

Myofascial Pain Syndromes

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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

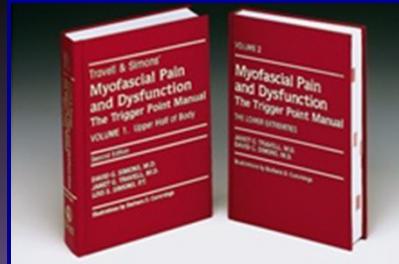
Referred pain patterns from MPS are often mistaken for compressive neuropathies.

3

Effective nonsurgical approaches to MPS exist and should always be considered *before surgery* where MPS criteria exist.

“Myofascial Pain Syndrome”

1952: Travell & Simons “Myofascial Pain and Dysfunction – The Trigger Point Manual”

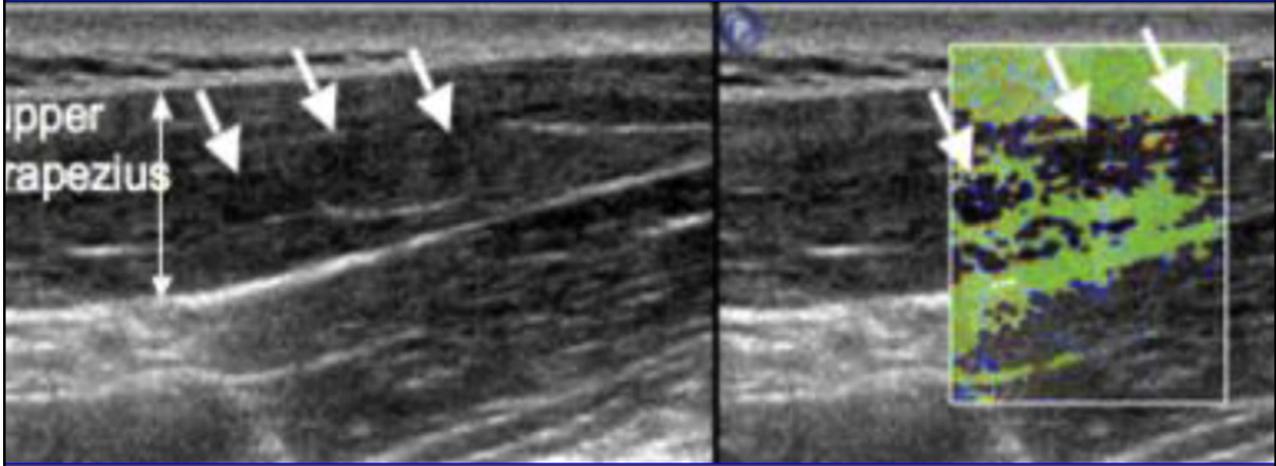


Postgrad Med. 11:425-34.

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, Feldenkreis, Alexander, etc.

US Show that Trigger Points Exist

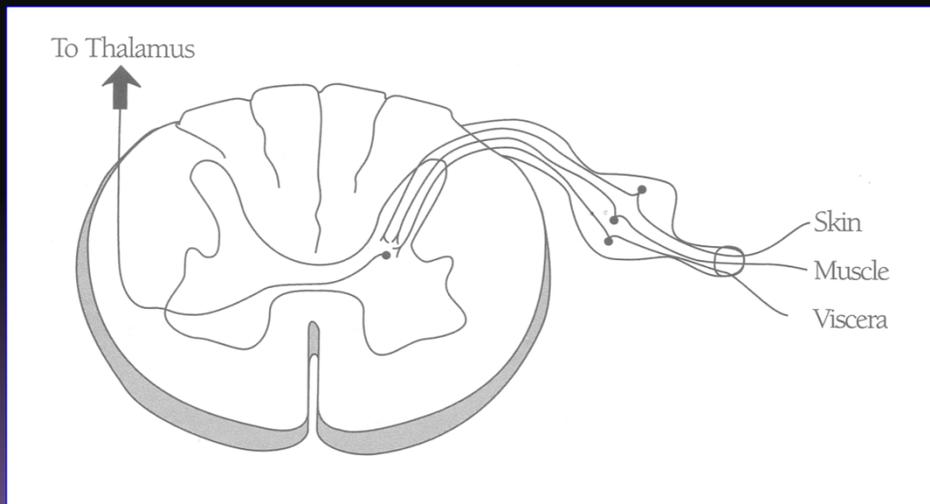


Ultrasound showing nodular regions in skeletal muscle w/ TrPs.

