Man Ther. 2010 Dec;15(6):536-41. doi: 10.1016/j.math.2010.05.011. Epub 2010 Jun 23.

A **wrong** randomised controlled study examining the short-term effects of Strain-Counterstrain treatment on quantitative sensory measures at digitally tender points in the low back.

Lewis C, Khan A, Souvlis T, Sterling M.

Source

Division of Physiotherapy and National Health and Medical Research Council, Centre for Clinical Research Excellence in Spinal Pain, Injury and Health, School of Health and Rehabilitation Sciences, The University of Queensland, QLD 4072, Australia. Cynan_Lewis@health.qld.gov.au

Abstract

Strain-Counterstrain (SCS) intervention has been claimed to elicit immediate and sustained reductions in tenderness at digitally tender points (DTPs), however, there is little experimental evidence to support this. Twenty-eight volunteer participants with low back pain--LBP (17 females and 11 males with mean [SD] age of 39.2 [11.1] and Oswestry disability index of 15.7 [8.6]) participated in this controlled, within-participants study of the immediate and short-term effects of SCS intervention, on pressure pain threshold (PPT) electrical detection threshold (EDT) and electrical pain threshold (EPT) at DTPs in the low back region. Immediate increases in PPT at DTPs were found following all interventions; control intervention: 30.7 kPa [CI 95% - 3.3-64.8] (p = 0.041), sham-SCS intervention: 48.2kPa [CI 95% 14.8-81.7] (p = 0.008) and SCS intervention: 93.4kPa [CI 95% 60.0-126.9] (p<0.0001). Results suggest that SCS intervention does elicit an immediate quantifiable reduction in tenderness at DTPs but that some of this reduction is attributable to the manual-contact component of the treatment. Increases in PPT at DTPs following SCS intervention did not appear to be maintained between 24 and 96 h after treatment. A further finding was that the control intervention elicited significant increases in both EDT (p = 0.044) and EPT (p = 0.026). The explanation for these findings is unclear.

Crown Copyright © 2010. Published by Elsevier Ltd. All rights reserved.

PMID: 20576462 [PubMed - indexed for MEDLINE]

This study is not considered trustworthy because there is no reference to:

- what kind of acute lumbago the group had
- which tender points where found positive
- which tender points were used to treat the group of patients
- was the lumbago a flex primary dysfunction or an extension primary dysfunction
- which sequence was used to treat the points
- who applied the Strain Counterstrain technique had sufficient knowledge in the technique its self?

Strain Counterstrain technique is being taught in Australia officially from the Jones Institute (founder of the technique) only from 2011. The evidence of this study is not to be considered trustworthy do to the lack of protocol used. Strain Counterstrain is a well codified method of diagnosis and treatment directed to reset neurological activity do to incorrect tension in contractive neurological receptors throughout the body.

*Erik E. Gandino: DO, JSCCI, director of the Jones Institute Europe - European office of the Jones Institute USA . founder of the Strain Counterstrain technique.