

## **Case Report**

### **EFFECT OF POMPAGE MYOFASCIAL RELEASE TECHNIQUE IN CASE OF NON-SPECIFIC CERVICAL SPINE PAIN WITH ICE COMPRESSION**

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**Abstract:** We reported a case of 60 years old female having pain in the middle and lower cervical spine region. The patient's was assessed for pain during extension and rotation movement of cervical pain. She does computer work regularly continuously for 6-7 hrs. Initially during acute pain cryotherapy was started for 15 mins to reduce spasm and inflammation, and then followed by myofascial release pompage technique (Manual Therapy). Within 3-4 days the patient had 90% relief.

## **INTRODUCTION**

Pompage is the French word for "pumping". Created by Guy Voyer, Doctor of Osteopathy based in Marseilles, France. This painless and relaxing technique draws the body's water into the joint through a soft pumping action. Your entire body feels calm and relaxed from this technique<sup>1</sup>. Pompage is a manual technique typically used on the cervical spine. It acts on both muscular components of the joint as well as interapophyseal areas. The technique consists of gradual, assisted vertebral tractions, which compress small intervertebral joints, stretch spinal ligaments and muscles and produce a widening of the

intervertebral foramina. There are many different types of pompage, and different types are applied to different muscle groups, however three stages generally apply to each type of this treatment.

1. Progressive tensioning of the segment
2. Tension maintenance
3. Gradual release of tension, that should last the same amount of time as the build up<sup>1,2</sup>

## **CASE REPORT**

We reported a case of 60 years old female having pain in the middle and lower cervical spine region. The patient's

was assessed for pain during extension and rotation movement of cervical pain. She does computer work regularly continuously for 6-7 hrs. Initially during acute pain cryotherapy was started for 15mins to reduce spasm and inflammation, then followed by myofascial release pompage technique (Manual Therapy)<sup>[3]</sup>. In pompage technique patient lying in the supine position therapist place two fingers on the occiput of patient and two fingers of both hands placed on middle cervical segment than distract in neutral position (cervical spine should neither be in flexion nor in extension)<sup>[4,5]</sup> and count 10 numbers. After counting 10, hold and maintain distraction for 15 seconds then release with counting of 10. This technique is used at least for 10 repetitions. Within 3-4 days, the patient had 90% relief.



**Fig 1:** Pompage Technique

## CONCLUSION

Pompage is an advanced soft tissue mobilization technique with better results on non specific paraspinal muscle spasm, soft tissue adhesions, mechanical disorders of spine. I have usually applied it on several patients and found it a better conservative method of treatment.

## REFERENCES

1. Hubbard TJ, Aronson SL, Denegar CR. Does cryotherapy hasten return to participation? A systematic review. *J Athl Train*. 2004;39(1):88–94.
2. Vernon H, Humphreys K, Hagino C. Chronic mechanical neck pain in adults treated by manual therapy: a systematic review of change scores in randomized clinical trials. *Journal of Manipulative and Physiological Therapeutics*. 2007;30(3):215–227.
3. Nadler SF, Weingand K, Kruse RJ. The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. *Pain Physician* 2004;7(3):395–9.
4. Swenson C, Sward L, Karlsson J. Cryotherapy in sports medicine. *Scandinavian Journal of Medicine &*

- Science in Sports 1996;6(4):193–200.
5. Fryer G, Hodgson L. The effect of manual pressure release on myofascial trigger points in the upper trapezius muscle. Journal of Bodywork and Movement Therapies. 2005;9(4):248–255

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