The EMMETT Technique

Internationally recognised,
complementary,
professional,
and evidence based

The EMMETT Technique is an internationally-recognised muscle release therapy, practised in over 35 countries around the world.

This muscle therapy is complementary to existing modern therapies and accepted by different medical professions.

The goal of the EMMETT Therapies team is to deliver high-level training and support to practitioners and students of the technique.

The team also endeavours to provide evidence of the effectiveness of the EMMETT Technique for clients.

The following are examples of data and statistical analysis from a series of sites and client populations.

EMMETT in Sport

Data was collected over two years from participants in a number of long-distance bike riding events in Far North Queensland*. Information was analysed with statistical software to examine the impact of the EMMETT session and the significant change in pain scores.

A self-assessed Pain Scale was used, whereby participants scored their pain levels, both before and after an EMMETT session. A score of 0 was "No Pain" and 10, the "Worst Pain Possible."

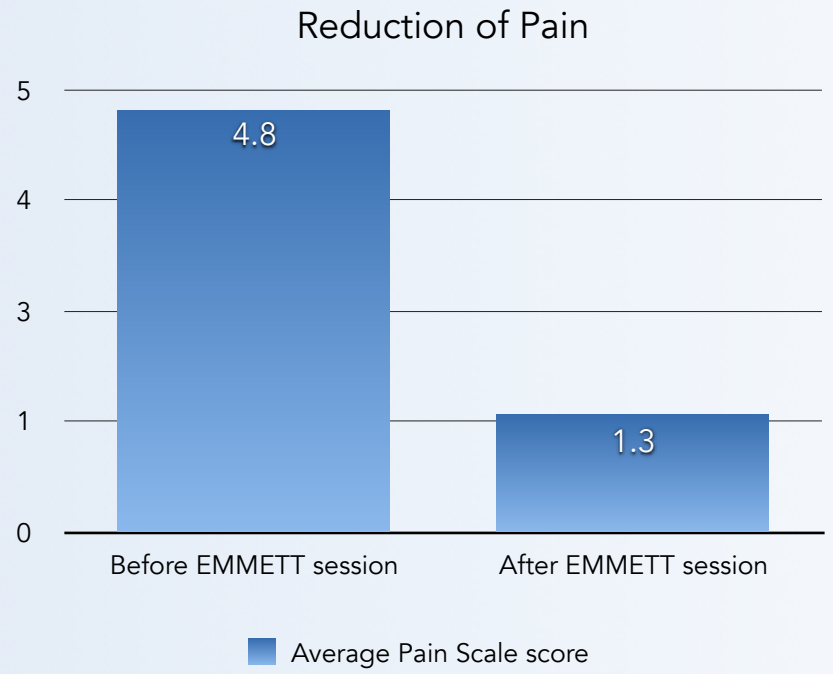
Results were similar from each event. An analysis was conducted of the combined results.

The changes in pain scale scores were statistically significant, with a p-value of < 0.001.

A Cohen's d score of 2.08 indicates that the effect size of the EMMETT session was 'very large'.

	Before EMMETT session	After EMMETT session
Number of clients	1592	1592
Mean	4.8	1.3
Standard deviation	1.8	1.2
Minimum value	1	0
Maximum value	10	8

Paired T-test p-value < 0.001



* Report available.

EMMETT in Industry

An EMMETT therapist was invited into a State-run industrial site to assist in their 'Zero Work Injury Policy'. Workers received EMMETT sessions in work time, fully clothed, and returned to work immediately following the session*.

