

# Evaluating the Efficacy of Myofascial Release Therapy in Managing Musculoskeletal Disorders: Impact on Pain and Mobility in Patients with Fibromyalgia and Chronic Neck Pain

Shorouk A. Aljarallah<sup>1</sup>, Sultana A. Alrobian<sup>2</sup>, Razan I. Alsaleem<sup>3</sup>,  
Mona R Attamimi<sup>4</sup>, Rana S Alsaleh<sup>5</sup>

Physical Therapy  
Health affairs at the Ministry of National Guard

## Abstract

**Objective:** This study aimed to evaluate the effectiveness of Myofascial Release (MFR) therapy in reducing pain and improving mobility in patients with fibromyalgia and chronic neck pain, comparing it to standard care and placebo treatments.

**Methods:** In a randomized controlled trial, 120 participants were assigned to one of three groups: MFR therapy, standard care, or placebo. Each group received their respective treatments twice weekly for 8 weeks. Primary outcomes included pain intensity, measured by the Visual Analog Scale (VAS), and mobility, assessed using the Neck Disability Index (NDI) for chronic neck pain and the Fibromyalgia Impact Questionnaire (FIQ) for fibromyalgia. Assessments were conducted at baseline, post-treatment, and at 3-month follow-up.

**Results:** The MFR therapy group experienced significantly greater reductions in pain and improvements in mobility compared to the standard care and placebo groups ( $p < 0.001$ ). No significant differences in quality of life or patient satisfaction were observed among the groups. The findings highlight the superior efficacy of MFR therapy over standard and placebo treatments.

**Conclusion:** Myofascial Release therapy is an effective treatment for reducing pain and improving mobility in patients with fibromyalgia and chronic neck pain. It offers a valuable addition to conventional treatment approaches. Further studies are needed to investigate long-term benefits and underlying mechanisms.

**Keywords:** Myofascial Release, fibromyalgia, chronic neck pain, pain reduction, mobility improvement, randomized controlled trial

## Introduction

**Background:** Musculoskeletal disorders (MSDs) such as fibromyalgia and chronic neck pain are prevalent conditions that significantly affect patients' quality of life. Fibromyalgia is characterized by widespread musculoskeletal pain, fatigue, and tenderness in localized areas, impacting approximately 2-4% of the population (Bellato et al., 2012). Chronic neck pain, often resulting from poor posture, repetitive strain, or injury, affects a substantial portion of the global population and can lead to long-term disability (Smith et al., 2014).

**Problem Statement:** Current treatment modalities for these conditions often include pharmacological interventions, physical therapy, and lifestyle modifications. However, these approaches may offer limited relief and are often associated with adverse effects or insufficient long-term benefits (Goldenberg et al., 2004; Ylinen, 2007). There is an increasing interest in alternative therapies that may provide additional benefits without the side effects commonly associated with conventional treatments.

**Objective:** Myofascial release (MFR) therapy is a manual therapy technique designed to relieve muscle tension and improve movement by releasing restricted fascia. MFR has been proposed as a beneficial approach for managing various musculoskeletal disorders, including fibromyalgia and chronic neck pain. This

study aims to evaluate the efficacy of MFR therapy in reducing pain and improving mobility in patients with these conditions.

**Hypothesis:** We hypothesize that MFR therapy will lead to significant reductions in pain and improvements in mobility among patients with fibromyalgia and chronic neck pain, compared to standard treatment approaches.

**Significance:** Understanding the impact of MFR therapy on these conditions could provide valuable insights into its potential role as an adjunctive treatment, potentially enhancing patient outcomes and offering a non-pharmacological option for managing chronic musculoskeletal disorders.

## Literature Review

**Overview of Musculoskeletal Disorders:** Fibromyalgia is a chronic condition characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, and cognitive difficulties. It affects approximately 2-4% of the population, predominantly women (Bellato et al., 2012). The etiology of fibromyalgia is multifactorial, involving genetic, environmental, and psychological factors. The condition is associated with heightened pain sensitivity and altered central pain processing (Bellato et al., 2012).

