

Comparative Immediate Effects of Myofascial Release and Positional Release Therapy on Pain, Pressure Pain Threshold and Functional Disability in Patients with Trapezitis

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ABSTRACT

Background: Trapezitis is a common musculoskeletal disorder characterized by pain, muscle tenderness, reduced cervical mobility, and functional limitations, often resulting from prolonged poor posture, repetitive activities, and sustained static positions. Myofascial Release (MFR) and Positional Release Technique (PRT) are widely used manual therapy interventions; however, evidence regarding their immediate comparative effectiveness remains limited. This study aimed to compare the immediate effects of MFR, PRT, and conventional therapy on pain, pressure pain threshold, functional disability, and cervical range of motion in patients with trapezitis.

Methodology: A comparative experimental study was conducted among 63 participants with trapezitis, who were randomly allocated into three groups: MFR, PRT, and conventional therapy. Outcome measures included Numeric Pain Rating Scale (NPRS), Pressure Pain Threshold (PPT), Neck Disability Index (NDI), and Cervical Range of Motion (CROM). One treatment session as per group was given to the participants.

Results: Data were analyzed using repeated measures ANOVA with a significance level of $p < 0.05$. No statistically significant differences were observed among the three groups for pain, functional disability, or cervical range of motion following a single treatment session. However, one session helped to show improvement in pressure pain threshold.

Conclusion: MFR, PRT, and conventional therapy produced comparable immediate effects in patients with trapezitis, with no intervention demonstrating superiority after a single treatment session.

Keywords: Trapezitis, Myofascial Release, Positional Release Technique, Pressure Pain Threshold, Functional Disability, Cervical Range of Motion.

INTRODUCTION

Trapezitis is defined as an inflammatory condition affecting the muscle of the neck and upper back, a condition frequently associated with myofascial pain syndrome. Environmental and occupational elements also play a key role, such as utilizing a keyboard positioned excessively high on a desk, spending long hours driving in cars or

on bikes, or participating in activities that require prolonged head bending, such as reading, using a microscope, or performing dental work. The onset of pain in trapezitis is commonly occurs due to the overuse of the muscle, particularly when subjected to non-ergonomic postures or when working in a static position for extended periods. Significant contributing factors include high levels of stress and tension, engaging in repetitive movements, and sitting for prolonged durations without adequate back support⁽¹⁾.

Tense myofascial areas may form pain-sensitive points inside the myofascia, which are often referred to as “trigger points” (MTrPs) or “tender points” (TePs). However, it is important to note that these two phenomena are distinct. The etiology and pathophysiology of myofascial trigger points (MTrPs) and tender points (TePs) differ, with MTrPs typically associated with palpable nodules within taut bands of skeletal muscle and TePs being more diffusely tender without a clear nodular structure⁽²⁾. MFR involves the application of sustained, gentle pressure over the affected fascial tissues to elongate shortened fascia, improve local circulation, and decrease muscle stiffness. The technique helps in restoring normal tissue mobility and reducing pain. The therapeutic effects of MFR are attributed to its ability to enhance blood flow, improve lymphatic drainage, and reduce neuromuscular hyperactivity⁽³⁾. It relaxes the muscles, increasing flexibility, improves motor function and posture and accelerate the rehabilitation process⁽²⁾.

Then the therapist monitors tissue tension by developing a kinesthetic link which involves matching the inherent tissue movement, the rate and rhythm of the patient’s respiration, the underlying neurophysiologic tissue tone and the more over the muscle tone. Once the therapist becomes more adept at matching the patient’s tone and tension, the therapist is able to detect subtle restrictions within individual myofascial units. As these areas are identified, gentle localized stretching is performed⁽³⁾.

