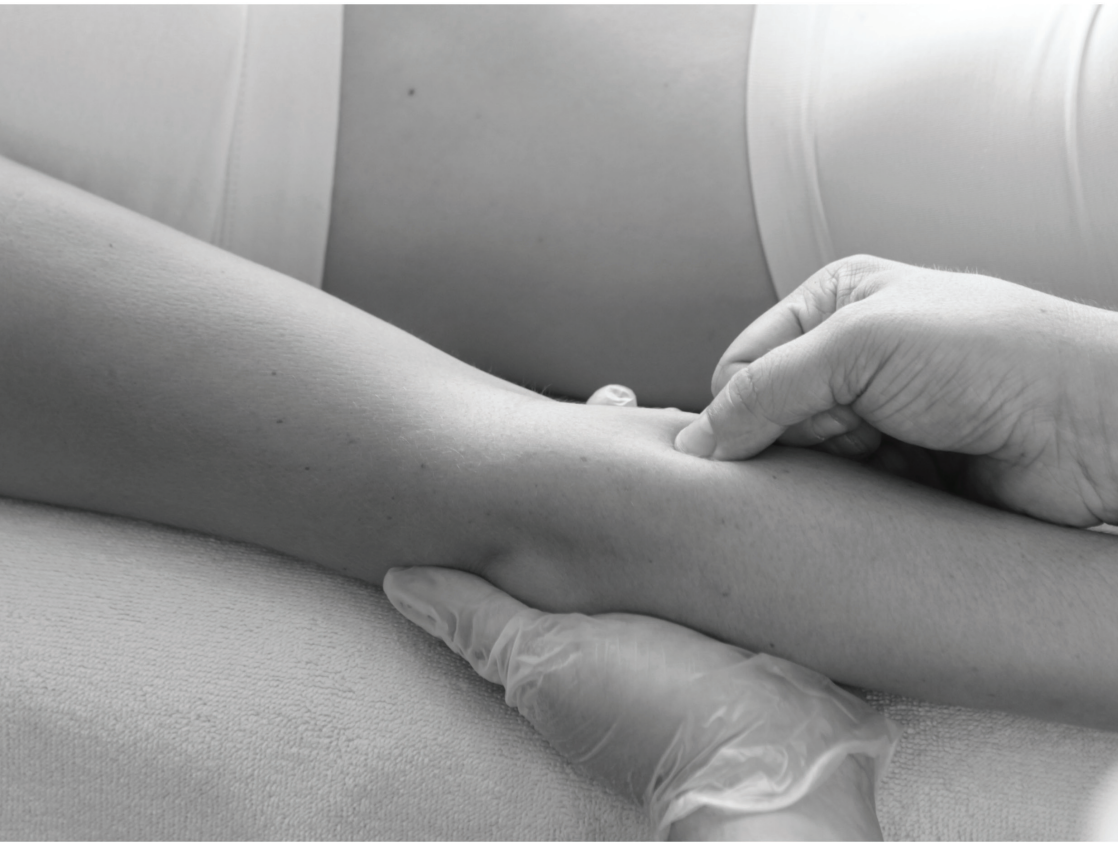
NielAsher.

Advanced Trigger Point Techniques



Trigger Point Therapy Guide

Golfer's Elbow

Prepared exclusively for lancea101@gmail.com Transaction: 1460

About the authors

Simeon Niel Asher BSc (Ost), BPhil, NAT qualified as an osteopath in England, in 1992. He is an acknowledged pioneer in the field of advanced trigger point therapy, and is credited with discovering the original Niel Asher technique for treating complex shoulder issues. He has since been involved in the development of numerous trigger point techniques that are used by manual therapists worldwide.

Simeon is the author of the best selling "Concise Book of Trigger Points" and numerous other publications which have been translated into 18 languages. Simeon was named one of London's top ten osteopaths by the London Evening Standard, and has won a number of CAM awards for his work in promoting self-help to consumers.

Jonas Broome Dip C BSc (Hons) Ost, NAT is a personal trainer, qualified in both sports training, coaching and Osteopathy. Jonas qualified, at the European School of Osteopathy in 1992 and is involved in injury prevention, treatment, and rehabilitation for elite sports and athletics. Jonas worked together with Simeon Niel Asher in the early 90's as part of the team who developed the original Niel Asher Technique for treating complex shoulder conditions. Jonas currently lectures in Sweden, New Zealand and England, in addition to treating, research, and writing.

