

Evaluating the effectiveness of Myofascial Release to reduce pain in people with Chronic Fatigue Syndrome (CFS): A Pilot Study

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PURPOSE: The etiology and pathophysiology of CFS remain unknown, but it is widely accepted that pain and fatigue are the two most common symptoms. However, only a few studies have investigated the treatment of chronic pain in CFS despite 94% of people diagnosed with CFS reporting muscle pain and 84% reporting joint pain [1]. Treatment for pain in CFS relies heavily upon pharmacological intervention and many people have experienced serious side effects from taking medication. Therefore, the aim of this study was to evaluate the effectiveness of Myofascial Release to reduce musculoskeletal pain in people with CFS.

METHODS: This study was of a repeated measure design. All participants met the Centre of Disease Control research criteria for CFS [2] and the Canadian Guidelines [3]. Participants were randomised to either the treatment group (Myofascial Release, MFR) or the control group (Usual Care). MFR treatment was tailored to the needs of the patient and was provided once a week, for eight weeks. Assessments were conducted at baseline, week eight and at follow up (week 12). Outcome measures included the McGill Pain Questionnaire, Visual Analogue Scale, the Margolis Body Chart, the Pain Anxiety Symptoms Scale -20 and measures of physical activity.

RESULTS: Eleven participants were recruited (treatment group n= 8, control group n=3). Participants who received MFR reported a significant reduction of pain severity and intensity compared to those people who received Usual Care ($P<0.05$). Participants who had MFR reported fewer locations of muscle pain. There were no differences between groups for measures of pain, anxiety, and physical activity. All patients who received MFR reported that they would recommend this treatment to other people with CFS who experienced muscle pain.

CONCLUSION: Myofascial Release may help reduce the severity and intensity of muscle pain in some people with CFS. Further research is warranted.

REFERENCES

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