

**Case Report****“EFFECT OF RESTRAIN TECHNIQUE MYOFASCIAL RELEASE IN CASE OF CHRONIC KNEE PAIN”****Devendra T<sup>1</sup>, Anoop T<sup>2</sup>, Gaurav M<sup>3</sup>**

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**ABSTRACT:** We reported a case of 45 years old male having chronic knee pain in both the legs for the last 3-4 years, pain is localised, restricted in fast movement, pain while walking during upstairs, and down stairs, steps distance reduced while walking in normal floor, unable to bend the knee, stiffness in thigh muscles, calf muscles, calf cramps-very common, no swelling, no redness early in the morning was treated with pain killer but no effect, later the patient was advised physiotherapy for 15 days, the patient had 75% relief, was able to walk around 3-4 km per day.

**INTRODUCTION**

It is very advanced technique of soft tissue mobilization which involves the complete damage of the knots formed between the muscles and fascia, thus enhancing the proper blood supply of the knotted part and improving the flexibility of the involved soft tissues<sup>[1]</sup>. Fascia is a specialized connective tissue layer surrounding muscles, bones and joints and gives support and protection to the body. It consists of three layers - the superficial fascia, the deep fascia and the subserous fascia. Fascia is one of the 3 types of dense connective tissue (the others being ligaments and tendons) and it extends

without interruption from the top of the head to the tip of the toes <sup>[2]</sup>. Fascia is usually seen as having a passive role in the body, transmitting mechanical tension, which is generated by muscle activity or external forces. Recently, however some evidence suggests that fascia may be able to actively contract in a smooth muscle-like manner and consequently influence musculoskeletal dynamics <sup>[3]</sup>. Obviously, if this is verified by future research, any changes in the tone or structure of the fascia could have significant implications for athletic movements and performance. This research notwithstanding, the occurrence of trigger points within dense

connective tissue sheets is thought to be correlated with subsequent injury.

### CASE REPORT

We reported a case of 45 years old male having chronic knee pain (both) for the last 3-4 years, pain is localised, restricted in fast movement, pain while walking during upstairs, and down stairs, steps distance reduced while walking in normal floor, unable to bend the knee, stiffness in thigh muscles, calf muscles, calf cramps-very common, no swelling, no redness early in the morning was treated with pain killer but no effect, later the patient was advised physiotherapy for 15 days, the patient had 75% relief, was able to walk around 3-4 km per day.

The treatment was started on day first after proper assessment, by having patient in supine lying with knee extension and supporting knee by placing pillow beneath the knee, after marking the trigger points in the lower end of tendons of vastus medialis, lateralis, and intermedius by the knuckles and broke the knots formed by pressing the knots and process was repeated for 4-5 minutes to reduce inflammation. The patient was guided for active knee flexion and extension (remodeling technique) to maintain the result of restrain technique and

changing the shape of fascia<sup>[4]</sup>. The treatment was completed with cryomassage over the inflamed part for 10 minutes.

### CONCLUSION

Restrain is a advanced myofascial release technique with better results on muscle spasm, trigger points in the muscle and cramps, soft tissue adhesions. It is usually applied on the patients and they recover very soon.





## REFERENCES

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