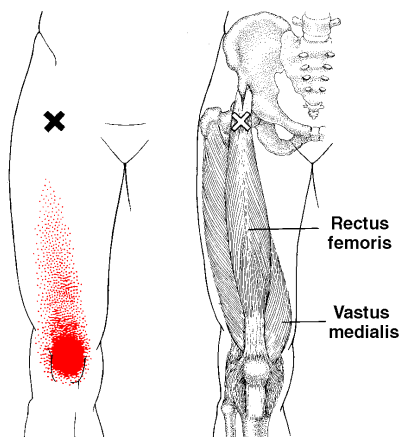


understanding trigger points: part one

Myofascial trigger points (TrPs) are “very common and are a major source of musculoskeletal pain and dysfunction.”¹ If you have chronic pain, it is quite likely that trigger points are playing a part. They have been found to be “involved in most chronic pain situations.”² If not the original cause, they can worsen, complicate, and perpetuate painful symptoms.

Study after study has demonstrated how common trigger points are. One study conducted in a pain clinic found that 93% of patients had trigger points affecting their condition and that trigger points were *the primary cause of pain* in 74% of cases. A study in a different pain clinic found that trigger points were *the primary cause of pain* in 85% of patients.³ The importance of trigger points cannot be overstated! It’s a wonder how much they are ignored in the treatment of pain and other orthopedic problems.

Trigger points can be either *active* or *latent*. Both types of trigger



An example of a trigger point pain referral pattern. The “X” shows the location of the trigger point high in the quadriceps. The shaded area shows the referral pain to the knee.

(Mediclip image. All rights reserved.)

points restrict movement – shortening and weakening muscles and limiting range of motion. Many people aren’t aware of the limitations and unconsciously recruit other muscles, changing their functional posture to get the job done. Muscle stiffness is usually worse in the morning and after periods of immobility or overactivity during the day.⁴ Latent trigger points stop there. Active trigger points, however, also cause pain.

Trigger point pain is usually a deep ache that you can’t quite put your finger on. There are some, however, that can be quite sharp. Others create symptoms of numbness and tingling.

“The severity of symptoms caused by myofascial TrPs ranges from the agonizing incapacitating pain caused by very active TrPs to the painless restriction of movement and distortion of posture due to latent TrPs that are so commonly overlooked.”⁵

The hallmark of trigger points is *referral* pain. Pressing on the trigger point itself is exquisitely tender, yes, but active trigger points also cause pain over a different area of the body than where the trigger point itself is located. This referred pain pattern is predictable, reproducible, and *treatable*.

“Referred myofascial pain can be as intense and intolerable as pain from any other cause. Some common examples of referred pain are tension headaches, migraine, sinus pain, and the kind of pain in the neck that won’t let you turn your head. Jaw pain, earache, and sore throat can be expressions of referred pain. Another is the incapacitating stitch in the side that comes from running too hard.”⁶

The movement restrictions caused by both active and latent trigger

points are two-fold. The contractures and tight bands of muscle that harbor trigger points present a mechanical limitation of movement. In both the source and target tissues, pain prevents full range of motion. This can also manifest as muscle weakness because the “muscle learns to limit the force of its contraction below the pain threshold.”⁷ Muscle strength, range of motion, and endurance are all affected by the presence of trigger points.

“Movement requires some muscles to contract and others to lengthen. Trigger points can make a muscle reluctant to do either. Stretching or contracting irritates trigger points and increases pain, making you less and less inclined to move. If your neck hurts, you stop turning your head. If your back hurts, you stop trying to lean over. If your shoulder hurts, you stop reaching for things. This is called ‘splinting’ or ‘guarding,’ a natural protective response that keeps the muscle from suffering further abuse.

Splinting calls other muscles into action to take up the burden. That may sound like a good idea until you realize that the helper muscles are bound to get stressed from doing the awkward, unaccustomed work. Very soon, they develop trigger points too and an entire limb, or one whole side of the body, can become involved. The muscles stiffen and your range of motion becomes progressively limited. Your reluctance to move turns into an inability to move.”⁸

Trigger points can be activated by any form of overload to the muscle, including trauma, postural imbalance, poor body mechanics, repetitive use,

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and immobility. They can also be activated by any stress to your whole system, like emotional strain or a viral infection.

There are many different 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. Follow-up with committed self-care is critical to successful treatment.

In the next issue of *News & Notes*, we'll explore the treatment of trigger points and the importance of finding and eliminating the things that perpetuate them.

Endnotes & Sources

¹ Simons 1999, page 12; ² Chaitow, page 103; ³ Simons 1999, page 12; ⁴ Simons 1999, page 109; ⁵ Simons 1999, page 13; ⁶ Davies, page 23; ⁷ Simons 1999, page 109; ⁸ Davies, page 25; ⁹ Simons 2006

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WHAT ARE TRIGGER POINTS?

Trigger points are contractures in muscle tissue – the sarcomeres, to be precise. (Sarcomeres are the contractile element of muscle.) As a result of muscle abuse or trauma these contractures develop, creating a small “knot” which pulls the muscle fibers into a taut band.

Recent research has shown a remarkable distinction between active and latent trigger points. The biochemistry of active trigger points has been found to contain no less than *nine* stimulants of pain receptors (nociceptors).⁹

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NEWS & NOTES

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