INTRODUCTION
Myofascial pain syndrome has emerged as a predominant cause of musculoskeletal pain, as a result of trigger points. It is an extreme common complaint of industrialized and corporate population, who are engaged in low level static exertion as in desk jobs. A wide spectrum of symptoms includes pain and limitation in the motion has negative impact on quality of life as it interfere with patients daily living activities, increasing their disability index and even effecting their utilization of health services. Patients with trigger points present the complex clinical findings and the underlying cause has been the subject of speculation. So, this study was planned to find out the effect of myofascial release technique and soft tissue manipulation.

Objective: To compare the effects of myofascial release technique soft tissue manipulation on cervical pain and cervical range of motion in patients with cervical myofascial pain syndrome.

Methodology: A total of 30 patients, age 25 – 45 years, of both genders, with unilateral cervical trigger point, were selected from the physiotherapy OPD of Punjabi University, Patiala. Patients were assessed for cervical pain and cervical range of motion with visual analogue scale (VAS) and universal goniometer respectively. After that, the patients were equally divided into two groups i.e. A & B, consisting of 15 patients in each group. Group A was treated with Myofascial Release Techniques whereas Group B was treated with Transverse Friction Massage. Both the groups were given short wave diathermy as thermotherapy. Patients were re-assessed after the completion of treatment i.e. 30 days.

Results: This study shows that in both Groups i.e. Group A & Group B, there was a statistical significant difference in p-value for pain and cervical range of motion for both groups.

Conclusion: It is concluded that both the techniques i.e. myofascial release technique and transverse friction massage are equally effective in myofascial pain syndrome, indicating the improvement in the intensity of pain and cervical range of motion at the end of treatment session.

ABSTRACT

INTRODUCTION
Myofascial trigger points become an extreme common complaint of industrialised and corporate population who are engaged in low level static exertion as in desk jobs. A wide spectrum of symptoms includes pain and limitation in the motion has negative impact on quality of life as it interfere with patients daily living activities, increasing their disability index and even effecting their utilization of health services. It is significantly affecting individual productivity as it is becoming growing cause of workers absenteeism. Myofascial trigger points are hyperirritable spot associated with taut bands of skeletal muscle fibers and causes dull, non pulsating pain both at rest and during activity. There are two types which has been identified that are latent and active Myofascial trigger points secondary to various pathological lesions. It is common cause of acute and chronic pain that can complicate other medical illness and injuries. Patients with MTrPs presents the complex clinical findings and the underlying cause of MTrPs has been the subject of speculation. In physiotherapy different methods and modalities have been advocated to treat MTrPs and most of them comprises of manual therapy and thermotherapy. Among these treatment methods Deep friction massage therapy helps in compression of MTrPs which provides counterirritant effects and inhibition in the spinal cord.

METHODS
Thirty patients with Mean Age 25-45 Years, both Males and Females with unilateral presence of trigger points and limited range of motion were included in the study; whereas severe osteoporosis, recent fracture, skin inflammatory conditions and tumors were excluded. The patients were divided into two groups comprising 15 patients each. Group A was given combination treatment of myofascial release of cervical region and short wave diathermy and Group B patients were treated with transverse friction massage plus Microwave diathermy. In both Groups Pain and Cervical Range of motion were assessed by using Visual analogue scale (VAS) and Universal Goniometer and Measurement of initial and final VAS and CROM readings of treatment Group A and Group B were done.

RESULTS AND ANALYSIS
The results showed a statistically significant difference among the pre and post values of VAS and cervical range of motion after the end session of treatment.

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KEYWORDS
Myofascial Trigger Points, Pain, Cervical Range Of Motion

TABLE 1.1 Comparison of VAS at pre and post VAS score values within Group A and Group B among the myofascial trigger point patients. The calculated t value is significant in both groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>VAS score</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error Mean</th>
<th>T value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>PRE</td>
<td>11.93</td>
<td>1.72</td>
<td>.266</td>
<td>18.50</td>
<td>Significant</td>
</tr>
<tr>
<td>Group B</td>
<td>POST</td>
<td>8.80</td>
<td>1.37</td>
<td>.191</td>
<td>23.623</td>
<td>Significant</td>
</tr>
</tbody>
</table>

DISCUSSION
In this study both Groups of patient with unilateral myofascial pain syndrome and restricted range of motion were analyzed through the scale and it has been analysed that these techniques become the...
important part of treatment along with conventional therapy. Most of the interventions for cervical Myofascial trigger points are solely targeted in reducing pain intensity while decreased range of motion mainly remains unattended. In present study the result showed the effectiveness of Myofascial release technique as well Transverse friction massage in reduction of pain, muscle spasm and improve extensibility and improvement in cervical range of motion. The significant changes in VAS score was seen in study that is assisted by the study of Vernon et al: 2008 ,Fryer et al 2005 after application of myofascial release technique 8,9. The result of present study showed a significant increase in post treatment readings of cervical range of motion compared with pre treatment scores after 10 treatment sessions of Group A (Myofascial release technique plus short wave diathermy).

**Limitation of the study**

Some limitations were seen in the study, first limitation is that palpation application was used for trigger points, more sensitive investigatory tool may be used as diagnostic criteria. - Additional limitations included that the study consisted of small sample size and not gender specific.

**CONCLUSION**

The study concluded that there is a significant improvement in treatment post mean values of Cervical Pain and Range of motion indicating group A has higher score as comparative to group B at the end of 10 treatment session.

**REFERENCES**