Talia Tzadok BSc (Physiotherapy), NAT qualified as a physiotherapist from Witwatersrand University, South Africa. Over the last decade, Talia has been a vociferous proponent of self-help education for manual therapy, with a special focus on the needs of the retirement-age community.

Talia's experience includes working in an outpatient clinic in a general hospital, orthopaedic clinic, and has consulted to several retirement homes on professional and self-care for pain relief and the treatment of musculoskeletal conditions. Talia has completed a wide range of studies in kinesio tape therapy, spinal manipulation, dry needling, intramuscular stimulation and functional movement systems. Talia is currently involved in treating, writing, research, and lectures for professional carers who work with the aged.

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Welcome to the NAT Pocket Guide to Golfer's Elbow

We are sorry that you are in pain!

We hope that with the help of this NAT Pocket Guide you will be able to alleviate the painful symptoms that you are currently experiencing.

The best thing to do if you are in pain, is to visit your doctor or an experienced manual therapist. The tips and advice contained in these pages are not an alternative to seeking professional medical advice.

You may search for a practitioner on our website
www.triggerpointcentral.com/search

About Us

Niel Asher Healthcare was founded in 1997 and is now the leading online publisher of educational material and other learning resources for manual therapy.

We provide e-learning tools and services to medical and para-medical practitioners, and information, advice and self-help solutions to patients, using digital media.

We deliver continuous enhancements providing the most relevant solutions for our customers. This commitment to excellence keeps us at the forefront of this industry.

Disclaimer

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This information is designed as educational material, but should not be taken as a recommendation for treatment of any particular person or

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patient. Always consult your physician or healthcare professional if you think you need treatment. Your use of this information does not mean that a doctor - patient relationship has been established between you and the authors of this guide.

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What is Golfer's Elbow?

Golfer's Elbow (medial epicondylitis) is a condition that causes pain and inflammation in the tendons that connect the elbow to the forearm. It occurs around the bony bump on the inner side of your elbow. The pain may also be felt into the forearm and wrist.

Golfer's Elbow will usually develop as a result of overuse of the muscles in the forearm that enable you to rotate your arm, flex your wrist and grip with your hand. By repeatedly effecting the same golf swing, considerable stress is placed on the related muscles, tendons, and joints. This over time can cause injury from tiny tears in the tendons.

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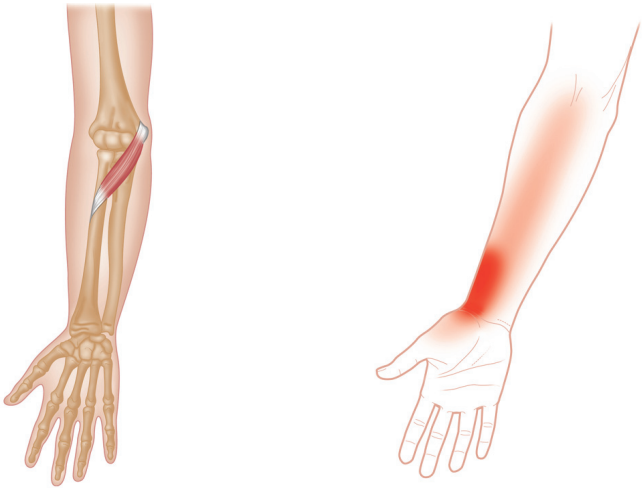
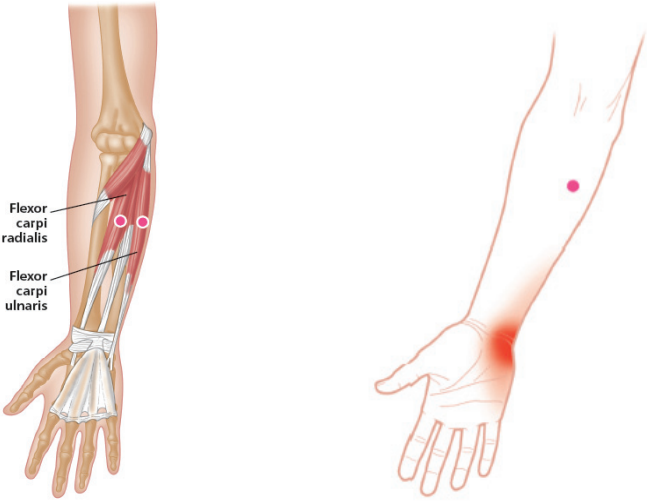
Which Muscles May be Affected by Golfer's Elbow?

