

# “What a Trip”

Part two of a three part series

*MyoRehab*

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In Part 1 of this series we began with the question, “Why is it that after a car accident, pain and stiffness persists?” The simple explanation offered was “chemistry.”

When our bodies experience a sudden, unexpected motion, an equal and opposite spontaneous reaction occurs in our muscles. Normally, this is how we maintain balance. During a car accident, forced movement of the head (inertia), causes damage in the spontaneously-contracted muscles and connective tissue (fascia), producing a whiplash or Soft Tissue Injury.

When a soft tissue injury occurs, the body begins to repair itself by sending chemistry to the damaged tissue. The chemicals responsible for repair also produce pain and soreness.

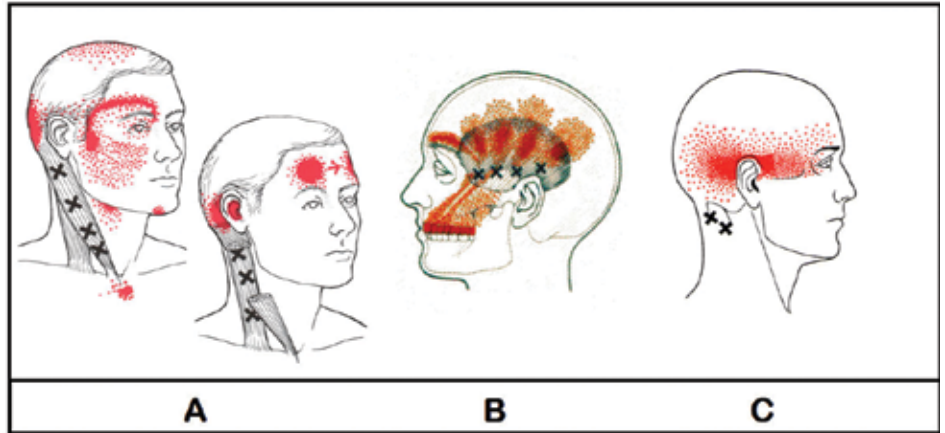
The pain signal from the repair chemicals in turn causes a response from the nervous system, allowing additional chemicals to flood the injured area. This additional chemistry produces muscle stiffness (or Functional Splinting) that stabilizes joints and ligaments, allowing healing to occur. The problems begin when functionally splinted muscles develop Myofascial Trigger Points (MTTrPs) and “forget” to let go.

An MTTrP is a hypersensitive, self-sustained contracture in muscle accompanied by a taut band. The taut bands trap chemicals responsible for this functional splinting. This contributes to what we call “muscle memory.” When the contracture is stimulated by movement or pressure, pain is referred in predictable patterns, usually away from the MTTrP.

MTTrPs do not show up on an MRI or X-ray. When searching for the “problem” in the referred pain zone, one finds nothing to treat. This all-too-often leads to the assumption that the pain must be “all in your head.” As a consequence, MTTrPs are overlooked.

Treatment at MyoRehab is specifically formulated to identify and reverse this painful condition. Let’s take a closer look.

Two months ago, Rosa was referred to MyoRehab for head, neck, and jaw pain that began about a year ago. Her symptoms were consistent with a whiplash injury. Her treatment began with an in-depth interview and medical history review. When this information is combined with mapping of



pain patterns and results from range of motion (ROM) testing, a clinical impression emerges that provides the basis for a successful treatment plan.

During Rosa’s initial intake we learned about a motor vehicle accident (MVA) that occurred five years prior to the onset of her current pain. After the MVA she was treated with muscle relaxants, anti-inflammatory drugs, and pain medication for a period of three months, and released from treatment in spite of lingering pain and stiffness.

During her second visit to MyoRehab, Rosa commented about her hundred twenty pound dog named Roy. She recalled an incident involving Roy and a near fall that occurred about a year before, shortly before her current pain began.

On his way to investigate a knock at the door, Roy nearly knocked Rosa off her feet and into the living room wall. She discounted the incident because she didn’t actually fall. However, the rapid movement of Rosa’s body at the moment of Roy’s impact constituted a whiplash that produced a soft tissue injury. This event was no different than an MVA, skiing accident, or other incident involving an abrupt whipping of the head, neck, or torso.

In Rosa’s case, a previous injury from an MVA left her predisposed to a greater pain response than one would normally have expected. Her pain patterns and other symptoms pointed to several muscles. For instance, loss of balance or the inability to walk through a doorway without hitting her shoulder on the door frame combined with

ringing in her ears are symptoms of injury to a neck muscle called the sternocleidomastoid (SCM), show in Illustration A.

Trigger points in the temporalis muscle will not only produce a specific pain pattern at the side of the head, they cause teeth pain (Illustration B) as well. This muscle is also responsible for much of the teeth clenching and grinding during sleep that often follow a whiplash or soft tissue injury.

The suboccipital muscles are especially susceptible to injury in a rear-end collision (Illustration C). They will produce a band of pain around the head that can lead to a diagnosis of migraine headaches, part of Rosa’s long term care even before Roy bolted for the door.

Whether it’s a slip on an icy sidewalk, getting rear-ended while stopped at a red light, or being run over by the family dog, the pain and stiffness of a whiplash or soft tissue injury can have a major impact on your quality of life.

Have you had an unplanned “trip” lately?

Come to MyoRehab for a free consultation and experience the difference for yourself.

Our phone number is 872-3100

*Victoria L. Magown (#4498) and George S. Pellegrino (#2193) are Co-Directors of MyoRehab and Co-Founders of the American Institute for Myofascial Studies, LLC (AIMS, LLC). MyoRehab and AIMS, LLC (www.aims-llc.org) are providers of educational opportunities for all licensed health care professionals. See our ad in this issue.*