Positional Release Therapy (PRT) is an indirect manual therapy used to resolve pain, muscle spasm, and tenderness. This is a method of total body evaluation and treatment using tender points (TPs) and a position of comfort (POC) in all three planes of movement to resolve the associated dysfunction. Once the most severe tender points are found, they are palpated as a guide to help find the POC. The POC produces optimal relaxation of the involved tissues. As a result of treatment using PRT, there is a decrease in muscle tension, fascial tension, and joint hypomobility. PRT apparently begins to engage the fascial tension pattern associated with trauma, inflammation, and adhesive pathology by an "unwinding" action in the myofascial tissue. When the muscles crossing joints become hypertonic or tight, the result is joint hypomobility (i.e., joint stiffness). Selected tender point (TP) is palpated and patient is instructed to relax. By normalizing the proprioceptive and neural balance within muscle tissue and removing inhibition caused by pain, PRT can help restore normal tone and function of the involved muscles⁽⁴⁾.

MATERIALS & METHODS:

Study Design and Sample Size:

The present study was a comparative experimental study conducted among patients with trapezitis using a randomized sampling method. The sample size for the present study was calculated using G*Power software (version 3.1.9.7) for repeated measures analysis of variance (ANOVA) with a within-between interaction design. An a priori power analysis was performed with an assumed medium effect size ($f = 0.25$), alpha level (α) = 0.05, and statistical power ($1-\beta$) = 0.80. The study design included three groups and two repeated measurements, with a correlation among repeated measures set at 0.5 and a nonsphericity correction (ϵ) of 1. The analysis yielded a required total sample size of 42 participants, with numerator degrees of freedom = 2 and denominator degrees of freedom = 39. To account for potential

dropouts and loss to follow-up, an attrition rate of 30% was considered. Accordingly, the adjusted sample size was calculated as: Adjusted sample size = $42/0.30 = 60$. Thus, a total of 63 participants will be recruited for the study to ensure adequate power after accounting for attrition.

Study Duration and Selection Criteria:

The study duration was 6 months and the study was conducted in physiotherapy colleges, hospitals, OPDs, and clinical OPDs of Surat. The inclusion criteria consisted of patients between the age group of 18 to 40 years, both males and females, subjects suffering from neck/upper back pain with myofascial trigger points, symptom duration of more than 2 weeks, NPRS ≥ 4 , and participants volunteering to participate in the study⁽⁵⁾. The exclusion criteria for subjects includes symptoms of cervical radiculopathy and nerve impingement; recent history of trauma or fracture in the cervical spine; recent cervical spine surgery; skin disease around the part to be treated; participants on any anti-inflammatory drugs; brachial neuralgia, e.g., prolapse intervertebral disc; neck deformities such as scoliosis or torticollis; sensory disturbance near the treating part; signs of radiculopathy or myopathy⁽¹⁾; and patients who received pharmacological treatments or any other types of management such as acupuncture, acupressure, or dry needling⁽⁵⁾.

Outcome Measures:

1) Numeric Pain Rating Scale (NPRS):

The Numeric Pain Rating Scale (NPRS) is a highly valid tool for assessing the intensity of pain in individuals with musculoskeletal conditions, where 0 represents no pain and 10 indicates the worst possible pain. The NPRS has demonstrated excellent reliability with reported intraclass correlation coefficients ranging from 0.95 to 0.96⁽⁶⁾.

2) Pressure Pain Threshold Algometer:

Pressure Pain Threshold Algometer (PPT) is an objective measure used to evaluate mechanical pain sensitivity in musculoskeletal conditions. It is commonly

assessed using a pressure algometer, which applies gradually increasing pressure over a specific muscle or trigger point until the individual reports the sensation of pain or discomfort. The value recorded at that moment represents the pressure pain threshold and is usually expressed in kilograms per square centimeter or Newtons. This method is particularly useful in identifying tenderness associated with myofascial trigger points, such as those found in the upper trapezius muscle. Pressure algometry has demonstrated good to excellent intra-rater and inter-rater reliability, with intraclass correlation coefficients ranging from 0.75 to 0.90. It also shows good validity in measuring pain sensitivity. Lower PPT values indicate increased tenderness or pain sensitivity, whereas higher values suggest reduced sensitivity to pressure⁽⁷⁾.

3) Neck Disability Index:

The Neck Disability Index (NDI) is a widely used patient-reported outcome measure designed to assess the impact of neck pain on daily functional activities. Higher scores represent greater levels of functional limitation due to neck pain. The NDI has demonstrated excellent test-retest reliability with an intraclass correlation coefficient (ICC) ranging from 0.50 to 0.98. It also shows good construct and concurrent validity when compared with other established measures of pain and disability⁽⁸⁾.

