

Foreword

This comprehensive book deals with practically all aspects of myofascial trigger points, from the as yet imperfectly understood pathophysiology to the actual practical therapy. The subject of the book is of immense importance—as the life expectancy of the population in the developed nations increases, disorders of the musculoskeletal system also become ever more common. In addition to the aging of the population, physical inactivity and unhealthy nutrition are further factors that increase the prevalence of musculoskeletal disorders.

A very important shortcoming in this context is that many physicians, at least in Germany, do not physically examine their patients. The reason for this is in part financial because the insurance companies, especially in Germany, pay either nothing or insufficiently, for a complete physical examination. A further reason is that medical students are not educated in diagnostic techniques using muscle palpation. In most countries, a medical discipline dealing specifically with muscle pain is not available. In this sense, the muscular system is in fact an “orphan organ” (quoted from Professor David Simons). The situation is all the more incomprehensible in view of the fact that muscular pain is one of the most common complaints of the population. Many patients with trigger points that are relatively simple to treat stumble from doctor to doctor because they cannot find anyone to provide relief of their symptoms. Trigger point patients have normal laboratory values, and modern imaging techniques do not show any changes in muscle at all. If the physician or physical therapist is not educated in trigger point diagnosis or in recognition of functional muscle pain, the patient runs the risk of being seen as a hypochondriac. Overall, the lack of specialized therapists leads to an enormous economic burden in the form of health care costs and loss of workdays. Furthermore, the deficient knowledge base and the lack of acceptance of trigger points represent an additional psychological stress for patients because they sense the therapist’s skepticism.

Because the formation of myofascial trigger points and many other chronic muscle disorders have only a hypothetical basis, there is also no generally accepted

causal therapy to date. So there are multiple therapeutic approaches, many of which on closer inspection have no solid basis. This book provides the interested reader with guidelines for the treatment of the patient with trigger points. It also delineates the limitations of the various treatment methods.

The situation in research is deficient too, as it is in clinical practice. To the present time, there is still no systematic research of the histology of trigger points. The single large study stems from an Austrian work group, who, however, used postmortem biopsies, and therefore had to solve the problem of taking the samples before rigor mortis set in. A controlled study would be necessary using open biopsies from patients and appropriate controls from muscles that show no abnormalities. It is almost impossible to get funding for such research at this time, however, because many reviewers are not familiar with the problem. Conference presentations unfortunately often mention trigger points in the same breath as the tender points in fibromyalgia and acupuncture points, leading to the impression that myofascial trigger points are ill-defined, unreliable, and somewhat esoteric.

It is therefore high time to place the depiction of trigger points on a solid foundation. That is exactly what this book accomplishes. In terms of fundamental and critical treatment of the basics and therapeutic approach, this book fills a void in German medical literature and most closely corresponds to the American trigger point handbook by David Simons and Janet Travell. My hope is that this book will be widely disseminated and that reading it will dispel many ambiguities in regard to the etiology, diagnostics, and therapy of myofascial trigger points.

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Foreword

In 2010, when Roland Gautschi completed the German edition of this book, I was very impressed with the wealth of information he had pieced together into a phenomenal resource with up-to-date information, outstanding full-color illustrations, and solid overviews of complex materials and concepts, in addition to providing many excellent clinical pearls and evidence-informed guidelines. In other words, the book was not only attractive to academics, but also served the needs of clinicians, including physicians, physiotherapists, chiropractors, osteopaths, and occupational therapists, among others. When I shared with the author, while we both attended a conference in Toledo, Spain, that the book deserved to be translated into English and possibly other languages, I sensed that the very thought of spending even more time on this book was too overwhelming to even consider at that time. Given the volume of this text, I can only imagine the numerous hours Gautschi must have spent away from family and friends to synthesize a work of this magnitude.

Nine years later, the translation in English is in our hands and I am confident that the book will soon be in the treatment rooms of many practitioners around the world. Now that this excellent book is available to a much broader audience, I hope that many English-speaking clinicians and researchers will reach out to this marvelous resource to refresh their knowledge about myofascial pain and trigger points, or to get ideas about the clinical management for a particular patient. Of course, in 9 years we've seen a lot of advancements in research. While some of the information and referenced studies of the original book have been updated in subsequent German editions, other concepts are maintained in it, and so, feature in this first English edition too. For example, since the publication of the German editions the nomenclature has changed a bit in the myofascial pain literature and concepts of primary, secondary, and satellite trigger points have since been abandoned. For an

English-language book, the development of Swiss and German myofascial pain societies may not be all that interesting to many readers, but at the same time, it is worthwhile learning about the experiences of clinicians in other countries. Unfortunately, the book does not include much information about the development of trigger point courses in the rest of the world, such as the United States, Spain, Italy, etc. Nevertheless, there is an abundance of information in this book that has withstood the test of time that clearly outweighs such minor details.

The first six chapters provide an excellent overview of the diagnosis and pathophysiology of myofascial pain and the clinical importance of trigger points. The author managed to integrate current pain science concepts into the myofascial pain “story” to create the foundation for clinical manual therapy management principles. Manual techniques are primarily based on the work of Swiss rheumatologist, Beat Dejung. The clinical chapters are divided into specific body regions and are consistently organized. Each chapter is abundantly illustrated with overviews of pertinent anatomy and multiple high-quality color photographs of clinical techniques and manual therapy positions. Each muscle includes a section with “tips for the therapist,” which gives, especially to more recent graduates, the benefit of tapping into Gautschi's rich clinical experience.

In summary, this book fills a void in the English-language literature on myofascial pain. I anticipate that the book will follow the footsteps of its German parent and soon will be a staple in clinics all over the world. It is an honor to prepare this foreword and I congratulate Roland Gautschi with this accomplishment.