(The image on the right details the trigger point and pain map).

PRONATOR TERES



FLEXOR CARPI RADIALIS/ULNARIS



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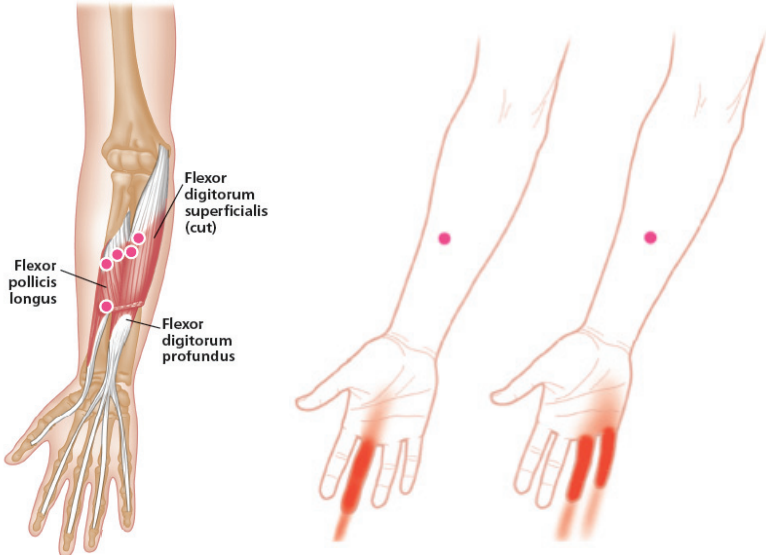
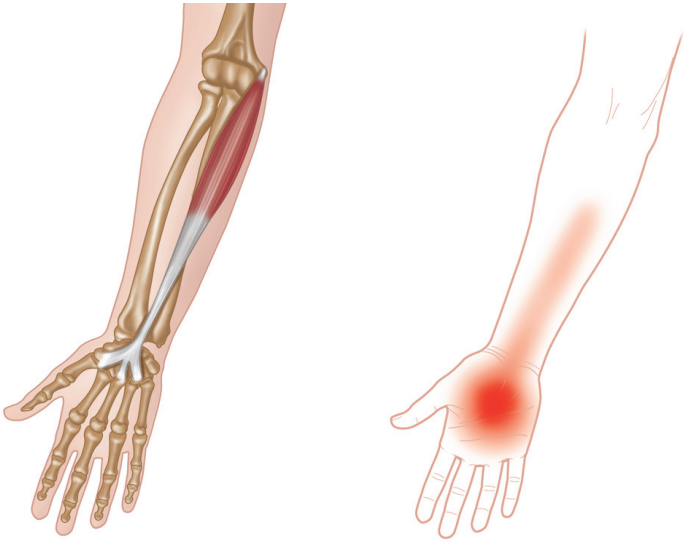


