Chapter 11

**Perpetuating Factors in Myofascial Trigger Points**

It is a very common phenomenon when treating patients with a chronic or unresolved myofascial trigger point syndrome to see that other exogenous factors may have a negative effect on the condition. Usually, these patients do well immediately following the treatment, but a couple of days later they regress to the initial state. The reason for that regression is an uncontrolled—and possibly unknown to the patient and to the clinician—factor that perpetuates the dysfunction. These are called perpetuating factors and can be related to abnormal body positions, postural positions, skeletal asymmetries, as well as activities that increase mechanical stresses causing reactivation of myofascial trigger points.

Examples of such conditions include:

- An asymmetry such as a leg length discrepancy that exceeds 0.5 to 1 cm. Such a discrepancy will cause muscular asymmetries that will extend from the lower extremity to the sacroiliac joint, the pelvis, and further to the spine, producing abnormal stresses.

- Muscle imbalances can become stressors that will activate myofascial trigger points. For example, tightness on the right biceps femoris (long head) will produce abnormal tension on the ipsilateral sacrotuberous ligament. This is connected to the fascia of the contralateral gluteus maximus, which has a direct connection to the thoracolumbar fascia, the furthest part of the fascia of the latissimus dorsi. Abnormal stresses, tension, and overload may create myofascial trigger points in any of the muscles mentioned here. It becomes obvious how important it is to thoroughly evaluate the patient. Only then can the clinician manage to identify such perpetuating factors and correct them.

- A classic example of an iatrogenic perpetuating factor is to provide the patient with a cane of improper length. Continuous use of a cane that is either too tall or too short will cause asymmetries and will apply abnormal stresses to the muscles of the upper body.

Nutritional factors may play a role in the perpetuation of a myofascial trigger point syndrome. It is recommended that patients with a chronic myofascial trigger point syndrome take vitamins B₁, B₆, B₁₂, folic acid, and vitamin C.

Metabolic and endocrine inadequacies, as well as psychological and behavioral issues, may act as perpetuating factors in a myofascial trigger point syndrome. The clinician should be able to identify such factors and make appropriate referrals if the issue is outside the scope of his or her practice.