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100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

Intractable Back pain and Trigger point injections

By Karri Koivula

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Ever enigmatic back pain has been in the past largely blamed on the discs and other pathological factors.

But with the help of new imagining technology, degenerative changes have been found from so many people living completely pain free, that it just doesn't make much sense for them to be the main villain behind pain.

While doctors agree that back pain is often muscular, in the sense that there are no major pathological factors involved, they haven't without a few exceptions embraced completely the trigger point paradigm.

One reason for this might be the use of trigger point injections for treating back pain thought to be of myofascial origin.

Injections can cause the treatment to fail by making it harder to achieve the three key factors behind effective therapy.

1. Finding the right spots, one must find the most aggravated trigger points from right muscles. It's much easier to locate the spots from you own muscles, when you have the luxury of actually being able to feel their tenderness, not so easy when you have to locate them from others. If it's entirely up to the doc to locate the spots then that can be a problem.

2. Volume, one must treat multiple muscle groups. Muscles work as a group and there will always be satellite trigger points in antagonist muscles and sometimes even in other body parts. No doc in their right mind will have the stamina or will to inject all trigger points that needs to be injected even in multiple sessions.

3. Consistency, one must treat them long enough for the trigger points to loose their tenderness, there is not much value for evaluating the effects of the therapy before this happens. This will take weeks of

daily massage sessions to happen, not one session of injections or one session once per week.

Techniques and styles in applying the pressure to the trigger points makes a little difference, whether its trough injections, massage, pressure or some form of assisted stretching, what matters that its being done, and being done to the right muscles, and long enough to the trigger points to start to become less tender.

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Knee pain and running

By Karri Koivula

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Running with knees that hurt and are not getting better trough time is no fun, and being addicted to running doesn't help either.

Fortunately, pain isn't always a definite sign of tissue damage; instead it can be protective pain that is coming from entities called myofascial trigger points.

Pain from trigger points can feel like its coming from knee joint or patellae, while it's actually coming from contraction knots in the quadriceps muscles.

What makes things quite enigmatic is that these knots can sometimes reside high in quadriceps muscles, far from where the actual pain symptom is felt.

It's not uncommon for knee pain to be solely or partially muscular. It's also common for doctors to overlook trigger points as a possible pain cause, because at this point there is no imaging equipment in use, which could verify their existence.

For now, only way to find out if trigger point are part of the pain equation, is manually palpating and searching for them from the muscles. There are not many doctors who do this, or know how to do this, or think that it's even beneficial to do this.

Fortunately finding and treating trigger points is quite easy, and you don't need an expert to do it for you.

You just find tender spots which refer pain to your knee when pressed, from those muscles that are reported to be involved in knee pains.

Usually, even a few days of self-massage to those points, can make them stop referring pain to your knee area. And make it evident that they where indeed behind the pain.

Finding and massaging trigger points in the quadriceps and calf muscles, and the small muscles behind the knee (plantaris & popliteus), should give you good results.



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