PALMARIS LONGUS



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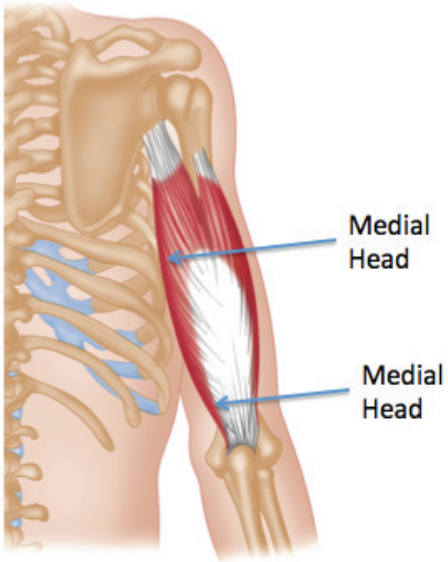
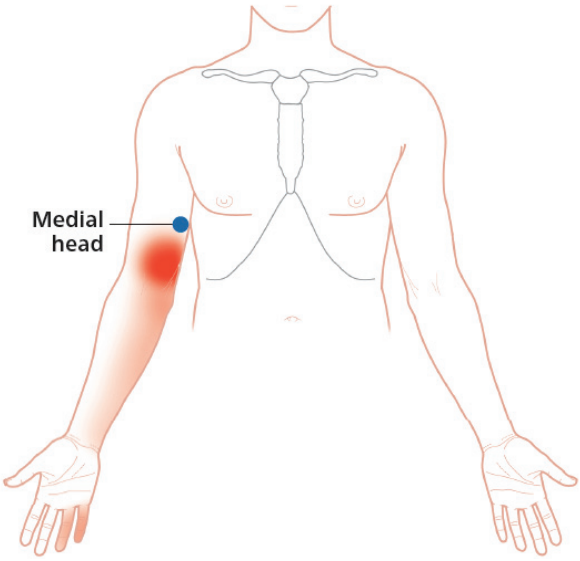
TRICEPS - MEDIAL HEAD

(The lower image details the trigger point and pain map)





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What Are the Symptoms of Golfer's Elbow?

In most cases, the pain develops slowly and gradually over weeks and months in the elbow area. It is less common for the symptoms to occur suddenly.

You may feel stiffness in your elbow and it may be painful to make a fist. Pain and tenderness will be felt on the inner side of the elbow and sometimes the forearm too. Some experience numbness and tingling often into the 4th and 5th fingers. Your hand and wrist may feel weaker too.

The pain can be anything from mild discomfort to severe, and it may affect your sleep. It will increase when forcibly trying to stabilize or move the wrist.

Your pain will feel worse when:

- shaking hands
- using tools
- gripping objects e.g. cutlery, pen, computer mouse
- fully extending your arm
- turning a door knob
- lifting

Who Is Prone to Golfer's Elbow?

Golfer's Elbow affects around 1-3 percent of people

Studies have shown that pain on the medial epicondyle (Golfer's Elbow) is about twice as common in men than women.

Sufferers tend to be between the ages of 35 and 50.

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Older golf players tend to be more prone due to the continuous repetitive movements over time leading to wear and tear of the tendons.

Less experienced players may also be more likely to get Golfer's Elbow due to poor technique when over gripping causes increased strain on the tendons.

Anyone who participates in activities that require repetitive and vigorous use of the forearm muscle, especially while gripping something, are more susceptible to this condition. This broadens its reach to a variety of professions; cooks who chop, cleaners who vacuum, butchers, gardeners, assembly-line workers, bowlers and pitchers.

If your forearm muscles are unfit and you suddenly start to play a racquet sport or take on a new DIY project, you are also more likely to get Golfer's Elbow.

DIFFERENTIAL DIAGNOSIS - What Else Could It Be?

Here is a list of other conditions which can mimic a Golfer's Elbow; if you are concerned please check with your doctor or therapist:

- Trauma (fracture)
- Problems with the radial head of the radius bone at the elbow joint
- Injury to the ulnar nerve (radial tunnel syndrome)
- Problems with the discs in the neck C6/7 neuropathy (cervical disc)
- Dysfunction to the triangular articular cartilage disc at the wrist
- Osteoarthritis of the inner side of the elbow joint
- Ulnar collateral ligament injury
- Cubital tunnel syndrome (ulnar nerve compression syndrome)
- Guvon's canal syndrome (ulnar nerve compression syndrome)

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Your SELF HELP Program for Golfer's Elbow

Before starting this Self Help Program we recommend consulting with a therapist or doctor to obtain a proper diagnosis.

This program has been written specifically for sufferers of Golfer's Elbow.

In this section we will introduce 3 techniques to help alleviate the pain from your Golfer's Elbow. They are:

- **Trigger Point Therapy (TPT)**
- **Stretching**
- **Exercise**

For each, we have provided clear and simple instructions on how to perform the technique and how often. There are also associated images to help you.

We would recommend starting with the Trigger Point Therapy followed by gentle stretching and ending with some exercises.

