



What Is Myofascial Pain Syndrome?

Myofascial pain syndrome (MPS) is a painful condition that causes pain in different parts of the body, muscle tenderness, decreased range of motion, and mood and sleep problems.

The pain usually occurs in the head, neck, shoulders, arms, legs, and lower back. However, it can occur in any muscle group.

MPS is not life-threatening and rarely gets worse over time if treated. Most people with MPS report feeling some pain all the time. However, the pain level can vary with the time of day, physical activity, and stress. People with MPS often have problems with their mood, including anxiety and depression.

How is myofascial pain syndrome diagnosed?

There isn't a test to diagnose MPS. It's diagnosed when multiple sore spots, or *trigger points*, in the muscles are touched that cause pain in other parts of the body. This is called *referred* pain. Additional symptoms used to diagnose MPS include impaired range of motion, mood disturbance, muscle tenderness, and sleep problems.

What are trigger points?

Trigger points are areas of tight, sore muscle. The pain in MPS comes from the development of trigger points in the linings of the muscles, called *myofascia*. The myofascia is a film that wraps around the muscle fibers to give them shape and support. Trigger points can develop on myofascia throughout the body.

What causes myofascial pain syndrome?

The exact cause of MPS is not known. But a number of factors can trigger MPS, including poor posture over time, continuous pressure on the muscle, emotional stress, surgical incisions, repetitive motions, and joint problems. These factors result in a cycle of pain, inactivity, and disability.

Who gets myofascial pain syndrome?

We don't know how many people in the United States have MPS. It appears to be more common in women than in men. MPS usually occurs between the ages of 20 and 40 years old. It's more common in people with low-movement jobs and lifestyles than in those who get regular physical activity.

How is myofascial pain syndrome treated?

Continued treatment is recommended for MPS patients. This is because it's chronic and there are physical and psychological stress factors that play a role in its development.

These are the common treatments for MPS.

Lifestyle changes. Limit caffeine, alcohol intake, and smoking. All of these can irritate the trigger points. Increasing physical activity can also assist in treating MPS.

Deep relaxation. Many people with MPS are able to decrease their pain by learning to relax and manage stress. Skills such as slow, deep breathing, meditation, and guided imagery can help with pain management.

Posture retraining. Learning and applying principles of correct posture and body mechanics can help relieve stress and tension on the affected muscles. This training is often provided through groups or classes.

Heat. Moist heat can relieve the muscle tension and pain of MPS by increasing blood flow and relaxing muscles. Good sources of heat include:

- Moist heating pads
- Warm showers or baths
- Moist towels heated in a microwave

Be careful not to burn your skin, especially if you have decreased feeling (for example, from diabetes or stroke). Do not apply heat for more than 10 to 15 minutes at a time.

Acupressure. Acupressure, an ancient Chinese healing art, uses the fingers to press key points on the surface of the skin that are thought to stimulate the body's natural healing abilities. It's believed that when these points are pressed, they release muscle tension, promote the circulation of blood, and help with healing.

TENS unit, or transcutaneous electrical nerve stimulator. During this treatment, electrodes connected to a small battery-powered unit are placed along the painful muscle. A low level of electrical stimulation is applied to relieve muscle tension and pain.

Medications. Sometimes medications like nonsteroidal anti-inflammatory medications (NSAIDs) are used to help with the pain of MPS. Muscle relaxants are not often helpful for long-term use in MPS. Some muscle relaxants such as carisoprodol (Soma) disrupt sleep and can be addictive, so they're not commonly used. Other medications such as tricyclic antidepressants (TCAs) like amitriptyline or trazodone are sometimes useful in helping with mood and sleep problems commonly associated with MPS.

Are myofascial pain syndrome and fibromyalgia syndrome the same?

MPS is often confused with fibromyalgia syndrome (FMS), which is a similar but distinct condition. FMS is characterized by having widespread pain and multiple tender spots, called *tender points*, in specific locations on the body, fatigue, mood problems, and sleep problems. The pain in FMS tends to be more widespread than MPS and tender points do not cause referred pain as do trigger points.

Coping with myofascial pain syndrome

People with MPS often have many tests and see many doctors to find treatment. This can lead to increased frustration and fear, which may increase symptoms. Sometimes family, friends, and doctors may express doubts about MPS. To a person experiencing frustrating symptoms, disbelief from others can increase feelings of isolation, depression, guilt, and anger. Treatment is available to help you manage MPS. You can feel better!

When to call Kaiser Permanente

Please call us if you experience:

- Increased use of pain medication.
- Decline in activity level.
- Increased feelings of anxiety or depression.

If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to **ndvh.org**.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only. Some photos may include models and not actual patients.