

Evaluation of Pain Quality in Young Swimmers Suffering from Myofascial Pain Syndrome Using Lidocaine Phonophoresis: A Pilot Study in Physical Therapy Rehabilitation Center in Egypt

Brief description

Myofascial pain syndrome (MPS) is characterized by pain and accompanying muscle spasm, referred pain patterns, stiffness, restricted range of motion caused by trigger points on constricted fibers of the skeletal muscles or fasciae. Myofascial pain syndrome is the most common reason of neck and shoulder pain.

The main goal of MPS treatment is to break down the vicious circle of pain spasm and release of trigger points. Various physical therapy modalities such as trigger point injection, stretching-spray technique, heat packs, and transcutaneous electrical nerve stimulation are used for the treatment of MPS.

Therapeutic ultrasound was developed and widely used in the daily practice of physical therapy and sport medicine for the treatment of a variety of acquired and traumatic conditions in overuse injuries. Phonophoresis is believed to accelerate functional recovery by decreasing pain and promoting healing and it has been used to administer various drugs mainly local anesthetics.

Although many different modalities are available to treat MPS especially therapeutic ultrasound and there was lack of research works that investigated the effect of phonophoresis with local anesthetics on myofascial trigger points, so it was of value to compare between the effect of lidocaine phonophoresis and pulsed ultrasound on MPS in treatment of neck pain in youth swimmers using Pain Quality Assessment Scale as a tool of pain quality evaluation.

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Consent Form

I am father / mother of freely and voluntarily consent to participate in a research program under the direction of.....

A thorough description of the procedure has been explained and I understand that I may withdraw my consent and discontinue participation in this research at any time without prejudice to me.

Date _____

Participant _____

If illiterate

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____
participant

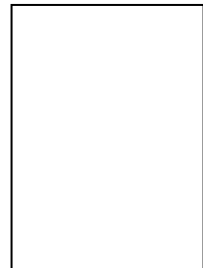
AND

Thumb print of

Signature of witness _____

Date _____

Day/month/year



Statement by the researcher/person taking consent.

I have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

1.

2.

3.

I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent_____