4) Cervical Range of Motion:

Cervical range of motion (CROM) is used to assess the mobility and functional movement of the cervical spine. It includes movements such as cervical flexion, extension, lateral flexion, and rotation. The CROM measurement has been shown to possess good to excellent reliability with intraclass correlation coefficients (ICC) ranging from 0.89 to 0.98. It also demonstrates good criterion validity when compared with radiographic measurements of cervical spine movement⁽⁹⁾.

Study Procedure: Ethical clearance was obtained from the Institutional Ethics

Committee (Ref no: SMT/SCOP/IEC/26-27/41) on 13th april 2026. The purpose and procedure of the study were explained to all participants, and written informed consent was obtained prior to participation. Before the intervention, baseline assessment was performed, including pain intensity using the Numeric Pain Rating Scale (NPRS), neck disability using the Neck Disability Index (NDI), pressure pain threshold using a pain algometer over the upper trapezius trigger point, and cervical side-flexion range of motion measured using a goniometer. Following the baseline assessment, participants were randomly allocated into three groups with simple randomization method: Group A received Myofascial Release (MFR), Group B received Positional Release Technique (PRT), and Group C received conventional treatment. Each group received its respective intervention for the upper trapezius muscle.

MYOFASCIAL RELEASE: Palpation of tight bands in the trapezius muscle, with sustained pressure applied for 60–90 seconds using the thumb while the subject was in a supine position. Additional pressure was applied using the ulnar border of the therapist's hand in supine lying. For a duration of 10 minutes per session. Sustained pressure applied for 60–90 seconds⁽¹⁰⁾.

POSITIONAL RELEASE THERAPY: Selected tender point (TP) was palpated and patient was instructed to relax. Pressure over the trigger point was applied by therapist thumb and was slightly released but maintained light contact over the TP to monitor the response. Then passively turning and release of muscle tension was done through shoulder 90 degree abduction movements and neck movements. This position was maintained for 90 seconds.⁽¹¹⁾

Statistical Analysis

The data collected from the participants were entered into Microsoft Excel and analyzed using Jamovi software. Descriptive statistics were used to summarize the data and

presented as mean and standard deviation. Normality of the data was assessed. Repeated Measures ANOVA was used to compare the changes in NPRS, PPT, NDI, and CROM between the three groups. The level of statistical significance was set at $p < 0.05$. prior to commencement of the study.

RESULT

The Present study analyses the Comparative immediate effect of myofascial release and positional release therapy on pain, pressure pain threshold and functional disability in patient with Trapezitis. All sixty three selected Participants Completed the intervention satisfactorily. The data of sixty three participants were analysed using Jamovi statistical software and Microsoft excel. Before applying statistical tests, the data were screened for normal distribution. The confidence interval was set at 95% and $p < 0.05$ was considered statistically significant.

Total 63 participants were divided into three groups:

GROUP A: Myofascial release therapy

GROUP B: Positional release therapy

GROUP C: Conventional

Changes in the outcome measures were analysed between the group. Following Outcome measures were:

- NPRS (Numeric Pain Rating Scale)
- NDI (Neck Disability Index)
- PPT (Pressure Pain Threshold)
- CROM (Cervical Range Of Motion)

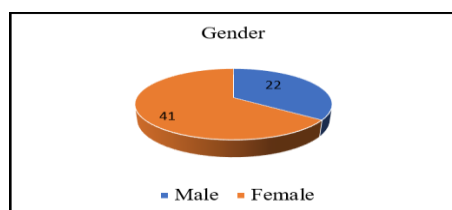
The mean age of participants was 34.48 ± 8.86 years, indicating that trapezititis was more common among young and middle-aged adults. The mean BMI was 25.40 ± 5.17 kg/m², suggesting that the average participants was slightly overweight which shown in table 1.1

Table 1.1 Descriptive Statistics of AGE and BMI of both the groups.

