

## References used in the Foundations in Myofascial Release Seminar for Neck, Voice, and Swallowing Disorders

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***“Myofascial release and laryngeal massage are effective in improving vocal function and helping minimize throat pain.”***
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***(Speaks to the utilization of myofascial release to the tongue in post-whiplash injuries) “The osteopathic (myofascial release) techniques led to a disappearance of pain and the complete recovery of the normal functions of the tongue, such as swallowing and mouth opening.”***
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***“The primary objective of this small case series was to demonstrate the potential application of myofascial release in the treatment of dysphagia in HNC survivors following definitive therapy.”***  
  
***“Conclusion: Dysphagia is a common post-treatment sequela in HNC patients. Our descriptive observational data preliminarily suggests that the novel approach of manual therapy may have role for the treatment of HNC patient dysphagia. Future study will further investigate the effects, the long-term benefits, and ideal regimen of myofascial release in this patient population.”***
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***“Manual physical therapy techniques consist of a combination of joint mobilizations, passive range of motion, contract-relax stretches, and myofascial release.” “This preliminary study suggests that physical therapy techniques may have a role in the treatment of a subset of MTD patients.”***
- (Note: interventions suggested in this article required significant session numbers to achieve effects. I do not feel it necessary to provide so many sessions before change is noted.)**
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***“Myofascial Release (MFR) is a form of soft tissue therapy used to treat somatic dysfunction and accompanying pain and restriction of motion. Hence some intervention is required to improve chest expansion. So this study was conducted in an effort to improve the chest expansion using MFR techniques to the respiratory muscles.” “Conclusion: The result shows that the chest expansion increased significantly at all the three levels. The expansion improved maximally at the nipple level.”***
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***“Manual therapy techniques such as joint mobilization, muscle energy technique, and soft tissue mobilization were safely and effectively applied to this patient with head and neck cancer.” “Soft tissue mobilization was chosen due to its reported ability to reduce pain and increase tissue extensibility.”***
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***“RFS (radiation fibrosis syndrome) may cause deformation and function disorders of the fascial system that exerts a crucial influence on the mobility of joints, abdominal and lumbar tissues, and consequently, of chest walls. The fascial techniques consisting in expanding the skin, subcutaneous connective tissue and deep fascia make it possible to restore normal shifting of particular layers of soft tissues. The myofascial relaxation was found to influence the general homeostasis thanks to the loosening of tense soft tissues enabling to reduce pain and improve circulation in the region with RFS.”***

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***“SLP Treatment Protocol Overview:***

***1. Myofascial Release on muscles of mastication.***

***2. Lateral tongue stretch pulling the hyoid down and push to contralateral side.***

***3. Geniohyoid and posterior mylohyoid (from body of hyoid laterally to mandible) are especially targeted.***

***In contrast to concerns that manual therapy would be painful/intolerable during radiation therapy, all patients felt that manual therapy lessened their throat pain.”***

***“Collectively, this suggests that clinicians properly trained in manual therapy techniques, who also have significant experience with head and neck cancer patients, can deliver such treatment during radiation therapy.”***

***“Overall, this clinical experience demonstrated that manual therapy during radiation therapy can be tolerated by patients, and that it attenuated generalized neck/throat pain during the course of each treatment session.”***

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***“Findings from this investigation suggest that myofascial release reduces muscle activity resulting in decreased tension noted on videostroboscopy, EMG measures, and perceptual ratings of the participant’s voice. Results from this case study indicate that MFR is a viable treatment modality for voice clinicians when treating MTD”***

***“Based on the results of this study, it can be concluded that MFR improved MTD symptoms in this case study.”***

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***“The voice therapy, scheduled and supervised by a laryngologist-phoniatrician and conducted by a speech-language pathologist, was supplemented with osteopathic myofascial rehabilitation of the larynx.”***

***“Conclusion: The use of osteopathic (myofascial) therapy helps significantly improve the functions of the vocal tract in patients with occupational dysphonia.”***

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***“Conclusions: The use of myofascial release techniques in patients with disorders of the masticatory apparatus significantly increased the range of mandible opening.”***

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***“Thus, the removal of myofascial trigger points would reduce cervical tension and also allow for better breath support in phonation.”***

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***“Briefly, this treatment involved kneading the extralaryngeal musculature in an anterior-posterior direction at specific locations***

while exerting a downward pull on the larynx. Target voice stimuli were presented concurrently while changes in voice quality were noted. The assessment and treatment protocol were completed in a single session that ranged in duration from 50 minutes to 3 hours.”

