**Potsdam Fibromyalgia Support Group**

**Newsletter**

# March, 2014

# Trigger Points That Mimic Medical Problems

This newsletter often describes how trigger points (TrP) cause musculoskeletal pain. However, TrP can also mimic a number of medical conditions. Knowing which can help you understand otherwise confusing symptoms. Remember, if you have symptoms of a serious condition, such as a heart attack, you should be seen by a medical practitioner. If they perform tests and determine that your symptoms are not due to a heart condition, then you might consider whether TrP could be the source of your symptoms.

***Looking for volunteers to meet (once) with PT students learning about fibromyalgia***

*(see info at end of newsletter)*

**Heart Attack**

TrP in the pectoralis major (the “pecs”), the large muscle over the front of the chest, can both look like and trigger heart problems, and how heart problems can provoke pec TrP. supporters can do to help people with having FM.

The pecs can refer pain in the chest, shoulder and inner arm (see picture on next page). TrP near the breastbone cause tenderness where the ribs connect to the breastbone, mimicking a condition called costochondritis. Pec TrP are often painful at night and may disrupt sleep. TrP on the left can also provoke a feeling of chest pressure and difficulty breathing, making this TrP look like a heart attack.

Travell and Simons, in their book Myofascial Pain and Dysfunction, proposed that TrP could provoke abnormal heart beats in people with healthy hearts. They called the ability for muscles to provoke changes in organ function “somatovisceral” effects [from the Greek root “soma,” referring to the body, and the Latin root “viscera,” referring to ‘internal organs’]. Travell and Simons proposed that pec TrP could provoke rapid or irregular heartbeats and angina, pain from the heart. They also proposed that treating the TrP could relieve angina or irregular heartbeats caused by TrP. Research since then has been inconsistent about whether pec TrP are actually associated with altered cardiac function. The implication is that the benign’ pain or irregular heartbeats associated with TrP can be benign and might not be related to compromised cardiac function.

Travell and Simons also proposed “viscerosomatic” effects, where heart disease can provoke pec TrP. They found more left-sided pec TrP in people who had known heart disease. The lesson here is that finding TrP in the pecs on only the left side could be an indication that you have heart disease. Have cardiac symptoms checked by a medical provider before assuming they are TrP.

**Irritable Bowel, GERD, Appendicitis**

# The abdominal can cause referred pain in the abdomen, back, groin and genitals. Abdominal TrP can also cause GI symptoms such as anorexia, nausea, vomitting, diarrhea, constipation, bloating, intestinal spasm/cramping, heartburn, indigestion. Consequently, TrP may look like GI conditions, as well as appendicitis, endometriosis, menstrual cramps, incontinence, bladder spasm or retention, gallstones, and hernias.

Abdominal TrP can be caused or aggravated by overexertion or a sedentary lifestyle. Sit-ups and other exercises for strengthening the abs can cause TrP, as well as postures involving trunk rotation, sitting too much, poor posture, paradoxical breathing (drawing the belly in instead of inflating it), coughing, carrying a heavy backpack or purse. Stress and anxiety will also aggravate ab TrP. TrP can be aggravated by abdominal surgical scars, metabolic or nutritional deficiencies, anemia, infection, female hormones, stress and GI conditions such as those noted above. As a result, intra-abdominal problems and abdominal wall TrP can perpetuate one another. See the November, 2011 newsletter for more on abdominal TrP.

**Bladder and Urogenital Problems**

Pelvic floor muscles can develop TrP just like any other muscle. Pelvic floor muscles hold the abdominal contents up and control bowel and bladder function. They also have a role in both posture and breathing; posture and breathing also affect pelvic floor muscles.

Pain from pelvic floor TrP is often vague and diffuse and may include the tailbone, low back, hip and genital structures (the vagina in women and the base of the penis in men). TrP can cause urinary urgency or pain with bowel movements or sexual intercourse. Pain can be aggravated by sitting, especially in a slumped posture or on a hard surface, lying on one’s back and bowel movements. TrP can be caused by slumped sitting posture, trauma or surgery to the low back or pelvic area, TrP in abdominal or low back muscles, as well as pelvic conditions such as interstitial cystitis, endometritis. See the February, 2011 newsletter for more on pelvic TrP.

