

DEEP TRANSVERSE FRICTION MASSAGE FOR TREATING TENDINITIS

Brosseau Lucie, Casimiro Lynn, Milne Sarah, Welch Vivian, Shea Beverley, Tugwell Peter,
Wells George A

Brosseau Lucie, Casimiro Lynn, Milne Sarah, Welch Vivian, Shea Beverley, Tugwell Peter, Wells George A

Cochrane Database of Systematic Reviews, Issue 08, 2011 (Status in this issue: EDITED (NO CHANGE TO CONCLUSIONS))

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

DOI: 10.1002/14651858.CD003528.pub1

This review should be cited as: Brosseau Lucie, Casimiro Lynn, Milne Sarah, Welch Vivian, Shea Beverley, Tugwell Peter, Wells George A. Deep transverse friction massage for treating tendinitis. Cochrane Database of Systematic Reviews. In: *The Cochrane Library*, Issue 08, Art. No. CD003528. DOI: 10.1002/14651858.CD003528.pub1

ABSTRACT

Background

Deep transverse friction massage (DTFM) is one of several physiotherapy interventions suggested for the management of tendinitis pain.

Objective

To assess the efficacy of DTFM for treating tendinitis.

Criteria for considering studies for this review

We searched the MEDLINE, EMBASE, HealthSTAR, Sports Discus, CINAHL, the Cochrane Controlled Trials Register, PEDro, the specialized registry of the Cochrane musculoskeletal group and the Cochrane field of Physical and Related Therapies up to the end of June 2002. The reference list of the trials and key experts in the area were also consulted for additional studies.

Selection criteria

All randomized controlled trials (RCTs) and controlled clinical trials (CCTs) comparing therapeutic ultrasound with control or another active intervention in patients with all types of tendinitis, such as iliotibial band friction syndrome and extensor carpi radialis tendinitis (i.e. tennis elbow or lateral epicondylitis or lateralis epicondylitis humeri), were selected.

Data collection and analysis

Two reviewers determined the studies to be included based upon the inclusion and exclusion criteria (LB, VR). Data were independently abstracted by two reviewers (VR, LB), and checked by a third reviewer (BS) using a pre-developed form of the Cochrane Musculoskeletal Group.

Main results

One RCT included patients with ITBFS. DTFM combined with rest, stretching exercises, cryotherapy and therapeutic ultrasound was compared to the control group (rest, stretching exercises, cryotherapy and therapeutic ultrasound only). This trial showed no statistical difference in the three types of pain relief measured after four consecutive sessions of DTFM combined with other physiotherapy modalities for runners. There was a clinically important relative percentage difference in pain while running of 22%. A RCT on ECRT showed no statistical difference in pain relief, grip strength and the three types of functional status measured after 9 consecutive sessions within 5 weeks of DTFM compared with other physiotherapy modalities.

Authors' conclusions

DTFM combined with other physiotherapy modalities did not show consistent benefit over the control of pain, or improvement of grip strength and functional status for patients with ITBFS or for patients with ECRT. These conclusions are limited by the small sample size of the included RCTs. No conclusions can be drawn concerning the use or non use of DTFM for the treatment of ITBFS. Future trials, utilizing specific ITBFS methods and adequate sample sizes are needed, before conclusions can be drawn regarding the specific effect of DTFM on tendinitis.
