

Manual Trigger Point Therapy

As defined by the
American Institute for Myofascial Studies, LLC (AIMS, LLC)

1. Manual Trigger Point Therapy (MnTPT)

2. Objectives:

- a. Decrease or eliminate direct and referred: trigger point (TrP) pain, autonomic phenomena, other TrP phenomena and related dysfunction
- b. Restore range of motion by eliminating taut bands in muscle and restoring normal joint function
- c. Eliminate fascial distortions
- d. Identify and resolve perpetuating factors

3. Tasks Regularly Performed:

Manual Trigger Point Therapy Treatment Protocol:

- a. Apply principles of a multidisciplinary approach to treatment including referral to and by licensed health care practitioners including but not limited to: MD, DO, DC, DDS, DOM, CNP, PA, PT, LMT, OT, etc.
 - b. In-depth patient history taken and reviewed by the Manual Trigger Point Therapy clinician
 - c. Chart and document patient's pain patterns and other symptoms on schematic representation of the body
 - d. Postural analysis
 - e. Range of motion testing to identify muscle and joint restriction
 - f. Identify and address factors that perpetuate myofascial pain and muscle dysfunction
 - g. Manual techniques to inactivate myofascial trigger points, eliminate fascial distortions and correct joint dysfunction to include but not limited to:
 1. Trigger Point Pressure Release*
 2. Static and/or dynamic release of fascia
 3. Muscle Energy Techniques (MET) to correct joint dysfunction
 4. Vapocoolant spray and stretch
 5. Dry needling, trigger point injection, use of a medical laser (Applicable only for practitioners trained in accordance with and licensed by a regulating authority empowered to do so, e.g.: Medical Doctors, Doctors of Oriental Medicine, etc.)
 - h. Provide a home exercise and self-care program to include but not limited to:
 1. Stretches of involved muscles
 2. Specific movement repatterning
 3. Appropriate strengthening when indicated
 4. Use of therapeutic devices and self treatment aids
- (Steps a. through h. pertains to the initial visit. Steps c. through h. pertains to each subsequent treatment.)

4. Required Training and Certification:

A practitioner of Manual Trigger Point Therapy is a practicing health care professional with additional, specialized training in the etiology, identification and effective treatment of myofascial pain and dysfunction as defined by Janet G. Travell, MD, David G. Simons, MD and others. Specific training includes but is not limited to: detailed muscle anatomy and physiology; myofascial trigger point pathophysiology; neurobiology of myofascial trigger point; palpation skills; kinesiology; joint mobilization; exercise; recognition and resolution of perpetuating factors; etc.

A specialized training program will provide an understanding of the causes of myofascial pain and dysfunction and effective methods of eliminating the source. AIMS, LLC offers a standardized National Certification Examination for Manual Trigger Point Therapy practitioners (MnTPT). Successful completion of this examination is an indication of academic competence in the specialized area of manual trigger point therapy.

Applicants who successfully complete the AIMS, LLC National Certification Examination for Manual Trigger Point Therapy are eligible to use the designation CMnTPT. Registration as having achieved Certification in Manual Trigger Point Therapy is for a period of 5 years. Over that period, one hundred hours of continuing education designed for professional and personal development is required.

5. Typical Equipment or Work Aids:

- a. Treatment table
- b. Hands and elbows
- c. Dowels or similar devices that mimic the use of the hands
- d. Vapocoolant spray for Spray and Stretch Technique
- e. Acupuncture needles, medical laser, etc (depending on licensure and training)
- f. Moist heat, ice and other modalities
- g. Physical measuring devices and exercise equipment

6. Qualified Training Program:

Training Program Qualification is solely based on a review of the published curriculum of each program currently identified by AIMS, LLC and the fact that course material is based primarily on the work of Doctors Janet G. Travell, MD and David G. Simons, MD. Typically, the course material of a qualified program includes the following:

I. ANATOMY AND PHYSIOLOGY

- A. Muscles
 - 1. Anatomy and Physiology
 - a. Attachments
 - b. Function
 - c. Biochemistry
 - d. Fiber arrangement
- B. Skeletal
 - 1. Joints
 - 2. Bony landmarks
- C. Fascia
 - 1. Properties
 - 2. Function
- D. Neurology
 - 1. Innervation
 - 2. Entrapments
 - 3. Proprioception
 - 4. Neurobiology of a myofascial trigger point
 - 5. Central Trigger Point Pathophysiology
- E. Documented Pain Patterns

