Myofascial Pain Syndromes

My Dawning Awareness
Mayo Clinic Definition
(Myofascial pain Syndrome)

A chronic pain disorder where pressure on sensitive points in muscles (trigger points) causes pain in seemingly unrelated parts of the body (referred pain).

Myofascial pain syndrome typically occurs after a muscle has been contracted repetitively.

3 Important Points

1. Muscle and fascia can develop myofascial pain syndromes (MPS) in >50% of people.

2. Referred pain patterns from MPS are often mistaken for compressive neuropathies.

3. Effective nonsurgical approaches to MPS exist and should always be considered before surgery where MPS criteria exist.
“Myofascial Pain Syndrome”


Areas of common confusion

• MPS is not Fibromyalgia

• Myofascial Pain is not a disease . . .
  • It is a syndrome or a symptom constellation

• MPS Treatment is Multi Disciplinary
  • Osteopathic, chiropractic / active release, neuromuscular reeducation, PT, Feldenkrais, Alexander, etc.
Ultrasound showing nodular regions in skeletal muscle w/ TrPs.

*Ultrasound showing nodular regions in skeletal muscle w/ TrPs.*


**US Show that Trigger Points Exist**

**REferred Pain**

*(Afferent Convergence)*

Indicators of TrP’s

- Sensitivity to cold breezes
- Symptom resolution with heat
- Non dermatomal dysesthesia
- Symptoms improve after the patient “warms up”
- Symptoms provoked by inactivity or physical overload

**ENTITY #1: Upper Extremity Pain a/w RSI**

(i.e., here is where you palpate)
**ENTITY #2: Cervical Pain w/ "Traps & Scaps"**

**LE Pseudo-Radiculopathy**

(aka: piriformis syndrome, pseudosciatica, wallet sciatica, hip socket neuropathy).

- Piriformis syndrome has been a **controversial diagnosis** since its initial description in 1928*.
- **Definition**: Piriformis syndrome is a condition in which the piriformis muscle, located in the buttock region, causes **buttock pain**.
- **Symptoms**: pain, numbness and tingling on back of leg and into foot (similar to sciatic pain).

*Yeoman W. The relation of arthritis of the sacroiliac joint to sciatica. Lancet. 1928. ii:1119-22

Kellgren in the 1930s, with his mapping of myotomal referral patterns of pain resulting from the injection of hypertonic saline into muscle and ligaments.

J Spine Disorders & Techniques; Jul, '09; v22:5; pp328-333
Trigger Point Examination

Myofascial release
Biofeedback

Simple Approach to Myofascial Pain Treatment

• Education, read about myofascial pain
• Myofascial therapy 6-12 sessions
• Biofeedback to address perpetuating factors
• Once myofascial pain lessens, order PT to teach Peter Edgelow program with kit
  o Remember standard PT can flare patients
• Trigger point injections as needed
  o Bupivacaine and Lidocaine only; dry needling; steroid atrophy.
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And, think "MPS" when you hear your patient say...

- “Physical therapy made me worse”
- “The surgery never made me better”
- “The ESI didn’t work (or made the pain worse)”
- “It gets worse when I am stressed out”
- “My surgeon says I have EMG/NCV-negative CTS”
- "I got this knot in my muscle"