

COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS

CHIROPRACTIC MANAGEMENT OF MYOFASCIAL TRIGGER POINTS AND MYOFASCIAL PAIN SYNDROME: A SYSTEMATIC REVIEW OF THE LITERATURE

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ABSTRACT

Objectives: Myofascial pain syndrome (MPS) and myofascial trigger points (MTrPs) are important aspects of musculoskeletal medicine, including chiropractic. The purpose of this study was to review the most commonly used treatment procedures in chiropractic for MPS and MTrPs.

Methods: The Scientific Commission of the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) was charged with developing literature syntheses, organized by anatomical region, to evaluate and report on the evidence base for chiropractic care. This article is the outcome of this charge. As part of the CCGPP process, preliminary drafts of these articles were posted on the CCGPP Web site www.ccgpp.org (2006-8) to allow for an open process and the broadest possible mechanism for stakeholder input. PubMed, Excerpta Medica Database, Cumulative Index to Nursing and Allied Health Literature, and databases for systematic reviews and clinical guidelines were searched. Separate searches were conducted for (1) manual palpation and algometry, (2) chiropractic and other manual therapies, and (3) other conservative and complementary/alternative therapies. Studies were screened for relevance and rated using the Oxford Scale and Scottish Intercollegiate Guidelines Network rating system.

Results: A total of 112 articles were identified. Review of these articles resulted in the following recommendations regarding treatment: Moderately strong evidence supports manipulation and ischemic pressure for immediate pain relief at MTrPs, but only limited evidence exists for long-term pain relief at MTrPs. Evidence supports laser therapy (strong), transcutaneous electrical nerve stimulation, acupuncture, and magnet therapy (all moderate) for MTrPs and MPS, although the duration of relief varies among therapies. Limited evidence supports electrical muscle stimulation, high-voltage galvanic stimulation, interferential current, and frequency modulated neural stimulation in the treatment of MTrPs and MPS. Evidence is weak for ultrasound therapy.

Conclusions: Manual-type therapies and some physiologic therapeutic modalities have acceptable evidentiary support in the treatment of MPS and TrPs. (*J Manipulative Physiol Ther* 2009;32:14-24)

Key Indexing Terms: *Myofascial Pain Syndromes; Myofascial Trigger Points; Chiropractic; Musculoskeletal Manipulations*

Ever since the seminal work of Travell and Rinzler¹ in 1952, the role of myofascial trigger points (TrPs) in myofascial pain syndrome (MPS) has become an

accepted part of musculoskeletal clinical practice. Along with Simons,² Travell first identified the importance of myofascial pain and its localization in what they termed *trigger points*, providing the first classification of diagnostic criteria for TrPs. They also provided detailed maps of the pain referral patterns from TrPs in all the muscles of the body. Myofascial pain syndrome is currently thought to be the leading diagnosis among pain management specialists³ and the leading diagnosis in pain patients reporting to general practitioners.⁴

Interest in myofascial tenderness extends throughout the history of chiropractic. It might be said that local paraspinal tenderness, as part of the manifestations of the “subluxation,” was a central feature of chiropractic thinking from its inception. Arguably, the work of Ray Nimmo⁵⁻⁷ represents

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