

NEWS & NOTES

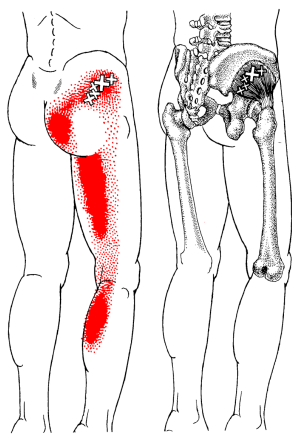
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understanding trigger points: part two

In the previous installment of *News & Notes*, we looked at the prevalence and symptoms of myofascial trigger points (TrPs). (All back issues of *News & Notes* are archived on the web at ClinicalBodywork.com/newsletters.) The treatment of any musculoskeletal pain or dysfunction should include a search for trigger points that are likely involved. In this issue, let's turn to what is needed to eliminate the pain and other symptoms caused by trigger points.

There are many ways to inactivate trigger points and to release latent ones as well. I am trained to locate and release trigger points with gentle manual methods. Some physicians treat TrPs by injecting them with local anesthetic. Other clinicians use a coolant spray over the affected area, immediately followed by stretching the muscle. There are many treatment models.

But addressing the trigger point itself is not enough! Sure, deactivation can provide enormous symptom relief in the short term. But unless the causes and perpetuating factors are identified



An example of a trigger point pain referral pattern. The "X" show the location of the trigger points in gluteus minimus. The shaded area shows the sciatica referral pain down the leg.

(Mediclip image. All rights reserved.)

and dealt with, the trigger point will again become activated.

"Ignoring perpetuating factors invites recurrence."¹ In fact, the things that sustain your active trigger points could be so important that finding and eliminating them – restoring proper function to the muscle – *may even allow the trigger points to deactivate on their own.*

Many of us simply keep pushing our bodies to keep going, with little respect for our physical needs and limitations, ignoring painful signs and signals. Some factors are beyond our control, but most are not.

Things that activate and perpetuate trigger points include:

- Habitual muscle tension
- Untreated postural imbalance
- Using poorly designed furniture (car seats are included here!)
- Holding sustained positions
- Using poor body mechanics
- Immobility in a brace or cast
- Repetitive movements without breaks
- Constrictions from carrying a heavy purse or backpack on your shoulder, or a large wallet in your back pocket
- Trauma from such things as car accidents, falls, fractures, or surgeries can activate TrPs

Sitting at a computer keyboard all day and on the couch all evening may not feel like overuse. But muscles are being recruited to work in ways they're not designed to. In fact, "laborers who exercise their muscles heavily every day are less likely to develop active TrPs than are sedentary workers."²

Drs. Travell and Simons stated it well: "Patients must learn to respect their muscles. Muscles are designed to contract, relax, and be kept mobile through their full range of motion. They are *not* designed to be held for long periods in sustained contraction or in a fixed position, particularly not in the fully shortened position. Most patients need to apply some myofascial therapy at home, such as moist heat, stretch exercises, and TrP pressure release. Patients also need to practice good movement postures that prevent excessive muscle tension and stress."³

There are other factors that activate and perpetuate trigger points. Nutritional, metabolic, and endocrine inadequacies can play an important role in maintaining active trigger points. So can chronic infection and uncontrolled allergies. Sleep disturbance can be both an effect of pain and can exacerbate it. Depression and anxiety are also closely linked with chronic pain.

"One of the most important aspects of TrPs is that *any* stress affecting you as a whole, even if it apparently has nothing to do with the area where the TrP lies, will cause it to be more active. So a climatic change, an emotional event, physical effort or almost anything else which requires your body to adapt to change will produce increased activity in TrPs."⁴

"Tension, anxiety, and everyday nervousness can make trigger point therapy ineffective. Habitually holding your muscles tight (bracing) never gives them a chance to rest, not even at night when you're sleeping. A tight muscle is working continuously, and the tightness should be considered a form of overuse.

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You may not be aware of just how much muscle tension you're holding on to. Relaxing your muscles won't get rid of the trigger points, but it will allow therapy to work better."⁵

Together, we can begin to determine what factors are keeping you from enjoying pain-free movement. I can treat your trigger points and help you find more structural and functional balance. The other members of your health care team can provide valuable assistance in their areas of specialization. In the end, it's *your* health. To experience successful and lasting treatment, your commitment and involvement in the process are essential.

Endnotes & Sources

¹ Simons 1999, page 31; ² Simons 1999, page 21; ³ Simons 1999, page 166; ⁴ Chaitow, page 103; ⁵ Davies, page 32; ⁶ Chaitow, page 103

Chaitow, L. 2004. *Maintaining Body Balance, Flexibility and Stability*. Churchill Livingstone.

Davies, C. 2004. *The Trigger Point Therapy Workbook*. Second Edition. New Harbinger Publications, Inc.

Simons, DG, Travell, JG, Simons, LS, 1999. *Myofascial Pain and Dysfunction: The Trigger Point Manual, The Upper Extremities*. Volume One. Second Edition. Williams and Wilkins.

Simons, DG. 2006. Review of microanalytical in vivo study of biochemical milieu of myofascial trigger points. *Journal of Bodywork and Movement Therapies* 10, 10-11.

**Leon Chaitow, DO
summarizes the characteristics
of trigger points:**

- ◆ local sensitivity/pain on pressure (often very light pressure)
- ◆ referred or radiating pain, with the referral area often being some distance away
- ◆ the ability to increase tone in the tissues in which it lies, as well as in the target area
- ◆ a weakening effect on the strength of the muscle in which it lies, as well as the target area⁶

RACHEL OUILLETTE CLINICAL BODYWORK
2350 WASHTENAW AVENUE, SUITE 22
ANN ARBOR, MICHIGAN 48104

(734) 649-3060

CLINICALBODYWORK.COM

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Hope you're having a wonderful summer!