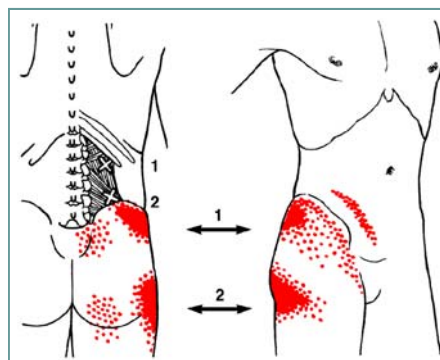


MYOFASCIAL TRIGGER POINT THERAPY

Myofascial Therapy utilizes a unique treatment protocol for the treatment of myofascial pain & dysfunction. This protocol is based on the seminal works of Janet G. Travell, MD and David G. Simmons, MD and integrates current scientific concepts and research.

This protocol includes:

- Differential Diagnosis
- Comprehensive Client History
- Pain Mapping
- Range of Motion Evaluation
- Postural Analysis
- Identification of Perpetuating Factors
- Correction of Perpetuating Factors by Working with an Interdisciplinary Team
- Manual Techniques Utilized to Treat Myofascial Pain and Dysfunction
- Personalized Client Rehabilitation Program
- Client Education



Example of a referred pain pattern
For more information on referred pain
visit www.myofascialtherapy.org

Myofascial Trigger Point Therapy is generally used as a ‘spot’ treatment more so than the typical ‘full body’ approach utilized during a massage. Specific areas will be identified and treated accordingly with pain-relieving intention.

What is Myofascial Pain Syndrome (MPS)?

About 10% of the United States Population has one or more chronic disorders of the musculoskeletal system. It is believed that musculoskeletal disorders are among the main causes of disability in the working-age population and are among the leading causes of disability in other age groups. Myofascial pain syndrome (MPS) is a common painful, often debilitating, disorder caused by myofascial trigger points and/or fascial restrictions. This must be differentiated from Fibromyalgia syndrome, which involves multiple tender spots or tender points. These pain syndromes often occur simultaneously and may interact with each other. However, they can also exist independent of each other.

Trigger points (TrP) are discrete, hyperirritable spots located in a taut band of skeletal muscle. These points are painful upon compression and can produce “predictable” pain referral patterns, referred tenderness, motor dysfunction and autonomic phenomena.

Trigger points are classified as being either active or latent, depending on their clinical characteristics. An active trigger point causes pain at rest and is tender on compression with a predictable pain referral pattern that may be similar to the patient’s complaint. This referred pain is felt away from the site of the trigger point, in fact 85% of the time this is the case. This referred pain can be described as radiating or spreading. It is these unique characteristics that help to differentiate trigger points from tender points.

A latent trigger point does not cause spontaneous pain, however it may restrict movement or cause weakness. A patient presenting with latent trigger points may become aware of pain originating from a latent trigger point upon compression. In addition, when a firm pressure is applied to a trigger point in a snapping manner, perpendicular to the muscle fibers, a “local twitch response” may be evoked. A local twitch response is defined as a transient visible or palpable contraction or dimpling of the muscle and skin as the taut band that hosts the trigger point contracts when this pressure is applied.

Clinical Presentation of MPS: Patients who have trigger points often report regional, persistent pain that results in a decreased range of motion of the muscle in question. Often, the muscles used for posture are affected, primarily upper back, shoulders and neck as well as the low back & pelvic girdle. Though the pain is usually related to muscle activity, it may be constant as well. This pain is predictable and reproducible and does not follow a dermatomal or nerve root distribution. Patients report few systemic problems and neurological deficits are generally absent on examination.

In the head and neck, myofascial pain syndrome can manifest as tension headaches, tinnitus (ringing in ear),

TMJ pain, eye symptoms (sinus pressure) and torticollis. Arm pain is often referred from the neck/shoulders and pain felt in the shoulders may resemble visceral pain and may mimic tendonitis or bursitis. In the legs, trigger points in the low back and gluteals may mimic “sciatica” and pain felt in the knees may really be manifesting as trigger points in the quadriceps muscles.

Examination of a Patient with MPS: Palpation of a hypersensitive nodule within a taut band is usually the physical finding of a trigger point. Localization of a trigger point is dependent upon the physician’s ability to adequately palpate and attention to the patient’s response during this examination.

Currently, no laboratory test or imaging technique has been established for diagnosing trigger points.

Where Do I Begin if I Have Been Diagnosed with MPS?

Call us for an evaluation of your condition. If you are not local, you can locate a therapist who is educated in the art & science of myofascial therapy in your area by visiting www.myofascialtherapy.org

Then, have a discussion with your therapist regarding your goals and how you would like to proceed with treatment. Entering into a treatment plan requires a true commitment on the client’s behalf. Many times, relief can be experienced after just a few visits, however long lasting relief is only realized if the client takes responsibility for themselves and follows the designated “Home Treatment Plan.”

What is the Difference Between MPS and Fibromyalgia Syndrome?

Myofascial Pain Syndrome (MPS) is diagnosed by the presence of trigger points (TrP) and Fibromyalgia Syndrome (FMS) is diagnosed by the presence of tender points (TP) among other symptoms.

The table below demonstrates the difference between tender points (TP) and Trigger Points (TrP):

Trigger Points (TrP)	Tender Points (TP)
Local tenderness, taut bands, local twitch response and/or jump sign	Local tenderness
Singular or multiple spots	Multiple spots
May occur in any skeletal muscle	Occur in specific locations that are symmetrically located
May cause a specific referred pain pattern	Do not cause referred pain, however often cause a total body increase in pain sensitivity

Information Provided by:

Chaney’s Natural Health



Pain-Spasm-Pain Cycle

Many times, muscular pain happens in cycles and it is the cycle that needs to be addressed for complete and prolonged relief of symptoms.

Pain can develop in muscles from various causes such as broken bones, whiplash, chilling, herniated/bulging disks, surgery, immobilization, chronic overuse, repetitive movements and even nutritional imbalances. Other factors may include sudden overload on the muscle, fatigue, infections, injections, medications and chronic stress. Muscles have remarkably long memories. Even years after an injury has healed, a simple precipitating event such as bending over to lift something can reactivate the latent trigger points causing a predictable pain and weakness pattern. This is especially true during stressful times.

An illustration of the “Pain - Spasm - Pain” Cycle

