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Knowledge of self-myofascial release among allied health students in the United States: A descriptive survey

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ABSTRACT

Background: University and collegiate education of the human myofascial system is commonly taught in basic science courses such as anatomy. Allied health programs may expand upon these concepts by teaching interventions such as myofascial release in clinical education courses. Self-myofascial release (SMR) with a device such as a foam roller is an emerging intervention that has become popular among clinicians and active individuals. Currently, it's unknown if allied health programs provide SMR education.

Purpose: The purpose of this study was to survey and document responses in the knowledge of SMR among allied health students.

Methods: 12 undergraduate and graduate allied health programs in the United States were sent a 12-question electronic survey that represented three areas: 1) respondent demographics and beliefs, 2) experience with SMR, 3) future practice and education. Descriptive data including response frequency and percentage was calculated and reported for the 12 questions.

Results: A total of 502 students from the different allied health programs completed the survey which represented a 33.00% response rate (502/1521). Approximately, half of respondents (49.6%, N = 249) reported learning about SMR in their degree program and the other half (50.40%, N = 253) report receiving no education. Most respondents (>50%) currently use or have used an SMR device and believe that SMR produces therapeutic benefits. Furthermore, most respondents (≥50%) had an idea of how they would integrate SMR into their future practice and where to purchase an SMR device.

Conclusion: A more global consensus on education for emerging therapeutic intervention such as SMR is needed in order to standardize and develop best teaching practices in allied health. This study highlighted the difference among allied health programs in the United States. This research should be a starting point for future survey research on this topic.

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1. Introduction

University and collegiate education of the human myofascial system is often included in basic science courses such as anatomy. These concepts may be expanded within various undergraduate and graduate allied health programs where students learn different interventions such as myofascial release or massage in the clinical portion of their education (Dion et al., 2015; Estrin Dashe, 2012). Self-myofascial release (SMR) or roller massage is an emerging intervention where individuals use a device such as a foam roller to

massage their muscles and soft-tissue (Cheatham et al., 2015). Over the past 5 years, SMR has gained popularity among health professionals and active individuals. In fact, SMR has been rated globally as one of the top 20 fitness trends the past 2 years (2016 and 2017) (Thompson, 2015, 2016). Due to this popularity, different types of devices have been created and the research has increased (Beardsley and Skarabot, 2015; Cheatham et al., 2015; Schroeder and Best, 2015).

Currently, it's unknown if allied health programs offer education on SMR. A recent literature search (August 2017) of electronic databases including: PubMed, PEDro, Science Direct, and the EBSCO host collection revealed no publications documenting SMR education in university or collegiate allied health education. The understanding of such responses could help identify gaps in SMR

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education and help educators and clinical supervisors develop standard teaching practices for students. If such standards are not established, then the varied education among allied health programs could have an impact on the clinical proficiency of students (Moraska, 2007). The purpose of this cross-sectional study was to survey and document responses in SMR education among allied health students. This study was considered descriptive and a starting point for future research.

2. Methods

This cross-sectional observational survey was approved by the University Institutional Review Board at California State University Dominguez Hills, Carson, CA, USA (IRB# 17–208).

2.1. Participants

The program directors from 20 allied health programs throughout the United States were contacted via email to participate in the survey. Interested programs were then sent an email with survey related information and a link to the online survey developed with SurveyMonkey® (San Mateo, CA, USA). A total of 12 allied health programs (3 undergraduate and 9 graduate) participated between the months of May 2017 to September 2017. Each program director emailed the survey to their students and then sent a second email 2 weeks later. All surveyed programs had clinical courses and/or offered clinical experiences within their curriculums.

2.2. Survey design

The online survey developed included 12 questions that represented three areas: 1) respondent demographics and beliefs 2) experience with SMR 3) and future practice and education. For *respondent demographics and beliefs*, the respondents provided information regarding their gender, age, and reported their beliefs on how SMR effects the myofascial system. For *experience with SMR*, respondents reported their experience using an SMR devices including type and frequency of use and where they would go to purchase devices. For *future practice and education*, respondents reported how they plan to use SMR devices in their future practice and how they plan to receive SMR education. Appendix A provides a summary of survey questions.

