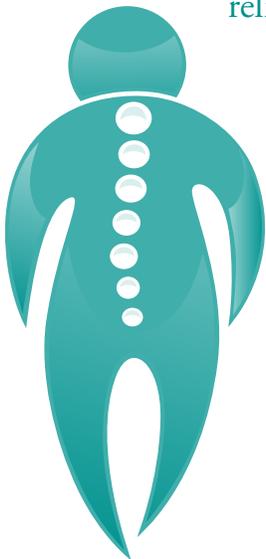


Trigger Points vs. Tender Points

defining your painful “hot” spots

Medical definitions can be confusing to non-medical lay people (that would be you and me). Without that degree, sometimes understanding the nomenclature gets a bit overwhelming. **Classifying your pain falls into that muddy area, especially with trigger (TrPs) and tender points (TPs).** Even though the names are often interchanged, the two are defined and more importantly treated differently so knowing which one is giving you pain is the first step in securing relief.



Let's explain by illustration. Imagine you are in the doctor's office with upper body pain. During the course of the exam, the doctor will palpate or press on the areas you describe as painful. If the pain is only felt when pressed, the point is considered “tender”. If, however, the pain is present without pressing and when pressed radiates to another area, the point is more likely “trigger”, as in “shoots” the pain beyond the original site.



Who's more likely to have trigger points? Those with myofascial pain syndrome. As myofascial treatment experts, Drs. David Simons and Janet Travell define this syndrome as the ‘sensory, motor and autonomic symptoms caused by trigger points’. TrPs have a wider impact on body pain and movement. Typically, tight “knots” or nodules can be felt in the muscles. These knots can be caused by repetitive use or trauma and are often difficult to “unknot” for smooth muscle movement. Trigger point injections with or without medication, along with massage, help relax muscles and restore function.



Tender points on the other hand are specific to fibromyalgia syndrome and were once used as part of the American College of Rheumatology's criteria to determine a diagnosis. Like TrPs, certain areas of the body are more prone to the tenderness found in fibro. In 2010, that criteria was changed; however, fibro tender points unfortunately did not. TPs are not usually injected. Since TrPs can occur in and complicate the fibro pain picture, calming down any triggers still helps reduce overall pain.

Painful muscles are common denominators in both myofascial syndrome and fibromyalgia. Therapies shown to benefit include nutritional support with relaxing magnesium, often (painfully) low in both disorders. A 2013 study states “low magnesium levels in the erythrocyte (red blood cells) might be an etiologic factor on fibromyalgia symptoms”. The same study found giving 300 mg magnesium daily to 60 FMS women reduced tender points and symptom “intensity” (Bagis et al). Zinc is also found low in fibro and the B vitamins support energy needs and the nervous system in general so a multivitamin mineral complex provides a good nutritional base. Topicals containing capsaicin, Celadrin® and arnica may also be helpful. Finally, a warm Epsom salt bath, especially before bed or a massage encourages muscle relaxation, improves circulation and helps detoxify any sluggish tissues.



Although this is a very brief explanation between two “points”, you'll find more information in the additional resources listed below. Make sure you're nice and comfy while you're reading whether you've got triggers or tenders.

©TyH Publications (M. Squires)

Resources

- ◆ *Magnesium & its Relationship to Painful Conditions* by Thomas Romano MD PhD
- ◆ *Physical Medicine & Rehabilitation Treatment of Fibromyalgia* by Mark Pellegrino MD
- ◆ *Trigger Point Therapy for Myofascial Pain & FMS* by Steve Fanto MD
- ◆ *Treating One Area Can Reduce Overall Fibromyalgia Pain* by Kristin Thorson (fmnetnews.com)

For informational purposes only. Not intended to diagnose, cure or treat any disorders, nor replace professional medical counsel.