*“(iv) Manual circumlaryngeal therapy (the manual laryngeal musculoskeletal tension reduction technique) was undertaken according to the description of Aronson (3): (a) the hyoid bone was encircled with the thumb and index finger, which were worked posteriorly until the tips of the major horns were felt; (b) light pressure was exerted with the fingers in a circular motion over the tips of the hyoid bone; (c) the procedure was repeated beginning from the thyroid notch and working posteriorly; (d) the posterior borders of the thyroid cartilage just medial to the sternocleidomastoid muscles were located and the procedure was repeated; (e) with the fingers over the superior borders of the thyroid cartilage, the larynx was worked downward, and moved laterally at times;”*

*(Roy describes techniques and methodologies that are nearly identical to many aspects of myofascial release in the neck region. The difference appears to be the titled given the work. This is the case in many forms of manual therapy, massage, and myofascial release in the physical therapy/massage therapy communities.)*

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37. <http://www.gymnica.upol.cz/pdfs/gym/2008/02/05.pdf>
- “Utilizing a physiotherapy protocol that included myofascial release, it was found that after treatment (t)he range of mouth opening increased significantly (from 37.3 mm to 41.3 mm, p < 0.001). The finding shows that this state was maintained two months later... mouth opening (p < 0.003). Pain was ameliorated, the intensity of sounds reduced, and the range of movement significantly improved after specific physiotherapy.”*
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***“Conclusion: Results demonstrate a 10-session MFR+Ex (myofascial release plus exercise) program is feasible in patients with MTD. Furthermore, preliminary findings suggest that the MFR+Ex intervention improves patient outcomes related to pain, functional status, voice-specific QOL, and ROM.”***

***“Clinical Relevance: Preliminary evidence suggests that physical therapists can implement the MFR skills necessary to effect improvements in outcomes for patients with MTD. Recommendation for expanding physical therapy practice includes patient referral from an outpatient voice center. Physical therapists interested in improving outcomes in patients with MTD should consider incorporating MFR techniques into standard practice.”***

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**“A single application of an STMT appears to have the potential to produce immediate clinically meaningful improvements in lung function in patients with severe and very severe COPD.”**
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**“The study suggested that globus pharyngeus is not a single identity but it only represent one of the symptoms of the hyoid bone somatic disorder. GERD was the most common associated condition with globus. PPI is only taking care oesophageal symptoms but for the extra-oesophageal symptoms we require OMT (MFR). It is one of the most effective and less expensive methods to treat the condition. Sensation of a lump in the throat was the symptoms which responded to treatment completely and just after 2-3 sitting of OMT. After full treatment patients requirement to PPI were reduced remarkably. Whenever there is a stress full situation in the life symptoms recur and require antipsychotic treatment along with OMT.”**
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**“Conclusion: MFR is a beneficial and an efficient technique in the treatment of RLD’s (Restrictive Lung Disease) in children. It significantly increased the chest expansion due to release of the fascial restrictions and improved the lung function which was evident through significant increase in the spirometric parameters. The QoL improved significantly improved in these children“**
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**“After LMT (Laryngeal Manual Therapy), there was improvement of the “sore throat,” significantly lower incidence of pain in the anterior neck, and the pain intensity in the posterior neck decreased.”**
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**“Results of the study includes the 3 weeks of treatment program resulted in significant improvement in reduction of pain (NPRS p<0.05) & increase in mouth opening (p<0.05) & increase the functional status in TMJD patients. However, was found to be more clinically effective compared to MFR (Myofascial Release) in all outcome scores. Conclusions of the study is that both MFR & PRT (Positional Release Technique) are effective in reducing pain and increasing mouth opening in TMJD subjects. However MFR was found to be superior to PRT.”**

## General references/more information:

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- F. Freeing Emotions and Energy Through Myofascial Release, by Noah Karrasch.
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N. One older published article on the science behind myofascial release: [http://www.lebauerpt.com/uploads/1/3/9/4/1394925/mark\\_barnes\\_the\\_basic\\_science\\_of\\_mfr.pdf](http://www.lebauerpt.com/uploads/1/3/9/4/1394925/mark_barnes_the_basic_science_of_mfr.pdf)

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P. A few excellent texts on neurodynamics and tunnel syndromes:  
Clinical Neurodynamics: A New System of Musculoskeletal Treatment, by Michael O. Shacklock · Elsevier Butterworth-Heinemann (2005)  
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S. Functional Atlas of the Human Fascial System, by Carla Stecco, which presents extensive cadaveric dissection studies of fascia throughout the body, but with little mention of the nerves.

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HH. The frictional properties at the thoracic skin-fascia interface: implications in spine manipulations: <http://www.ncbi.nlm.nih.gov/pubmed/12034123>

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WW. **How Placebos Change the Patient’s Brain**

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Included in the introduction of the syllabus, here are a few key references to allow you to see movement and exercise in a different light.

- 1. A meta-analytic review of the hypoalgesic effects of exercise.
  - <http://www.ncbi.nlm.nih.gov/pubmed/23141188>
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- 6. Manual therapy and exercise for neck pain: a systematic review
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