

to be addressed, or you need to refer them out for further evaluation since about 25% of pain is caused by conditions other than trigger points.

STEP TWO

Use pain guides: about 74% of commonly found trigger points are not located within their area of referred pain. Unless you know where to search for trigger points, and you only work on the area where your client feels pain, they probably won't get relief. Familiarity with referral patterns gives 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.

For example, if your client has pain in their temple area, you need to know to check the temporalis, upper trapezius, sternocleidomastoid and some of the muscles in the posterior neck. Of these muscles, only the temporalis may contain trigger points which are located within the area of pain referral, so most of the time, unless you know which muscles to check, you won't come across the trigger point by accident.

It's not sufficient just to have a set of charts on your wall to look at and try to find referral patterns, since none of them have all of the potential referral patterns diagrammed. You also need to keep in mind that the books and chart sets only diagram the most common referral patterns and trigger point locations. Your client may have an uncommon referral pattern and trigger point locations.

area and/or base of the skull, but also reports eye or ear symptoms such as tintus or eyelid twitching, that would be a clue to check the sternocleidomastoid muscle for trigger points. Trigger points can cause symptoms such as diarrhea, urinary frequency, menstrual cramps, dizziness and buckling or locking knees – symptoms most clients or health care providers wouldn't think to associate with trigger points.

You also need to be familiar with primary trigger points and satellite trigger points. Once a trigger point has referred symptoms to any given area for any length of time, trigger points will form within the zone of referral, known as satellite trigger points. Then the satellite trigger points will cause their own

muscles last. But keep in mind, that depending on your geographic locale and practice specialty, you may find the order might be different for your practice; your clients will have different patterns depending on their work and hobbies and underlying medical conditions.

If your client has multiple symptomatic areas, don't try to treat everything in one session. Have your client prioritize their two areas of most concern, and focus on those. If you try to do too much, you likely won't treat any one area well.

TRIGGER POINTS (CONTINUED ON 20)



The Massage Therapy Foundation's Gifts to the Profession

Research Grants

Community Service Grants

International Journal of Therapeutic Massage & Bodywork

Basics of Research Literacy Online Course

Teaching Research Literacy Course

Massage Therapy Research Agenda

International Massage Therapy Research Conference

MTF Education Toolbar

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Best Practices Guidelines

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