

The Fibromyalgia Magazine

Support for the FM FaMily

Year 12 Issue 4

February 2012

Understanding the differences between Trigger points and Tender points.

Exclusive article from Valerie De Laune



Pain Relief with Trigger Point Self-Help

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Understanding the differences between Trigger points and Tender points

By Valerie DeLaune, LAc

There is widespread confusion about the difference between trigger points, tender points, and the eighteen Tender Points commonly used as a diagnostic criterion for FMS. This is not surprising, considering that many health care professionals don't understand the difference, which perpetuates the confusion. (For the purposes of this article, when referring to the eighteen Tender Points I am capitalizing it, so as not to be further confused with points that are tender that are neither trigger points nor the eighteen specific Tender Points associated with FMS diagnosis by the allopathic profession.)

I've even had many patients come in with a diagnosis of Fibromyalgia, when in fact they were actually diagnosed with polymyositis or some other disease, and the diagnosing practitioner told them they had FMS due to the widespread tenderness associated with their respective diseases.

Trigger Points

The two most common symptoms of trigger points that you will notice are tender "knots" or tight bands in the muscles, and referred pain. Trigger points can refer pain both in the area in which the trigger point is located, and/or to other areas of the body, in fairly consistent common patterns. The most common referral patterns have been well documented and diagramed. About 74% of commonly found trigger points are not located within their area of referred pain. Familiarity with referral patterns gives us a starting point of where to look for the trigger points that are actually causing pain.

You can learn where to search for trigger points in areas remote to the area you feel pain by looking at charts and books that contain "pain guides." For example, trigger points in the vastus medialis muscle can refer pain to the kneecap and the medial knee area, and trigger points in the vastus lateralis muscle may refer pain that feels like is it on the outside of the kneecap. Pain can feel deep, like it is in the joint, and may be mistaken for inflammation. By locating and pressing on the trigger point, you can likely reduce or eliminate pain in the area of referral.

If you have trigger points, you may also notice weakness or lack of range of motion. You may have symptoms you would not normally associate with muscular problems, such as menstrual pain, headaches, diarrhea, dizziness, hearing problems, visual disturbances, nausea, or urinary frequency (to name a few), though these may also be caused by non-trigger point related causes.

Tender Points

Several of the Tender Points are located where trigger points are commonly potentially located, though a few are not.

According to Dr. Devin Starlanyl and Mary Ellen Copeland, PhD (2001, *Fibromyalgia & Chronic Myofascial Pain*, 2nd Ed.), in 1990 two groups of doctors evaluated patients with widespread pain that had already been diagnosed as having FMS. The most consistent symptom patients had in common were 18 Tender Points, but this was intended for use only for research purposes.

"In other words, patients chosen for inclusion in a clinical study for FMS must have eleven of the eighteen tender points to be absolutely sure that the patients in the studies have FMS...Unfortunately, this definition did not explain that coexisting CMP can complicate and skew the research...eleven of eighteen specific [T]ender [p]oints' was initially not meant to be the criterion for diagnosis of FMS." Starlanyl and Copeland also point out that someone may have widespread hypersensitivity and allodynia (pain due to a stimulus which does not normally provoke pain) but have less than eleven Tender Points which illicit pain when pressed.

To further confuse the matter, it is generally held that Tender Points only hurt where pressed, but don't refer pain, while trigger points are only positively diagnosed if the practitioner can reproduce the referral pattern.

But often I am not able to reproduce the common referral pattern of a trigger point, and my patient's symptoms in the area of known referral improves. Therefore, being unable to reproduce a referral pattern does not rule out the presence of a trigger point; it only confirms a trigger point if a referral pattern is reproduced.

And if that is not confusing enough, trigger point charts only show common trigger points and referral patterns. Trigger points can be located anywhere in any muscle tissue, and referral patterns can deviate from common patterns, particularly when the central nervous system is sensitized.

Because trigger points can be located anywhere in muscle tissue and a referral pattern is not necessarily elicited when a trigger point is pressed, when performing self-help techniques, I advise readers to search the entire muscle for all tender points. If they gain relief, at least some of the points were likely trigger points.

