European Respiratory Society Annual Congress 2013

Abstract Number: 1270

Publication Number: P1323

Abstract Group: 9.2. Physiotherapists

Keyword 1: Physiotherapy care **Keyword 2:** Respiratory muscle **Keyword 3:** No keyword

Title: Diaphragm manual technique increases lung function and thoracic movement

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Body: Physical therapists have traditionally included various forms of manual therapy among the therapeutic approaches to respiratory pathologies. The aim of this study was to evaluate the effect of diaphragmatic stretching on pulmonary function, thoracic movement, and respiratory pressures in healthy adults. A sample of eighty healthy adults was included in this randomized clinical trial using a between-group design. Participants were randomized into two groups and received either a diaphragmatic stretching technique or placebo treatment. Participants' pulmonary function was measured at baseline, immediately after the intervention, and at 5 and 20 min post-treatment.

Primary outcomes at baseline and post-technique

Measures	Stretching group Adjusted mean difference between groups (95% CI)		Control group Adjusted mean difference between groups (95% CI)	P-value
pulmonary function				
FVC (ml)	-3.02 [-5.12 to -0.92]	0.006*	0.92 [-0.76 to 2.61]	0.270
FEV1 (ml)	-1.09 [-4.9 to 2.7]	0.573	-0.33 [-1.91 to 1.24]	0.668
MIP (cm H,O)	-13.14 [-16.7 to -9.56]	p<0.001*	0.85 [-0.84 to 2.54]	0.310
MEP (cm H,O)	-11.39 [-15.37 to -7.4]	p<0.001*	-1.14 [-3.73 to 1.44]	0.370
Chest wall expansion				
Axillary level (cm)	-0.38 [-1.19 to 0.43]	0.352	-0.037 [-0.6 to 0.53]	0.895
Xiphoid level (cm)	-2.62 [-3.71 to -1.53]	p<0.001*	0.5 [-0.29 to 1.29]	0.207

Abdominal 0.116 [-1.49 to 1.72]	0.834	-1.18 [-2.83 to -0.57]	0.220
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Data are expressed as the mean ± SD. FVC = Forced vital capacity; FEV1 = forced expiratory volume in 1 second; MIP = maximal inspiratory pressure; MEP = maximal expiratory pressure.

The data analysis revealed that all measures significantly changed from pretest to posttest (p<0.05) in participants in the stretching group.