

fibromyalgia and chronic myofascial pain

Fibromyalgia and Chronic Myofascial Pain: Understanding the Overlap and Differences

fibromyalgia and chronic myofascial pain are two complex and often misunderstood conditions that affect millions of people worldwide. Both disorders involve persistent pain and can significantly impact quality of life, yet they arise from different underlying mechanisms and require tailored approaches to management. If you've ever struggled to pinpoint the cause of widespread muscle pain, fatigue, or tender points, understanding the nuances between fibromyalgia and chronic myofascial pain can provide clarity and guidance on effective treatment strategies.

What Is Fibromyalgia?

Fibromyalgia is a chronic disorder characterized primarily by widespread musculoskeletal pain accompanied by fatigue, sleep disturbances, cognitive difficulties (often called "fibro fog"), and mood issues like anxiety and depression. It is recognized as a central sensitization syndrome, meaning the nervous system processes pain signals abnormally, amplifying even mild stimuli into significant discomfort.

Unlike localized injuries or inflammation, fibromyalgia pain is diffuse and not tied to any specific tissue damage. This often makes diagnosis challenging because standard imaging or lab tests typically appear normal. Patients with fibromyalgia often report heightened sensitivity to touch, sound, or light, reflecting the altered pain pathways in the brain and spinal cord.

Symptoms and Diagnosis

Common symptoms of fibromyalgia include:

- Widespread muscle pain and stiffness
- Tender points in specific areas such as the neck, shoulders, back, hips, arms, and legs
- Chronic fatigue and reduced stamina
- Cognitive difficulties, including memory and concentration problems
- Sleep disturbances, often leading to non-restorative sleep
- Headaches and irritable bowel syndrome (IBS)

Diagnosis is primarily clinical, based on patient history and symptom patterns. The American College of Rheumatology criteria focus on the distribution of pain and symptom severity scores rather than objective tests.

Understanding Chronic Myofascial Pain

Chronic myofascial pain syndrome (MPS) is a condition characterized by localized muscle pain and stiffness caused by trigger points—tight bands of muscle fibers that are tender to the touch and may refer pain to other areas. These trigger points develop due to muscle injury, repetitive strain, poor posture, or stress.

Unlike fibromyalgia, which is systemic and centrally mediated, myofascial pain is considered a peripheral musculoskeletal disorder. The pain is often more localized, but because trigger points can refer pain to distant areas, it sometimes mimics other conditions, complicating diagnosis.

Symptoms and Identification

Symptoms of myofascial pain include:

- Deep, aching muscle pain localized to one or more muscle groups
- Presence of palpable taut bands or knots in muscle tissue
- Referred pain patterns triggered by pressure on specific points
- Muscle weakness or restricted range of motion near affected muscles
- Possible muscle twitch response when the trigger point is stimulated

Healthcare providers often diagnose MPS through physical examination, identifying trigger points by palpation and assessing their referral patterns.

Key Differences Between Fibromyalgia and Chronic Myofascial Pain

While fibromyalgia and chronic myofascial pain share overlapping symptoms such as muscle pain and tenderness, distinguishing between them is important for effective treatment. Here are some critical points of differentiation:

- **Location and Distribution of Pain:** Fibromyalgia pain is widespread and symmetrical, while myofascial pain is typically localized to specific muscles or groups.
- **Nature of Pain:** Fibromyalgia involves heightened sensitivity and central nervous system amplification, whereas myofascial pain arises from muscle dysfunction and trigger points.
- **Tender Points vs. Trigger Points:** Fibromyalgia tender points are standardized, non-referred areas of sensitivity, whereas myofascial trigger points produce referred pain patterns when pressed.
- **Associated Symptoms:** Fibromyalgia often involves systemic symptoms like fatigue,

cognitive issues, and sleep disturbances, which are less common in myofascial pain syndrome.

- **Diagnostic Tests:** Both lack definitive lab tests, but fibromyalgia diagnosis relies on symptom criteria, whereas myofascial pain is diagnosed mainly through physical exam findings.

Common Causes and Risk Factors

Both fibromyalgia and chronic myofascial pain can develop after physical trauma, repetitive strain, or emotional stress, but their root causes vary.

