

Myofascial Trigger Points

A trigger point is a hypersensitive point within a taut band of muscle or fascia. Trigger points cause pain when compressed, can cause pain referred to other areas and can have effects on the autonomic nervous system. When a patient complains of pain or soreness, examination of the tissue will reveal a taut band of muscle and pain upon compression that is reproducible. Myofascial trigger points can be classified into three categories: active, latent and satellite. An active myofascial trigger point is a trigger point that is painful without being touched. A latent myofascial trigger point is a trigger point that is painful when compressed but not painful unless pressure is applied. A satellite trigger point is a trigger point that occurs secondary to another trigger point. Trigger points can be treated in many ways with the most common being osteopathic manipulation with techniques such as reciprocal inhibition, muscle energy and myofascial release. Another popular treatment is spray & stretch where coolant is used on a muscle and then it is taken through its passive range of motion. Injection with local anesthetic often offers relief to patients. Recently, practitioners have started introducing a needle into trigger points without injecting anything. This is referred to as dry needling.



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Types

Active

Active-gear

An active myofascial trigger point is a trigger point that is painful without being touched.

Latent

Lay-in-tent

A latent myofascial trigger point is a trigger point that is painful when compressed but not painful unless pressure is applied.

Satellite

Satellite

A satellite trigger point is a trigger point that results from another trigger point.

Diagnosis

Taut Band

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Upon examination of muscle that a patient is complaining of, the practitioner will usually palpate a taut band within the troublesome muscle.

Spot Tenderness

Spot Tenderizer

When the practitioner compresses the trigger point, the patient will feel exquisite tenderness at the site of the trigger point.

Referred Pain

Ruffled Pain-bolt

When compressed, the patient classically feels pain beyond the area that is compressed. This is classically called referred pain. The typical differentiating feature of myofascial trigger points drawing a contrast with counterstrain tender points is referred pain. A strong feature of a myofascial trigger point is causing pain beyond the area that is compressed.

Treatment

Manipulation

Manipulating Muscle

The most common osteopathic treatments to myofascial trigger points are muscle energy and myofascial release as well as reciprocal inhibition and ischemic compression.

Spray and Stretch

[Spray and Stretch](#)

A leading treatment for trigger points is the spray and stretch technique. The muscle is sprayed with a vapocoolant spray and stretched in the restricted range of motion.

Dry Needling

[Dry Needles](#)

Trigger points can be treated by introducing a needle without any anesthesia. This has similar rates of long term resolution to injections, but does not have the short term potency.

Injection

[Injection](#)

Myofascial trigger points are commonly treated by injection with local anesthetic, usually a cocktail of long and short acting sodium channel inhibitors.
