

**SEARCHING FOR TRIGGER POINTS: TIPS TO CONSISTENTLY RELIEVE PAIN**  
(CONTINUED FROM PAGE 13)

Go through the medical history at the beginning of the first treatment and ask questions to clarify the information they have given you; this should take about 1.5 hours for the first session. Continue to ask them questions as you treat them and spend a few minutes checking in with them and taking notes at the beginning of each subsequent treatment.

Have them mark their pain patterns on some kind of outline of the body before each treatment (known as “pain mapping”) and ask them to rate the intensity and frequency of their symptoms so that you can track progress, or lack thereof. Try and get them to be as specific as possible so that you can match their referral patterns with common patterns on charts. Don’t let them mark “x”s or big circles, or color in large areas a solid color. Show them your trigger point referral pattern charts and explain to them that you are trying to match their pain patterns with some common patterns so that you will know where to start looking for the source of their pain.

Even if they are not improving, you can use that information to modify your treatment. Chances are you haven’t located all of the trigger points that need treatment, there are perpetuating factors that still need

Pain guides and referral pattern diagrams are only a starting point. Also, keep in mind that trigger point referral patterns from multiple trigger points can overlap, causing a composite referral pattern, as is often the case with migraines and other headaches. Buy at least one comprehensive trigger point book that includes pain guides so that you can see a list of muscles to check for any given part of the body, and buy a set of referral pattern charts to keep on your treatment room walls.

**STEP THREE**

Often trigger points in different muscles can cause very similar referral patterns. For example, common referral patterns caused by trigger points in the supraspinatus, infraspinatus and scapulae are almost identical. One way to narrow down the culprit(s) is to know the symptoms and perpetuating factors for each muscle.

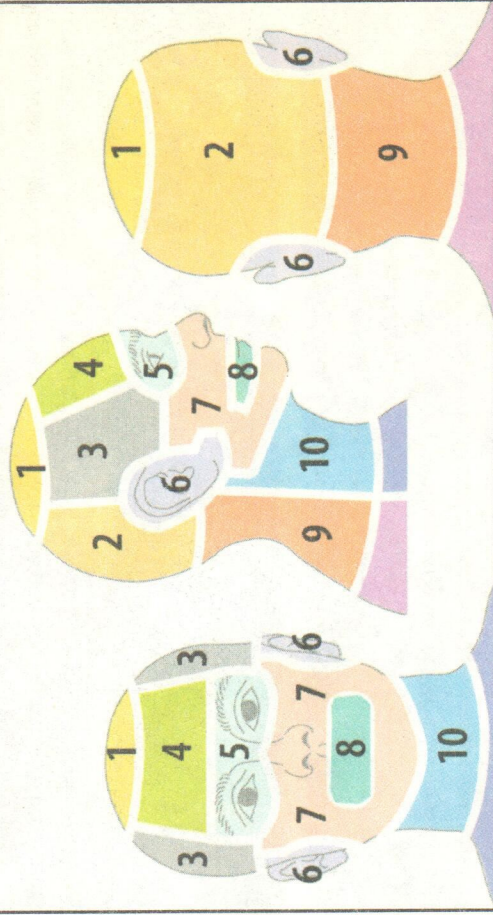
Spend some time reviewing your clients medical history form, pain mapping diagrams, and your chart notes and compare them with information for each muscle found in a comprehensive trigger point book. Trigger points can cause many non-pain symptoms which can help you narrow it down. For example, if your client comes to you with symptoms such as headaches in the frontal

**Head & Neck**

- 1. Sternocleidomastoid  
Splenius capitis
- 2. Trapezius  
Sternocleidomastoid  
Posterior neck  
Occipitalis  
Digastric  
Temporalis
- 3. Trapezius  
Sternocleidomastoid  
Temporalis  
Posterior neck
- 4. Sternocleidomastoid  
Semispinalis capitis  
Facial / Scalp

- 5. Sternocleidomastoid  
Temporalis  
Posterior neck  
Masseter  
Facial / Scalp  
Trapezius
- 6. Lateral pterygoid  
Masseter  
Sternocleidomastoid  
Medial pterygoid
- 7. Sternocleidomastoid  
Masseter  
Lateral pterygoid  
Trapezius  
Digastric  
Medial pterygoid  
Facial / Scalp

- 8. Temporalis  
Masseter  
Digastric
- 9. Trapezius  
Cervical multifidus  
Splenius cervicis  
Levator scapulae  
Infraspinatus
- 10. Sternocleidomastoid  
Digastric  
Medial pterygoid



Simons, who wrote the two-volume set of medical texts on trigger point treatments, listed muscles in their book’s pain guides in the order they found were most likely to be causing the pain referral. In the previous example, they list the trapezius first and the posterior neck

symptom referral pattern, causing what I call a “trigger point chain-reaction.” For example, there are at least eleven muscles that may contain trigger points which refer pain to the posterior portion of the deltoid muscle (the levator scapulae, scalenes, supraspinatus, teres major.