

Myofascial Release for an Adult with Idiopathic Scoliosis to Help Decrease Pain and Increase Quality of Life ~Case Study~

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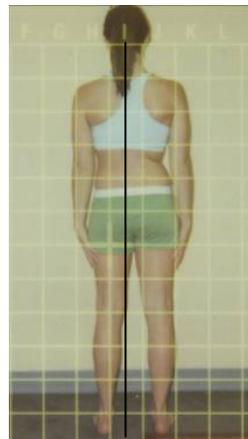
BACKGROUND: Studies have shown that scoliosis can lead to an increased incidence of low back pain (LBP) especially in those with lower thoracolumbar curves. Health related quality of life issues such as physical/occupational function, pulmonary function, social function, as well as psychological and physiologic well being, may also be affected as a result of a significant curve and poor posture. The purpose of this study is to demonstrate there is evidence to warrant further investigation showing that Myofascial Release (MFR) is an effective manual therapy technique. When MFR is utilized by a physical therapist, patients should experience a decrease in pain, increase in pulmonary function, improved posture, and advancement in quality of life.

METHODS: Subject: One female subject with Double Major curve with a Cobb angle of 45°, who reports LBP, bilateral hip pain, and a decreased self image. The subject completed 3 pre-tests and 3 post-tests before and after completing 6 weeks of MFR treatment; consisting of 2 sessions each week for 60 minutes. Pre- and Post-tests included Visual Analog Scale (VAS) for pain, UC San Diego Shortness of Breath (UCSD SOB) for pulmonary function, and Scoliosis Research Society Outcomes Instrument (SRS-22) for overall quality of life. Posture was also measured each week using Polaroid grid film. In addition, a total of 6 goniometric measurements were taken.

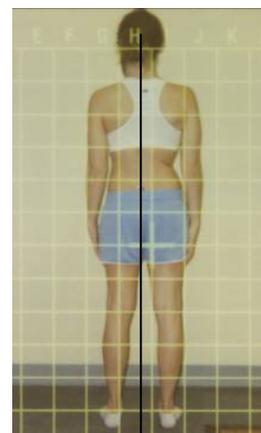
RESULTS: The subject improved in most measures, especially with pain, combined Thoracic/Lumbar rotation, and posture as seen on Polaroid prints. Pain levels improved significantly, as did quality of life measures (SRS-22) and pulmonary function (UCSD SOB). Most impressive were the quotes taken from the subject during the exit interview. The subject had been through years of traditional physical therapy without seeing significant improvement, and commented on how MFR has helped her throughout her 6 week treatment. "At first I was skeptical about myofascial release because it is a lot different from other types of treatment I have had in the past. . . I have never felt this much relief. . . I haven't had to use my heating pad for the past 2 weeks."

CONCLUSION: This case study has shown a significant improvement of the self reported questionnaires and functional impairments. Although it would have been ideal to have radiographs directly prior to our study, images taken in June 2005 and December 2006 show no further progression of our subject's curve. This provides enough evidence to warrant further investigation of using MFR as an effective treatment for idiopathic scoliosis.

REFERENCES: available upon request



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