Sikdar S, et al. Novel applications of ultra- sound technology to visualize and characterize myofascial trigger points and surrounding soft tissue. Arch Phys Med Rehabil 2009;90: 1829-1838

REFERRED PAIN

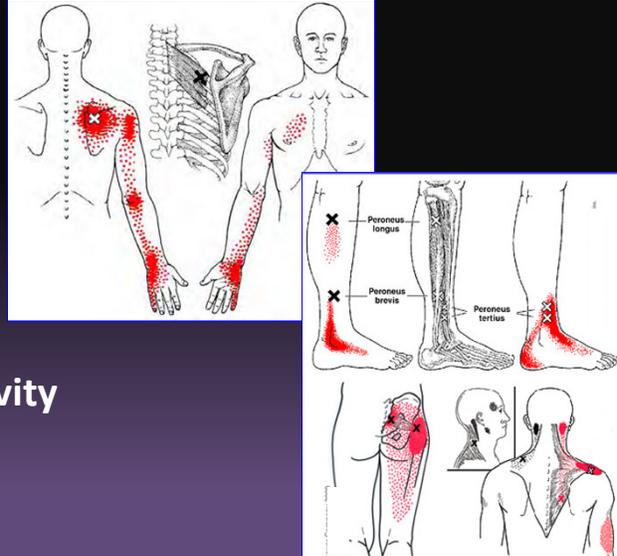
(Afferent Convergence)



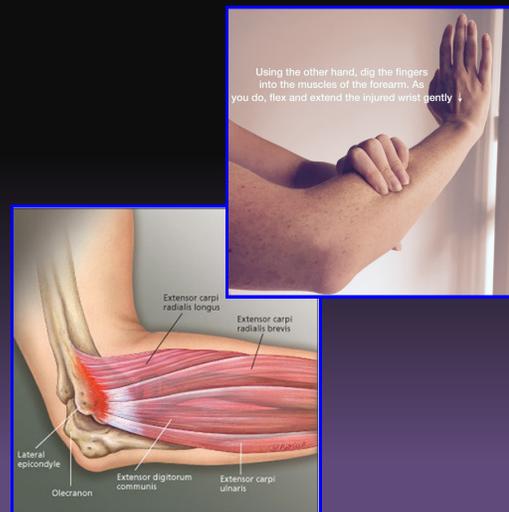
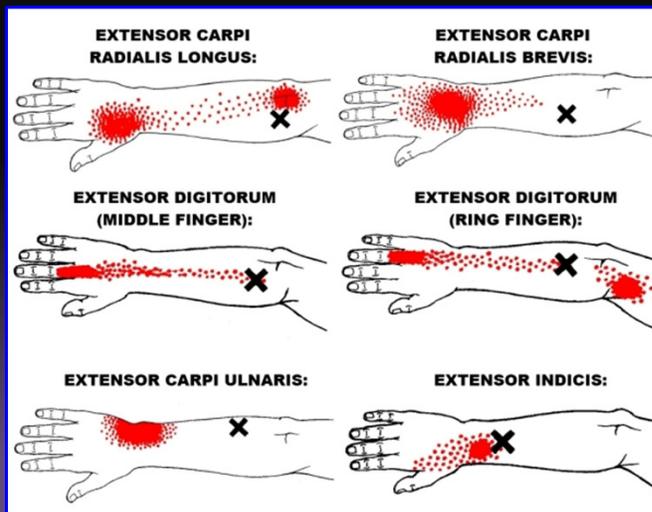
Schneider & Morris: Myofascial Pain in Low Back Syndromes. In: Morris C Ed. Low Back Syndromes. McGraw-Hill 2006

Indicators of TrP's

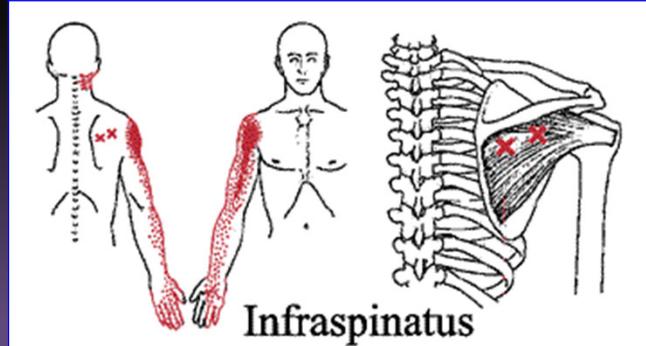
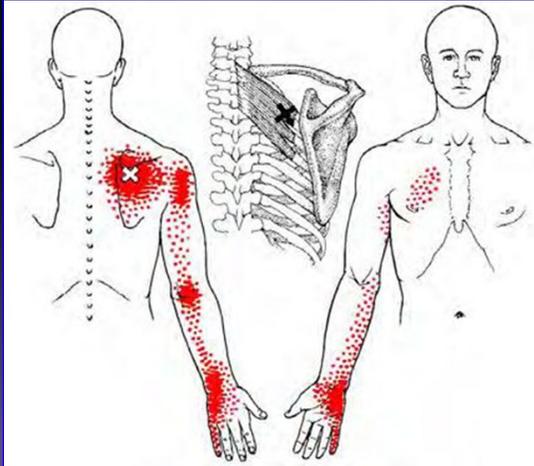
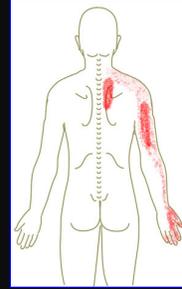
- Sensitivity to cold breezes
- Symptom resolution with heat
- Non dermatomal dysesthesia
- Symptoms improve after the patient "warms up"
- Symptoms provoked by inactivity or physical overload



