Immediate Effects of the Strain/Counterstrain Technique in Local Pain Evoked by Tender Points in the Upper Trapezius Muscle
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Summary

Purpose
The aim of this study was to compare the immediate effect, on pain threshold, following a single treatment of tender points in the upper trapezius muscle involving a classical and a modified application of the strain/counterstrain technique.

Methods
Fifty-four subjects presenting with mechanical neck pain, 16 men and 38 women, aged 18–64 years old, participated in this study. Subjects underwent a screening process to establish the presence of tender points in the upper trapezius muscle. Subjects were divided randomly into three groups: group A was treated with the classical strain/counterstrain technique, group B was treated with the modified application of the technique which included a longitudinal stroke during the application of strain/counterstrain, and group C was a control group. The outcome measure was the visual analogue scale assessing local pain elicited by the application of 4.5 kg/cm$^2$ of pressure on the tender point. It was assessed pre-treatment and 2 min post-treatment by an assessor blinded to the treatment allocation of the subject.

Results
Within-group changes showed a significant improvement in the visual analogue scale following either classical or modified application of the strain/counterstrain technique (P < 0.001). The control group did not show any change (P > 0.3). Pre-post effect sizes were large in both strain/counterstrain groups (D = 1.1), but small in the control group (D = 0.01). Differences were found between both strain/counterstrain groups as compared to the control group (P < 0.001), but not between both strain/counterstrain groups (P = 0.8).

Conclusions
Our results suggest that strain/counterstrain was effective in reducing tenderness of tender points in the upper trapezius muscle. The application of a longitudinal stroke during the strain/counterstrain did not influence the effectiveness of the classical description of the technique.