

Positional Release Versus Myofascial Release Technique in Chronic Low Back Dysfunction

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Abstract: Background: chronic low back dysfunction (CLBD) has direct and great influence on psychological, physical and socioeconomic aspects of the person's life. Myofascial release technique (MFR) is a form of soft tissue therapy used to treat somatic dysfunction and accompanying pain and restriction of motion. Positional release technique (PRT) is an indirect osteopathic treatment technique. **Purpose:** this study was conducted to investigate the effect of PRT, MFR and conventional physical therapy treatment on pain intensity level, spinal mobility and functional disabilities level in patients with CLBD. Also, to compare the effect among PRT, MFR and conventional physical therapy treatment on pain intensity level, spinal mobility and functional disabilities level in patients with CLBD. **Methods:** Forty two patients from both genders were diagnosed as CLBD, aged from 40 to 60 years. Assigned randomly into three groups, each group consisted of 14 patients. **Control group C** with mean age, weight, height and BMI of 51.21 ± 6.98 , 72.85 ± 6.19 , 171.57 ± 5.95 and 24.86 ± 3.030 respectively received conventional physical therapy program. **Group B** with mean age, weight, height and BMI of 49.35 ± 7.36 , 72.64 ± 6.42 , 171.57 ± 5.95 and 24.78 ± 3.064 received conventional physical therapy program and PRT. **Group A** with mean age, weight, height and BMI of 49.35 ± 6.23 , 72.28 ± 6.99 , 171.57 ± 5.95 , and 24.65 ± 3.176 respectively received conventional physical therapy program and MFR technique. Sessions were conducted three days / week every other day for 12 sessions. Pain intensity level was measured by Visual Analogue Scale, Lumbar range of motion (ROM) was measured by the modified Schober technique and the finger tip-to-floor technique and finally functional disability level was measured by Oswestery Low Back Pain Disability Questionnaire. Measurements were conducted pre-treatment and post-treatment. **Results:** showed that, there was a significant differences between pre and post treatment within each group A, B and C for pain intensity level, lumbar ROM and functional disability level ($p < 0.05$). There was no statistical significant differences between A and B in pain intensity level, lumbar ROM, and functional disability level ($p < 0.05$). There was statistical significant differences between A and C in pain intensity level, lumbar ROM, and functional disability level ($p < 0.05$). There was statistical significant differences between B and C in pain intensity level and lumbar ROM but there was no statistical significant differences in functional disability level ($p < 0.05$). **Conclusion:** There is no significant difference between PRT and MFR in reducing pain, increasing the range of motion and functional disability in patients with CLBD.