



Comments on the article “Manual therapy should not be on the sideline in the game of treating tendinopathy “

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Comments on the article “Manual therapy should not be on the sideline in the game of treating tendinopathy “

Dear Editor,

I read with great interest and would like to congratulate Jayaseelan et al [1], for their interesting article that contributes to the understanding of manual therapy in the treatment of tendinopathy: Precisely because of the significant influence that these issues may have on clinical practice, I would like to raise some topics that I believe might complement the discussions provided by the authors and enhance the interpretation of the article results.

According to the authors of the article ‘Manual therapy refers to several skilled hand movements often directed toward soft tissues and joints with numerous physiological effects intended to improve an individual’s current level of function’ [1].

However, the above definition is in contrast with the definitions provided by the American Academy of Orthopedic Manual Physical Therapists (AAOMPT) and the International Federation of Orthopedic Manual Physical Therapy (IFOMPT)

Specifically, according to AAOMPT ‘Orthopedic Manual Physical Therapy (OMPT) is any “hands-on” treatment provided by the physical therapist. Treatment may include moving joints in specific directions and at different speeds to regain movement (joint mobilization and manipulation), muscle stretching, passive movements of the affected body part, or having the patient move the body part against the therapist’s resistance to improve muscle activation and timing. Selected specific soft tissue techniques may also be used to improve the mobility and function of tissue and muscles’ [2]. Moreover, according to IFOMPT ‘OMPT is a specialized area of physiotherapy/physical therapy for the management of neuromusculoskeletal conditions, based on clinical reasoning, using highly specific treatment approaches including manual techniques and therapeutic exercises. Orthopedic Manual Physical Therapy also encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each patient’ [3].

Based on the above two definitions, manual therapy does not include only soft tissue techniques and joint

mobilization/manipulation, but it is also including therapeutic exercises. The exercise program is the most effective treatment approach in the management of tendinopathy [4]. I disagree with the opinion of the authors’ article that manual therapy has been left on the sidelines when the first choice of conservative treatment is an exercise program since exercise therapy is part of manual therapy.

The recommended solution to avoid the above confusion could be either if the authors of the article used the terms soft tissues techniques and joint mobilization/manipulation instead of the term manual therapy in the title of the article or if the definitions are provided by AAOMPT and IFOMPT could be changed not including the terms therapeutic exercises, stretching exercises, etc.

Overall, I trust that the topics raised in this letter might help interpret the findings of the present article. I acknowledge the difficulties in performing this article and once again congratulate the authors for their hard work.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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