

Active Trigger Point Assessment and Tenderness to Palpation

Trigger point

A Trigger Point is a hyperirritable spot, a palpable nodule in the taut bands of the skeletal muscles' fascia. Direct compression or muscle contraction can elicit jump sign, local tenderness, local twitch response and referred pain which usually responds with a pain pattern distant from the spot.

Symptoms and Clinical Findings

1. A patient usually complains about the chronic pain state (ex: headaches, aches everywhere, morning stiffness, TMJ syndrome, tinnitus).
2. Changes in Range of Motion (ROM).
3. Painful movements that can exacerbate symptoms.
4. Postural abnormalities and compensations.

Key Features - Jump sign

- Represents the extreme tenderness of a trigger point (pathognomonic).
- Startling with pain – a behavioral response to pressure applied on the trigger point.
- Responses from the patients vary (cry, wince, or scream) depending on the pressure applied.
- Patient may exhibit a jerky movement of an uninvolved body part (shoulder, head, etc.) in response to the pressure.

Examination

Client position:

- Standing, sitting, or lying down.

Palpation:

- Palpate the exact location of the trigger point.
- Take a note of warmth or change in temperature.
- Look and feel for the nodules or lumps in the muscles/fascia.

Possible Findings:

- Pain may be located locally or referred to a different region on mechanical stimulation of trigger point.
- A local twitch response of the taut muscle and jump sign occur when the trigger point is stimulated.

Tender points

- Tender points are associated with pain confined only to the site of palpation and are not associated with referred pain compared to trigger points.
- They occur in the insertion zone of muscles, not in taut bands in the muscle belly.
 - Ex: Patients with fibromyalgia has tender points.

Tender points and trigger points may overlap in symptoms and be difficult to differentiate. A thorough examination may be required based on the features listed above.

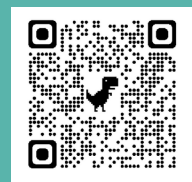
ANPT Concussion/mTBI Knowledge Translation Task force

Handout Created by:

Naseem Chatiwala, PT, DPT, MS; Annie Fangman, PT, DPT; Michelle Gutierrez, PT, DSc; John Heick, PT, DPT, PhD; Ethan Hood, PT, DPT, MBA; Victoria Kochick, PT, DPT; Becky Bliss, PT, DHS, DPT; and Pradeep Rapalli, PT, DPT

Clinical Practice Guideline Physical Therapy Evaluation and Treatment After Concussion/Mild Traumatic Brain Injury

Journal of Orthopedic & Sports Physical Therapy; April 2020: Volume 50, Issue 4



This is for informational and educational purposes only. It does not constitute and should not be used as a substitute for medical advice, diagnosis, rehabilitation, or treatment. Patients and other members of the general public should always seek the advice of a qualified healthcare professional regarding personal health and medical conditions. The Academy of Neurologic Physical Therapy and its collaborators disclaim any liability to any party for any loss or damage by errors or omissions in this publication.

References

