PEARLS

Practical Evidence About Real Life Situations

New Zealand GUIDELINES GROUP
Te Rōpū Rarangi Tohutohu
Promoting Effective Health and Disability Services

L'extension des muscles avant et après l'effort sportif est souvent pratiquée et recommandée car, selon l'opinion générale, cela prévient les courbatures des jours suivants. Mais il en manque la preuve ...

Bernhard Rindlisbacher

Stretching does not prevent or reduce delayed-onset muscle soreness

PEARLS No. 61, May 2008, written by Brian R McAvoy

Clinical question: Does stretching before or after exercise prevent or reduce post-exercise muscle soreness?

Bottom line: Stretching before or after exercise had minimal or no effect on the muscle soreness experienced between half a day and three days after exercise in young healthy adults. The duration of stretching applied in a single session ranged from 40 to 600 seconds. Effects of stretching on other outcomes, such as injury and performance, were not examined in this review.

Caveat: The trials were mostly small (involving between 10 and 30 participants) and of poor quality. Nine were conducted in laboratories using standardised exercises.

Context: Early investigators hypothesised that unaccustomed exercise would cause muscle spasm and many people stretch prior to or after engaging in physical activities, such as sport. Although the muscle spasm theory was discredited, the practice of stretching persists. The perception is stretching will reduce the risk of injury, prevent or reduce soreness after exercise, or enhance athletic performance.

Cochrane Systematic Review: Herbert RD and de Noronha M. Stretching to prevent or reduce muscle soreness after exercise. Cochrane Reviews 2007, Issue 4. Article No. CD004577. DOI:10.1002/14651858. CD004577.pub2.

This review contains 10 trials involving 180 participants.

Le syndrome de fibromyalgie est relativement fréquent, avec une prévalence de 2%. Le traitement est souvent exigeant pour le médecin de famille. Nous pouvons recommander un entraînement d'endurance et éventuellement de musculation, car il réduit les douleurs et améliore quelque peu le bien-être.

Bernhard Rindlisbacher

Exercise beneficial in fibromyalgia syndrome

PEARLS No. 55, March 2008, written by Brian R McAvoy

Clinical question: Is exercise effective for treating fibromyalgia syndrome (FMS)?

Bottom line: Supervised aerobic exercise training has beneficial effects on physical capacity and FMS symptoms. When compared to no exercising, aerobic exercise training may:

– reduce pain by 2 points on a scale of 0 to 10
– improve overall wellbeing by 1 point on a scale of 0 to 10. There is moderate evidence to support these findings. Strength training may also have benefits on some FMS symptoms. When compared to no strength training, exercise may:
– reduce pain by 49 fewer points on a scale of 0 to 100
– improve overall wellbeing by 41 points on a scale of 0 to 100
– lead to 2 fewer active tender points on a scale of 0 to 18. These results are based on low-quality evidence.

Caveat: Aerobic and strength training may result in reduction in pain and tender points and improvements in overall wellbeing but may not lead to any difference in physical function. It is not known whether exercise training for more than 12 weeks improves other symptoms such as fatigue, stiffness or poor sleep.

Context: FMS is a syndrome expressed by chronic widespread body pain which leads to reduced physical fitness and frequent use of healthcare services. Overall prevalence has been reported at 2 per cent.[1] Exercise therapy is commonly recommended as a treatment.

Cochrane Systematic Review: Busch AJ et al. Exercise for treating fibromyalgia syndrome. Cochrane Review 2007, Issue 4. Article No. CD003786. DOI: 10.1002/14651858.CD003786.pub2.

Note: This review contains 34 studies involving 2276 participants.

Further reference:

1. Wolfe F et al. Arthritis and Rheumatism 1995;38:19–28.

PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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