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New views of myofascial trigger points: etiology and diagnosis.

Simons DG¹.

Author information

Abstract

Two studies appearing in Archives, one by Shah and colleagues and another one by Chen and colleagues, present groundbreaking findings that can reduce some of the controversy surrounding myofascial trigger points (MTPs). Both author groups recognize the ubiquity of this disease and the importance to patients of health care professionals becoming better acquainted with the cause and identification of MTPs. The integrated hypothesis is the most credible and most complete proposed etiology of MTPs. However, the feedback loop suggested in this hypothesis has a few weak links, and studies by Shah and colleagues in particular supply a solid link for one of them. The feedback loop connects the hypothesized energy crisis with the milieu changes responsible for noxious stimulation of local nociceptors that causes the local and referred pain of MTPs. Shah's reports quantify the presence of not just 1 noxious stimulant but 11 of them with outstanding concentrations of immune system histochemicals. The results also strongly place a solid histochemical base under the important clinical distinction between active and latent MTPs. The study by Chen on the use of magnetic resonance elastography (MRE) imaging of the taut band of an MTP in an upper trapezius muscle may open a whole new chapter in the centuries-old search for a convincing demonstration of the cause of MTP symptoms. MRE is a modification of existing magnetic resonance imaging equipment, and it images stress produced by adjacent tissues with different degrees of tension. This report seems to present an MRE image of the taut band that shows the chevron signature of the increased tension of the taut band compared with surrounding tissues.

Comment on

[Biochemicals associated with pain and inflammation are elevated in sites near to and remote from active myofascial trigger points.](#) [Arch Phys Med Rehabil. 2008]

[Identification and quantification of myofascial taut bands with magnetic resonance elastography.](#) [Arch Phys Med Rehabil. 2007]

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