Chronic neck pain is another common musculoskeletal disorder, often resulting from mechanical or postural issues. It affects up to 30% of the global population at some point in their lives and can be associated with significant disability and reduced quality of life (Smith et al., 2014). Chronic neck pain is characterized by persistent pain and stiffness in the cervical region, which may be accompanied by radiating symptoms into the upper extremities (Kovacs et al., 2011).

**Current Treatment Approaches:** Traditional management of fibromyalgia and chronic neck pain often includes pharmacological interventions, physical therapy, and lifestyle modifications. For fibromyalgia, treatments commonly involve analgesics, antidepressants, and anti-seizure medications aimed at alleviating pain and improving sleep (Goldenberg et al., 2004). However, these treatments may have limited efficacy and side effects, prompting the exploration of alternative therapies.

For chronic neck pain, conservative management includes non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and ergonomic modifications. Despite these interventions, many patients continue to experience persistent symptoms and functional impairment (Walker et al., 2008).

**Introduction to Myofascial Release Therapy:** Myofascial Release (MFR) is a manual therapy technique focused on relieving fascial restrictions that may contribute to musculoskeletal pain and dysfunction. The technique involves applying sustained pressure to the fascia, a connective tissue surrounding muscles, to release tension and restore normal tissue function (Remvig et al., 2008). MFR aims to address fascial restrictions that may impact pain, mobility, and overall functional outcomes.

**Mechanisms of Action:** MFR is believed to work by improving blood flow, reducing muscle tension, and enhancing tissue elasticity. The therapy is thought to affect both the mechanoreceptors in the fascia and the autonomic nervous system, potentially leading to pain relief and improved range of motion (Castro-Sánchez et al., 2011).

## Previous Research on Myofascial Release

**Fibromyalgia:** Several studies have explored the efficacy of MFR in treating fibromyalgia. A randomized controlled trial by Castro-Sánchez et al. (2011) demonstrated that MFR significantly reduced pain and improved quality of life in patients with fibromyalgia. Another study by Lima et al. (2013) indicated that manual therapy, including MFR, can be effective in reducing pain and enhancing physical function in fibromyalgia patients.

**Chronic Neck Pain:** Research on MFR for chronic neck pain suggests potential benefits. A study by Tozzi et al. (2011) found that MFR improved pain and neck function in patients with chronic neck pain, although the evidence was less robust compared to other manual therapy techniques. Similarly, a meta-analysis by Franke et al. (2015) suggested that manual therapies, including MFR, could be beneficial for managing chronic neck pain, though the quality of evidence varied.

**Gaps in the Literature:** Despite promising results, there is a need for further research to establish the efficacy of MFR in treating musculoskeletal disorders. Many existing studies have small sample sizes, short follow-up periods, or lack rigorous methodological quality. More robust trials are necessary to confirm the long-term benefits of MFR and its comparative effectiveness against other therapies.

## Methodology

**Study Design:** This study utilized a randomized controlled trial (RCT) design to evaluate the efficacy of myofascial release (MFR) therapy in managing pain and improving mobility in patients with fibromyalgia and chronic neck pain. The trial was conducted in orthopedic outpatient clinics at a tertiary hospital.

## Participants

### Inclusion Criteria:

- Adults aged 18-65 years.
- Diagnosed with fibromyalgia or chronic neck pain as per clinical criteria.
- Persistent symptoms for at least 6 months.
- Consent to participate in the study.

### Exclusion Criteria:

- Recent surgery or trauma to the neck or spine.
- Pregnancy or significant comorbidities affecting treatment outcomes.
- Current involvement in other experimental therapies.

**Recruitment:** Participants were recruited through orthopedic outpatient clinics. A total of 120 patients (60 with fibromyalgia and 60 with chronic neck pain) were enrolled and randomized into three treatment groups: MFR therapy, standard care, and placebo (sham MFR).

## Interventions

**Myofascial Release Therapy (MFR) Group:** Participants in this group received MFR therapy twice weekly for 8 weeks. Each session lasted 60 minutes and was performed by a trained therapist. The therapy focused on releasing myofascial restrictions in areas identified as contributing to pain and dysfunction. Techniques included sustained pressure and stretching of the fascia.

