2b or not 2b: The State of the Evidence for Myofascial Release


Andrew Taylor Still, MD, DO, first described myofascial release (MFR) in his teachings and writings at the turn of the 19th century. This manual manipulative treatment was further defined and popularized at colleges of osteopathic medicine and in postgraduate courses by Robert C. Ward, DO, and Anthony G. Chila, DO, in the 1970s through the turn of the 21st century. Physical therapists adapted MFR approaches in the 1980s and conducted a series of randomized controlled trials (RCTs) to determine its effectiveness.

The systematic review by Ajimsha and colleagues assessed the quality, results, and limitations of 19 RCTs found in a multidatabase literature search of peer-reviewed articles in the English language. Analysis was completed using the Physiotherapy Evidence Database scale and the Centre for Evidence-Based Medicine’s Levels of Evidence scale to rate the articles. The 19 RCTs assessed a total of 1228 patients, with the sample sizes varying from 10 to 200 with a mean (SD) of 65 (44) patients. Of 19 RCTs, 2 were of moderate methodologic quality, and 17 were of high methodologic quality. In many of these trials, the MFR treatment was adjunctive to other treatments, and the potential specific MFR effect could not be determined.

In the reviewed study, MFR was demonstrated to be equal to or more effective than sham, conventional, and no treatment for various musculoskeletal and painful conditions. Of 19 studies, 14 were determined to be category 2b evidence (ie, small sample size and no long-term follow-up), with the other 5 as category 1b (ie, none achieved the highest level of 1a).

The authors concluded that “MFR may be useful as either a unique therapy or as an adjunct therapy to other established therapies for a variety of conditions like subacute low back pain, fibromyalgia, lateral epicondylitis, plantar fasciitis, headache, fatigue in breast cancer, pelvic rotation, hamstring tightness, etc.” I have used MFR, along with other osteopathic manipulative treatment, in patient care for the past 30 years to improve blood flow, lymph drainage, respiration, nerve function, efficiency of posture and motion, and relaxation. In my experience, MFR is effective, and more rigorous research and larger RCTs are warranted. (doi:10.7556/jaoa.2015.125)

Michael A. Seffinger, DO
Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, California