

# **Interdisciplinary Fascia Therapy (IFT) in Chronic Low Back Pain An Effectivity-Outcome Study with Outpatients**

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**KEYWORDS: Chronic Low Back Pain; Interdisciplinary Fascia Therapy; Evidence Based Evaluation in Normal Working Situations.**

**BACKGROUND:** An outcome study for evidence based evaluation on clinical low back pain on outpatients was performed at a clinic specialising in acute and chronic pain therapy solutions in Stuttgart, Germany. The aim of this study was to explore the outcomes of therapy effectivity in chronic low back pain from the period of 2011 until 2014 using the methodology of IFT.

**METHODS:** 144 patients (71 men, 73 women) with chronic low back pain were recruited at the Center for Integrative Therapy and filled out the Brief Pain Inventory (BPI) and the Pain Disability Index (PDI) questionnaires before the first and after the last treatment (averaging 10 treatments). BPI and PDI describe pain intensity and reduction of life quality. The time period of pain suffering in all patients was averaged at 7.2 years. Statistical analysis included the paired t-test and Cohen's d-test. IFT is a manual and a tool assisted myofascial triggerpoint method which also combines the use of Heart Rate Variability (HRV) training. HRV training balances the autonomic nervous system through stimulating the vagal-tone reflex through regular deep breathing training on a self-help basis.

**RESULTS:** Highly significant changes ( $p < 0.001$ ) through the BPI and PDI questionnaires indicated pain reduction of the momentary pain, the strongest, the minimal and the average pain of the last 24 hours. Disturbances of general activity, mood, normal working, relationship to other humans, sleep, walking ability and zest for life also increased highly significantly ( $p < 0.001$ ).

T-test and Wilcoxon signed rank tests sum scores of four questions concerning pain intensity (67% reduction) and of seven questions concerning pain disability (68% reduction) had also highly significant reduction ( $p < 0.001$ ) and Cohen's d showed large effect sizes of 1.8 and 1.5 respectively.

**CONCLUSIONS:** IFT is possibly an effective therapy modality for the treatment of chronic low back pain. Using the BPI and PDI questionnaires for assessment and quality control in a workday clinic, optimises the evidence based evaluation for learning and communication purposes with patients and colleagues alike. Additionally, it gives detailed information for anamnesis and makes the patient reflect his momentary pain situation and progress. Further randomised trials are needed to assess this methodology.

**DISCLOSURE:** This study was undertaken in accordance with the Declaration of Helsinki and was financed through patient donations.

**REFERENCES:** [1] Vagedes J, Gordon CM et al. Fascia Research II: 248-249, 2009.