Fibromyalgia Triggers

The exact cause of fibromyalgia remains elusive, but several factors are thought to contribute:

- **Genetics:** Family history may increase susceptibility.
- **Infections:** Certain illnesses may trigger or worsen symptoms.
- **Physical or Emotional Trauma:** Accidents, surgery, or psychological stress can precipitate onset.
- **Sleep Disturbances:** Poor sleep quality may exacerbate symptoms and pain sensitivity.

Myofascial Pain Triggers

Myofascial pain syndrome often results from localized muscle issues such as:

- Muscle overuse or repetitive strain
- Poor posture or ergonomic stress
- Direct muscle injury or trauma
- Psychological stress contributing to muscle tension
- Lack of physical activity leading to muscle weakness

Management Approaches for Fibromyalgia and Chronic Myofascial Pain

Because these conditions have different origins, treatment approaches vary, although some overlap exists in pain management strategies.

Fibromyalgia Treatment Strategies

Managing fibromyalgia requires a multifaceted approach focusing on symptom relief and improving quality of life:

- **Medications:** Low-dose antidepressants, anticonvulsants like pregabalin, and pain relievers can help modulate nervous system sensitivity.
- **Exercise:** Gentle aerobic activity, stretching, and strength training improve function and reduce pain.
- **Sleep Hygiene:** Establishing regular sleep routines to combat fatigue.
- **Stress Management:** Techniques such as mindfulness, cognitive-behavioral therapy (CBT), and relaxation exercises.
- **Education:** Understanding the condition empowers patients to manage symptoms proactively.

Managing Chronic Myofascial Pain

Treatment for myofascial pain focuses on relieving trigger points and restoring muscle function:

- **Trigger Point Therapy:** Manual massage, ischemic compression, or dry needling to deactivate trigger points.
- **Physical Therapy:** Stretching, strengthening exercises, and posture correction.
- **Heat and Cold Therapy:** Applying heat to relax muscles or cold to reduce inflammation.
- **Medications:** Nonsteroidal anti-inflammatory drugs (NSAIDs) or muscle relaxants may be prescribed.

- **Ergonomic Modifications:** Adjusting workspaces or daily activities to reduce strain.

The Overlap and Why It Matters

Interestingly, many people with fibromyalgia also experience myofascial pain syndrome, leading to a complex interplay of symptoms. This overlap can complicate diagnosis and treatment, making it essential for healthcare providers to adopt a comprehensive, individualized approach.

For instance, while fibromyalgia's central sensitization requires strategies targeting the nervous system, addressing localized trigger points in muscles can provide additional relief. Similarly, patients often benefit from a combination of lifestyle changes, physical therapy, and medications tailored to their unique symptom profile.

Integrative Approaches for Enhanced Relief

Given the chronic nature of both conditions, integrative therapies are gaining popularity. Acupuncture, yoga, tai chi, and biofeedback have shown promise in reducing pain and improving overall well-being. Nutritional support, such as ensuring adequate vitamin D and magnesium levels, may also complement traditional treatments.

Living with Fibromyalgia and Chronic Myofascial Pain

Navigating life with chronic pain is undoubtedly challenging. The fluctuating nature of symptoms often requires patience and flexibility. Building a strong support network, whether through support groups or counseling, can provide emotional strength.

Self-care plays a crucial role. Simple habits like pacing activities, practicing gentle movement, prioritizing restful sleep, and managing stress can make a significant difference. Keeping a pain diary may help identify triggers and effective coping strategies.

Above all, communication with healthcare providers is key. Open discussions about symptom changes, treatment responses, and mental health ensure that care plans remain dynamic and responsive.

Fibromyalgia and chronic myofascial pain may share the burden of persistent discomfort, but understanding their distinctions empowers those affected to seek the right interventions and reclaim a better quality of life.

Frequently Asked Questions

What is the difference between fibromyalgia and chronic myofascial pain?

Fibromyalgia is a chronic condition characterized by widespread musculoskeletal pain, fatigue, and tenderness in specific points, often accompanied by sleep and mood disturbances. Chronic myofascial pain, on the other hand, is localized pain caused by trigger points in muscles and connective tissues, leading to referred pain and muscle stiffness.

Can fibromyalgia and chronic myofascial pain occur simultaneously?

Yes, fibromyalgia and chronic myofascial pain can co-exist. Many patients with fibromyalgia also experience myofascial pain due to muscle trigger points, which can complicate diagnosis and treatment.

