77a Myofascial and Fascia Techniques (Part II):

The Fascial Relationship between Fibromyalgia and Myofascial Pain Syndrome

77a Myofascial and Fascia Techniques (Part II): The Fascial Relationship between Fibromyalgia And Myofascial Pain Syndrome Class Outline

5 minutes Attendance, Breath of Arrival, and Reminders

55 minutes Lecture

1 hour Total

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Early Warning:

85a Orthopedic Massage: Outside Massages – Begin these now!

Quizzes:

 78a Kinesiology Quiz (erectors, lats, quadratus lumborum, multifidi, rotatores, gluteals, hamstrings, quads, piriformis, quadratus femoris) –
 50 questions in 40 minutes

Spot Checks:

- 78b Orthopedic Massage: Spot Check Low Back Pain
- 81b Orthopedic Massage: Spot Check Rotator Cuff and Carpal Tunnel

Assignments:

■ 85a Orthopedic Massage: Outside Massages (2 due at the start of class)

Preparation for upcoming classes:

- 77b Orthopedic Massage: Technique Demo and Practice Low Back Pain
 Packet J: 69-76 and 77-78
- 78a Kinesiology Quiz
- 78b Orthopedic Massage: Spot Check Low Back Pain
- 79a Orthopedic Massage: Introduction Rotator Cuff and Carpal Tunnel -Packet J: 79-84

Classroom Rules

Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

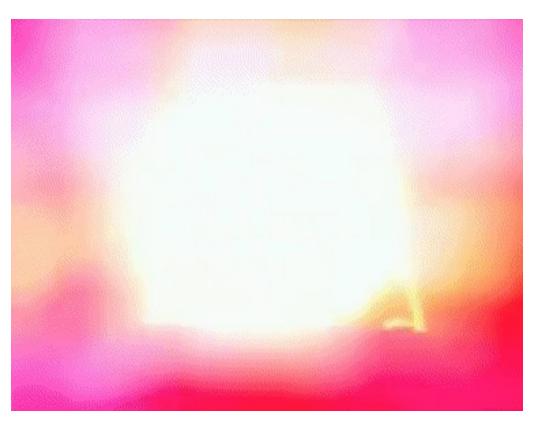
The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.

Classroom Rules

Cell Phone – Turn it off!



And put it away!

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FIBROMYALGIA: What is it?

Definition: a group of signs and symptoms that

include chronic pain and the development of a <u>predictable pattern of tender points</u> in the muscles, tendons, ligaments, and other soft tissues.

FREQUENTLY SEEN WITH:

- Chronic fatigue syndrome
- Irritable Bowel Syndrome (IBS)
- Migraine headaches
- Sleep disorders
- Depression
- Anxiety
- Hypersensitivity

FIBROMYALGIA: How is it recognized?

The American College of Rheumatology has developed the following criteria for diagnosis:

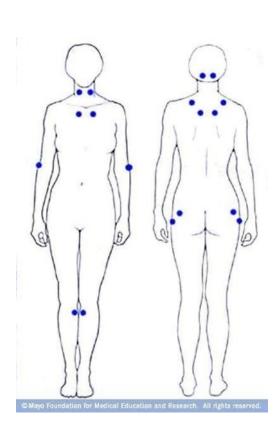
- Chronic pain for at least 3 months
- At least 11 out of 18 mapped tender points active
- Tender points represented in all 4 quadrants of the body
- Persistant fatigue
- Non-refreshing sleep
- Morning stiffness

Other sources also include additional criteria:

- Poor stamina
- Depression
- Sensitivity amplification &
- Low pain tolerance
 - Light

- Texture
- Sound
- Pressure

- Cold



FIBROMYALGIA: Who is affected?

Prevalence:

Fibromyalgia Syndrome (FMS) occurs in more than 6 million Americans, or 4% of the population, causing it to be the most common musculoskeletal disorder in the U.S.

- It mainly effects women (90%) more often than men.
 - This number may be misleading, because men may be less likely to see medical intervention for its symptoms
- Symptoms typically present between the ages of 20-55 years, but individuals have been diagnosed as young as 6 years and as old as 85 years of age.
- Has been seen in all ages and economic groups, but its incidence seems to increase with age.

FIBROMYALGIA: Overcoming prejudice

Many people with FMS struggle with depression due to frustrations that come with living in pain that no one else can see, leading to widespread belief that it is a "made-up" disorder.

Pain becomes their standard.

Pain can begin to define who they are.

It becomes increasingly difficult to imagine a life without pain.