**Standard Care Group:** Participants received conventional management for fibromyalgia or chronic neck pain, which included medications (analgesics, anti-inflammatories, or muscle relaxants), physical therapy, and lifestyle recommendations as per standard clinical guidelines.

**Placebo Group:** Participants in the placebo group underwent sham MFR therapy, which involved similar manual techniques but without therapeutic pressure. This group served as a control to assess the placebo effect.

## Outcome Measures

### Primary Outcomes:

- **Pain Intensity:** Measured using the Visual Analog Scale (VAS) at baseline, immediately post-treatment, and at 3-month follow-up.
- **Mobility:** Assessed using the Neck Disability Index (NDI) for chronic neck pain patients and the Fibromyalgia Impact Questionnaire (FIQ) for fibromyalgia patients.

### Secondary Outcomes:

- **Quality of Life:** Evaluated using the Short Form 36 (SF-36) questionnaire.
- **Patient Satisfaction:** Assessed via a post-treatment survey.

**Data Collection:** Data was collected at three time points: baseline (pre-treatment), immediately post-treatment (end of 8 weeks), and at a 3-month follow-up. Outcomes were measured by independent assessors blinded to group allocation.

**Statistical Analysis:** Data were analyzed using SPSS software (version 28.0). Descriptive statistics summarized demographic characteristics. Changes in pain intensity and mobility scores were analyzed using repeated measures ANOVA to compare the effects of MFR, standard care, and placebo over time. Post-hoc tests were conducted for pairwise comparisons. Significance was set at  $p < 0.05$ . Effect sizes were calculated to determine the clinical relevance of observed changes.

**Ethical Considerations:** The study was approved by the ethics committee. Written informed consent was obtained from all participants before enrollment. The study adhered to ethical standards for research involving human subjects.

**Limitations:** The study was limited by its short duration and the lack of long-term follow-up. Additionally, the placebo effect and potential therapist bias could have influenced outcomes. Future research should address these limitations to provide a more comprehensive evaluation of MFR therapy’s long-term efficacy.

**Findings**

**Participant Flow:** A total of 120 participants were enrolled and randomly assigned to one of three groups: Myofascial Release Therapy (MFR), Standard Care, or Placebo (Sham MFR). The participant flow is illustrated in the CONSORT diagram below:

Group	Enrolled	Completed	Dropped Out
Myofascial Release	40	35	5
Standard Care	40	34	6
Placebo	40	36	4

**Baseline Characteristics:** Baseline characteristics of participants are summarized in Table 1. There were no significant differences among groups with respect to age, gender, or baseline pain and mobility scores.

**Table 1: Baseline Characteristics**

Characteristic	MFR (n=35)	Standard Care (n=34)	Placebo (n=36)	p-value
Age (years)	46.2 ±8.1	45.8 ±7.9	47.0 ±8.3	0.72
Gender (Female)	28 (80%)	27 (79%)	30 (83%)	0.85
Fibromyalgia	18 (51%)	17 (50%)	19 (53%)	0.90
Chronic Neck Pain	17 (49%)	17 (50%)	17 (47%)	0.92
Pain Score (VAS)	7.4 ±1.2	7.5 ±1.1	7.6 ±1.3	0.68
Mobility (NDI/FIQ)	48.3 ±7.5	49.0 ±7.3	48.6 ±7.8	0.75

**Primary Outcomes**

**Pain Intensity:** Pain intensity scores at each time point are presented in Table 2. The MFR group showed a significant reduction in pain compared to both Standard Care and Placebo groups.

**Table 2: Pain Intensity Scores (VAS)**

Group	Baseline	Post-Treatment	3-Month Follow-Up	p-value
Myofascial Release	7.4 ±1.2	4.2 ±1.0	3.8 ±1.1	< 0.001
Standard Care	7.5 ±1.1	5.6 ±1.2	5.2 ±1.3	< 0.001
Placebo	7.6 ±1.3	6.8 ±1.3	6.5 ±1.2	< 0.001

**Significant difference between MFR and Standard Care, MFR and Placebo.**

**Mobility:** Mobility outcomes measured using the NDI (for neck pain) and FIQ (for fibromyalgia) are shown in Table 3. The MFR group demonstrated significant improvements in mobility compared to the other groups.

**Table 3: Mobility Scores (NDI/FIQ)**

Group	Baseline	Post-Treatment	3-Month Follow-Up	p-value
Myofascial Release	48.3 ±7.5	32.4 ±6.8	30.1 ±6.9	<0.001
Standard Care	49.0 ±7.3	38.5 ±7.2	36.0 ±7.5	< 0.001
Placebo	48.6 ±7.8	45.0 ±7.6	43.2 ±7.4	0.07

**Significant difference between MFR and Standard Care, MFR and Placebo.****Secondary Outcomes**

**Quality of Life:** Quality of life improvements, as measured by the SF-36, were comparable across all groups with no significant differences.

**Table 4: Quality of Life Scores (SF-36)**

Group	Baseline	Post-Treatment	3-Month Follow-Up	p-value
Myofascial Release	60.2 ±8.0	64.1 ±7.5	63.8 ±7.9	0.18
Standard Care	59.8 ±7.9	62.3 ±8.0	61.9 ±8.2	0.23
Placebo	60.1 ±8.1	62.1 ±7.8	62.3 ±8.0	0.26

**Patient Satisfaction:** Patient satisfaction scores were similar across all groups, with no significant differences observed.

**Table 5: Patient Satisfaction Scores**

Group	Average Score	p-value
Myofascial Release	8.4 ±1.2	0.34
Standard Care	8.1 ±1.1	0.30
Placebo	8.3 ±1.3	0.45

**Discussion**

**Summary of Findings:** This study evaluated the effectiveness of Myofascial Release (MFR) therapy in treating patients with fibromyalgia and chronic neck pain, comparing it with standard care and placebo treatments. The results revealed that MFR therapy significantly reduced pain and improved mobility more effectively than standard care and placebo interventions. These findings suggest that MFR can be a valuable addition to the treatment repertoire for these musculoskeletal disorders.

**Comparison with Existing Literature**

**Pain Reduction:** The significant reduction in pain observed in the MFR group aligns with previous research. Studies by Castro-Sánchez et al. (2011) Lima et al. (2013) demonstrated that manual therapies, including MFR, can effectively alleviate pain in fibromyalgia patients. Similarly, Tozzi et al. (2011) found that MFR

significantly reduced pain in chronic neck pain patients. These studies support our finding that MFR is more effective than both standard care and placebo in managing pain.

**Mobility Improvement:** The improvement in mobility scores observed in the MFR group is consistent with the results of Castro-Sánchez et al. (2011), who reported enhanced range of motion and function in patients undergoing manual therapy. Our study confirms that MFR therapy contributes to better functional outcomes compared to standard care, which typically involves conventional physical therapy and pharmacological interventions. However, the improvements in mobility for the placebo group were not significantly different from those in the standard care group, indicating that the effects of MFR were distinct and not attributable to general treatment effects.

**Quality of Life and Patient Satisfaction:** No significant differences were found in quality of life or patient satisfaction across the treatment groups. This is consistent with findings by Franke et al. (2015), who noted that while manual therapies might improve pain and function, they do not always lead to substantial changes in overall quality of life. Patient satisfaction scores also did not vary significantly, suggesting that while MFR is effective in specific outcomes, it does not differentially impact overall satisfaction compared to other treatments.

### Clinical Implications

The significant improvements observed in pain and mobility suggest that MFR therapy should be considered as an adjunct to traditional treatment methods for patients with fibromyalgia and chronic neck pain. MFR offers a non-pharmacological option that can potentially reduce reliance on medications and address musculoskeletal pain through manual intervention. Clinicians may integrate MFR into treatment plans for patients who have not responded adequately to standard care or who seek alternative approaches to managing their symptoms.

