Effects of Myofascial Release therapy in gastroesophageal reflux disease: A Randomized Clinical Trial

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BACKGROUND: The crura of the diaphragm (CD) is a basic component of the antireflux barrier as it functions as an extrinsic sphincter at the esophagogastric junction (EGJ). Because the CD may be impaired in gastroesophageal reflux disease (GERD) patients, some studies have shown that a physical therapy focused to increase the force of the diaphragm may improve GERD. Myofascial Release (MFR) is a form of manual medicine widely used by physiotherapists in the management of different musculoskeletal pathologies. Up to this moment, no previous studies have reported the effects of a MFR treatment in GERD symptomatology. The purpose of this study is to investigate the effects of a Myofascial Release protocol, aimed to restore the miofascial properties of the crura of the diaphragm, over the symptomatology, quality of life and Proton pomp inhibitors (PPI) usage in patient with non-erosive GERD.

METHODS: Thirty patients with GERD, were randomized to MFR group (n=15) receiving four sessions of myofascial treatment targeted to the diaphragm, each lasting 25 minutes, and to sham group (n=15) receiving a sham MFR. Variables studied were frequency and severity of symptomatology measured with the Reflux Disease Questionnaire (RDQ), quality of life measured with the Gastrointestinal Quality of Life Index (GIQLI) and the need of PPI usage measured by the milligrams of PPI intake in the last 7 days before each assessment. All variables were assessed at baseline, at the end of the treatment and at 4 weeks follow up.

RESULTS: Subjects receiving MFR showed significant improvements in symptomatology (RDQ) (mean difference 1.09; 95% CI: 0.51 to 1.67, P=0.001), quality of life (GIQLI) (mean difference -18.13; 95% CI: -31.50 to -4.77, P=0.01) and PPI usage (mean difference 97.33; 95% CI: 32.31 to 162.36, P≤0.01), as compared with the sham group, at 4 weeks follow up.

CONCLUSIONS: The MFR protocol applied at the present study improved GERD symptomatology and quality of life as well as decreased PPI usage in patients with non-erosive GERD, at four weeks after the end of the treatment.

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REFERENCES:


