

Myofascial Pain

“Myo” is a Greek word for muscle. “Fascia” is the tough outer lining of a muscle that holds it in place. Myofascial pain is the term used to describe pain in the muscles and fascia.

Myofascial pain feels deep, achy, tense, and sometimes sharp. When you rub or massage the painful area, you may feel painful, tight bands or “knots” in the muscle. These knots are known as “trigger points” because pressing on them can “trigger” more pain. This pain can be right at the knot or it may spread to other nearby areas of the body. For instance, pressing a trigger point at the top of the shoulder may cause pain at the trigger point, plus an aching, painful feeling in the neck and the arm.

This kind of pain can have many causes. Poor posture, overuse of muscles, and injury to muscles or nearby joints can all cause muscle pain and lead to trigger points. Sometimes trigger points come from injuries to the spine or to the nerves supplying a muscle. The pain can involve a single muscle or many muscles. It may be present while you are active or when you are at rest. Although almost any muscle can be involved, some of the most common sites of this pain are the neck, shoulders, head, and low back.

Treatments. A number of different treatments can help myofascial pain.

- **Exercise** is the most important treatment. To reduce or get rid of myofascial pain, you can stretch the painful muscle, improve posture, and restore healthy muscle use. Your health care team will teach you exercises that you can use at home, at work, or in the gym to stretch the

muscles and relieve your pain. If you keep exercising and keep good posture even after the pain is better, you will help prevent the problem from coming back.

- **Massage** can reduce pain by stretching the muscles and “smoothing out” trigger points. You or a partner can massage trigger points using hand pressure, a rubber ball or tennis ball, or a massage device. Your health care team will teach you ways to do this. Massage therapists can also help, using “myofascial release” and other techniques. The relief from massage is temporary. You will still have to exercise to keep myofascial pain under control.
- **Trigger point injection** uses a thin needle to make trigger points relax. This is done when trigger points do not improve with other treatment. No drug is needed, as the needle itself does the work. Some providers inject an anesthetic during trigger point injection; others just use the needle (“dry needling”). By relaxing the trigger points, injections can make it easier to exercise.
- **Heat, cold, acupuncture, relaxation training, and biofeedback** may also be helpful.
- **Pain medicines** can help but do not work well when used alone. Combining different treatments is the best way to treat myofascial pain.

The exercises on the next pages may be useful in helping relieve myofascial pain. Your provider will show you which of these is right for you or show you different ones that will be helpful. During these movements, you should sense a pulling or stretching feeling, but this should not be

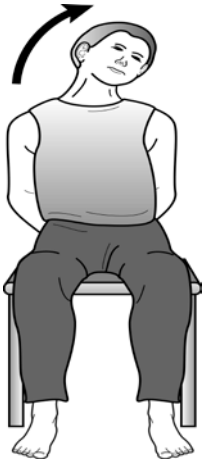
painful. Move slowly and with care during the stretching. When you finish the stretch, you should feel slightly better. You should not have more pain on the next day. If you do have more soreness on the next day, you may have stretched with too much force or the stretch may simply not be right for you.



Sit with your hands clasped behind your head.

Bend your head forward until you feel a stretch in the back of your neck. Gently pull your head further forward. Hold about _____ seconds.

Repeat _____ times



Sit holding your hands together behind your back.

Tilt your ear toward your shoulder and raise your chin towards the ceiling. This will stretch the other side.

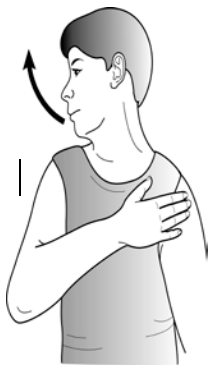
Repeat _____ times.



Sit on a chair. Hold onto the chair as shown.

Lean your head and trunk away from the fixed arm.

Repeat _____ times.



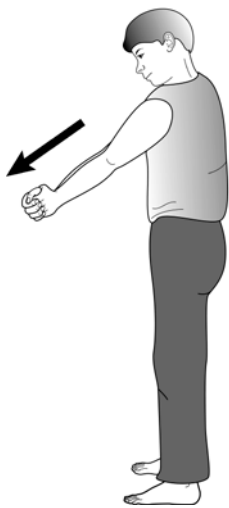
While exhaling, push your upper ribs down with your hand and lift your head away while at the same time rotating your head towards the muscle to be stretched.

Repeat _____ times.



Sit on a chair with your legs apart.

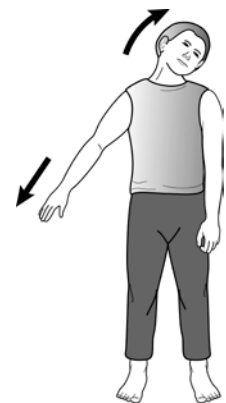
Bend your head and trunk down between your knees rounding your upper body as much as possible. Hold about 20 seconds.



Stand or sit.

Push shoulders forward, stretch the arms diagonally forward and down keeping your chin in. Hold stretching 20 seconds.

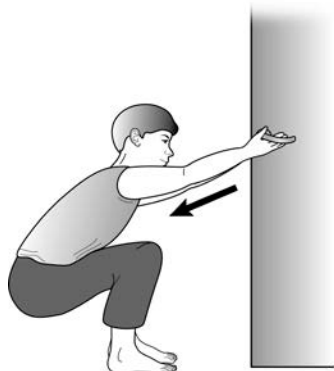
Repeat _____ times.



Stand.

Put one arm out to the side away from your body with the elbow straight as shown. Stretch the fingers toward the floor and drop the shoulder. Gradually stretch your head sideways away from your outstretched arm. Hold _____ seconds.

Repeat _____ times.



Stand straight facing the edge of a door holding onto the door handles.

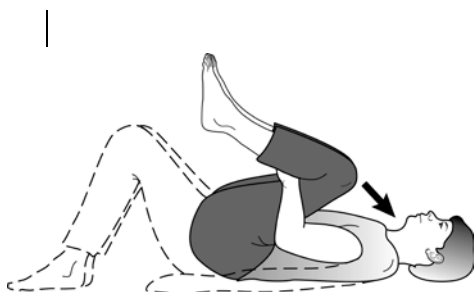
Bend your knees as shown and stretch your back.



Stand straight with one hand on your hip and the other straight up.

Bend to the side with opposite arm reaching overhead. Keep your pelvis in mid-position.

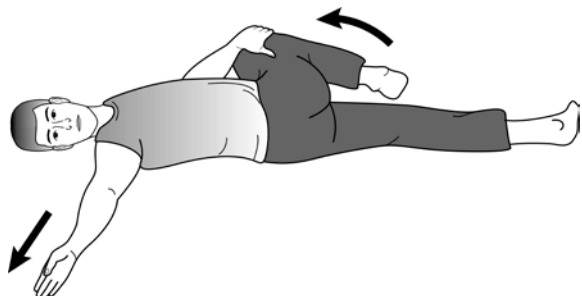
Repeat _____ times.



Lie with your knees bent and feet on the floor. Lift your knees towards your chest.

Place your hands behind both knees and draw them towards your chest. Hold _____ seconds.

Repeat _____ times.



Lie on your back with one leg bent.

Bring your bent knee over the other leg and push your knee against the floor with the opposite hand. Then, reach with the other arm to the opposite side looking in the same direction. You will feel the stretching in your lower back and bottom. Hold about 20 seconds – relax.

Repeat _____ times.

References:

Borg-Stein J, Iaccarino MA. Myofascial pain syndrome treatments. *Phys Med Rehabil Clin N Am*. 2014 May;25(2):357-74.

Faries J, Stanton M. Myofascial pain syndromes. In McCaffery M, and Pasero C. *Pain: Clinical Manual* 2nd Ed. Mosby 1999; 568-572.

Rosen NB. Physical medicine and rehabilitation approaches to the management of myofascial pain and fibromyalgia syndromes. *Ballieres Clinical Rheum* 1994;8(4):881-916.

Rudin NJ. Evaluation of treatments for myofascial pain and fibromyalgia. *Curr Pain Headache Rep* 2003;7(6):433-42.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©03/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5934.