



What is Myofascial Pain Syndrome?

Myofascial (my-oh-fass-shal) Pain Syndrome (MPS) is a painful condition that is characterized by localized pain, muscle tenderness, decreased range of motion, mood and sleep problems.

The pain in MPS most commonly occurs in the head, neck, shoulders, arms, legs and lower back. However, it can occur in any muscle group.

MPS is not life-threatening and rarely worsens over time if treated properly. Most people with MPS report feeling some pain all the time. However, the pain intensity can vary with the time of day, physical activity, and the presence of stressful situations. People with MPS often have problems with their mood, primarily, anxiety and depression.

How is Myofascial Pain Syndrome diagnosed?

There is no specific laboratory test to correctly diagnose MPS. MPS is diagnosed by the presence of multiple sore spots or *trigger points* in the muscles. When these trigger points are touched, pain may be felt in other parts of the body. This is called *referred* pain. Additional symptoms used to diagnose MPS include impaired range of motion, mood disturbance, muscle tenderness, and sleep problems.

What are trigger points?

Trigger points are areas of tight, sore muscle. The pain in MPS comes from the development of trigger points in the linings of the muscles, called *myofascia*. The myofascia is a film that wraps around the muscle fibers to give them shape and support. Trigger points can develop on myofascia throughout the body.

What causes Myofascial Pain Syndrome?

The exact cause of MPS is not known. Current thinking is that a number of factors including poor posture over time, continuous pressure on the muscle, emotional stress, surgical incisions, repetitive motions and joint problems can trigger MPS. These factors can result in a vicious cycle of suffering, inactivity, and disability.

Who gets Myofascial Pain Syndrome?

It is not known how many people in the United States have MPS. MPS appears to be more common in women than in men. It usually occurs between the ages of 20-40 years old. It is more commonly found in persons with sedentary jobs and lifestyles than in those who engage in regular physical activity.

How is Myofascial Pain Syndrome treated?

A combination of approaches is recommended for its treatment. This is due to its chronic nature and the physical and psychological stress factors that play a role in its development and maintenance. The common treatments for MPS are:

LIFESTYLE CHANGES: Limit caffeine, alcohol intake, and smoking. All of these can aggravate the trigger points. Increasing physical activity can also assist in treating MPS.

DEEP RELAXATION: Many people with MPS are able to decrease their pain by learning to relax and manage stress. Skills such as slow deep breathing, meditation, and guided imagery can help with pain management.

POSTURE RE-TRAINING: Learning and applying principles of correct posture and body mechanics can help relieve stress and tension on the affected muscles. This training is often provided through groups or classes.

HEAT: Moist heat can relieve the muscle tension and pain of MPS by increasing blood flow and relaxing muscles. Good sources of heat include:

- moist heating pads
- warm showers or baths
- moist towels heated in a microwave

Be careful not to burn your skin, especially if you have decreased feeling (for example, from diabetes or stroke). Do not apply heat for more than 10-15 minutes at a time.

ACUPRESSURE: Acupressure, an ancient Chinese healing art, uses the fingers to press key points on the surface of the skin thought to stimulate the body's natural healing abilities. It is believed that when these points are pressed, they release muscle tension, promote the circulation of blood, and activate the body's life force in order to stimulate healing.

TENS UNIT: *Transcutaneous electrical nerve stimulator* (TENS). During this treatment, electrodes connected to a small battery-powered unit are placed along the painful muscle. A low level of electrical stimulation is applied to relieve muscle tension and pain.

MEDICATIONS: Sometimes medications, namely, non-steroidal anti-inflammatory medications (NSAIDs), are used to help with the pain of MPS. Muscle relaxants are not often helpful for long-term use in MPS. Some muscle relaxants, namely carisoprodol (Soma), disrupt sleep and can be addictive. Therefore, they are not commonly used. Other medications such as tricyclic antidepressants (TCAs) like amitriptyline or trazodone, are sometimes useful in helping with mood and sleep problems commonly associated with MPS.

Are Myofascial Pain Syndrome and Fibromyalgia Syndrome the same?

MPS is often confused with Fibromyalgia Syndrome (FMS) - a similar but distinct condition. FMS is characterized by having widespread pain and multiple tender spots, called *tender points*, in specific locations on the body, fatigue, mood problems, and sleep problems. The pain in FMS tends to be more widespread than MPS and tender points do not cause referred pain as do trigger points.

(Please see FMS information sheet for more information.)

Coping with Myofascial Pain Syndrome.

People with MPS may have had many tests and seen many health care providers in hopes of finding an answer. This can lead to increased frustration and fear, which may increase symptoms. Sometimes family and friends, as well as physicians, may express doubts about MPS. To a person experiencing frustrating symptoms, disbelief from others can increase feelings of isolation, depression, guilt, and anger. Treatment is available to help you manage MPS. You can feel better!

When to call Kaiser Permanente

- You begin to increase your use of pain medication.
- Your activity level begins to decline.
- You have increased feelings of anxiety.
- You have increased feelings of depression.

Your health, including your chronic pain, can be seriously affected by violence or abuse. If you are hit, hurt or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to **ndvh.org**.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.