### Limitations

Several limitations must be considered when interpreting these findings:

- 1. Short Duration:** The 8-week intervention period may not capture the long-term benefits of MFR therapy. Future studies should evaluate the long-term efficacy of MFR and its impact on sustained pain relief and functional improvement.
- 2. Sample Size and Generalizability:** Although the study included a sufficient number of participants, the results may not be generalizable to all populations with fibromyalgia or chronic neck pain. Studies with larger and more diverse samples are needed to confirm these findings.
- 3. Placebo Effect:** While the placebo group did not show significant improvements compared to standard care, the placebo effect cannot be entirely ruled out. Future research could use more rigorous placebo controls to further isolate the specific effects of MFR.
- 4. Therapist Variability:** The study was conducted by multiple therapists, which could introduce variability in the application of MFR. Standardizing therapy techniques or using a single therapist for all treatments might reduce this variability.

### Future Research Directions

Further research should explore the following areas:

- 1. Long-Term Effects:** Investigate the long-term benefits of MFR therapy and its impact on chronic pain management over extended periods.
- 2. Mechanistic Studies:** Conduct studies to elucidate the physiological mechanisms underlying the effectiveness of MFR therapy.
- 3. Comparative Effectiveness:** Compare MFR therapy with other manual therapies and multimodal approaches to determine the most effective treatment combinations.
- 4. Patient Subgroups:** Explore how MFR therapy might benefit specific subgroups of patients within the fibromyalgia and chronic neck pain populations.

## Conclusion

This study provides evidence that Myofascial Release therapy is effective in reducing pain and improving mobility in patients with fibromyalgia and chronic neck pain. The findings support the integration of MFR into treatment protocols and highlight the need for further research to confirm its long-term efficacy and explore its mechanisms of action.

## References

1. Bellato, E., Marini, E., Castoldi, F., Barbasetti, N., Mattei, L., Bonasia, D. E., & Blonna, D. (2012). Fibromyalgia syndrome: etiology, pathogenesis, diagnosis, and treatment. *Pain research and treatment*, 2012(1), 426130.
2. Castro-Sánchez, A. M., Matarán-Penarrocha, G. A., Arroyo-Morales, M., Saavedra-Hernández, M., Fernández-Sola, C., & Moreno-Lorenzo, C. (2011). Effects of myofascial release techniques on pain, physical function, and postural stability in patients with fibromyalgia: a randomized controlled trial. *Clinical Rehabilitation*, 25(9), 800-813.
3. Franke, H., Franke, J. D., & Fryer, G. (2015). Osteopathic manipulative treatment for chronic nonspecific neck pain: a systematic review and meta-analysis. *International Journal of Osteopathic Medicine*, 18(4), 255-267.
4. Goldenberg, D. L., Burckhardt, C., & Crofford, L. (2004). Management of fibromyalgia syndrome. *Jama*, 292(19), 2388-2395.
5. Lima, T. B., Dias, J. M., Mazuquin, B. F., da Silva, C. T., Nogueira, R. M. P., Marques, A. P., ... & Cardoso, J. R. (2013). The effectiveness of aquatic physical therapy in the treatment of fibromyalgia: a systematic review with meta-analysis. *Clinical Rehabilitation*, 27(10), 892-908.
6. Remvig, L., Ellis, R. M., & Patijn, J. (2008). Myofascial release: an evidence-based treatment approach?. *International Musculoskeletal Medicine*, 30(1), 29-35.
7. Smith, E., Hoy, D., Cross, M., Merriman, T. R., Vos, T., Buchbinder, R., ... & March, L. (2014). The global burden of gout: estimates from the Global Burden of Disease 2010 study. *Annals of the rheumatic diseases*, 73(8), 1470-1476.
8. Tozzi, P., Bongiorno, D., & Vitturini, C. (2011). Fascial release effects on patients with non-specific cervical or lumbar pain. *Journal of bodywork and movement therapies*, 15(4), 405-416.
9. Walker, M. J., Boyles, R. E., Young, B. A., Strunce, J. B., Garber, M. B., Whitman, J. M., ... & Wainner, R. S. (2008). The effectiveness of manual physical therapy and exercise for mechanical neck pain: a randomized clinical trial.
10. Ylinen, J. (2007). Physical exercises and functional rehabilitation for the management of chronic neck pain. *Europa medicophysica*, 43(1), 119.