



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.

Vernon H, Schneider M.

CCGPP was charged with developing literature syntheses, organized by anatomical region, to evaluate and report on the evidence base for chiropractic care.

PubMed, Excerpta Medica Database, Cumulative Index to Nursing and Allied Health Literature, and databases for systematic reviews and clinical guidelines were searched

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

Limited evidence supports electrical muscle stimulation, high-voltage galvanic stimulation, interferential current, and frequency modulated neural stimulation in the treatment of MTrPs and MPS. Evidence is weak for ultrasound therapy.

CONCLUSIONS:

Manual-type therapies and laser therapy have acceptable evidentiary support in the treatment of MPS and TrPs.



Chiropractic management of myofascial trigger points and myofascial pain syndrome: a systematic review of the literature. Summary of Clinical Practice Recommendations from the Commission of the Chiropractic Guidelines and Practice Parameters.

Design and Methods:

The Council on Chiropractic Guidelines and Practice Parameters (CCGPP), was formed at the behest of the Congress of Chiropractic State Associations (COSA) and was formed from the American Chiropractic Association, Association of Chiropractic Colleges, Chiropractic Education, Federation of Chiropractic Licensing Boards, Foundation for Advancement of Chiropractic Sciences, Foundation for Chiropractic Education and Research, International Chiropractors Association, National Association of Chiropractic Attorneys and the National Institute for Chiropractic Research.

The CCGPP's mission is to provide consistent and widely adopted chiropractic practice guidelines to chiropractic clinicians and require these to be approved by that commission and submitted to the appropriate regulatory bodies for approval. In that commission and submitted to the appropriate regulatory bodies for approval. In that commission and submitted to the appropriate regulatory bodies for approval. In that commission and submitted to the appropriate regulatory bodies for approval.

document of the literature. A literature synthesis is an academically rigorous analysis of all the available scientific literature on a specific topic. Reviewers use internationally accepted tools to rate each article according to specific criteria. These include the type of study (randomized controlled trial, case series, etc.), the quality of the study, size of the study and many other factors which influence the credibility and strength of the study's conclusions. Each reviewer independently rates all the available articles, and the ratings are compared among the members of the review team. When there is disagreement among the reviewers regarding the conclusions, a formal consensus process is followed to arrive at an overall conclusion upon which all reviewers can agree. The resulting conclusions do not represent the reviewers' own beliefs but rather what the literature actually supports.

For this document, team efforts in review, rating, and reporting of literature synthesis were guided, as much as possible, by the widely accepted Appraisal of Guidelines for Research and Evaluation process. The main features included (1) review by a panel of experts; (2) detailed



Locating Trigger Points:



Locate the points by your preferred method:

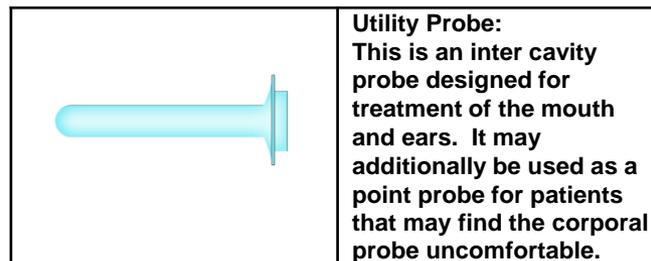
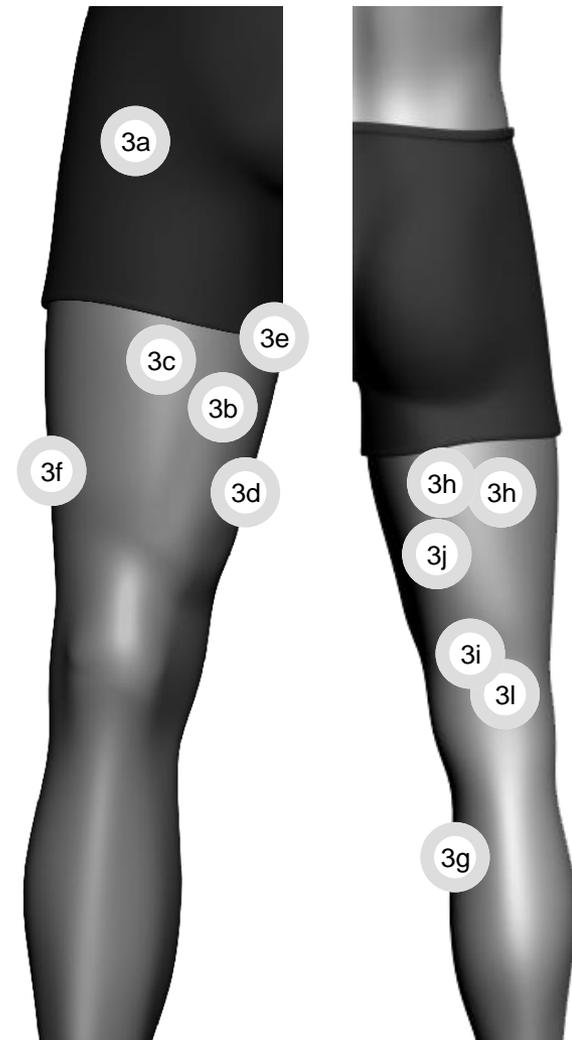
- Palpation
- LaserStim
 - TARGET
- PhotoProbe Palpation

Priority Principle™: Knee Spasms/Muscular Pain

	4(b)	Spasms: at palpable spasms in affected area, active and latent	1000 or 3000 Hz with Photoprobes	Pontinen's Principle
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Trigger points for the knee are commonly located:

- a. Rectus femoris
- b. Vastus medialis
- c. Adductors longus & brevis
- d. Gracilis
- e. Sartorius
- f. Vastus lateralis
- g. Gastrocnemius
- h. Biceps femoris
- i. Popliteus
- j. Semitendinosus & semimembranosus
- k. Soleus
- l. Plantaris



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
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