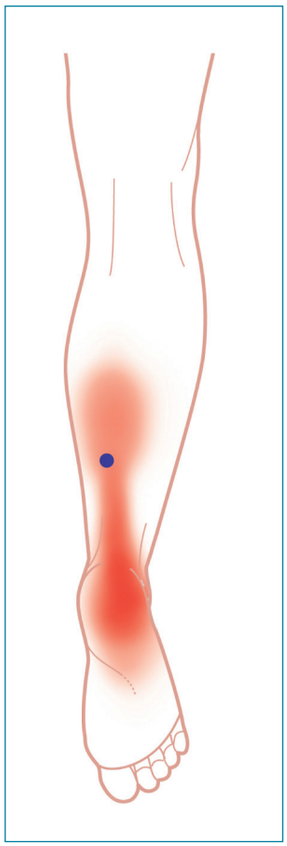
Is Trigger Point Therapy its own specialty?

In 1991 I attended a two-week seminar in Neuromuscular Therapy, a combination of myofascial release and trigger point treatments. Immediately after the class I bought Travell and Simons Volume 1, and then Volume 2 when it came out the next year. I plastered my walls with charts, made my own chart of the 'pain guides', learned the self-help techniques in the books, and started creating additional techniques to teach my patients. I subsequently wrote five books on trigger points and self-help techniques, and began teaching further education classes for health care providers.

As I researched massage school curriculums, and read web posting sites for professionals, it became clear to me that many health care providers did not have a comprehensive understanding of what trigger point therapy really entails. I read comments saying that most of what was published in Travell and Simons was not pertinent to massage therapists, and that trigger point therapy is 'easy'. I would have to adamantly disagree with both statements, as would anyone who has taken either my classes or any extensive trigger point training.



I always begin my class by telling the students that what they do with their brain is far more important than what they do with their hands. Trigger points can be successfully treated by needling or a variety of pressure techniques, but none of the techniques will work if they aren't applied in the correct place. Trigger point therapy is like doing 'detective work'—you need to know how to use the 'pain guides' to determine which muscles to search for trigger points. You also need to know how to evaluate your patients for perpetuating factors—the conditions that cause and keep trigger points activated.

PAIN GUIDES

About 74% of commonly found trigger points are not located within their area of referred pain. If you don't know where to search for trigger points, and you only work on the area where your patient feels pain, they probably won't get relief. For example, if your patient has pain in their heel area, you need to check the soleus, quadratus plantae, abductor hallucis, and tibialis posterior muscles for trigger points (more often than not, what is commonly diagnosed as 'plantar fasciitis' is actually referred pain from trigger points found in one of these muscles).

There are many therapists who come across a knot by happenstance and press it, and think they have successfully treated a trigger point. Familiarity with referral patterns gives us a starting point of where to look for the trigger points that are actually causing pain, but you must understand how to use the pain guides so that you will know which muscles to check. A trigger point therapist knows which muscles to check for trigger points that might refer pain to any given area.

PERPETUATING FACTORS

Trigger points may form after a sudden trauma or injury, or they may develop gradually. Common initiating and perpetuating factors are mechanical stresses, injuries, nutritional problems, emotional factors, sleep problems, acute or chronic infections, and organ dysfunction and disease, though there are many more. If perpetuating factors aren't identified and treated, your patient may improve temporarily, but their symptoms will keep returning.

As resolving these factors is crucial for long-term relief, you need to be familiar with all potential perpetuating factors and the symptoms of each. You must have your patient fill out a complete medical history form which includes questions that will ascertain which perpetuating factors may be pertinent to your patient, and you will need to spend time asking questions and discussing all of their symptoms.

Even if it is not within your scope of practice to diagnose and treat many of these perpetuating factors, as a health care provider, it is important that you have some ideas of who you can refer your patient to, who can diagnose and treat particular perpetuating factors that you suspect. For example, if your patient is suffering from fatigue, depression, and insomnia, you might suspect anemia or hypothyroidism, and you may need to refer your patient to someone who can order lab work. If their muscles are cramping, you may want to evaluate their diet and recommend lab work for their vitamin and mineral levels.

WHAT YOU CAN DO

1. At the very least, get Travell and

If we treat myofascial pain syndromes without ... correcting the multiple perpetuating factors, the patient is doomed to endless cycles of treatment and relapse ... Usually, one stress activates the [trigger point], then other factors perpetuate it. In some patients, these perpetuating factors are so important that their elimination results in complete relief of the pain without any local treatment. (Travell and Simons, 1983)

Simons two-volume set, and study. For a trigger point therapist, all of the information is relevant, with the exception of the sections on needling if you are only performing manual therapy. If you buy a different book, make sure there are extensive sections on perpetuating factors. If possible, take a course series that is a minimum of 100 hours.

2. Get a book that contains pain guides, and post them on your wall (as a courtesy to readers, I have posted a set at http://triggerpointrelief.com/pain_guides.html).

3. Get a complete medical history from your patients, including questions that will allow you to identify potential perpetuating factors. If you suspect something that you are not able to diagnose and treat within the scope of your license, refer them to a health professional who can.

4. Learn self-help techniques so you can teach them to your patients. Refer them to books that reinforce self-help techniques for perpetuating factors, pressure techniques, and stretches.

IS TRIGGER POINT THERAPY ITS OWN SPECIALTY?

In spite of decades of research, Myofascial Pain Syndrome caused by trigger points continues to be one of the most commonly missed diagnoses. Today, physical therapists, physiotherapists, and massage therapists are the health care professionals most likely to be familiar with trigger points.

After over 20 years of studying and writing about trigger points and teaching classes, I believe that trigger point therapy is a specialty in its own right which requires education, study, and a skill base far beyond a cursory exposure to pain referral charts.

For more information on the full Trigger Point Therapy Protocol, go to http://myofascialtherapy.org/myofascial-therapy/protocol.html.

Travell JG, Simons DG (1983) *Myofascial Pain and Dysfunction: The Trigger Point Manual, Vol. I, The Upper Extremities* Williams & Wilkins, Baltimore: 103

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