ENTITY #1: Upper Extremity Pain a/w RSI (i.e., here is where you palpate)

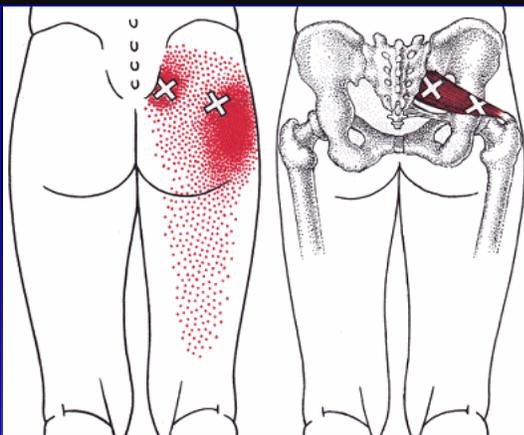


ENTITY #2: Cervical Pain w/ "Traps & Scaps"



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).

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

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

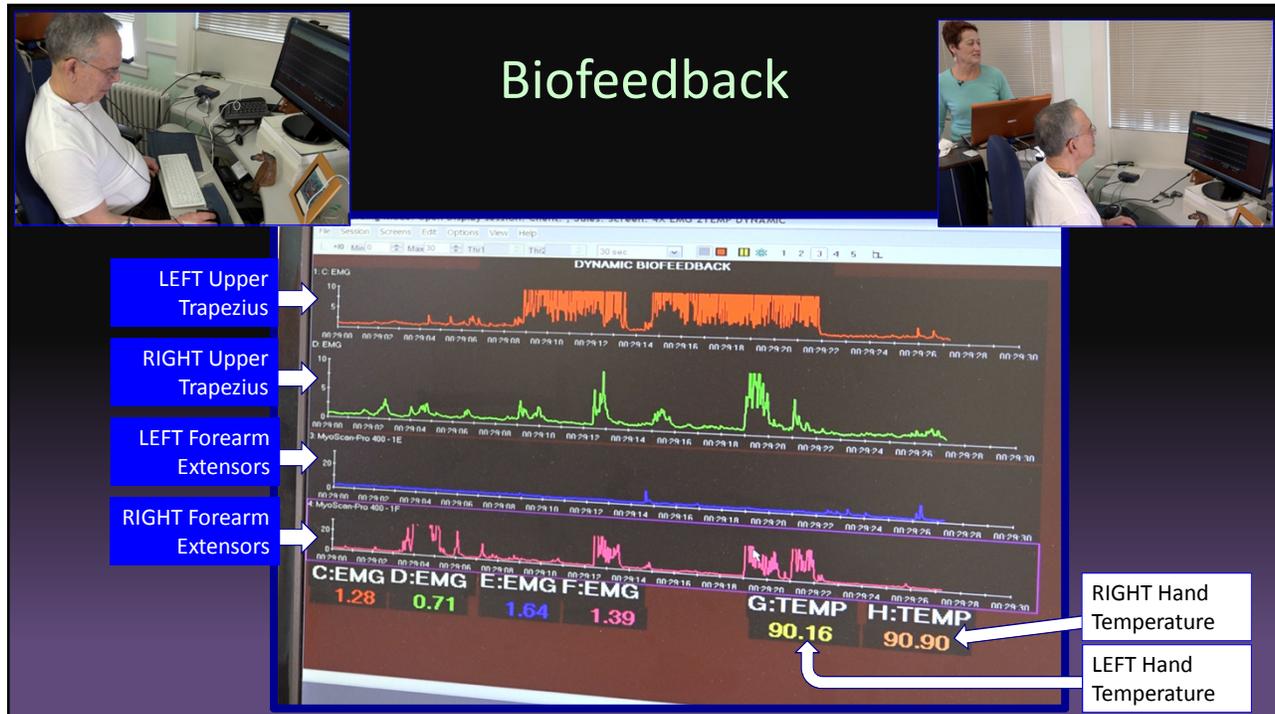
Kellgren in the 1930s, with his mapping of myotomal referral patterns of pain resulting from the injection of hypertonic saline into muscle and ligaments

Trigger Point Examination



Myofascial release





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
 - Remember standard PT can flare patients
- Trigger point injections as needed
 - 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"

END