

Clinical Roundup

Selected Treatment Options for Chronic Musculoskeletal Pain

Fascia Acupuncture Protocol

Fascia acupuncture approaches the treatment of chronic musculoskeletal pain primarily by the stimulation and manipulation of the myofascia. The theoretical and practical foundations of this method are provided in both ancient and modern sources.^{1,2}

Evaluation includes observation of the patient's movement, gait and posture; case history; range of motion tests; and careful descriptions of pain patterns,³ pain levels, and activities that exacerbate or relieve the pain. Based on an understanding of the musculature and associated radiating pain patterns, a hypothesis is generated regarding the probable myofascial source(s) of the pain. Careful and attentive palpation of these myofascial groups identifies taut bands and trigger points, which may be local or at a distance from the site of the pain.

Once the trigger points are identified, an acupuncture needle is inserted into the fascia superficial to the muscle. Using a pecking technique, the point is stimulated and will often produce a "local twitch response" signaling the release of the taut band. The patient rests with needles inserted. Once the needles are removed, manual techniques aimed at fascial "unwinding" or "listening tests"⁴ are applied. This serves both to stimulate fascial movement further and to evaluate the effectiveness of treatment.

Home care includes the application of moist heat to the treated areas, brief repeated focal range of motion exercises to retrain the affected muscles, and post-recovery muscle-strengthening regimens. Possible perpetuating factors are suggested for patient validation, given that correcting or eliminating such factors is often crucial to resolving chronic-pain conditions. For example, a patient with chronic neck and shoulder pain must correct an illpositioned computer station to avoid recurrences. The extent of treatment is dependent upon the chronicity and severity of the problem, age and physical condition, the nature of perpetuating factors, and patient compliance.

References

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Steven Finando, PhD, LAc,
and Donna Finando, MS, LAc, LMT
Heights HealthCare, Roslyn Heights, NY