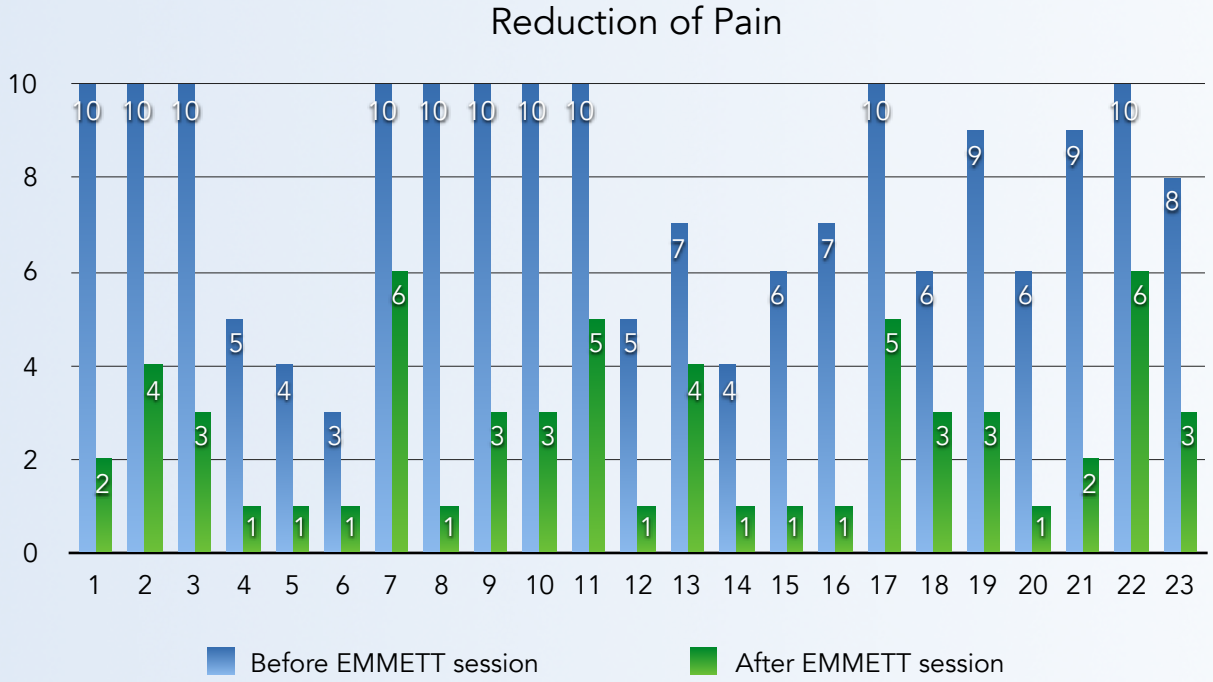
After a three-month period, an evaluation of the program was conducted and it was found that there was an overall reduction in the severity of strain and sprain injuries requiring medical attention; therefore, reducing the number of LTIs (lost time injuries).

A self-assessing Pain Scale was used, where workers scored their pain levels both before and after an EMMETT session. A Pain scale of 1 to 10 was used: 1 being no pain and 10 being the highest pain measure.

Changes in pain scale scores were statistically significant with a p-value of < 0.001. A Cohen's d score of 2.82 indicates that the effect size of the EMMETT session was 'very large'.

	Before EMMETT session	After EMMETT session
Number of clients	23	23
Mean	7.8	2.6
Standard deviation	2.4	1.7
Minimum value	3	1
Maximum value	10	6

Paired T-test p-value < 0.001



* Report available.

EMMETT in Aged Care

This data was compiled by the Director of Nursing at Aged Care Facility who had employed a Physiotherapist to provide EMMETT therapy to residents*.

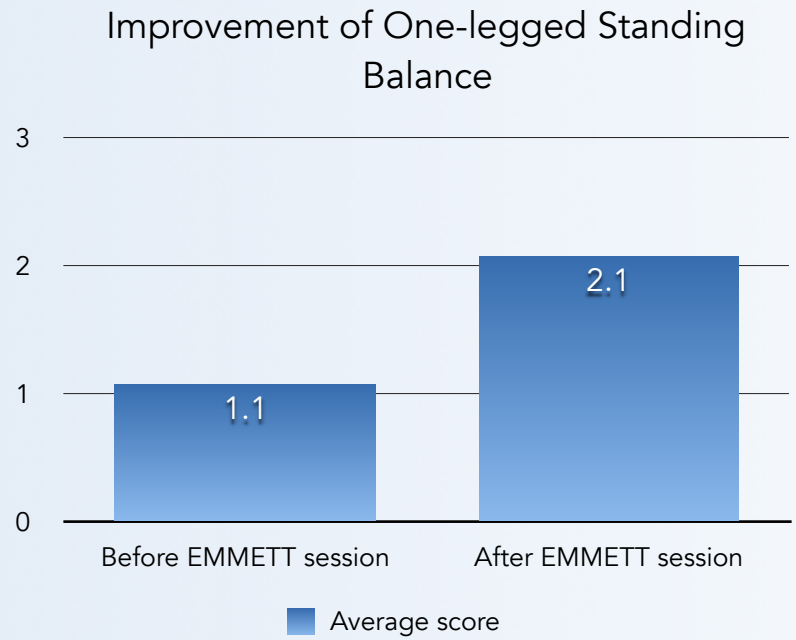
A 5-point scale of balance was used to assess one-legged standing of participating residents; from 0 (unable to stand on one leg) to 4 (independent one legged standing for more than 10 seconds).

The following is a statement from the Director, *"These muscle release techniques have significantly improved balance for many of the residents. It should also be noted that the feedback from residents is that this treatment also gives them relief from pain and hence required less analgesia."*

A p-value < 0.001 is a significant clinical result, which indicates that clients experienced substantial improvements in functional standing ability and balance. A Cohen's d score of 1.62 indicates that the effect size of the EMMETT session was also 'very large'.

	Before EMMETT session	**After EMMETT session**
Number of clients	22	22
Mean	1.1	2.1
Standard deviation	1.2	1.0
Minimum value	0	1
Maximum value	4	4

Paired T-test p-value < 0.001



* Report available.