

Editorial





Multimodal physiotherapy: editorial

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Multimodal physiotherapy is a physiotherapeutic approach where the professional uses several therapeutic resources in combination in the same session. ¹⁻³ We can mention, for example, the use of manual therapy techniques associated with exercises (motor control), among other therapeutic resources in the treatment of Pain.²

Combining two or more techniques is a therapeutic standard commonly used in clinical practice, but it is only in recent years that we have seen research using this type of therapeutic approach.^{1–8}

When applying this therapeutic model, the professional must be very careful, since we already have a base of evidence for the use of different therapeutic resources and the treatment of different pathologies. For us to obtain therapeutic efficacy, skill and mastery of the techniques used are necessary, as well as adequate scientific knowledge. The use of different therapeutic techniques and resources randomly will not bring benefits to your patient.

This treatment model is centered on the individuality of each patient, knowing that no patient responds to a specific treatment in the same way and each clinical case has its individuality.¹⁻⁸ Study and research centers must start to be more specific in their work, I have not yet been able to observe studies using manual therapy techniques that used passive mobilization of low amplitude and speed, being applied after a thorough evaluation of the joint segment with potential interference biomechanics and not in the specific location of the pain, in patients with scores of 8 to 10 points on the analog pain scale, associated with pain education to understand the etiology of pain, being approached differently between acute and chronic pain and its specificity of according to the pathology, being associated with the optimization of motor control after assessment, with different approaches to muscle activation or inhibition strategies, self-treatment and pain management being recommended.

This is just a single example of a very common situation in clinical practice among many others, but very difficult to observe in lines of research.^{6,7} Many studies are generalist when carrying out research using the techniques mentioned above, especially when evaluating individuals with pain.⁴⁻⁸ Multimodal treatment becomes even more relevant when we analyze a situation among chronic patients, who present various musculoskeletal pathologies with different characteristics, associated with comorbidities with cardiac dysfunction, and diabetes, among other metabolic disorders.⁸

We must place more emphasis on the daily assessment of our patients, and be able to identify the main areas of risk, with a focus on functional improvement that is reflected in their daily activities, improving pain perception scores is part of multidisciplinary work, but physiotherapists have enough tools to improve and demonstrate the dysfunctional improvement that the patient presents, preventing comorbidities and improving their quality of life.^{1–8}

This criticism arises from the latest published studies that demonstrated the importance of a better assessment approach and

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scientific knowledge of professionals who work with these specific techniques in the treatment of Pain. ⁴⁻⁸ In conclusion, this text aims to encourage new scientists to take a more comprehensive look at clinical practice, with methodological concepts that use clinical reasoning and management of multimodal physiotherapy in the treatment of Pain.

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Conflicts of interest

The author declares that there is no conflict of interest.

References

- Miller J, Gross A, D'Sylva J, et al. Manual therapy and exercise for neck pain: a systematic review. Man Ther. 2010;15(4):334–354.
- 2. Passigli S, Capacci P, Volpi E. The effects of a multimodal rehabilitation program on pain, kinesiophobia and function in a runner with patellofemoral pain. *Int J Sports Phys Ther.* 2017;12(4):670–682.
- Spinord L. Multimodal rehabilitation for patients with chronic pain in northern Sweden, focusing on gender and age. Sweden: Umeå University; 2021. p. 1–62.
- Matheve T, Hodges P, Danneels L. The role of back muscle dysfunctions in chronic low back pain: state-of-the-art and clinical implications. *J Clin Med*. 2023;12(17):5510.
- Nijs J, De Baets L, Hodges P. Phenotyping nociceptive, neuropathic, and nociplastic pain: who, how, & why? Braz J Phys Ther. 2023;27(4):100537.
- Silva JRR da. Terapia manual no tratamento da dor: uma revisão integrativa. Revista Neurociências. 2022;30:1–24.
- Silva JRR da. Evaluation of the abdominal transverse muscle in individuals with low back pain: a literature review. *J Neurol Stroke*. 2022;12(4):106–112.
- 8. Silva JRR da, M de Oliveira. Pain as a potential impact factor in cardiac rehabilitation: literature review. *Med Clin Sci.* 2023;5(5):1–8.