II. MANUAL TRIGGER POINT THERAPY TREATMENT PROTOCOL

- A. Patient Intake/History
 - 1. Personal History
 - 2. Medical History/Differential Diagnosis
 - 3. Pain Pattern/Symptom Mapping
 - 4. Mechanism of Injury - Precipitating Factors
 - a. Onset
 - b. Duration
 - 5. Perpetuating Factors
 - a. Nutritional Inadequacies
 - b. Mechanical Stresses
 - c. Metabolic and Endocrine
 - d. Psychological Factors
 - e. Chronic Infection
 - f. Allergies
 - g. Impaired Sleep
 - h. Nerve Impingement
 - i. Other
- B. Patient Examination
 - 1. Visual Assessment
 - a. Postural Analysis
 - b. Gait
 - c. Ergonomics
 - 2. Objective Findings
 - a. ROM Testing
 - b. Hypermobility Testing
 - c. Neurological Assessment
 - d. Orthopedic Evaluation
 - 3. Palpation
- C. Formulating a Treatment Plan
 - 1. Hypothesis
 - 2. Clinical Impression

D. Manual Techniques

1. Myofascial Trigger Point Pressure Release*
2. Fascia Rolling
3. Muscle Energy Techniques (MET)
4. Proprioceptive Neuromuscular Facilitation (PNF)
5. Dynamic Muscle Release
6. Spray and Stretch
7. Principles of Trigger Point Injection/Dry Needling
8. Phototherapy device (medical laser)
9. Contraindications

E. Exercise/Home Care

1. Stretching
2. Muscle Conditioning
3. Strengthening
4. Corrective Actions/Therapeutic Activities
5. Use of Self Care/Therapeutic Devices

F. Post-Treatment Assessment

1. Patient Re-evaluation
2. Patient's Report
 - a. Changes in symptoms
 - b. ROM
 - c. Pain Patterns
 - d. Other

*7. **Definitions: Trigger Point Pressure Release**

(Based on the Integrated Trigger Point Hypothesis, David G. Simons, MD and An Expansion of Simons' Integrated Hypothesis of Trigger Point Formation, Robert D. Gerwin, MD; Jan Dommerholt, PT, MPS; Jay P. Shah, MD)

Working within the patient's tolerance, compress the Central Trigger Point to onset of pain/symptom. Hold the pressure five to twenty seconds, no more and within tolerable levels. Release for two to three seconds to allow hyperperfusion; keep your place.

Resume compression at a deeper level as the tissue allows. Glide of a few millimeters to several centimeters may be introduced with pressure toward nearest or most inflamed attachment as tissue allows. Continue this until no pain/symptom is elicited.

This will compress the sarcomeres and surrounding capillary beds to create an increased, intermittent ischemic environment for 5 to no more than 20 sec. The "pumping action" produced by this forces the myosin heads away from the "Z" disk. As the myosin heads are pulled out of the sticky gel of the Titin Protein, the Titin Protein is elongated.

Muscle begins to return to its normal resting length decreasing proprioceptor excitation. Releasing pressure for 2 or 3 sec allows oxygenated blood, rich with nutrients, to reach the mitochondria allowing production of ATP to resume at a more normal rate.

At the same time, the pH level begins to approach normal and the mixture of inflammatory mediators, neuropeptides and neurotransmitters that support pain enhancement and motor endplate dysfunction are diluted. Taking the muscle through three cycles of full, active ROM will reduce the excitability of proprioceptors.

Any questions regarding this document, the AIMS, LLC National Certification Program for Manual Trigger Point Therapy or the Manual Trigger Point Treatment Protocol should be addressed to George S. Pellegrino, LMT, CMTPT or Victoria L. Magown, CMTPT, LMT at the address shown below or visit us on the web at www.AIMS-LLC.org.

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He is a member of the American Academy of Pain Management, the American Society of Pain Educators, the International MyoPain Society, and the National Association of Myofascial Trigger Point Therapists. He has facilitated courses and served on the faculty of the University Of New Mexico School Of Medicine, Continuing Medical Education Seminars and lectured on Advanced Myofascial Techniques.

George has presented at the American Academy of Pain Management Annual Clinical meetings, National Association of Myofascial Trigger Point Therapists Annual Conventions and lectured to numerous medical groups and healthcare organizations

Victoria L. Magown is a Board Certified Myofascial Trigger Point Therapist, Licensed Massage Therapist, and a graduate of the Bonnie Prudden School of Physical Fitness and Myotherapy. She is the Founder and Co-Director of Myofascial Rehabilitation Center, Ltd and Co-Founder of the American Institute for Myofascial Studies, LLC.

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Victoria currently serves on the Board of Advisors to the American Academy of Pain Management and has served on the faculty of the University Of New Mexico School Of Medicine, Continuing Medical Education Seminars. She has presented at the American Academy of Pain Management Annual Clinical Meetings, National Association of Myofascial Trigger Point Therapists Annual Conventions and lectured to numerous medical groups and healthcare organizations.

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