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Physical therapy for the treatment of respiratory issues using systemic manual therapy protocols

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Abstract

Background: The COVID-19 pandemic increased the need for an effective treatment for respiratory conditions exponentially. to meet this challenge, we reevaluated the effectiveness of our physical therapy protocols for respiratory conditions.

Objective: To evaluate if our existing treatment protocols can meet the following criteria: sufficiently sized test statistic (> 2.0) in parametric and non-parametric tests [statistical significance ($p < 0.05$)], effect size larger than 0.2, difference in PIP score above MCID, and sample size minimum 15 treatments.

Design, Retrospective, Methods: This study analyzed multiple samples from a blinded dataset included 178 patients with respiratory complaints or pain in the chest area.

Results: Several protocol combinations and one individual protocol passed the study criteria. CVVT protocol was used most frequently within these combinations (7), followed by UD (4). Other protocols in this group were CCCV, VTCP, and DCS. Among the respiratory specific protocols, CVVT was significantly better than VTCP (0.40, $p < 0.001$). The worsening of the symptoms as reflected by the negative changes noted with DCD, CP, SYMPN, LEN and UEN protocols are concerning.

Discussion and Conclusion: Protocols were categorized as decongestive, neurogenic, mechanical, and possibly immune modulating. For the patient population studied, CVVT appears to be the primary protocol to consider, followed by UD, CCCV, VTCP, and DCS. Because of negative changes observed, CP DCD SYMPN UEN and LEN should not be used on patients with respiratory problems. Combining CVVT with Barral or VTCP with LAUG on the same day might be required with acute patients.

List of abbreviations: UD: Urinary Drainage, DCS: Diaphragm Cranial Sinus, Barral: Barral Motility Protocol, CCCV: Cardiac Cervical Cranial Vascular, MET SI: Muscle Energy Technique Sacroiliac joint, VAS: Vascular, SLMG: Side-Lying Modified Glides, RMG: Reverse Modified Glides, LAUG: Lower Abdominal Urogenital, LEDJ: Lower Extremity Drainage Jones, SPDJ: Spinal drainage Jones, SCS: Strain Counterstrain, VTCP: Venous Thoracic Cardiopulmonary, CVVT: Cardiac Vascular Venous Thoracic, CP: Cardiopulmonary, UEDJ: Upper Extremity Drainage Jones, UEN: Upper Extremity Nerve, LEN: Lower Extremity Nerve, OST: Periosteum, SYMPN: Sympathetic Nerve.

Biography

Adi Halili is a board-certified neurological physical therapist and graduate from Northern Arizona University. He is the owner of Halili Physical Therapy and practicing in Tucson since 1994. He is the author of the book Systemic Manual Therapy (KDP publishing San Bernardino Ca 2020).

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