



# Myofascial Pain

By: Katherine Leppard, MD, PT

**W**hat on earth is myofascial pain? We all have experienced at one time or another that nagging, burning pain between the shoulder blades in the neck or low back. Those muscle knots and spasms can be very painful. Usually these conditions are short lived and resolve without treatment, but imagine if it did not.

Most everyone experiences myofascial pain at some time or another. It can happen in multiple areas of our body but is most common in the neck and shoulder blade area and associated with trigger points. A trigger point is a knot of muscle spasm that when you touch it refers pain to another area. People can also develop tender knots that do not refer pain.

There is no diagnostic test for myofascial pain, it is based on physical examination and is a diagnosis of exclusion, meaning other medical conditions need to be ruled out. Differential diagnosis is important as there are any number of underlying medical conditions that cause muscles to hurt; arthritis, polymyalgia rheumatica, pinched spinal nerves,

rotator cuff shoulder injuries, degenerative disc disease to name a few.

This type of muscle pain can occur after a fall or a motor vehicle accident; it can also develop out of the blue. Risk factors include injury, inactivity, age, stress and anxiety can also trigger this type of muscle spasm and pain. Women are more likely than men to develop myofascial pain. Neck and shoulder injuries are very prone to developing myofascial pain as these are often complex injuries with multiple factors including muscle, joint and disc problems. Effective treatment depends on accurate diagnosis and separating out the individual problems and addressing each factor.

Muscle is the tissue that contracts to move bones and make movement possible. The fascia is the tough outer covering of the muscle. Combining the two words gives us the name myofascial. Muscle's only job is to contract and tighten, and it will do this to splint and protect an injured part of our body. Sometimes muscle contractions become constant, a spasm. Now what started as a protective motion has become a painful, persistent problem.

Myofascial pain is limited to one part of the body. If people have pain all over the body, they may have fibromyalgia, a chronic condition with widespread pain and associated depression and sleep disturbance. Scientists theorize that fibromyalgia is an oversensitivity to pain perception; there is no cure and becomes a management situation treated with prescription medications like lyrica, cymbalta and savella.

Treatment for myofascial pain typically starts with physical therapy and includes heat, massage, exercise and stretching. If this fails to resolve muscle pain and spasm, trigger point injections, in which a small needle is inserted into the tender or trigger point so local anesthetics marcaine or lidocaine are injected, are an option. This causes the muscle spasm to relax for a few hours. One to eight injections are done at one session. The injections are immediately followed by massage by a physical therapist or massage therapist. The injections allow the therapist to work the muscle more deeply. The theory of trigger point injections, is that if you can break the spasm cycle, even for a short period, then the muscles will

relax and reset themselves to a normal level of muscle tone. I prefer to administer the injections once a week for two weeks, and if they are helping, the injections can be continued once a week for up to a total of six weeks. If two series of injections fail to help, they are discontinued.

Occasionally steroids can be included with the trigger point injection, however I usually recommend that steroids be avoided and saved for potential joint or epidural injections. If the pain improves with the trigger point injections, but later returns, botox injections are also an option; however, most insurance companies do not often cover botox injections for myofascial pain. Medications such as anti-inflammatories and muscle relax-

ers can also help. Heat or ice are also very helpful.

Myofascial pain can develop into a frustrating chronic problem, which can lead to depression and inactivity, leading to weakness, which can worsen muscle pain. There are chronic pain management counselors and support groups for chronic pain available. Effective treatment depends on accurate diagnosis. It is time to see a doctor if you have deep aching pain that persists or worsens, muscle or joint stiffness, trouble sleeping due to the pain, or if you develop muscle knots that refer pain to another area of the body when pressed.

*Dr Leppard is with Medical Rehabilitation Specialists and may be reached at 719-575-1800*

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