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ORIGINAL ARTICLE

COMPARATIVE EFFECT BETWEEN HOLD RELAX VERSUS ISCHEMIC COMPRESSION TECHNIQUES ON UPPER TRAPEZIUS MYOFASCIAL TRIGGER POINT

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Abstract

Background and Objective: Myofascial trigger point (MTrP) in trapezius is common problem giving rise to characteristic-referred pain and motor dysfunction. Various techniques are widely used for treating the myofascial trigger point like Ischemic compression(IC), Hold relax (HR), positional release therapy, etc. The purpose of the study to compare the effect between Hold Relax versus Ischemic Compression techniques on pain, pressure pain threshold (PPT) and cervical lateral flexion range of motion (CROM) for subjects with upper trapezius myofascial trigger point. **Methods:** An experimental study design, 40 subjects with Chronic upper trapezius MTrP2 were randomized into two groups: HR group (n=20), and IC group (n=20). Subjects in HR group received Hold relax technique and Subjects in IC group received ischemic compression on Upper Trapezius TrP2, both the groups subjects received the technique for five times per session for six sessions per week for two weeks. **Results:** Analysis within the groups using paired't' test as a parametric and Wilcoxon signed rank test as a non-parametric test, there was a statistically significant improvements in means of VAS, PPT and cervical lateral flexion range of motion (ROM). **Conclusion:** The study concluded that the Hold relax technique and ischemic compression technique found statistically and clinically significant effect on improving pain, pressure pain threshold and cervical lateral flexion range of motion for subjects with Upper trapezius myofascial trigger point (TrP2). The ischemic compression techniques shown to have greater percentage of improvement in improving pain and pressure pain threshold than Hold relax technique.

Key words: Myofascial trigger point, Hold relax technique, ischemic compression technique, myofascial trigger point pressure release technique, pressure pain threshold, Trapezius, Pressure algometer.