

Effectiveness of Integrated Neuromuscular Inhibition Technique versus Conventional Physiotherapy in the Management of Musculoskeletal Pain Conditions: A Literature Review

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ABSTRACT

Background: Musculoskeletal pain conditions remains a major global cause of disability and is frequently associated with underlying neuromuscular dysfunctions that conventional physiotherapy approaches may not adequately address in the long term. There is limited evidence on whether advanced manual techniques, such as the Integrated Neuromuscular Inhibition Technique (INIT), yield better clinical outcomes.

Objective: To review and synthesize current evidence regarding the effectiveness of INIT in improving pain and functional outcomes in individuals with musculoskeletal pain conditions, compared with conventional physiotherapy and other conservative interventions.

Methods: This literature review synthesised evidence from clinical trials and comparative studies published between 2010 and 2025. Relevant studies were identified through electronic databases including PubMed/MEDLINE, Google Scholar, PEDro. The review focuses on the INIT, a multimodal approach that combines Ischemic Compression, Strain Counter-Strain, and Muscle Energy Technique (MET). The primary outcomes were pain intensity and functional disability, assessed using validated measures such as VAS/NPRS and MODI.

Results: Twelve clinical and comparative studies involving different musculoskeletal pain conditions were included in the review. The findings suggest that INIT can produce significant improvements in pain relief and functional mobility. Notably, INIT showed comparable or greater improvements in functional disability compared with some manual therapy approaches, including Mulligan mobilization.

Conclusion: The findings suggest that INIT provide greater improvements in pain relief and functional outcomes in individuals with musculoskeletal pain conditions compared with some conventional physiotherapy interventions. Incorporating INIT into physiotherapy management may help address underlying neuromuscular dysfunctions. However, further high-quality randomized controlled trials are required to confirm its long-term clinical effectiveness.

Keywords: Musculoskeletal pain conditions; Integrated Neuromuscular Inhibition Technique; Manual therapy; Pain; Functional disability.

INTRODUCTION

Musculoskeletal disorders encompass conditions that affect the body's tissues responsible for movement, stability, and support. They can involve various anatomical structures, including muscles, joints, tendons, ligaments, nerves, and the regions of the spine, neck, and extremities. Such disorders may result from an isolated episode of excessive physical loading, such as lifting or handling a heavy object, or may develop over time when the body is repeatedly exposed to mechanical stress. Repetitive activities, forceful exertion, vibration, and maintaining non-neutral body positions for extended periods can all contribute to their development. Depending on the structures involved, affected individuals may experience pain, stiffness, weakness, muscle-related discomfort, or difficulty performing normal movements. These problems may subsequently reduce physical capacity and interfere with everyday activities, occupational responsibilities, and other aspects of functional performance^{1,2}.

Musculoskeletal disorders constitute a significant source of disability worldwide and are responsible for considerable long-term limitations in physical function. Low back pain is particularly important within this group, as it contributes more to years lived with disability than any other musculoskeletal condition. The overall impact of musculoskeletal disorders is expected to become greater as populations continue to age, with the most rapid demographic changes occurring in many low- and middle-income countries. This trend is especially relevant to Asia, where a large proportion of the global population aged 65 years and above is expected to reside by 2050. Nevertheless, the available estimates may not fully represent the actual magnitude of musculoskeletal problems. Accurate assessment is complicated by differences in diagnostic approaches, variations in classification and coding practices, and the absence of consistent methods for recording pain-related conditions in health information systems. In addition, many musculoskeletal complaints are non-specific and cannot be attributed to one clearly identifiable anatomical tissue or pathological lesion, which further complicates their diagnosis and epidemiological documentation³.

NSAIDs and opioids can temporarily relieve pain but are linked to gastrointestinal issues, cardiovascular risks, dependency, and sedation. Although pharmacological and physiotherapeutic interventions can provide symptomatic and functional benefits, treatment response varies across individuals, and persistent or recurrent symptoms remain a clinical challenge^{4,5}. The INIT is another possible therapeutic approach. Ischaemic compression, positional release technique (PRT), and muscle energy technique (MET) are three soft tissue techniques that are used successively in this comprehensive approach that Leon Chaitow proposed⁶. While the strain counter-strain technique involves stretching the superficial fascia, trigger point release involves applying compression to the trigger point location and holding it there for 15 seconds. Reciprocal inhibition is the basis for how MET operates. It may significantly lessen low back discomfort because it employs three different manual approaches⁷.

This study aims to investigate whether INIT produces better outcomes than conventional physiotherapy in individuals experiencing musculoskeletal pain, particularly in terms of pain relief and functional improvement. Musculoskeletal pain may restrict movement and physical capacity and can interfere with routine activities and participation, highlighting the importance of effective rehabilitation strategies. Conventional physiotherapy is commonly employed to manage such conditions, but its effectiveness can differ between patients and may not always specifically target the muscular, myofascial, and neuromuscular factors associated with pain and dysfunction. INIT incorporates a combination of targeted manual techniques intended to address these contributing impairments and potentially enhance recovery. However, the evidence available on its effectiveness in comparison with conventional physiotherapy for musculoskeletal pain remains insufficient.

METHODOLOGY

Study Design

This investigation employed a literature review framework to critically analyze the available evidence comparing the effectiveness of the INIT against conventional physiotherapy in treating individuals with musculoskeletal pain conditions. Additionally, to maintain methodological clarity and prevent selection bias, a predefined protocol was established before initiating any database searches.

Study Duration

Evidence drawn from clinical trials and comparative evaluations published between 2010 and 2025 was integrated into this review. The research team completed all necessary stages, ranging from initial database queries and study selection to the final data extraction and analysis.

Research Question

To guide the search strategy and maintain a clear clinical focus, the primary research inquiry was constructed using the established PICO (Population, Intervention, Comparison, and Outcome) framework. This framework was used to define the Population, Intervention, Comparison, and Outcomes considered in the review (See Table 1).

Table 1: Research Question on PICO Format

Component	Description
Population (P)	Adults experiencing pain associated with musculoskeletal conditions affecting the body's muscles, joints, tendons, ligaments, and other supporting structures.
Intervention (I)	The clinical application of the INIT.
Comparison (C)	Conventional physiotherapy and other conservative interventions used for the management of musculoskeletal pain conditions
Outcome (O)	Decreased pain intensity and measured improvements in functional ability and daily mobility.

LITERATURE SEARCH STRATEGY

To systematically identify relevant clinical evidence a structured literature search was conducted across three primary academic databases:

- PubMed/MEDLINE
- Google Scholar
- PEDro

In addition to the computerized searches, a manual screening procedure was implemented. The reference sections of all shortlisted papers were thoroughly inspected to capture any pertinent studies that the initial database algorithms might have missed.

The search was limited to studies published between January 2010 to December 2025.

The search strings were constructed by pairing established Medical Subject Headings (MeSH) with relevant free-text vocabulary. These terms were linked utilizing standard Boolean logic (specifically the operators AND and OR) to guarantee a comprehensive yet highly targeted yield.

Search Keywords

The search equations incorporated the following key phrases and acronyms:

- Musculoskeletal disorders
- Integrated Neuromuscular Inhibition Technique

- INIT
- Conventional physiotherapy
- Routine physical therapy
- Conservative management
- Pain intensity
- Functional outcomes

Study Selection

The method for identifying suitable research was structured into four consecutive stages. (see Table 2)

1. Literature Retrieval involved gathering the first set of articles directly from the selected academic databases.
2. De-duplication required the removal of overlapping or repeated records found across different search platforms.
3. Initial Review consisted of evaluating the titles and abstracts of the collected papers to assess their basic relevance to the research topic.
4. Comprehensive Appraisal entailed a detailed examination of the complete texts to confirm which studies met all final eligibility requirements.

To ensure strict objectivity, two researchers independently analyzed the articles. If any disagreements occurred regarding whether a study should be included, the evaluators held discussions to achieve mutual agreement. When a consensus could not be reached, a third independent researcher was brought in to make the final decision.

Table 2: Eligibility Criteria for Selection of Studies

Inclusion Criteria:	Exclusion Criteria:
Studies involving patients with musculoskeletal pain conditions (non-specific low back pain, neck pain, and myofascial trigger points)	Studies involving specific pathological conditions (fractures, tumours, infections, or neurological disorders)
Studies evaluating INIT as a primary intervention	Studies not including INIT as an intervention
Randomized controlled trials, comparative studies, and experimental studies published in peer-reviewed journals	Case reports, review articles, conference abstracts, and editorials
Studies measuring outcomes related to pain, functional disability, range of motion, or pressure pain threshold	Studies without clear outcome measures or methodology
Articles published in English	Articles published in languages other than English
Human studies	Animal or laboratory studies

Primary Outcome Measures

- Visual Analog Scale (VAS)
- Numerical Pain Rating Scale (NPRS)

Secondary Outcome Measures

- Range of motion
- Pressure pain threshold
- Quality of life
- Electromyographic outcomes
- Adverse events

Data Extraction

A standardized data extraction form was developed prior to review.

The following information was extracted from each eligible study:

- First author
- Year of publication
- Country
- Study design
- Sample size
- Participant characteristics
- Mean age
- Intervention protocol
- Exercise frequency
- Exercise intensity
- Exercise duration
- Comparator intervention
- Outcome measures
- Follow-up duration
- Key findings
- Study conclusions

Methodological Quality Assessment

The methodological quality of included studies was assessed using standardized appraisal tools according to study design.

To ensure the reliability of our findings, two researchers independently appraised each selected article. During this evaluation, they classified the potential risk of bias into three distinct levels:

- Low
- Moderate
- High

If their assessments differed, the researchers thoroughly discussed the discrepancies until a mutual consensus was established.

DATA SYNTHESIS

Anticipating significant diversity in heterogeneity in study populations, treatment regimens, and measurement instruments among the selected papers, a narrative approach was chosen to integrate the evidence. The compiled results were systematically grouped into these primary categories:

- General study design and patient characteristics
- Specifics of the INIT and conventional physiotherapy protocols
- Changes in pain intensity
- Enhancements in functional capacity and daily mobility
- Outcomes of the methodological quality appraisals

Although treatment effects were compared descriptively whenever a few studies displayed sufficient clinical uniformity, the overarching methodological disparities across the literature precluded the use of a statistical meta-analysis.

Ethical Approval

Given that this research solely comprised an analysis of already published data, it required no direct human involvement or access to confidential patient profiles. Therefore, securing formal clearance from an institutional review board was not applicable to this study. The methodology was executed in strict alignment with established standards of scientific honesty, transparency, and ethical documentation. To properly honour the intellectual property of the original investigators, all incorporated literature has been meticulously referenced throughout the manuscript.

Synthesis and dissemination

A total of 12 clinical trials met the inclusion criteria and were analyzed. Among them, 8 studies demonstrated that the INIT plays a major role in substantially reducing pain intensity and enhancing functional mobility when compared to standard physical therapy or isolated manual interventions. 2 studies reported that INIT is also beneficial in inducing positive neurophysiological adaptations, such as decreasing muscle overactivity and normalizing electromyographic profiles. 1 study highlighted that combining INIT with a comprehensive structural rehabilitation program is essential for achieving sustained, long-term functional recovery. 1 single study identified that myofascial cupping could yield slightly superior short-term results when directly compared to INIT. Overall, the findings suggest that INIT by systematically deactivating trigger points and easing tissue

tension,can be considered an effective, reliable, and comprehensive non-pharmacological approach for managing musculoskeletal pain and restoring daily function. (see Table 3)

Table 3: Data synthesis and results

Authors / References/ year	Field of Research	Focus of the study	Main outcomes/findings
Chitale et al., 2022	Optimal manual therapy adjunct for treating NSLBP	Performed a comparative analysis of INIT vs mulligan mobilization, alongside standard physiotherapy	The INIT protocol demonstrated a more profound therapeutic outcome.
Danazumi et al., 2021	INIT compared with PRT	Examine the effect of INIT vs PRT, along with the stretching regimen, over 8 weeks.	INIT was impactful in enhancing functional mobility and increasing ROM.
Moustafa et al.,2018	INIT augmented with denneroll traction	Assessed treatment response durability by adding extension traction to baseline INIT and home exercise	INIT highlighted the need for lasting benefits from the treatment over 12 months.
Mohamed et al., 2021	Clinical impacts of combined ESWT and INIT	Measured the outcomes when administering shockwave therapy, INIT or a dual approach over 16 weeks.	Simultaneous integration of both modalities maximized pain relief and normalized nerve-muscle responses.
Gazbare et al. 2023	Efficacy of cupping in comparison with INIT	Investigated whether myofascial cupping outperforms INIT	Both treatments showed significant progress, but the cupping achieved greater results in the short term.
Nagrle et al., 2010	Effects of a standalone MET against INIT	Over a period of four weeks, compare the impact of a solo MET to that of INIT	The INIT approach delivered remarkably better overall therapeutic efficacy
Sathe et al., 2022	Immediate electromyographic changes post-INIT	Explored a targeted application of ischemic compression, positional release, and MET	The intervention effectively halted the pain-spasm cycle and improved electromyographic profiles.
Hamdy et al. 2023	Electrophysiological outcomes of IASTM and INIT	Explored the impact of 12 sessions of IASTM, INIT, or standard physiotherapy	The IASTM and INIT showed clinical success that was equivalent to, and even surpassed, traditional physiotherapy methods.
Ismail et al., 2022	Electromyographic and algometric responses to INIT versus spray-and-stretch	Compared the therapeutic effects of baseline stretching with either a vapocoolant spray technique or INIT.	The INIT regimen yielded the most profound improvements.
Ali et al., 2025	Impact of INIT with standard exercises	Examined the extra benefits of integrating the INIT protocol into standard physical rehabilitation	INIT produced much better outcomes in postural alignment, regional mobility, and pain relief than exercises alone

Lytras et al., 2020	INIT as a supplement to therapeutic exercise	Contrasted the clinical results of merging the INIT protocol with therapeutic exercise against using exercise therapy alone.	Combining INIT significantly boosted clinical success, resulting in greater enhancements in pain relief, functional recovery
Elabd et al., 2025	Advantage of INIT overpostisometric relaxation(PIR)	Compared the clinical performance of the INIT method against PIR when combined with standard electrothermal treatments	INIT performed remarkably better than PIR in eliminating muscular restrictions and minimizing disability.

DISCUSSION

The evidence clearly shows that manual interventions, especially the INIT, are highly effective in reducing discomfort and restoring physical function in patients with musculoskeletal pain conditions. Although the underlying mechanisms and contributing factors may vary across different musculoskeletal conditions these findings align with existing research, confirming that a structured INIT approach is a reliable conservative treatment option.

The first study examined the most effective manual therapy by comparing INIT with Mulligan mobilization, both combined with standard physiotherapy. Results showed that INIT offered a significantly greater therapeutic benefit⁸. Supporting these findings, another 8-week study compared INIT to PRT, with both groups performing stretching exercises. The study found that INIT resulted in large improvements in joint movement and daily functioning⁹.

To assess long-term effects, a different trial added denneroll extension traction to a basic INIT and home exercise program. This approach demonstrated sustained relief, maintaining clinical gains for a full year¹⁰. A trial exploring combined therapies tested ESWT and INIT individually and together over 16 weeks. The combined treatment was most effective at reducing pain and improving neuromuscular responses¹¹.

In comparison between myofascial cupping and INIT, both methods showed significant clinical improvements, with cupping providing slightly better short-term pain relief¹². A four-week trial compared MET alone to the full INIT protocol, showing that the complete INIT approach produced much better overall clinical outcomes¹³.

To examine immediate electromyographic changes caused by INIT, researchers applied targeted ischemic compression, positional release, and MET, which effectively disrupted the pain-spasm cycle and improved electromyographic activity¹⁴. In a different study on electrophysiological changes, 12 treatment sessions combining IASTM, INIT, and standard physiotherapy showed that both IASTM and INIT achieved outcomes that matched or exceeded traditional rehab methods¹⁵.

Furthermore, a study combining basic stretching with either vapocoolant spray or INIT found that INIT yielded the greatest clinical improvements, including electromyographic and pain measures¹⁶. Expanding on the current literature, merging the INIT method with routine physical rehabilitation produces outstanding clinical results. Compared to basic exercises on their own, this specific pairing leads to much stronger gains in structural alignment, joint flexibility, and overall pain relief¹⁷.

The critical importance of INIT is equally clear when it is paired with standard therapeutic exercise programs. This combined strategy exceeds the benefits of exercise alone, generating substantial and enduring upgrades in physical capabilities, pain endurance, and overall well-being¹⁸.

Finally, INIT proves exceptionally robust when evaluated against other hands-on modalities. When tested against PIR with both applied alongside standard electrotherapy the INIT approach triggers far better improvements in pressure sensitivity and significantly lowers regional impairment¹⁹.

Overall, the evidence reviewed suggests that INIT may be a useful component of conservative rehabilitation for musculoskeletal pain. Through its effects on muscle and myofascial dysfunction, INIT may help decrease pain-related symptoms while supporting improvements in movement and functional capacity. The technique may also assist in reducing excessive mechanical loading and facilitating more efficient mobility. Although further research is required to establish its effectiveness across different musculoskeletal conditions, the current evidence suggests that INIT is a practical, non-invasive, and potentially valuable therapeutic option.

Limitations and Further Recommendations

Evidence regarding the clinical application of INIT remains relatively limited and is not yet consistent across musculoskeletal pain conditions. Existing studies have primarily examined selected patient groups and specific anatomical regions, which restricts the ability to generalize their findings to other musculoskeletal populations. Moreover, most investigations have concentrated on immediate or short-term treatment responses, with comparatively little information available on whether these improvements persist over longer periods. Variations in treatment procedures, intervention dosage, participant characteristics, and outcome assessment further make comparisons between studies difficult. Future research should therefore involve larger, well-controlled randomized trials representing a wider range of musculoskeletal pain conditions. Standardized INIT protocols, validated clinical outcome measures, appropriate control interventions, and extended follow-up assessments should be incorporated to provide stronger evidence regarding its effectiveness, clinical applicability, and long-term outcomes.

CONCLUSION

The reviewed evidence suggests that INIT may be a useful conservative approach for managing musculoskeletal pain. By combining ischemic compression, strain-counter strain, and MET, INIT may help reduce pain and improve mobility and functional performance. Overall, INIT appears to be a practical, non-pharmacological option within physiotherapy rehabilitation, but further high-quality research is required to confirm its effectiveness.

REFERENCES

1. Valentijn, P. P.; Tymchenko, L.; Jacobson, T.; Kromann, J.; Biermann, C. W.; AlMoslemany, M. A.; Arends, R. Y. Digital Health Interventions for Musculoskeletal Pain Conditions: Systematic Review and Meta-Analysis of Randomized Controlled Trials. *J Med Internet Res* **2022**, 24 (9), e37869. <https://doi.org/10.2196/37869>.
2. El-Tallawy, S.; Nalamasu, R.; Salem, G.; Lequang, J. A.; Pergolizzi, J.; Christo, P. Management of Musculoskeletal Pain: An Update with Emphasis on Chronic Musculoskeletal Pain. *Pain and Therapy* **2021**, 10, 181–209. <https://doi.org/10.1007/s40122-021-00235-2>.
3. Blyth, F. M.; Briggs, A. M.; Schneider, C. H.; Hoy, D. G.; March, L. M. The Global Burden of Musculoskeletal Pain-Where to From Here? *Am J Public Health* **2019**, 109 (1), 35–40. <https://doi.org/10.2105/AJPH.2018.304747>.
4. GBD 2021 Low Back Pain Collaborators. Global, Regional, and National Burden of Low Back Pain, 1990-2020, Its Attributable Risk Factors, and Projections to 2050: A Systematic Analysis of the Global Burden of Disease Study 2021. *Lancet Rheumatol* **2023**, 5 (6), e316–e329. [https://doi.org/10.1016/S2665-9913\(23\)00098-X](https://doi.org/10.1016/S2665-9913(23)00098-X).
5. Qaseem, A.; Wilt, T. J.; McLean, R. M.; Forciea, M. A.; Clinical Guidelines Committee of the American College of Physicians; Denberg, T. D.; Barry, M. J.; Boyd, C.; Chow, R. D.; Fitterman, N.; Harris, R. P.; Humphrey, L. L.; Vijan, S. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med* **2017**, 166 (7), 514–530. <https://doi.org/10.7326/M16-2367>.
6. Chaitow, L. *Modern Neuromuscular Techniques*; Elsevier Health Sciences, 2010.
7. Chitale, N.; Patil, D. S.; Phansopkar, P. Advanced Manual Therapy Approach for the Management of Non-Specific Low Back Pain: A Case Report. *Cureus* **2022**, 14 (9), e28727. <https://doi.org/10.7759/cureus.28727>.

8. Chitale, N.; Patil, D. S.; Phansopkar, P. Integrated Neuromuscular Inhibition Technique Versus Mulligan Mobilization on Functional Disability in Subjects With Nonspecific Low Back Pain: A Comparative Study. *Cureus***2022**, 14 (10), e30253. <https://doi.org/10.7759/cureus.30253>.
9. Danazumi, M. S.; Yakasai, A. M.; Ibrahim, A. A.; Shehu, U. T.; Ibrahim, S. U. Effect of Integrated Neuromuscular Inhibition Technique Compared with Positional Release Technique in the Management of Piriformis Syndrome. *J Osteopath Med***2021**, 121 (8), 693–703. <https://doi.org/10.1515/jom-2020-0327>.
10. Does improvement towards a normal cervical sagittal configuration aid in the management of cervical myofascial pain syndrome: a 1- year randomized controlled trial - PubMed. <https://pubmed.ncbi.nlm.nih.gov/30419868/> (accessed 2026-02-08).
11. Mohamed, D. A.-A.; Kamal, R. M.; Gaber, M. M.; Aneis, Y. M. Combined Effects of Extracorporeal Shockwave Therapy and Integrated Neuromuscular Inhibition on Myofascial Trigger Points of Upper Trapezius: A Randomized Controlled Trial. *Ann Rehabil Med***2021**, 45 (4), 284–293. <https://doi.org/10.5535/arm.21018>.
12. Gazbare, P.; Rath, M.; Channe, D. Effect of Myofascial Cupping vs Integrated Neuromuscular Inhibition Techniques on Pain and Neck Movement in Individuals with Latent Trigger Point in Trapezius. *Hong Kong Physiother J***2023**, 43 (1), 73–80. <https://doi.org/10.1142/S1013702523500117>.
13. Nagrale, A. V.; Glynn, P.; Joshi, A.; Ramteke, G. The Efficacy of an Integrated Neuromuscular Inhibition Technique on Upper Trapezius Trigger Points in Subjects with Non-Specific Neck Pain: A Randomized Controlled Trial. *J Man Manip Ther***2010**, 18 (1), 37–43. <https://doi.org/10.1179/106698110X12595770849605>.
14. Sathe, T.; Prabhu, A.; Vishal, K. Within-Subject Changes in Shoulder Girdle Muscle Activation After Soft Tissue Mobilization of the Upper Trapezius. *J Chiropr Med***2022**, 21 (3), 149–156. <https://doi.org/10.1016/j.jcm.2022.04.003>.
15. Hamdy, H. A.; Grase, M. O.; El-Hafez, H. M.; Abd-Elazim, A. S. S. Instrument Assisted Soft Tissue Mobilization versus Integrated Neuromuscular Inhibition Technique in Nonspecific Chronic Neck Pain: Single-Blinding Randomized Trial. *J Chiropr Med***2023**, 22 (4), 247–256. <https://doi.org/10.1016/j.jcm.2023.07.004>.
16. Ali Ismail, A. M.; Abd El-Azeim, A. S.; El-Sayed Felaya, E.-S. E. Integrated Neuromuscular Inhibition Technique versus Spray and Stretch Technique in Neck Pain Patients with Upper Trapezius Trigger Points: A Randomized Clinical Trial. *J Man Manip Ther***2023**, 32 (2), 141–149. <https://doi.org/10.1080/10669817.2023.2192899>.
17. Ali, R. R.; Elsayed, S. N. M.; Kamel, R. M.; Fahmy, E. M.; Hamdy, H. A. Effect of Integrated Neuromuscular Inhibition Technique on Subjects with Neck Pain and Forward Head Posture: A Randomized Controlled Trial. *J Man Manip Ther***2025**, 33 (5), 401–411. <https://doi.org/10.1080/10669817.2025.2476662>.
18. Lytras, D. E.; Sykaras, E. I.; Christoulas, K. I.; Myrogiannis, I. S.; Kellis, E. Effects of Exercise and an Integrated Neuromuscular Inhibition Technique Program in the Management of Chronic Mechanical Neck Pain: A Randomized Controlled Trial. *J Manipulative Physiol Ther***2020**, 43 (2), 100–113. <https://doi.org/10.1016/j.jmpt.2019.03.011>.
19. Elabd, A. M.; Elabd, O. M.; Mansour, W. T.; Hammam, R. F. Efficacy of Integrated Neuromuscular Inhibition Versus Postisometric Relaxation Technique on Rhomboid Latent Myofascial Trigger Points: A Randomized Clinical Trial. *J Manipulative Physiol Ther***2025**, 48 (1–5), 214–225. <https://doi.org/10.1016/j.jmpt.2025.09.006>.