

Functional evaluation and manual treatment of the dysfunctional patient: Impedance and rheological parameters

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In Low back pain primary dysfunction becomes the first signal to be decoded before designing and applying any rehabilitation protocol. Skin impedance was used to detect most dysfunctional somatic structures. The aim of the following study is to demonstrate how it is possible through the digital scan of the ENF (ElectroNeuroFeedback), to locate the muscles belonging to the most dysfunctional somatic structures, to compare them with those identified by the clinical and manual evaluation so that they can treat these with neuromuscular manual therapy, in order to achieve a global posture rebalancing and the effect of decreasing lumbar pain. In 41, 66% of the assessments made the muscles identified by the manual dall'ENF and evaluation are the same, only a muscle in 45% of the two

is the same and only 13, 30% in both muscles are different. At the end of the six treatment sessions, a marked increase in the pressure perception pain threshold was observed in the muscles directly linked to the painful lumbar pain. All subjects showed at the end of the treatment cycle a significant decrease in the degree of functional disability induced by the painful pain assessed by the Oswestry Disability Index scale and improvement of postural condition. Myoton was used at the beginning and end of each session show important variations in tone, elasticity, and rigidity in dysfunctional muscles. The evaluation carried out using the digital scan of the ENF has proved to be a useful tool for identifying muscles belonging to the most dysfunctional somatic structures. There was not only an improvement in the degree of functional disability of the lumbar subjects but also a considerable increase in the pressure threshold pressure perception on the three muscles directly involved in the pain in the lumbar spine.

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