

Autogenic and Reciprocal Inhibition Muscle Energy Techniques; which one of the two is more effective?

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Musculoskeletal symptoms are commonly categorized as either contractile or non-contractile dysfunctions, with the former one related to symptoms arising from muscles and the latter one arising from joints and non-contractile periarticular tissues. (1) The most common technique used to treat contractile dysfunctions include muscle stretching, but is focused on addressing only the passive tone component of the muscle but not the active tone. (2) Nonetheless, more commonly, both active and passive tone components are involved in contractile dysfunctions and muscular disorders. (2) Muscle energy technique (MET) is a soft tissue mobilization technique that focuses on both the active as well as passive tone of the muscles and is not only effective in muscle shortening but muscle spasm and guarding as well (2-4), and for this reason research has shown muscle energy techniques to be more effective than static stretching in persons with acute and chronic musculoskeletal disorders such as neck pain, back pain and lateral epicondylitis. (2,4-6) Muscle energy techniques are of different types, and based on the mechanism of action can be categorized into two major categories, namely autogenic inhibition muscle energy technique and reciprocal inhibition muscle energy technique. (2-4) Even though muscle energy techniques are found to be more effective than static stretching, evidence is limited in terms of the comparison of autogenic and reciprocal inhibition muscle energy techniques. Only two studies have been found in the literature that have compared the effects of autogenic inhibition muscle energy technique as compared to reciprocal inhibition muscle energy technique, one focusing on pain, neck disability and range of motion (2) and the other one focusing on

isometric muscle strength (4), and both of them have found autogenic inhibition muscle energy technique to be more effective than reciprocal inhibition muscle energy technique. (2,4) However, it is important to mention that both of the studies were carried out in patients with mechanical neck pain (2,4), and no such studies have been carried out in other regions or conditions till date. Moreover, the outcome measurement tools used in the studies were clinical and subjective tools such as numeric pain rating scale, neck disability index, goniometry and modified sphygmomanometer dynamometry (2, 4), and it is suggested that future studies should use more objective and physiological oriented tools such as pain pressure threshold (algometry) and electromyography (EMG). Furthermore, more studies are needed to establish the differences between autogenic inhibition muscle energy technique as compared to reciprocal inhibition muscle energy technique, focusing on other musculoskeletal disorders and body regions as well.

Keywords: autogenic inhibition, muscle energy technique, reciprocal inhibition

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