What are the common symptoms of fibromyalgia and chronic myofascial pain?

Common symptoms of fibromyalgia include widespread pain, fatigue, sleep disturbances, and cognitive difficulties (fibro fog). Chronic myofascial pain symptoms include localized muscle pain, trigger points, muscle stiffness, and referred pain patterns.

How are fibromyalgia and chronic myofascial pain diagnosed?

Fibromyalgia diagnosis is primarily clinical, based on widespread pain lasting more than three months and the presence of tender points, along with other symptoms. Chronic myofascial pain is diagnosed through physical examination identifying trigger points and characteristic pain patterns in specific muscles.

What treatments are effective for fibromyalgia and chronic myofascial pain?

Treatment for fibromyalgia often includes medications like analgesics, antidepressants, physical therapy, and lifestyle changes such as exercise and stress management. Chronic myofascial pain treatment focuses on trigger point therapy, physical therapy, massage, dry needling, and sometimes medications to relieve muscle pain.

Are there any lifestyle changes that help manage fibromyalgia and chronic myofascial pain?

Yes, regular low-impact exercise, stress reduction techniques, proper sleep hygiene, and a balanced diet can help manage symptoms of both fibromyalgia and chronic myofascial

pain. Avoiding overexertion and pacing activities are also important.

Is chronic myofascial pain considered a separate disease or a symptom of fibromyalgia?

Chronic myofascial pain is considered a distinct condition involving muscle trigger points but can also be a component or symptom within the broader syndrome of fibromyalgia, making the relationship complex.

Can psychological factors influence fibromyalgia and chronic myofascial pain?

Yes, psychological factors such as stress, anxiety, and depression can exacerbate symptoms of both fibromyalgia and chronic myofascial pain. Addressing mental health through counseling or cognitive-behavioral therapy can improve overall symptom management.

What role does physical therapy play in managing fibromyalgia and chronic myofascial pain?

Physical therapy is crucial in managing both conditions. It helps improve muscle strength, flexibility, and reduces pain through targeted exercises, manual therapy, and modalities like heat or ultrasound therapy, contributing to improved function and quality of life.

Additional Resources

Fibromyalgia and Chronic Myofascial Pain: Exploring the Complexities of Chronic Pain Syndromes

fibromyalgia and chronic myofascial pain represent two prevalent yet often misunderstood chronic pain conditions that significantly impact patients' quality of life. Both disorders involve persistent musculoskeletal discomfort, but they differ in pathophysiology, clinical presentation, and therapeutic approaches. As awareness grows, medical professionals and researchers continue to investigate the nuances of these syndromes to improve diagnosis, management, and patient outcomes.

Understanding Fibromyalgia and Chronic Myofascial Pain

Fibromyalgia is a chronic disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep disturbances, cognitive difficulties, and mood disorders. The condition affects an estimated 2-4% of the population globally, predominantly women. Despite extensive research, its exact cause remains elusive; however, it is widely accepted that central sensitization—a heightened sensitivity of the central nervous system to pain stimuli—plays a pivotal role.

In contrast, chronic myofascial pain syndrome (MPS) is a localized musculoskeletal condition marked by trigger points—hyperirritable spots within taut bands of skeletal muscle—that refer pain to specific areas. Trigger points can cause stiffness, limited range of motion, and palpable nodules. MPS may result from acute or repetitive muscle injury, poor posture, or stress, and it often coexists with other chronic pain conditions.

Differences and Overlaps in Clinical Presentation

While fibromyalgia presents with diffuse pain across multiple body regions, chronic myofascial pain tends to be more focal. Patients with fibromyalgia report aching in muscles, ligaments, and tendons, often described as a deep, burning sensation. This pain is usually accompanied by non-pain symptoms such as “fibro fog,” depression, and unrefreshing sleep. Conversely, myofascial pain typically manifests as localized muscle tenderness with referred pain patterns unique to each trigger point.

Despite these distinctions, there is significant clinical overlap. Many patients diagnosed with fibromyalgia also exhibit myofascial trigger points, complicating differential diagnosis. A study published in the *Journal of Musculoskeletal Pain* found that up to 85% of fibromyalgia patients had active trigger points, suggesting that MPS may contribute to the pain experience in fibromyalgia.

