Super Pulsed Laser and Trigger Points

Take Home Points:

- ✓ Acute pain can be diminished more than 70%, chronic pain more than 60%
- ✓ Clinical effectiveness (success or failure) depends on the correctly applied energy dose--over/underdosage produces opposite, negative effects on cellular metabolism
- ✓ Applied once per day for 5 consecutive days, followed by a 2-day interval with an average 12 applications.
- ✓ The differences between these two treatments were greater after fifteen minutes of the therapy

Chiropractic management of myofascial trigger points and myofascial pain syndrome: a systematic review of the literature.
J Manipulative Physiol Ther. 2009 Jan;32(1):14-24.

"A Review of 112 articles resulted in strong evidence support for laser therapy for myofascial pain syndrome and myofascial trigger points."

Low Level Laser Therapy with Trigger Points Technique: A Clinical Study on 243 Patients

904 nm LLLT improves local microcirculation and it can also improve oxygen supply to hypoxic cells in the TP areas.

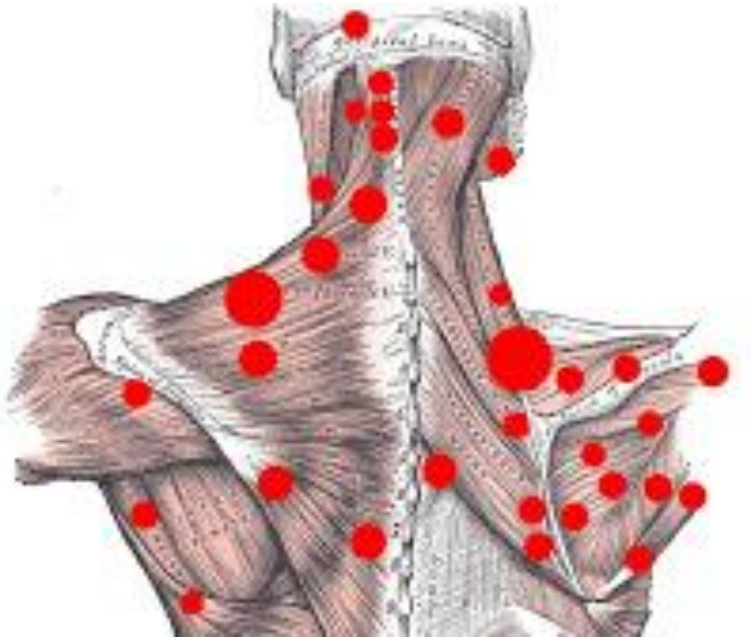
We did not observe any negative effects on the human body and the use of analgesic drugs could be reduced or completely excluded.

LLLT suggests that the laser beam can be used as monotherapy or as a supplementary treatment to other therapeutic procedures for pain treatment

Comparison of the effects of low energy laser and ultrasound in treatment of shoulder myofascial pain syndrome: a randomized single-blinded clinical trial.

Laser resulted in more NDI score and algometric assessment improvements comparing to ultrasound (p<0.05). CONCLUSION: This study introduces laser as one of the preferred treatments of myofascial pain syndrome in shoulder.

Locating Trigger Points:



Locate the points by your preferred method:

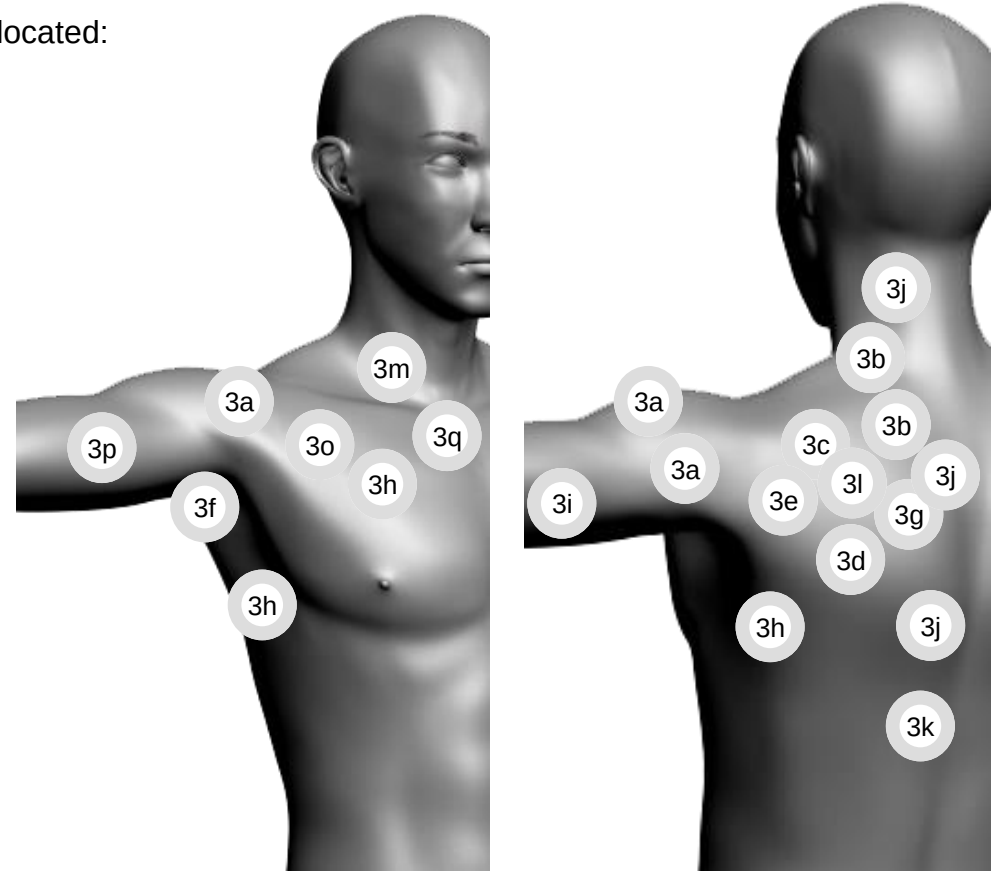
- Palpation
- LaserStim
  - TARGET
- PhotoProbe Palpation

Priority Principle™: Shoulder Spasms/Muscular Pain

	4(b)	Spasms: at palpable spasms in affected area, active and latent	1000 or 3000 Hz with Photoprobes	Pontinen's Principle

Trigger points for the knee are commonly located:

a. Deltoid
b. Levator scapulae
c. Supraspinatus
d. Teres major
e. Terea minor
f. Subscapularis
g. Serratus posterior
h. Latissimus dorsi
i. Triceps brachii
j. Trapezius
k. Iliocostalis thoracis
l. Infraspinatus
m. Scaleni
n. Pectoralis major
o. Pectoralis minor
p. Biceps brachii
q. Subclavius



Utility Probe:
This is an inter cavity probe designed for treatment of the mouth and ears. It may additionally be used as a point probe for patients that may find the corporal probe uncomfortable.

Priority Principle™: Muscle Spasm and Trigger Points Referred Pain Patterns

	4 (a)	Spasms: at palpable spasms in affected area, active and latent	1000 or 3000 Hz	2-5 min per location scanning