy Technique for Lower Back Pain

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DESCRIPTION

A symptomatic syndrome known as Low Back Pain (LBP) describes pain in any area of the back, from the rib cage to the buttocks, with or without low limb pain. LBP can be classified into two categories based on the aetiology of the pain: Non-Specific Low Back Pain (NSLBP), which is low back pain for which precise anatomical abnormalities cannot be discovered and for which the aetiology cannot be ascertained through objective assessment. Lower back pain with a specific cause, such as a disc herniation, infection, fracture, spinal deformity, or tumor, is referred to as Specific Low Back Pain (SLBP). According to studies, one of the causes of lower back pain is the restricted function of the deep trunk muscles in the back, which is brought on by changes in the fascia's structure. The Superficial Back Line (SBL), which is made up of the plantar fascia, gastrocnemius, hamstring, sacrolumbar fascia, erector spine, and epicranial fascia, specifically causes low back discomfort. The thoracolumbar fascia connects the superficial back line to the deep muscles of the back and trunk. A continuous myofascial system made up of the deep muscles and fascia of the trunk resembles a corset. Chronic low back pain and alterations in the structure of the fascia are caused by deep muscle dysfunction. As a result, the corset-like continuous myofascial system loses its protective properties. Additionally, the fascia's age-related degradation may worsen the condition of this system.

The rehabilitation methods are gradually improved, and the methods that directly affect the fascia are steadily enhanced. Myofascial Release (MFR) technique has been used to treat musculoskeletal ailments such as neck discomfort, lower back pain, scapulohumeral periarthritis, and functional ankle instability in recent years, and both its clinical use and associated research indicate an upward trend. MFR improves fascial slide, lowers fibrous adhesion, and relieves symptoms in both acute and chronic diseases. Since the method directly affects human fascia, it has a certain impact on controlling deep muscle and connective tissue, restoring fascia tension, and having a beneficial impact on reducing pain and enhancing function. Additionally, MFR encourages soft tissue release and extension, improves local blood circulation, and restores the range of motion of restricted joints, alleviating some of the symptoms of muscle soreness, stiffness, or extreme exhaustion.

The benefits of Muscle Energy Technique (MET), Proprioceptive Neuromuscular Facilitation (PNF), MFR, Arthrokinematic Approach (AKA), and Traditional Chinese Spinal Manipulation (TCSM) on patients with lower back pain have been established, and these techniques are now frequently used in clinical settings. Unlike the other manual therapies discussed above, MFR does not directly apply pressure to the joints. Instead, it releases the myofascial tissue that has become excessively tense to alter the body's force line. The MFR is less harmful since it operates with a limited motion range, doesn't strain on the nerves, and doesn't dislocate the facet joints. Patients can also do myofascial release on themselves using a foam roller and roller massages. Once they have mastered the method, patients can complete their rehabilitation at home, saving time and money on medical expenses.

Patients with persistent lower back pain who receive MFR treatment see a considerable reduction in their level of back impairment, which is brought on by both decreased pain and enhanced lumbar range of motion. Since the myofascia is a key component of proprioception, myofascial constriction may result in proprioception suppression and reduced lumbar function. MFR has beneficial benefits on increasing neural control, activating inhibited muscles, and strengthening lumbar function. It can partially alleviate the inhibition of some proprioceptors.

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