Pathophysiology: Central Sensitization Versus Peripheral Muscle Dysfunction

The underlying mechanisms of fibromyalgia and chronic myofascial pain reveal contrasting yet interconnected pathways. Fibromyalgia is primarily considered a central pain syndrome. Neuroimaging studies have demonstrated altered pain processing in the brain and spinal cord, including amplified pain signals and impaired inhibitory pathways. Neurochemical imbalances involving serotonin, norepinephrine, and substance P further exacerbate this hypersensitivity.

On the other hand, chronic myofascial pain originates from peripheral muscle abnormalities. Trigger points are thought to develop due to muscle overload, ischemia, or trauma, leading to localized energy crisis and abnormal acetylcholine release at neuromuscular junctions. This process results in sustained muscle contraction and hypersensitivity. However, persistent nociceptive input from trigger points can induce central sensitization, linking the peripheral and central mechanisms.

Diagnostic Challenges

Accurate diagnosis of fibromyalgia and chronic myofascial pain remains challenging due to the subjective nature of symptoms and lack of definitive biomarkers. Fibromyalgia diagnosis relies on clinical criteria established by the American College of Rheumatology, which includes widespread pain index and symptom severity scores. Physical examination

may reveal tender points, but these are no longer the sole diagnostic criterion.

For chronic myofascial pain, diagnosis depends on identifying trigger points through palpation and reproducing referred pain patterns. However, the reliability of trigger point examination varies among clinicians, and there is no gold standard imaging or laboratory test. This diagnostic ambiguity often leads to misdiagnosis or underdiagnosis, delaying effective treatment.

Treatment Approaches: Multifaceted and Patient-Centered

Both fibromyalgia and chronic myofascial pain require comprehensive management strategies that address physical, psychological, and social aspects of chronic pain.

Pharmacological Interventions

In fibromyalgia, medications aim to modulate central pain processing. Commonly prescribed drugs include:

- Antidepressants such as duloxetine and amitriptyline, which enhance serotonin and norepinephrine activity
- Anticonvulsants like pregabalin and gabapentin, which reduce neuronal excitability
- Analgesics including acetaminophen and tramadol, though opioids are generally discouraged due to limited efficacy and risk of dependence

For chronic myofascial pain, pharmacotherapy is often adjunctive. Nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and local anesthetics may provide symptomatic relief but rarely address the root cause of trigger points.

Non-Pharmacological Therapies

Physical therapy plays a crucial role in managing both conditions. Techniques such as stretching, myofascial release, massage, and trigger point injections can alleviate muscle tension and improve mobility in myofascial pain syndrome. Fibromyalgia patients benefit from aerobic exercise, strength training, and gentle stretching routines tailored to tolerance levels.

Psychological interventions, including cognitive-behavioral therapy (CBT), mindfulness-based stress reduction, and biofeedback, have demonstrated efficacy in reducing pain perception, improving coping skills, and enhancing quality of life. These approaches are

particularly valuable given the strong association between chronic pain and mental health disorders.

Emerging and Integrative Treatments

Recent research has explored novel therapies such as transcranial magnetic stimulation (TMS), acupuncture, and low-level laser therapy for fibromyalgia and myofascial pain. While evidence remains preliminary, these modalities offer potential adjuncts for refractory cases. Integrative medicine approaches, emphasizing holistic care and patient empowerment, are gaining traction in multidisciplinary pain management programs.

Implications for Clinical Practice and Future Research

The intertwined nature of fibromyalgia and chronic myofascial pain underscores the necessity for clinicians to adopt a nuanced approach to diagnosis and treatment. Recognizing the coexistence of central sensitization and peripheral muscle dysfunction can guide personalized therapeutic regimens that address both components.

Further research is needed to elucidate the molecular and neurobiological underpinnings of these syndromes, identify reliable biomarkers, and develop targeted interventions. Enhanced training for healthcare providers in musculoskeletal pain assessment and interdisciplinary collaboration will also improve patient outcomes.

The complexity of fibromyalgia and chronic myofascial pain challenges traditional notions of chronic pain management. A shift toward comprehensive, patient-centered care that integrates pharmacological, physical, and psychological modalities represents the most promising pathway forward in alleviating the burden of these debilitating conditions.

