

Understanding Trigger Points For Treating Pain

For AMTA-WA Newsletter

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Bio: Valerie DeLaune, L.Ac., is a licensed acupuncturist and certified neuromuscular therapist. DeLaune has authored of five books on trigger point self-help techniques. Her latest book, *Pain Relief with Trigger Point Self-Help* (paperback version) has just come out in the U.K. and the United States. Her fifth book will be released in 2012. DeLaune teaches workshops in the U.S., and currently resides in Alaska. www.triggerpointrelief.com

Around 75% of pain is caused by trigger points; yet in spite of decades of research, it is one of the most under-diagnosed conditions in allopathic medicine. Massage therapists and physical therapists are the health care providers that are the most likely to have received at least some training in trigger points, but often this training is not as comprehensive as it should be to become a trigger point therapist. Trigger point therapy is not one specific technique, but a protocol:

- Comprehensive client history
- Pain mapping
- Range of motion evaluation
- Postural analysis
- Differential diagnosis (*within the scope of your practice*)
- Identification of perpetuating factors
- Correction of perpetuating factors
- Manual techniques to treat myofascial pain and dysfunction
- Personalized client pressure techniques and stretch rehabilitation program
- Client education

Referred Pain and Pain Mapping

The most important thing to know about locating and treating trigger points is that about 74% of the time, trigger points *refer* pain to a different area -- they are not located within the area where your client is actually feeling symptoms. Knowledge of referral patterns gives us a starting point of where to look for the trigger points that are actually causing pain and other symptoms.

For example, if your client has pain in the area of the temple, you need to check the trapezius, sternocleidomastoid, posterior neck, and temporalis muscles for trigger points. Of these, only the temporalis muscle may contain trigger points within the area of primary referral; all of the other potential trigger points are *remote* to the area of pain referral. There are books, charts, and websites available that contain “pain guides” that will help you figure out where your client’s trigger points might be located.

Other Symptoms

Trigger points can also cause symptoms not normally associated with muscular problems, such as swelling, ringing in the ears, loss of balance, dizziness, urinary frequency, buckling knees, abnormal sweating, and tearing of the eyes. For example, the sternocleidomastoid muscle, in addition to causing a tension-type headache, can also cause dizziness, nausea, sinus congestion, eyelid twitching, hearing problems, eye problems, a chronic sore throat, and other symptoms. It probably wouldn’t occur to most practitioners that these symptoms could be caused by a trigger point in a muscle.

Identification and Correction of 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. Resolving these factors are crucial to gaining long-term relief.

Even if it is not within your scope of practice to diagnose and treat many of these perpetuating factors, it is important to know what they are, including their symptoms, so that you can refer your client to the appropriate health care provider. It is helpful to form an alliance with a health care provider who is familiar with trigger points; not only can they order the pertinent laboratory tests, but they will understand why you think an evaluation may be helpful in treating your client's pain. Doctors Travell and Simons believed that treating the conditions that cause and keep trigger points activated was the most important part of the treatment.

Successful Treatments

Treating trigger points is like doing "detective work." Trigger points can be treated by a variety of techniques, including wet or dry needling, and manual techniques such as stroking or brief or sustained pressure. The particular technique used is far less important than ensuring that you apply a technique *in the correct place*. If you understand that when your client feels pain in a particular area you need to check muscles "X," "Y," and "Z," and that *all* perpetuating factors need to be identified and resolved, your rate of success will be extremely high. You will likely either help your client achieve complete relief or a great amount of relief.

And the more successful you are in resolving your client's pain, the more they will refer their friends and family to you!