Central Sensitization

Many if not most people with FMS also have at least some trigger points. This is not surprising, considering that if pain of any kind continues long enough, the central nervous system will become sensitized.

When pain is prolonged, even just for days, there is a maladaptive response: damage to the central nervous system, particularly to the sympathetic nervous system and the hypothalamus-pituitary-adrenal (HPA) systems, called central sensitization. Certain types of nerve receptors in muscles relay information to neurons located within part of the gray matter of the spinal cord and the brain stem. The pain is amplified there and then is relayed to areas of other muscles, thereby expanding the region of pain beyond the initially affected area.

Once the central nervous system is involved, persistent pain leads to long-term or permanent changes in these neurons, which affect adjacent neurons through neurotransmitters. This may also cause the part of the nervous system that would normally counteract pain to malfunction and fail to do its job. Conditions associated with chronic inflammation cause central nervous system sensitization, leading to a vicious cycle of pain.

With both FMS and Chronic Myofascial Pain (CMP), central sensitization perpetuates the condition.

FMS vs. Trigger Point Diagnosis

Keep in mind that Tender Points are considered diagnostic in conjunction with several other symptoms (or at least they should be), such as stiffness, sleep disturbances, pain, fatigue, anxiety, depression, and chronic fatigue. However, almost all of the other symptoms associated with a FMS diagnosis can also be causative and perpetuating factors for trigger points.

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 getting long-term relief.

The one subjective criteria that truly differentiates FMS from trigger points is soft tissue swelling. If tissues feel "spongy" to the touch, I am more convinced of an accurate FMS diagnosis that is separate from a trigger point diagnosis.

Treating Both FMS and CMP

The most effective treatment I have found for treating both FMS and CMP is acupuncture, diet changes, and trigger point self-help techniques.

In my practice, I've consistently seen pain reduced and function restored by a large amount even after just the

first visit. I had one patient who was so completely debilitated that he could hardly get out of his recliner chair. He didn't believe in acupuncture, but his wife had forced him to come and escorted him to his appointment. He came back the next week and said "I'll tell you what, I'd never have believed it, but I feel 40% better!" He able to do some housework and start taking care of the kids after the first appointment.

The most common diagnosis in Chinese medicine that would correlate to FMS would most likely be damp-heat or damp-cold in the muscle tissues. Damp draining points such as Spleen 3 and 9, Stomach 36 are extremely useful. For patients whose symptoms are aggravated by heat, Large Intestine 11, San Jiao 5, and Du 14 are helpful. For patients whose symptoms are aggravated by cold, moxa and infrared TDP lamps can be used. Other points will be chosen based on your particular set of symptoms.

FMS will be likely be aggravated by consuming damp-producing foods such as dairy, pork and other rich meats, roasted peanuts, concentrated juices (especially orange and tomato), cucumber, crab, eggs, tofu, wheat, bread, yeast, beer, peanut butter, bananas, sugar and sweeteners, and saturated fats. Foods that help resolve dampness and phlegm include barley, corn, lemons, mushrooms, garlic, celery, onions, kohlrabi, clams, lettuce, seaweed, grapes, alfalfa, sardines, pears, grapefruit, peppermint, radish, shrimp, almonds, and walnuts. Acupuncturists may also prescribe herbal formulas.

Eliminating other foods and drinks may also improve your symptoms, such as caffeine, alcohol, MSG, and aspartame (a sweetener found in many diet products). Caffeine increases muscle tension and trigger point irritability. Alcohol decreases serum and tissue folate levels and increases the body's need for vitamin C, while decreasing the body's ability to absorb it. Tobacco also increases the need for vitamin C.

There are many self-help books that can help you learn to treat your own trigger points. By treating both the trigger points and the underlying causes of FMS, you could be well on your way to reducing and eliminating your symptoms.

Valerie DeLaune, LAc

Author of :

"Pain Relief with Trigger Point Self-Help"

"Trigger Point Therapy for Elbow, Lower Arm, Wrist, & Hand pain" Available April 2012

(Editor-this is available at <http://www.fibromyalgiashop.co.uk/> in the Books section)