[Fibromyalgia And Chronic Myofascial Pain](#)

fibromyalgia and chronic myofascial pain: Fibromyalgia & Chronic myofascial pain syndrome Devin Starlanyl, 2001

fibromyalgia and chronic myofascial pain: Integrative Therapies for Fibromyalgia, Chronic Fatigue Syndrome, and Myofascial Pain Celeste Cooper, Jeffrey Miller, 2010-02-05 A guide to coping with fibromyalgia, myofascial pain, and chronic fatigue syndrome • Reveals how to deal with each disorder and how treatments can interact or aggravate if more than one disorder is present • Offers techniques to dispel the side effects created by these illnesses Fibromyalgia, chronic myofascial pain, and chronic fatigue syndrome are often seen as interchangeable conditions, a belief held even by many health care providers. Nothing could be further from the truth--however, they do often coexist. Knowing if more than one of these disorders is present is extremely important because the treatment for one of them can often exacerbate the problems caused by the others. Written by a registered nurse and a psychologist who has been treating these conditions since 1994,

this book presents an integrative medical approach to these three disorders with a strong emphasis on utilizing and strengthening the mind-body connection to restore well-being. The authors provide a thorough guide to numerous treatment options--from diet, exercise, and herbs to mindfulness meditation, chi kung, and nonsteroidal anti-inflammatory drugs (NSAIDs). They also offer techniques to dispel the "brain fog" that these disorders often create and show how to overcome the resultant obstacles to effectively communicating with your doctor. The additional information included on the psychological issues that accompany these chronic pain disorders allows this integrative treatment guide to open the door not only to physical recovery but also emotional and mental well-being.

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fibromyalgia and chronic myofascial pain: Fibromyalgia and Chronic Myofascial Pain Syndrome Devin J. Starlanyl, Mary E. Copeland, 1996-03 Fibromyalgia and Chronic Myofascial Pain Syndrome offers the first comprehensive patient guide for managing these conditions. You'll start by learning what FMS and MPS are, evaluating your own symptoms, and identifying the tender and/or trigger points that are crucial for treating them. The manual covers chronic pain, sleep problems, and other internal affairs, shows you how you can use your mind to counteract physical symptoms and the numbing effects of fibrofog, and provides an extensive set of healing tools - including information on the latest medications, a nutritional program, and tips for using bodywork and other less commonly known treatments. Its comprehensive survival strategies include suggestions for coping with family and work situations, getting support, and dealing with the health care system.

fibromyalgia and chronic myofascial pain: Healing through Trigger Point Therapy Devin J. Starlanyl, John Sharkey, 2013-08-27 This book is about empowerment for chronic pain patients and care providers alike. Every chronic pain condition has a treatable myofascial trigger point component, including fibromyalgia. Many of the localized symptoms now considered as fibromyalgia are actually due to trigger points. The central sensitization of fibromyalgia amplifies symptoms that trigger points cause, and this book teaches care providers and patients how to identify and treat those causes. Chronic myofascial pain due to trigger points can be body-wide, and can cause or maintain fibromyalgia central sensitization. Trigger points can cause and/or maintain or contribute to many types of pain and dysfunction, including numbness and tingling, fibromyalgia, irritable bowel syndrome, plantar fasciitis, osteoarthritis, cognitive dysfunctions and disorientation, impotence, incontinence, loss of voice, pelvic pain, muscle weakness, menstrual pain, TMJ dysfunction, shortness of breath, and many symptoms attributed to old age or atypical or psychological sources. Trigger point therapy has been around for decades, but only recently have trigger points been imaged at the Mayo Clinic and National Institutes of Health. Their ubiquity and importance is only now being recognized. Devin Starlanyl is a medically trained chronic myofascial pain and fibromyalgia researcher and educator, as well as a patient with both of these conditions. She has provided chronic pain education and support to thousands of patients and care providers around the world for decades. John Sharkey is a physiologist with more than twenty-seven years of anatomy experience, and the director of a myofascial pain facility. Together they have written a comprehensive reference to trigger point treatment to help patients with fibromyalgia, myofascial pain, and many other conditions. This guide will be useful for all types of doctors, nurses, therapists, bodyworkers, and lay people, facilitating communication between care providers and patients and empowering patients who now struggle with all kinds of misunderstood and unexplained symptoms. Part 1 explains what trigger points are and how they generate symptoms, refer pain and other symptoms to other parts of the body, and create a downward spiral of dysfunction. The authors look at the interconnection between fibromyalgia and myofascial trigger points and their possible causes and symptoms; identify stressors that perpetuate trigger points such as poor posture, poor breathing habits, nutritional inadequacies, lack of sleep, and environmental and psychological factors; and provide a list of over one hundred pain symptoms and their most common corresponding trigger point sources. Part 2 describes the sites of trigger points and their referral patterns within each

