



Fibromyalgia / Myofascial Pain

General Principles:

Due to extreme physical variances in the patient population undergoing this diagnosis, the following protocols are designed to provide guidelines for the clinician to progress patients during their rehabilitation. The clinician may alter patient progress to accommodate these physical variations. (Ex. – age, medical problems, cardiovascular conditioning, etc.)

Day 1

Evaluation-

1. Include FMPS checklist

Education-

1. What is Fibromyalgia
2. Self-management techniques such as posture, massage, heat/ice, proper sleep habits, exercise

Modalities (PRN)-

1. Electrical Stimulation
2. Moist Hot Pack
3. Cold Pack
4. Ultrasound
5. Manual Therapy techniques
 - a. Trigger point release, positional release, strain/counterstrain, craniosacral therapy, soft tissue massage, myofascial release

Exercises-

1. Initiate Home Exercise Program
2. Myofascial or muscle stretching program
 - a. Whole body and/or specific to the body part involved

Day 2 – 28+

Education-

1. Stress management and relaxation techniques
2. Body mechanics (back safety education, ergonomics)
3. Walking / Cardiovascular conditioning program
4. Self-Trigger point release techniques

Modalities (PRN)-

1. Continue above modalities only as needed. Encourage self management.

Exercises-

1. Review / Perform Myofascial release stretches
2. Cardiovascular Activity (vary program amongst differing cardio options)
3. Progressive Resistance Exercise (Whole body)
 - a. Light to moderate resistance
4. Core Work
5. Aquatic Exercise
 - a. Stretching, strengthening, core work, and cardiovascular conditioning
6. Encourage participation in wellness program, fitness membership, and lifetime fitness



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Fibromyalgia Trigger Point Checklist Assessment

Note: Digital palpation should be performed with an approximate force of 4kg. A tender point must be painful at palpation, not just “tender.”

The official American College of Rheumatology criteria for fibromyalgia includes widespread pain for at least 3 months. Pain should be on both the left and right sides of the body and both above and below the waist. Cervical spine, anterior chest, thoracic spine or low back pain must also be present. Plus, pain in at least 11 of 18 specific tender point sites, which include:

Occipital		
Suboccipital muscle insertion	Positive Right Positive Left	Negative Right Negative Left
Low Cervical		
Anterior aspects of the intertransverse spaces at C5-C7	Positive Right Positive Left	Negative Right Negative Left
Trapezius		
Midpoint of the upper border	Positive Right Positive Left	Negative Right Negative Left
Supraspinatus		
Origins of the scapula spine, near the medial border	Positive Right Positive Left	Negative Right Negative Left
Second Rib		
2 nd Costochondral junctions, lateral/junctions upper surface	Positive Right Positive Left	Negative Right Negative Left
Lateral Epicondyle		
2cm distal to the epicondyles	Positive Right Positive Left	Negative Right Negative Left
Gluteal		
Upper / outer quadrants of buttocks in anterior fold of muscle	Positive Right Positive Left	Negative Right Negative Left
Greater Trochanter		
Posterior to the trochanteric prominence	Positive Right Positive Left	Negative Right Negative Left
Knee		
Medial fat pad, proximal to the joint line	Positive Right Positive Left	Negative Right Negative Left
Total		
Total of positive tender point sites (11 of 18 indicates possible Fibromyalgia syndrome)		