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Can the cause of your chronic pain be Myofascial Pain Syndrome (MPS)? Research suggests that up to 50% of the population has some form of MPS. MPS is a term used to describe the presence of pain and stiffness produced within a muscle that can refer pain to other areas of the body in a predictable pattern. The source of the referred pain is a hyperirritable spot within the muscle called a trigger point. Trigger points come in many forms. An active trigger point refers pain to other areas of the body and can be confused with nerve pain. Primary trigger points are caused by strain of the muscle such as with repetitive activities or with trauma. There are various other types of trigger points as well. Trigger points often occur in muscles surrounding arthritic joints or in muscles surrounding an irritated nerve.

No one knows what actually causes trigger points, but evidence suggests that it begins with muscular strain which causes the nerve in that area of the muscle to become irritated and causes changes in circulation and metabolism in the muscle. If left untreated, the muscle will actually change at the cellular level.

MPS is often misdiagnosed and overlooked. Since there is no test that can be performed to diagnose MPS, it is a diagnosis based on a patient's presenting symptoms, and palpation of the muscles. It is often confused with fibromyalgia which presents in a similar fashion and is also a diagnosis by exclusion. MPS is much more common and easier to treat than fibromyalgia.

Various types of treatment include, but are not limited to, chiropractic manipulation, myofascial release, ischemic compression, post isometric relaxation stretching, electrical stimulation, acupuncture, trigger point injection with medication, and massage. Trigger points may respond quite well to all of these treatments. Of the various treatments that I use, I find that trigger points respond best to Active Release Techniques. This is a highly effective technique that works fairly quickly. From my experience, ischemic compression can be quite uncomfortable for the patient and electrical stimulation is not as effective as the other methods I use in my office. For clarification, I do not use acupuncture, massage or trigger point injection therapy so I cannot comment as to how their effectiveness compares with the other forms of treatment.

Depending on a patient's history, trigger points may be addressed in as few as one treatment session or they may take multiple treatment sessions. Patients who have a history of trauma, arthritis, nerve pain, surgery, or jobs or activities that require repetition, often take longer to treat. While the trigger points are being treated, it is important for the practitioner to try and figure out what the patient is doing to cause them to occur. Discussing proper body movements, exercises and self-stretches are an important factor

in preventing trigger point recurrence.

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