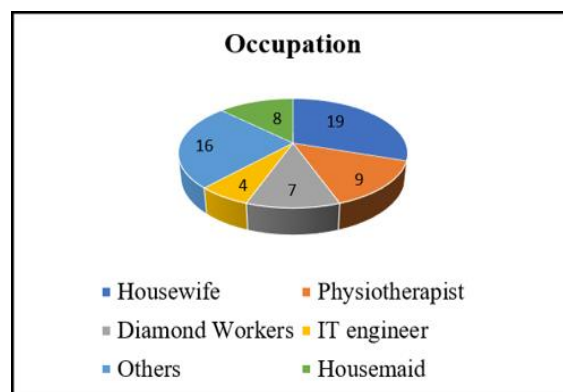
	Mean	Std. Deviation
BMI	25.4016	$\pm$ 5.16947
AGE	34.4762	$\pm$ 8.86067

Gender distribution of sixty three individuals participated in the study. Females (41)

outnumbered males (22), indicating a higher prevalence of trapezitis among women in the present study.



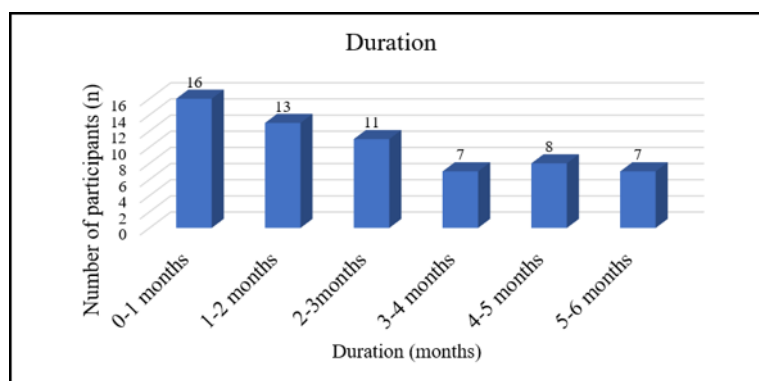
Graph 1.1 Gender distribution.



Graph 1.2 Occupation Distribution

The occupational distribution of the participants showed that housewife constituted the largest group (n=19), followed by participants in other occupations like diamond workers, physiotherapist, housemaids and IT engineer represents the remaining occupations.

Right-sided trapezitis was slightly more common than left-sided involvement, while bilateral symptoms were also observed. Among this, 16 participants had Bilateral while 23 participants had left side. The highest number of participants had symptoms for 0–1 month, followed by 1-2 months (n=13) and 2-3 months (n= 11).



Graph 1.3 Trapezitis Duration in Months.

Analysis the effect of intervention, 2*3 factorial design (ANOVA) was used in both the group. The mean changes of the NPRS between the group is not statistically

significant $p < 0.05$. Mean value (Pre and Post), F value and p value of NPRS between the group is shown in the Table 1.2.

Table 1.2 Comparison between the groups in NPRS.

Outcome Measure	Group	Pre (Mean $\pm$ SD)	Post (Mean $\pm$ SD)	Mean Difference	F value	P value
NPRS	Group A	6.05 $\pm$ 1.16	6.05 $\pm$ 1.16	0.00	0.0115	.989
	Group B	6.10 $\pm$ 1.30	6.10 $\pm$ 1.30	0.00		
	Group C	6.10 $\pm$ 1.04	6.10 $\pm$ 1.04	0.00		
	Total	6.08 $\pm$ 1.15	6.08 $\pm$ 1.15	0.00		

The mean changes of the NDI between the group is not statistically significant $p < 0.05$. Mean value (Pre and Post), F value and p value of NDI between the group is shown in the Table 1.3.

Table 1.3 Comparison between the group in NDI.

Outcome Measure	Group	Pre (Mean $\pm$ SD)	Post (Mean $\pm$ SD)	Mean Difference	F value	P value
NDI	Group A	23.14 $\pm$ 12.86	23.14 $\pm$ 12.86	0.00	0.319	.728
	Group B	26.19 $\pm$ 15.27	26.19 $\pm$ 15.27	0.00		
	Group C	25.10 $\pm$ 13.02	25.10 $\pm$ 13.02	0.00		
	Total	25.10 $\pm$ 13.61	25.10 $\pm$ 13.61	0.00		

The mean changes of the PPT between the group is not statistically significant $p < 0.05$. Mean value (Pre and Post), F value and p value of PPT between the group is shown in the Table 1.4.