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Preface

I am very pleased about the English edition of this trigger point book. This was made possible thanks to the great and ongoing response this book has received with regard to the previous editions (first German ed. 2010, third ed. 2016). I attribute this to the keen interest in the topic: recognizing, understanding, and treating problems that develop due to trigger points and fascial changes. I also see this as a sign of appreciation in the concept of the book, made possible by Thieme Publishers.

I have been delighted by the extensive feedback the book has received. Many fellow practitioners with many long years of professional experience have said the trigger point book is not, as might otherwise be expected with technical literature, stashed away on a bookshelf gathering dust. But rather, it is always within reach on their work tables, providing a constant source of useful information as required in everyday practice. Many young therapists, too, have emphasized that they have obtained valuable assistance and support in their practical work from this trigger point compendium.

What features are highlighted in this book?

The occasionally expressed reservations regarding trigger point therapy primarily involve three points:

1. Myofascial problems and trigger points are only secondary problems.
2. Trigger point therapy, as a hands-on treatment, leads to the patient becoming dependent on the therapy or therapist.
3. Trigger point therapy causes pain, which the patient should not have to tolerate.

Trigger point therapy is usually painful, but the pain that occurs during treatment can and should be used therapeutically. Patients are usually thankful, and, in spite of the pain, relieved when their therapists finds the “sore spot” and treats it thoroughly. The goal of myofascial trigger point therapy is the patient’s independence, and the therapist utilizes trigger point therapy to achieving this goal. The patient can contribute a lot to the therapy, and a dedicated section clearly outlines what the patient can accomplish using selfmanagement to resolve myofascial problems and to prevent them from recurring. Myofascial

problems can, of course, be caused secondarily. But they are often the primary causative factor responsible for pain and dysfunction. In chronic pain, the postulated linear relationship of primary–secondary is, in many cases, no longer valid. Instead, problems with stimulus summation may be present, which are likewise highlighted in this book.

This English edition has provided the opportunity to revise, supplement, and update the book. Due to the strongly growing interest in fascia and developing fascial research, the theme of fascia has an even greater focus in this English edition. Sections about the structure, features, and functions of connective tissue, about fascial changes and their significance in the development and perpetuation of myofascial trigger points (mTrPs), and about muscle-fascial interaction (such as the catapult effect and musclefascial cycle during bending) elucidate the connection and interaction of contractile and non-contractile components in myofascial dysfunction. The sections “Stretching” and “Functional Training” have also been revised and expanded from a fascial perspective. In addition to the above, this edition examines a critical controversy concerning the clinical diagnostic investigation of mTrPs and the question as to how mTrPs develop from both a clinical and pathophysiological perspective (etiology). The discussion covers to what extent mTrPs are a phenomenon that is peripherally caused and/or centrally caused, and how peripheral processes and central processes possibly collaborate in the development of mTrPs. The section “Differential Diagnosis” provides updated information concerning the fibromyalgia syndrome and its relationship to the myofascial syndrome. The chapter “Entrapment Neuropathys” has been enhanced with information concerning the differentiation of intra- and extra-neural entrapments, as well as information about clinical clues to help differentiate whether a neural or a myofascial structure is the source of symptoms generated by manual provocation. The chapter “Diagnosis of Myofascial Pain,” and the sections “Screening-Tests” and “Contraindications” have been revised and complemented (the latter now includes discussion of direct oral anticoagulants).

To improve visualization of the book’s contents, approximately 1200 figures are included and 18

videos demonstrate the diagnostic investigation procedure (screening tests and palpatory diagnostics) and the manual therapy of trigger points and fascia.

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In particular I am highly grateful to

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- All my teachers, especially Dr. Beat Dejung, the persevering and generous pioneer and founder of manual trigger point therapy, who passed on his rich knowledge to us unselfishly;
- The patients for their trust, patience and commitment to see pain not only as a problem, but (also) as an opportunity;
- The participants of many previous courses in trigger point therapy for their diverse and thorough questions that helped clarify the subject matter;
- My colleagues from the IMTT Instructor Team, especially Johannes Mathis – twenty years ago we started teaching our first trigger point courses together, creating the “blanks” of the systematic muscle presentation – as well as Yvonne Mussato for reading the manuscript of the whole practical part and her inspiring feedback;
- Prof. Dr. Siegfried Mense who wrote, as an international recognized authority in the field of muscle research, a foreword to this book and thus helped to bridge the gap between the practice of trigger point therapy and the scientific research;
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- Judith, my wife, as well as our daughters Moira and Vera.

I am very happy that this English translation can now appear 9 years after the German first edition. I would like to thank Alan Wiser for the accurate translation, my two counter readers, Becca Tormey and Heinz O. Hofer for their valuable feedback and tips, as well as Delia DeTurris from Thieme Publishers, New York, Angelika-M. Findgott, Gabriele Kuhn-Giovannini and Joanne Stead from Thieme Publishers, Stuttgart, and Nidhi Chopra and Prakash Naorem from Thieme Publishers, Delhi for their flexibility and professionalism; they all make this English edition possible. Special thanks to Dr. Jan Dommerholt for his elaborated and sensitive foreword, which ennobles this English edition.

Outlook

The approach to myofascial disturbances and trigger point therapy presented here is based on a phenomenological perspective (see “Approach”). It enables the essence of trigger point therapy to be independently reviewed and confirmed, or rejected and further developed. The trigger point book presented here is incomplete; it requires you and your therapeutic care to fulfill it. Only in that manner can it bloom and bear fruit. Thank you—please enjoy using this book!

Roland Gautschi, MA, PT