Q&A with TyH Advisor

Steve Fanto, MD, PC

Trigger Point Therapy for Myofacial Pain & FMS

Steve Fanto, MD, PC is Board certified in Physical Medicine & Rehabilitation and in Pain Medicine. He treats a wide spectrum of pain patients with myofascial pain syndrome (MPS) and fibromyalgia (FMS). One modality he finds helpful is trigger point injection therapy due to its many pain relieving benefits.

What is myofascial pain syndrome?

The classic reference for myofascial therapy is Drs. David Simons and Janet Travell. Their definition of MPS is "the sensory, motor, and autonomic symptoms caused by myofascial trigger points" (TrPs). In other words, how your body feels and moves either consciously or "automatically" in response to TrPs. So the goal of treatment is to find these TrPs and "normalize" any dysfunction.

On exam, TrPs may be a hard "knot" in a tight muscle band, a reflex spasm and/or pain reaction to touch. Injections, followed by soft tissue manipulation, help "relax" these knots, decrease any pain and restore muscle function.

What causes trigger points?

TrPs are often caused by repetitive, prolonged contraction of the muscle but can also occur from trauma, joint or muscle disorders and even other TrPs. TrPs left untreated can become deep-seated, more difficult to find and release. The muscle may shorten, affect range of motion, be spastic and fatigue easily, and cause a cascade of TrPs along the same muscle group. Pain can be spontaneous to the touch or dull and aching.

Why do TrP injections help FMS pain?

Fibromyalgia (FMS) is considered to be an amplified pain syndrome caused by central nervous system malfunction. Poor sleep, tight muscles, fatigue and other symptoms overlap and may include MPS. Perhaps FMS muscles are more susceptible to MPS given the mitochondrial dysfunction and low magnesium levels. Calming TrPs and their contributing factors may reduce FMS symptoms, as evidenced in several studies. TrPs are not to be confused with tender points, sites of pain specific to FMS, which are not typically injected.

What kinds of medications are injected?

I may use a short-acting Lidocaine or Marcaine, which is longer lasting. If a patient has an allergy to local anesthetic, I may use Sarapin which is a natural alternative to cortisone and helps reduce any inflammatory component as well.

Do you give Botox® injections?

The FDA dictates that physicians must use pharmaceuticals "as approved". Botox® A (BoNT-A) has been approved for cervical dystonia (a muscle movement disorder in the neck), and migraines. The use of Botox® requires experience which I have and therefore I do use BoNT-A for pain relief in these two conditions with success. The drawbacks of Botox® are 1) the cost if not covered by insurance and 2) the 3 month waiting period between injections.

Do you advocate supplements?

Two nutrients in particular are low in myofascial and chronic pain, inflammation, neuropathies and many other disorders – vitamin D3 and magnesium. I may order red blood cell (RBC) magnesium and D3 tests to see if levels are suboptimal, which could hinder pain relief, and advise supplementation. Otherwise, I leave dietary guidelines to the primary care physician.

Any final comments about TrP pain?

It is not natural for the body to be in pain; it is a signal that something is mechanically wrong. When you can quiet down the signal, you have less pain and better quality of life. A spasm is a mechanical problem that can be treated and quieted down. Often by treating a TrP early on, you can prevent the deep seated ones that are more resistant. The goal is to keep muscles flexible and relaxed. Address the nutritional problems (if you're low in magnesium, the muscle can't relax) and try TrPs to help with the mechanical.

Dr. Fanto is a member of TyH's *Health Points* Advisory Panel. He is a member of the American Academy of Pain Management in private practice in Phoenix, Arizona. This is his second article for *Health Points* and Dr. Fanto has also participated in several Q & A panels through the years.

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