Table 1.4 Comparison between the group in PPT.

Outcome Measure	Group	Pre (Mean $\pm$ SD)	Post (Mean $\pm$ SD)	Mean Difference	F value	P value
PPT	Group A	32.05 $\pm$ 10.36	37.57 $\pm$ 12.11	5.52	0.450	.640
	Group B	34.05 $\pm$ 9.90	37.48 $\pm$ 9.89	3.43		
	Group C	30.86 $\pm$ 8.52	34.95 $\pm$ 8.94	4.09		
	Total	32.32 $\pm$ 9.56	36.67 $\pm$ 10.30	4.35		

The mean changes of the CROM (RT) between the group is not statistically significant $p < 0.05$. Mean value (Pre and Post), F value and p value of CROM (RT) between the group is shown in the Table 1.5.

Table 1.5 Comparison between the group in CROM (RT).

Outcome Measure	Group	Pre (Mean $\pm$ SD)	Post (Mean $\pm$ SD)	Mean Difference	F value	P value
CROM (RT)	Group A	29.24 $\pm$ 5.32	29.24 $\pm$ 5.32	0.00	0.868	.425
	Group B	29.95 $\pm$ 4.53	29.95 $\pm$ 4.53	0.00		
	Group C	31.43 $\pm$ 6.46	31.43 $\pm$ 6.46	0.00		
	Total	30.21 $\pm$ 5.48	30.21 $\pm$ 5.48	0.00		

The mean changes of the CROM (LT) between the group is not statistically significant $p < 0.05$. Mean value (Pre and Post), F value and p value of CROM (LT) between the group is shown in the Table 1.6.

Table 1.6 Comparison between the group in CROM (LT).

Outcome Measure	Group	Pre (Mean $\pm$ SD)	Post (Mean $\pm$ SD)	Mean Difference	F value	P value
CROM (LT)	Group A	31.05 $\pm$ 5.38	31.05 $\pm$ 5.38	0.00	0.535	.589
	Group B	30.14 $\pm$ 4.44	30.14 $\pm$ 4.44	0.00		
	Group C	31.81 $\pm$ 5.78	31.81 $\pm$ 5.78	0.00		
	Total	31.00 $\pm$ 5.19	31.00 $\pm$ 5.19	0.00		

DISCUSSION

The greater representation of females is consistent with reports suggesting a higher prevalence of neck and shoulder pain among women. The mean age of the participants was 34.48 ± 8.86 years, indicating that trapezius

was more prevalent among young and middle-aged adults in the present study. Individuals in this age group are commonly engaged in occupations and daily activities requiring prolonged sitting, repetitive upper-limb movements, and sustained neck

postures. These factors may increase mechanical stress on the upper trapezius muscle, predisposing individuals to the development of trapeziitis. The mean BMI of the participants was $25.40 \pm 5.17 \text{ kg/m}^2$, indicating that, on average, the study population was slightly overweight. Excess body weight may alter postural alignment and increase mechanical loading on the cervical and shoulder musculature, thereby contributing to muscle fatigue, pain, and dysfunction. Most participants reported 3–6 hours of daily screen time, indicating frequent use of digital devices. Prolonged screen exposure is often associated with sustained forward head posture, rounded shoulders, and increased activation of the upper trapezius muscle.