Once survey development was completed, the survey underwent two rounds of pilot testing with 10 independent health professionals to establish face validity. Based upon the feedback, revisions were made, and a final survey version was confirmed. The final survey was further tested for readability using the Flesch Ease of Reading Test and Flesch-Kincaid Grade level test. The survey's 12 questions scored 70.0 on the Flesch Ease of Reading Test and 6.0 on

the Flesch-Kincaid Grade level test which indicated the English used in the survey was fairly easy (Dunne et al., 2013).

2.3. Data analysis

Statistical analysis was performed using SPSS version 24.0 (IBM SPSS, Armonk, NY, USA). Descriptive data including response frequency and percentage was calculated and reported for the 12 questions.

3. Results

A total of 502 students from 12 allied health programs completed the survey which represented a 33.00% response rate (502/1521) which is above the commonly reported electronic survey response rates of 8–16% (Corkery et al., 2014; Ladeira, 2011; Thompson, 2015, 2016).

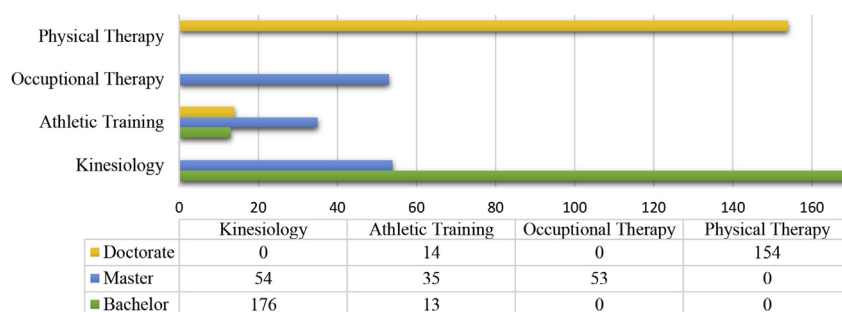
3.1. Respondent demographics and beliefs

Forty-one percent ($n = 204$) of respondents were men and 59% ($n = 298$) were women. The average age of respondents was 24 ± 7.7 years. Individuals enrolled in a bachelor's degree program in Kinesiology or Athletic Training represented 38.2% ($N = 192$) of respondents and individuals in a Master's degree program in Kinesiology, Athletic Training, and Occupational Therapy represented 28.3% ($N = 142$) of respondents. Individuals enrolled in a Doctor of Physical Therapy or Doctor of Athletic Training program represented 33.5% ($N = 168$) of respondents (Table 1). Approximately, half of respondents (49.6%, $N = 249$) reported learning about SMR in their degree program and the other half (50.40%, $N = 253$) report receiving no education. Most respondents believe SMR reduces muscle tension (76.90%, $N = 386$), increases circulation (63.15%, $N = 317$), helps with post-exercise recovery (62.95% ($N = 316$), and reduces pain (52.39%, $N = 263$) (Table 2).

3.2. Experience with SMR

Seventy-five percent of respondents ($N = 376$) reported having used a foam roller followed by 55% using a massage ball ($N = 276$) and 50% using a roller massage stick ($N = 253$). Twenty-seven percent ($N = 134$) of respondents reported using an SMR device weekly, 17% ($N = 85$) reported using a device daily, 11% ($N = 57$) reported using a device monthly, and 31% reported not very often. Most respondents (52.40%, $N = 263$) reported they would purchase SMR devices on generic websites followed by manufacturer websites (20.32%, $N = 102$), retail stores (13.94%, $N = 70$), and medical offices (13.34%, $N = 67$) (Table 2).

Table 1
Undergraduate and graduate allied health programs ($N = 12$ programs).



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