



Cranbury Therapeutic Massage
60 N. Main St Cranbury, NJ 08512
(609) 655-1801
www.cranburymassage.com

Trigger Points: That's the Spot

by Nancy Sheehan

Oh, that's the spot! We've all felt that area of tenderness within a muscle – that spot that therapists commonly refer to as a trigger point. While some people are content to accept trigger points as a kind of magic, others want to know more about the underlying science: why does it feel so good when pressure is applied to specific trigger points? And how do you know how to find them?

Trigger points are tiny, tight knots within taut bands of muscle tissue. While they can form anywhere in the body, they are most commonly found at the sites of the greatest mechanical and postural stress. There are two basic types of trigger points: active and latent. An active trigger point causes muscular pain and tenderness to another area of the body when pressure is applied. That other area is called the referral zone and its location is very predictable. For example, applying pressure to trigger points on the head can free up the sinuses! By contrast, latent trigger points are only painful when compressed; they do not refer pain to other areas of the body. Once a key trigger point is deactivated, your therapist can proceed to evaluate and locate other points. Persistent and chronic pain syndromes may have many trigger points in many muscles, requiring a series of treatment sessions over an extended period of time. A typical example is a person who uses the computer for a prolonged period of time without taking a break to stretch the neck. The result is a stiff, aching neck. Trigger point therapy can relieve this pain by promoting circulation to the muscles and reducing tension.

Trigger point therapy is a systematic and time tested approach to the treatment of these painful knots and a return to healthy tissue. In the 1940's Dr. Janet Travell validated the electromyographic activity in

these palpable nodules and called them 'trigger points'. Together with Dr. David Simons, Dr. Travell published *Myofascial Pain and Dysfunction: The Trigger Point Manual* which mapped common points and their pain patterns. This volume is still used today as trigger point therapy does the job of getting rid of pain very well.

A trigger point is active when it is the one producing the myofascial pain and limitation and most people are generally aware of this dysfunction. However, when someone describes an area of pain, we must consider the referral zone as indicated in the charts because the muscle housing the point could be in a different area. For example, someone complaining of a stress headache and rubbing over the temporal area above the ears is describing the referral zone for a trigger point in the suboccipital muscles. Therefore both the temporal and suboccipital areas must be palpated to determine the primary source of pain. Some conditions, such as sciatica, carpal tunnel syndrome, bursitis, tendonitis, and earaches are commonly misdiagnosed because trigger points may be the true cause! Also, trigger points are the root cause of a multitude of chronic pain complaints that had been labeled as psychosomatic or other vague conditions. And they are also believed to be one of the causes of stiff joints and restricted range of motion characteristic of old age because they can prevent muscles from fully lengthening.

The practical application of trigger point therapy is straight-forward: your massage therapist applies pressure to the hypersensitive nodule/trigger point, and then waits for the knot to gently release. When appropriate pressure is applied, the result is like crimping and releasing a hose. The blocked blood makes its way to the necrotic tissue, providing needed nourishment and oxygen. The

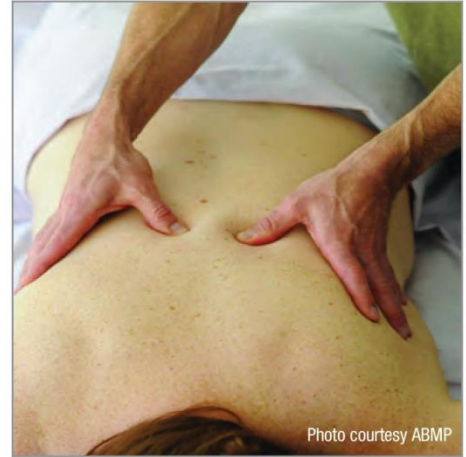


Photo courtesy ABMP

increased flow will also carry waste products, such as lactic acid, out of the muscle and fascia, and into the blood stream. You might see redness or heat as a sign of increased blood flow to the affected area. Be sure to welcome that deep pressure as it releases endorphins into the area!

The needed amount of therapeutic pressure is typically determined experimentally: tissue resistance is monitored as pressure is gradually increased into the point, taking up the slack created by the layer-by-layer release of tension. Most points are held just 30 to 90 seconds until the muscle tension is felt to release. A light stretch to the area further encourages release of the contraction knot. The client may feel some discomfort, but should not feel a sharp increase in pain. It is commonly said that trigger point therapy gets to the source of pain but does not feel painful. Many who have had a great massage will be quick to agree with this statement. Myofascial trigger points are often overlooked as the source of the ubiquitous aches and pains of man and woman kind. Timely treatment by an experienced massage therapist can lead to reduced pain, better circulation and muscle tone, and, most importantly, an enhanced quality of life. 🍷

Nancy Sheehan, LMT is owner/director of Cranbury Therapeutic Massage. She believes that a good trigger point massage is the solution to many of the physical and stress-related problems of our times. For more information visit cranburymassage.com.