The average FMS patient spends about 5 years, consulting at least 5 health care providers before arriving at a diagnosis. By this time, their experience with the medical community has often been frustrating and overwhelmingly negative.

FIBROMYALGIA: Treatment

For most people diagnosed with FMS, treatment is about management of the disorder with the intent to improve quality of life and education about a client's own condition and body in function and dysfunction.

- Constant, ongoing, uninterrupted body-wide ache
- Tissues essentially drowning in irritating chemicals
- Lacking neurotransmitters that block some pain transmission
- Extreme hypersensitivity, which can lead to ease of overtreatment

With all this in mind, gentle massage <u>within the client's tolerance</u> is not only indicated, but can drastically reduce levels of:

- Pain
- Anxiety
- Depression

FIBROMYALGIA: Treatment

CONTRAINDICATIONS:

- Cold/ice therapies
- Aggressive trigger point work

MYOFASCIAL PAIN SYNDROME: What is it?

Definition: a collection of signs and symptoms associated with the development of myofascial trigger points in muscles.

- May be nodular or appear as a taut band that generates a twitch response.
- Conform to a predictable trigger point map* (see next page)

Active Trigger Points:

- Tight & Painful locally
- Pain may refer to distant locations

Satellite Points:

 Trigger points that form as secondary issue in areas where referred pain is perceived due to muscular compensation patterns

Latent Trigger Points:

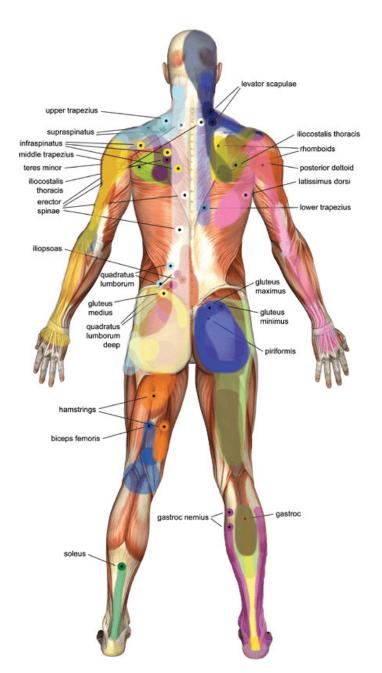
- May not generate pain until they are irritated, sometimes with very little stimulus
- Associated with restricted range of motion and muscle weakness

MPS: What happens?

- Sustained, involuntary contraction of an isolated group of sarcomeres
- Creates a taut band, giving rise to 2 problems:
 - Increased need for fuel
 - Decreased supply of blood due to local ischemia
- Chemicals that increase sensitivity & pain are released, causing the muscle to tighten further
- Poor circulation inhibits movement of calcium
- Prolonged & painful contraction of one part of a muscle cell

Each skeletal muscle in the body has an area or group of areas where trigger points are most likely to form.

COMMON TRIGGER POINTS



MPS: Signs and Symptoms

- Taut bands or nodules: palpatable within a muscle that is less tight.
 - May dissipate under static pressure
 - May elicit a muscle flicker or twitch response when palpated
- Predictable map (covered on previous slide)
- Referred pain pattern:
 - Active trigger points are always locally painful under digital pressure, but they often refer pain to other areas as well
 - Patterns are consistent from person to person
 - However, they do not follow patterns understood in the context of nerve pathways, energy meridians, or other pathways of flow
- Regional pain
 - Seldom a whole-body dysfunction
 - Flare ups in certain regions, often around the neck & shoulders.
 - Jaw muscles are a common trigger point development site, referring pain all over the head and face, which is often discussed in the context of TMJ disorders

MPS: Treatment

- The top priority is eradication of trigger points
- Massage therapy is INDICATED!
 - Prolonged ischemic (pinpoint) pressure has long been the traditional strategy, but new approaches indicate that pulsing pressure following the taut band of the muscle may be more effective and less painful
 - Assessment of posture, ergonomics, overuse and repetitive stress injuries, work habits, and client education are essential
 - As always, working within client's tolerance is necessary for efficacy

MPS vs Fibromyalgia

Fibromyalgia or Myofascial Pain Syndrome?

MPS FM ☐ Regional muscle ☐ Widespread muscle tenderness tenderness ☐ Pain for a short period Chronic pain ☐ Other symptoms ☐ Other symptoms reported reported less frequent more frequently ☐ Trigger points Tender points



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And now...video time:

The hidden source of Fibromyalgia pain is just under your skin: Fascia

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