INTRODUCTION TO TRIGGER POINT THERAPY

Trigger Point Therapy has become a generally accepted form of treatment in physical therapy and massage. Doctors often rely on injections to relieve trigger points, physical therapists are more likely to use the "spray and stretch" method while massage therapists utilise thumbs, elbows and fingers to effectively alleviate trigger points. Trigger points are located by touch. Generally trigger points are located within taut bans of tissue that snaps back when stroked, much like a guitar string. The trigger point is tender when touched and elicits referred pain in a predictable pattern.

Adding trigger point therapy as part of your treatment approach will

1. increase your own knowledge of the body's muscular system
2. speed up clients' recovery time, that is if they do their follow up exercises and stretches
3. gain clients' respect, word of mouth helps to build your practice.

Utilising trigger point therapy acts much like detective work as you understand the predictable pain patterns of active trigger points and the role of latent trigger points in muscle dysfunction. As well as search out and detect the perpetuating factors which activate trigger points.

Combining your remedial massage skills with trigger point and corrective exercise will assist your client's recovery and make you a more effective massage practitioner.

We owe much to the research and work of Doctors Janet Travell and David Simons.

Palpating Trigger Points

One simple definition of a trigger point is that it is a palpable, sensitive localised structure, within the soft tissues, which is sending aberrant, noxious, neurological impulses to a different site and which, on pressure, refers symptoms - usually involving pain, but with other symptoms possible - to this predictable target area. The major site of these self-perpetuating trouble makers - trigger points - are often close to the origins and insertions of muscles.

Characteristics of Trigger Points

Travel and Simons', medical pioneers of our understanding of trigger points (T.P.), describe specific characteristics which identify them from other myofascial changes:

1. A T.P. which is active causes pain to be referred to a predictable site and its rarely located where the patient complains of pain.
2. There will be taut fibres (palpable bands) in the muscles which house T.Ps. Tension on such a band (stretching the muscle actively or passively) will refer pain to the target area.
3. There will be a palpable ropiness or modularity in muscles which house TPs, and the muscle will have a reduction in its full range of motion.
4. A T.P. will be found at the site of the most sensitivity/tenderness in any taut bank of muscle fibres.
5. If the tissue housing the T.P. is rolled briskly by fingers or thumb (called 'snapping palpation' by Travell and Simons) so that there is a sudden change of pressure on it, a twitch response is observed. This, they claim, is unequivocal evidence of T.P. activity, latent or active.
6. Sustained digital pressure on the T.P. usually reproduces the referred pain pattern for which it is responsible.

Trigger Point Symptoms

1. Myofascial pain is referred from the trigger point in specific patterns characteristic of each muscle. The pain is rarely located at the trigger point responsible for it. The pain referred from trigger points is dull, aching and deep. The more hypersensitive the trigger point, the more intense and constant is the referred pain and the more extensive is the distribution.
2. Trigger points are activated directly by acute overload, overwork fatigue, direct trauma and by chilling.
3. Trigger points are activated indirectly by other trigger points, visceral disease, arthritic joints and by emotional stress.
4. Active trigger points vary in irritability from hour to hour and from day to day.
5. Trigger point irritability may be increased from a latent to an active trigger point by many factors eg sleeping position, chilling the muscle, viral illness etc.

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6. Signs and symptoms of trigger point activity long outlast the precipitating event. When injured, muscles learn to avoid pain. Active trigger points develop habits of guarding that limit movement of that muscle. Chronic muscular pain, stiffness and dysfunction result.
7. Trigger points cause phenomena other than pain. For example, the autonomic concomitants include localised vasoconstriction, sweating, lacrimation, coryza, salvation, pilomotor activity. Proprioceptive disturbances include imbalance, dizziness, tinnitus.
8. Myofascial trigger points cause stiffness and weakness of the involved muscles.

It must not be forgotten that trigger points, while causing symptoms themselves are also caused by something else. Unless these causes are eliminated they will return, even if treatment eliminates them temporarily. Often new trigger points develop in target areas (reference zone). These are known as satellite triggers. These require attention just as much as their parent trigger points do.

Trigger Point Treatment

To erase trigger points once found, the therapist applies steady pressure, well within the client's tolerance for pain for 7-15 seconds. To monitor the pain level ask the client to rate it on a scale of 1 to 10, (one being minimal and ten being intolerable). Then apply pressure to achieve a working range of 6 to 8. The pressure is increased as the treatment goes on to maintain the 6 to 8 range for a full 7 to 15 seconds. This process should be repeated 2 or 3 times during the session for each trigger point.

Pressure to trigger points is applied by way of pincer palpation or flat palpation, depending on muscle location. This type of ischaemic pressure which reduces blood flow to the trigger point, is thought to cause either mechanical, electrical or chemical changes which help erase the trigger point. Once all of the trigger points in a muscle group or anatomical area have been worked, the muscles should be gradually stretched or taken through a complete range of motion.

Background of School of Integrated Body Therapy, Australia Pty Ltd (SIBT)

The largest specialty massage school in Australia, established in 1985. During SIBT's growth it has aided and witnessed the evolution of massage as a highly respected, viable profession in Australia. These years of experience have allowed SIBT to develop and offer reliable and sound skills-based professional training. SIBT's philosophy embraces a wholistic approach to healing, wellbeing and recovery through massage and bodywork.

SIBT provides cutting edge training with a focus on the latest hands-on techniques and skills. SIBT is an Australian Government Registered Training Organisation and is accredited by three major Australian professional associations:

- Australian Traditional Medicine Society (ATMS),
- Association of Massage Therapists (AMT),
- Reflexology Association of Australia (RAA).

SIBT currently has the assistance of the Australian Trade Commission to export education and has successfully completed over 22 courses throughout Asia over the last 3 years.
The School's website is www.massageschool.com.au

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Maggie is a Life Member of the Australian Traditional Medicine Society (ATMS) and has been an Executive Director of ATMS for 18 years, 9 of those years as Vice President. ATMS is the largest professional association for the Natural Therapies Industry in Australia. She has been structurally and politically involved in the development of the Massage profession in Australia. Maggie is also the Founder/Director of Lake Spa Healing, Therapy & Education Centres, Australia, and has an ongoing commitment to sharing knowledge throughout the world and assisting other countries to raise educational standards and awareness in regard to massage as a viable health and wellness therapy and for its treatment of pain and dysfunction.

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