Truyols-Dominguez S, Salom-Moreno J, et al. Efficacy of thrust and nonthrust manipulation and exercise with or without the addition of myofascial therapy for the management of acute inversion ankle sprain: a randomized clinical trial. J Orthop Sports Phys Ther. 2013;43(5):300-9.

Design: Randomized clinical trial

Purpose of study: to compare the effectiveness of two different interventions in patients with acutely sprained ankles, one of which receives thrust and nonthrust manipulation and exercise, the other which receives the same treatment with the addition of myofascial therapy

Reasons not to cite as evidence:

- The exclusion criteria set up a population of patients not likely to be representative of any population of interest for a guideline
    - Patients were excluded if they had taken any pain or other medication within 7 days prior to the study
    - This exclusion does not make sense, since a large majority of patients with acute pain of any clinical significance are very likely to have taken at least some pain medication in the days prior to seeking treatment
- Although a positive treatment of myofascial treatment was detected, for the primary outcome of ankle pain at rest was smaller than what the authors estimated as a clinically important difference
- This does not mean that myofascial therapy should be discouraged in the guideline, since the study's design is set up to underestimate the effects of adding myofascial therapy to thrust and nonthrust manipulation
    - One feature is the exclusion of patients taking medication for pain
    - The other is having ankle pain at rest as the primary outcome measure; since the ankle is a weight-bearing joint, pain at rest is likely not to detect an effect of treatment
- A therapeutic effect of myofascial therapy is very likely, but this study does not establish the size of its effect
- Therefore, practitioners should be free to add myofascial therapy to their other manual interventions for ankle sprain, and this is useful information for the guideline