**Toothache, Tinnitus (Ringing in the Ears)**

# Masseter and temporalis TrP can refer to the TMJ (temporomandibular joint), jaw and eyebrow. They can also cause toothache in either the upper or lower molars, as well as hypersensitivity of the teeth to pressure and temperature. These TrP generally make it difficult to open the mouth fully (if you can’t get 2 knuckles between the front teeth).

Factors that aggravate masseter TrP include: clenching or grinding the teeth, or teeth not meeting properly, constant gum chewing, forceful biting, chewing pens, forward head posture, mouth breathing (as with sinus congestion), emotional tension, overstretch during dental procedure, instability due to hypermobility (normally able to get 3 knuckles between front teeth), trigger points in other muscles (e.g., SCM). See the March, 2013 newsletter for more on the masseter.

**Migraine, Vertigo, Motion Sickness**

# The sternocleidomastoid (SCM) is a common source of migraine-like headaches. Pain can be over the forehead, cheeks, back of head and ear.

#### Other symptoms include ear ache, ear fullness, ringing in the ear; dizziness and balance problems; blurred vision; sinus pain or congestion on one or both sides; tearing or redness of one eye or drooping of one eyelid; sore throat or dry cough; nausea. SCM TrP can also cause motion-sickness and vertigo.

#### Factors that aggravate the SCM include: forward head posture (chin poking forward); rounded shoulders or tight pectoral muscles; sitting with head turned to the side (e.g., watching TV or at a computer workstation); sleeping on the back with extra pillows that tilt head forward; prolonged tilting head backward (e.g., with overhead work or front-row theater seats); whiplash-type injury; holding the phone between your shoulder & ear; using neck muscles for breathing, especially after a chronic cough or asthma. See the June, 2013 newsletter for more on SCM TrP, and April, 2012 for headaches due to other TrP.

For general information on managing TrP, see the November, 2011 newsletter. Information for this article primarily came from the Travell & Simons book, Myofascial Trigger Point Manual (intended for health care providers). Useful self-care resources include:

* DeLaune **Pain Relief with Trigger Point Self-Help**
* Davies, Davies & Simons **The Trigger Point Therapy Workbook: Your Self-Treatment Guide for Pain Relief**,.
* Finando, **Trigger Point Self-Care Manual**.
* A web site with information about symptoms related to TrP: <http://www.triggerpoints.net/symptoms-chest-torso-abdomen.htm>

#### Help PT Students Learn About FMS

Each year, Clarkson Physical Therapy graduate students learn about fibromyalgia by meeting with volunteers who have FM. This year I am looking for 7-8 people with FMS to come in **Friday, April 25th, 10:15-11:45**. It involves about 60 minutes of talking with 2-3 students and about 30 minutes of allowing them to do a few tests that a PT might do on an initial visit (you do only what you are comfortable doing). If you are available and willing to help, please contact Leslie at 268-3761 or Lnrussek@clarkson.edu. Help make the next generation of health care providers more aware of and sensitive to FMS!

# March Support Group Meeting:

The February topic will be **“Trigger points that can mimic medical conditions”** *This topic came up during the February meeting, so we will discuss it in more detail.* This meeting will be **Monday, March 31st, at 6:30 pm**.

# Special Guest Lecture in April:

Save the date: Monday April 28th, 6:30 pm. **Paula M. Youmell, RN, MS, CHHC, Certified Holistic Health Counselor, will talk about nutrition fibromyalgia. See** [**http://wholefoodhealer.com/**](http://wholefoodhealer.com/) **for information about her.**

This newsletter is a joint effort of Clarkson University and Canton-Potsdam Hospital. If you would prefer to receive these newsletters electronically, please send your email address to [lnrussek@clarkson.edu](mailto:lnrussek@clarkson.edu). You can access current and previous Potsdam Fibromyalgia Support Group Newsletters on our web site: [www.people.clarkson.edu/~lnrussek/FMSG](http://www.clarkson.edu/~lnrussek/FMSG).