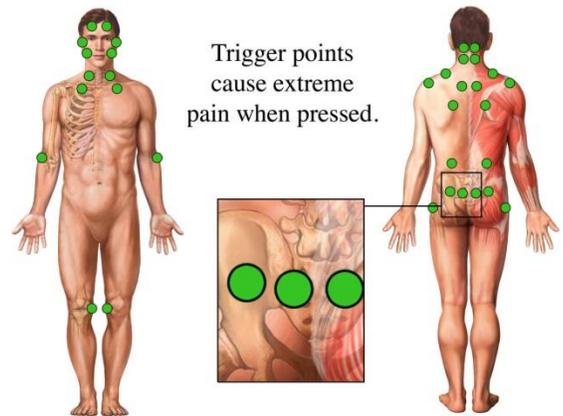


Explanation of Treatment

Trigger points are muscle regions of heightened “irritability”. This may be responsible for local pain or referred pain (to nearby regions). Nodules in taut bands of muscle fibers, referred to as “knots” by chiropractors and masseuses can often be felt when they are pushed upon. They can cause excruciating pain which may radiate to surrounding tissue.

Various treatments of trigger points include spray and stretch, ultrasound, manipulative therapy, and trigger point injections. These injections include an anesthetic (and sometimes a steroid medication) at these trigger points.



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Persons who display the patterns of pain described above might benefit from trigger point injections.

Anyone with an active infection should not receive these injections. Please inform your physician if you have an infection.

Anyone with an allergy to the medication should not receive these injections. Please inform your physician if you have a “-caine” medication or LIDOCAINE medication allergy.

What to Expect with Treatment

The patient should also relax the muscle group that is going to be injected the day prior.

A physical examination of muscles for trigger points identifies palpable taut bands or cords of tense muscle fibers. The examiner will palpate along this band to locate the point of maximum tenderness, which is the area identified as the trigger point. Pressure is held firmly to elicit the referred pain pattern.

This palpation of an active trigger point often causes a “jump sign” or local twitch response. A jump sign is a jump or involuntary reflex – like movement of the patient that is disproportionate to the amount of pressure exerted, is reproducible, and may indicate the degree of irritability of the trigger point.

Once a trigger point has been located and the overlying skin has been cleansed with alcohol, the clinician will isolate the trigger point with a pinch between the thumb and index finger or between the index and middle finger with stabilizing pressure to prevent the trigger point from rolling away from the advancing needle.

The anesthesia (lidocaine or marcaine) in the injection “numbs” the nerves which decreases the pain impulses. This will provide relative immediate relief.

The needle itself is also therapeutic. Needling may cause a local release of intracellular potassium, which may disrupt nerve conduction. Essentially, it may “break up” the dense fibrous tissue, decreasing inflammation, as well as decrease nerve impulses carrying pain.

Most patients will begin to notice improvement immediately or shortly after the injections. Duration of the relief depends on the patient. It can vary from hours to weeks.

Exercise is not advised immediately after injection. Exercise and passive stretching are recommended as a general treatment of myofascial pain. Massages may also be of some benefit.

Possible Complications and Instructions

As with other injections, potential complications include pain at the injection site, infection, bleeding, pneumothorax (punctured lung), vasovagal syncope (fainting) or bruising. These complications are rare.

Please let your doctor know if you have any active infection, or if your diabetes is poorly controlled. In these cases, the procedure may be postponed.

Special Considerations

Diabetic patients receiving steroids will need to monitor blood sugars after as steroids injections may cause temporary elevations in blood sugars. If they continue to be high, you should contact your primary physician.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.