

Efficacy of Functional Fascial Taping for the Treatment of Non-Specific Low Back Pain

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BACKGROUND Low back pain (LBP) is one of the most common musculoskeletal conditions and it affects most people at least once during their lifetime. Treating LBP has considerable economic cost, social implications and results in lost work productivity. Despite a range of available treatments, LBP lacks simple and effective treatments. The main aim of treating LBP is to reduce pain and restore functional activities as soon as possible to maintain health and fitness. Functional fascial taping (FFT) is a method of taping used to stretch superficial and fascial tissue. It is designed to change local tissue properties, decrease pain and increase mobility. This method has been shown to be clinically successful in case reports, where FFT can reduce pain and restore normal movement patterns, especially in LBP. The aim of this study was to compare the effects of FFT treatment to the effects of placebo taping.

METHODS This study was a double-blind randomized controlled clinical trial; forty participants (aged 18-65 years) were randomly assigned to FFT or placebo group. The inclusion criteria for the study included participants with non-acute (symptoms more than 6 weeks), non-specific LBP indicated by difficulty in bending forward. People with underlying diseases or conditions, such as inflammatory diseases, structural deformity, recent pregnancy, or severe neurological deficit were excluded. Those who were sensitive to tape were also excluded. After screening by telephone, participants were randomly assigned to FFT or placebo group. Participants were assessed and taped at baseline (0 week), 1 week, and 2 weeks. Both groups were taped by the same investigator (RA). After taping was applied, participants were told to exercise into flexion four times a day and gradually return to ordinary activities. Follow-up assessments were performed at 6 weeks, 12 weeks, and 24 weeks. The outcome measures included flexibility test (Finger-to-Floor), functional disability scale (Modified Oswestry Disability Index), pain intensity (VAS), fear-avoidance behaviour (FABS), change of taking medication, patient perception of change, patient compliance and general health (SF-36). The success of blinding was assessed after the first treatment and at 12 weeks. After 12 weeks, both of the outcome assessor (SC) and participants were unblinded and those in the placebo group were offered the active (FFT) treatment.

RESULTS Data collection will be completed by August, 2007 and results will be presented at the congress.

CONCLUSION This study will demonstrate if FFT is a useful adjunct in the treatment of non-acute and non-specific LBP.