region of the body, and provides pain relief solutions for fibromyalgia and trigger point patients and others with debilitating symptoms. Pain treatment plans include both self-help remedies for the patient—stretching or postural exercises, self-massage techniques and prevention strategies—as well as diagnostic and treatment hints for care providers. Part 3 offers guidance for both patients and care providers in history taking, examination, and palpation skills, as well as treatment options. It offers a vision for the future that includes early assessment, adequate medical training, prevention of fibromyalgia and osteoarthritis, changes to chronic pain management and possible solutions to the health care crisis, and a healthier version of our middle age and golden years, asserting that patients have a vital role to play in the management of their own health.

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illnesses in the world today means that they can often go undiagnosed and untreated for years, during which time both the mental and physical condition of sufferers can deteriorate considerably. With the right care, there is much that can be done to help anyone with these conditions to improve their quality of life dramatically. The first step towards that is by doing precisely what you are doing now, educating yourself. Within the covers of this book, you will find an easy-to-read and practical guide to dealing with fibromyalgia and myofascial pain. Dr Chris Jenner takes a straightforward and down-to-earth look at what these two conditions are about; how they might affect different aspects of your life; what your options are; and how you can get on with your life.

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fibromyalgia and chronic myofascial pain: *Musculoskeletal Pain, Myofascial Pain Syndrome, and the Fibromyalgia Syndrome* Irwin Jon Russell, 1993-12-23 Here in one concise volume is a complete review of localized and generalized musculoskeletal disorders. *Musculoskeletal Pain, Myofascial Pain Syndrome, and the Fibromyalgia Syndrome* includes the latest research findings on these disorders from medical leaders around the world. This broad-based symposium updates both researcher and clinician on the most recent advances and pioneering approaches to musculoskeletal pain, with special emphasis on the myofascial pain and fibromyalgia syndromes. Chapters represent important thinking and clinical approaches from authorities in nine countries. Myofascial pain and fibromyalgia syndromes are covered extensively by the contributors to this book. The coverage they provide on issues related to these two syndromes is multidimensional and includes epidemiology clinical features pathophysiology treatment The review chapters featured in the book span epidemiology, pathophysiology, and treatment on both myofascial pain and fibromyalgia. These report-like chapters provide brief insight of musculoskeletal pain disorders which is ideal for beginners in the field. Advanced readers will benefit from the more specific research chapters which report on fibromyalgia and myofascial pain. All readers will particularly benefit from "Consensus Document on Fibromyalgia: The Copenhagen Declaration," a report which releases the latest definitions, research, and treatment findings for musculoskeletal disorders from the world's leading experts. The Consensus also sets down the challenge for intensified future research. Physicians, dentists, chiropractors at all levels of practice, and expert physiotherapists will gain much insight on

these disorders from this compendium of information. While dentists are probably most interested in myofascial pain, all the subjects covered are of equal interest to these medical practitioners. MORE COPY Many of the contributing authors or groups of authors have included tables, figures or illustrations, and charts to accurately and succinctly complement their research findings and presentations. A selection of only a few tables and charts reveals multidimensional topics such as these: Problems Associated With Diagnosis in Fibromyalgia Comparison of Sensitivity, Specificity, and Accuracy of the 1990 Criteria for the Classification of Fibromyalgia With Previous Criteria Sets Population Surveys of Fibromyalgia Prevalence Content Validity for Diagnostic Criteria for Masticatory Myofascial Pain Medications Tested in Controlled Therapeutic Trials in Fibromyalgia Pathobiology of Classical Diseases Versus Dynamics of Dysfunctional Syndromes Exercise and Pain Characteristics of Women With Fibromyalgia Neck Muscle Function in Cervicobrachial Syndrome Compared to Healthy Subjects The figures are no less revealing; they highlight exciting discoveries and diagram vital discoveries which expand current understanding of musculoskeletal disorders. Here is a sample of the types of figures included: Pain Diagrams From Four Patients With Fibromyalgia Genetic Predisposition to Muscle Microtrauma Calcium Activated Muscle Damage Classification and Subsetting of Fibromyalgia Cross-Sections of a Capillary From a Tender Point of the Trapezius Muscle in a Fibromyalgia Patient General Pain on Visual Analog Scale