Immediate Effect of Myofascial Release on Pain, Pressure Pain Threshold and Functional Disability in Patients with Trapeziitis:

The present study evaluated the immediate effect of Myofascial Release (MFR) on pain using the Numeric Pain Rating Scale (NPRS). The mean pain score remained unchanged before and after treatment (6.05 ± 1.16), indicating no immediate reduction in pain. Also NDI score remained unchanged before and after treatment (23.14 ± 12.86). Similarly, the right (29.24 ± 5.32) and left (31.05 ± 5.38) cervical range of motion also remained unchanged. Statistical analysis also showed no significant difference among the groups ($p = 0.989$). When pressure is applied on the marked trigger points, the native chemistry gets altered due to blanching of the lumps in addition to this there is a stimulation of mechanoreceptors which has an influence on pain gate mechanism, thus leading to reduction of pain, as mentioned by Nawab Pathan et.al⁽¹²⁾. Therefore, the present study concludes that a single session of MFR was insufficient to produce a statistical significant immediate reduction in pain in patients with trapeziitis. The mean PPT increased from 32.05 ± 10.36 to 37.57 ± 12.11 , with a mean difference of 5.52. Although the MFR group showed the greatest improvement among the

three groups, the difference was not statistically significant ($p = 0.640$). These findings indicate that a single session of MFR improved pressure pain threshold, but the improvement was significant.

Immediate Effect of Positional Release Therapy on Pain, Pressure Pain Threshold and Functional Disability in Patients with Trapeziitis:

The mean (NPRS) pain score remained unchanged before and after treatment (6.10 ± 1.30), with no statistically significant difference observed among the groups ($p = 0.989$). These findings indicate that a single session of PRT did not produce an immediate reduction in pain intensity. The tissue damage in dysfunctional muscle can be reduced by the positional release mechanism and relaxation of the damaged tissues may be achieved by placing patients in a position of ease which may advance local perfusion of fluids (i.e. blood and lymph) and enhance the removal of sensitizing inflammatory mediators, as mentioned by Neeraj Kumar, et.al⁽¹⁾. Positional release therapy appears to alleviate muscle spasm and restore proper pain free movement and tissue flexibility. Thus both the techniques has effective intervention for rapid pain reduction. The mean NDI score remained unchanged before and after treatment (26.19 ± 15.27), with no statistically significant improvement ($p = 0.728$). Likewise, the right (29.95 ± 4.53) and left (30.14 ± 4.44) cervical range of motion remained unchanged, and no statistically significant difference was observed (right $p = 0.425$; left $p = 0.589$). These findings suggest that a single session of PRT did not produce an immediate improvement in functional disability or cervical mobility. But the mean PPT increased from 34.05 ± 9.90 to 37.48 ± 9.89 , with a mean difference of 3.43. However, the improvement was not statistically significant ($p = 0.640$). These findings suggest that although PRT increased pressure pain threshold immediately after treatment, the improvement was not statistically significant but was clinically significant. Thus from our study we found

that none of the interventions produced statistically significant immediate improvements in pain, functional disability, or cervical range of motion. Although all three groups showed a slight increase in pressure pain threshold, the improvement was not statistically significant. No intervention demonstrated superiority over the others following a single treatment session. The lack of significant immediate changes may be attributed to the short duration of intervention, as physiological and functional adaptations generally require repeated treatment sessions.

CONCLUSION

The present study concluded that Myofascial Release (MFR), Positional Release Technique (PRT), and conventional therapy demonstrated comparable immediate effects on pain, pressure pain threshold, functional disability, and cervical range of motion in patients with trapezitis. Although slight improvements were observed, particularly in pressure pain threshold, no statistically significant superiority of one intervention over another was found following a single treatment session. Therefore, it can be inferred that repeated treatment sessions of techniques like Myofascial release therapy (MFR) and positional release therapy (PRT) given over longer duration might produce more minimal clinical important difference and statistically significant improvement among trapezitis patients.

Limitations

- The study evaluated only the immediate effects of a single treatment session; therefore, the long-term effectiveness of the interventions could not be determined.
- Factors such as occupational activities, posture, ergonomic habits, and home exercise compliance were not controlled and may have influenced the outcomes.

Declaration by Authors:

Ethical Approval: The study was conducted after obtaining approval from the

Institutional Ethics Committee of the concerned institution (Ref no: SMT/SCOP/IEC/26-27/41) on 13th April 2026. Written informed consent was obtained from all participants before enrolment. Participation was voluntary, and confidentiality and anonymity of participants were maintained throughout the study.

Ethical Approval: Approved

Acknowledgement: The authors sincerely acknowledge all the participants.

Source of Funding: None

Conflict of Interest: The Authors declare no conflicts of interest.

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