

The Agony of De-Feet

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MyoRehab



Linda, a veterinarian, suffered with unrelenting foot pain for five years. Her profession requires long hours standing which became very difficult. The foot pain was particularly distracting while performing long surgical procedures.

Linda tried just about everything to relieve her pain including medications, injections, insoles and special shoes. Although these helped, the pain continued. At one point Linda even considered early retirement.

When she came to MyoRehab, we discovered she had a long history of injuries to her calves. As a child, while horseback riding, she was thrown and caught one foot in the stirrup. Spooked, the horse continued to run. When the horse was finally stopped and Linda was rescued, her left ankle was badly sprained.

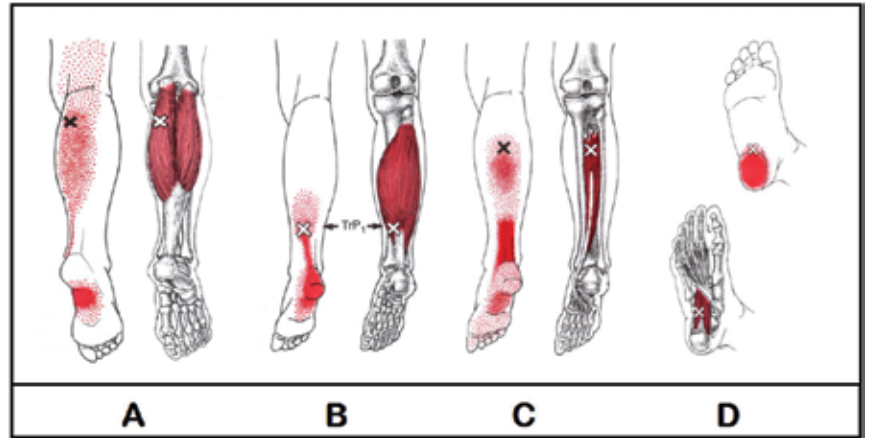
Once, when helping to clear trees from the area around her vacation cabin, her calves were hit by a log hard enough to leave an indentation in her right calf.

Our evaluation of Linda's calf muscles showed Myofascial Trigger Point activity in both the gastrocnemius and soleus muscles (Illustrations A and B). Myofascial Trigger Points (MTTrPs) are hypersensitive, self-sustained contraction knots in muscle that are accompanied by a shortening in the length of the muscle called a taut band. When these knots are stimulated by movement or pressure, pain is referred through pathways in the nervous system in predictable patterns, usually away from the MTTrPs.

In Linda's case, her pain was nearly identical to the pain patterns typically produced by Trigger Points in the gastrocnemius and soleus muscles. When we began treating Linda by addressing Trigger Points in the muscles in her calves, she was surprised how well and how quickly it worked.

She commented that all of her previous treatments had focused on her feet, the site of the pain. When treating pain caused by Myofascial Trigger Points, addressing the site of the pain rather than the cause will have you treating the wrong place more than 75% of the time.

The result of inactivating these Trigger Points was dramatic. In the past, Linda said that by the end of her work day she could barely apply pressure to the accelerator to



drive home. In just a few treatments, she was not only able to stand at work pain-free and drive home without pain, she was also able to resume jogging with her husband.

Karen's case was different. Her pain began gradually without a clear incident. She was a serious runner and grimaced when someone referred to her as a jogger. She loved to talk about the many marathon races in which she participated. Early this past summer, she cut back on her running. The culprit, she said, was the dreaded Plantar Fasciitis or so she was told by a fellow runner.

When she came to MyoRehab, she told us about different shoe inserts and folk remedies she tried, all to no avail. Although Karen's pain was similar to Linda's, different muscles were involved.

Trigger Points in the tibialis posterior muscle produce a pain pattern similar to the gastrocnemius pain at the arch of the foot, and also at the achilles tendon similar to the soleus (Illustration C). The tibialis posterior is referred to as the Runner's Nemesis, which it surely was for Karen. Trigger Points in the quadratus plantae, a muscle deep in the bottom of the foot, produces pain at the heel similar to the soleus (Illustration D).

When Karen's feet were examined, we discovered a common foot structure known as Morton Foot. This is a short first toe and long second toe. When a person has this foot structure, the weight of the body is distributed between the long second toe and the heel, instead of the fifth and first

toes together with the heel which forms a more stable "tripod."

The instability caused by this structure is like walking on a knife edge which keeps the muscles of the calf and feet constantly active, stabilizing the foot. When Karen was fitted with Posture Insoles, Morton Foot Structure was no longer a problem.

Both Karen and Linda were given individualized Home Exercise Programs to stretch the muscles of the calves and feet. This program retrains the muscles to stay at their normal resting length in a pain-free state. In Karen's case, we also suggested she stretch the quadratus plantae by rolling her foot on a golf ball.

Are you suffering from *The Agony of De-Feet*? If you are, give us a call at 505-872-3100 and set up an appointment.

Victoria L. Magown (#4498) and George S. Pellegrino (#2193) are Board Certified Myofascial Trigger Point Therapists and Certified by the American Society of Laser Therapy. They are Co-Directors of the Myofascial Rehabilitation Center, Ltd. and Co-Founders of the American Institute for Myofascial Studies, LLC (www.AIMS-LLC.org).

They have served on the faculty of the University Of New Mexico School Of Medicine and are invited speakers at the American Academy of Pain Management Annual Clinical Meetings, National Association of Myofascial Trigger Point Therapists Annual Conventions, and numerous medical organizations including the United States Military.