fibromyalgia and chronic myofascial pain: Fibromyalgia, Chronic Fatigue Syndrome, and Repetitive Strain Injury Physical Medicine Research Foundation. International Symposium, 1995 Fibromyalgia, Chronic Fatigue Syndrome, and Repetitive Strain Injury provides a summary of information from a conference on chronic fatigue syndrome (CFS), fibromyalgia syndrome (FS), and related disorders. Many of the contributors are known for being actively involved in the study of the target disorders and represent countries around the world. In addition to health professionals, the contributors represent the legal profession and the insurance industry of Canada. The unique feature of this volume is its emphasis on disability and compensation. In Fibromyalgia, Chronic Fatigue Syndrome, and Repetitive Strain Injury readers will find concise summaries of the formal presentations given at the Vancouver Conference in July 1994. The underlying tenor in the chapters is on viewing affective (psychological) pathology as a contributor to the underlying processes of these disorders. Readers are encouraged to follow closely the logic of each author's academic exercise. They will find that in many cases, the authors provoke more answers than they are able to answer, in the hope of promoting continued research toward finding concrete answers. The conference was designed to address etiology, pathogenesis, clinical features, treatment, disability, medico-legal issues and cost containment. The program agenda was issue driven rather than condition based. The papers were presented in a manner which allowed delegates and speakers to see the overlap and differences between these conditions. The purpose of Fibromyalgia, Chronic Fatigue Syndrome, and Repetitive Strain Injury is to provide education for primary care physicians, specialist physicians, other health care disciplines, patients, and the public. A second purpose is to enable investigators in the three topic areas to get new information from specialists around the world to develop new ideas, which will inform future research and consensus.

fibromyalgia and chronic myofascial pain: Muscle Pain, Myofascial Pain, and Fibromyalgia Leonardo Vecchiet, Maria Adele Giamberardino, 1999-10-15 Discover new findings on musculoskeletal pain from experts around the world! This comprehensive book gives you new insights into musculoskeletal disorders which are among the major sources of chronic pain and disability. Although much remains to be explored in the muscle pain domain, the results of the many studies conducted have undoubtedly led to an improvement in diagnostic tools and knowledge about pathophysiological mechanisms of the various syndromes. Muscle Pain, Myofascial Pain, and Fibromyalgia is a comprehensive update on the latest developments in musculoskeletal pain and a valuable point of reference for both patients and scientists in this field. Muscle Pain, Myofascial Pain, and Fibromyalgia: Recent Advances covers the developments in musculoskeletal pain research that were presented at the MYOPAIN '98 Congresses in Silvi Marina, Italy. This work explores the results of basic and applied research regarding soft-tissue pain, with a strong focus on skeletal

muscle physiology and related clinical syndromes. Muscle Pain, Myofascial Pain, and Fibromyalgia offers you the widest possible range of topics in the context of muscle pain disorders as well as a variety of clinical and experimental approaches to the different aspects of the problem. This important and informative book also gives you a detailed account of the Consensus Meeting on Diagnostic Criteria of Myofascial Pain Syndromes, which was held at the end of the Congress. Some of the topics related to musculoskeletal pain that you will explore in Muscle Pain, Myofascial Pain, and Fibromyalgia include: neurogenic inflammation in muscle pain treating myofascial pain by reducing activity of trigger points and tender spots using specific drugs and physical therapy therapeutic approaches to muscle pain for patients with myoarthropathies neurochemical pathogenesis of fibromyalgia syndrome treatments for fibromyalgia syndrome, such as the use of amitriptyline (2-6) and cyclobenzaprine (7-11) findings on tests to identify myofascial pain syndrome and fibromyalgia differential diagnosis problems when chronic myalgia is not the main symptom because other infective ailments, such as Lyme disease or HIV, are prevalent and may cause myalgia to become a secondary diagnosis As a health care professional or someone who suffers from musculoskeletal pain, you will discover that the findings in Muscle Pain, Myofascial Pain, and Fibromyalgia are invaluable for your use and the continued clinical and basic research of this growing field.

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