If at any time you experience an adverse reaction to any of these techniques or your pain is greatly increased as a result, stop immediately and seek medical advice where necessary.

TECHNIQUE	REPETITIONS	HOW OFTEN?	FOR HOW MANY WEEKS?
TRIGGER POINT THERAPY	As per instructions	3-4 times per day	6
STRETCHING	3 times	2-3 times daily	6
EXERCISES	30 times	2-3 times daily	6

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TRIGGER POINT THERAPY

The self help provided here is based on a technique called Trigger Point Therapy (TPT).

TPT includes a range of hands-on pressure-point techniques, two of which are explained here:

- 'Deep Stroking Massage' (DSM) where the sore/trigger point is gently massaged rhythmically to and fro to stimulate inner repair and,
- Inhibition Compression Technique (ICT) which uses sustained pressure on the sore/trigger point until it releases.

Both DSM and ICT are very safe and effective but can leave some soreness for a few minutes to hours afterwards. Very occasionally they may leave bruising if performed overzealously or if you are on certain medication (especially blood thinners).

How do I know it is a trigger point?

You are looking for:

- Stiffness in the affected muscle
- Spot tenderness (exquisite pain)
- A palpable taut/tight nodule or band
- Presence of referred pain (as indicated on the trigger point maps showing you where you should feel pain when pressed)
- Reproduction of your symptoms (accurate)
- The affected area may be moister or warmer (or colder) than the surrounding tissues, and may feel a little like sandpaper

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Take a look at the images below and follow these instructions for maximum effect.

Technique - Inhibition Compression Technique (ICT)

1. Identify the tender/trigger point you wish to work on.
2. Place the host muscle in a comfortable position, where it is relaxed and can undergo full stretch.
3. Apply gentle, gradually increasing pressure to the tender point until you feel resistance. This should be experienced as discomfort and not as pain. You should feel some radiation of the pain.
4. Apply sustained pressure until you feel the tender point yield and soften. This can take from a few seconds to several minutes.
5. Steps 3-4 can be repeated, gradually increasing the pressure on the tender/trigger point until it has fully yielded.
6. To achieve a better result, you can try to change the direction of pressure during these repetitions.
7. At the end of each self help “treatment”, massage the area with some cream, oil or lotion in the direction of the muscle. You can also apply warmth or a heat rub afterwards.

How Often?

3 to 4 times per day for up to 6 weeks.

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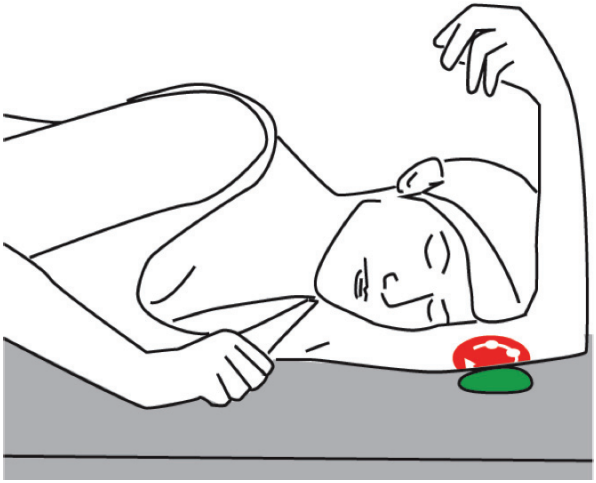
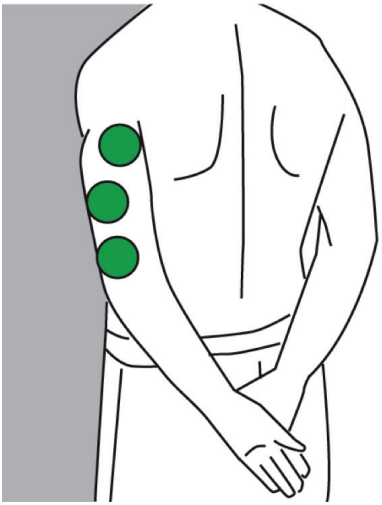
Lateral (Outer) Triceps



Use your tool as shown



Use your tool as shown

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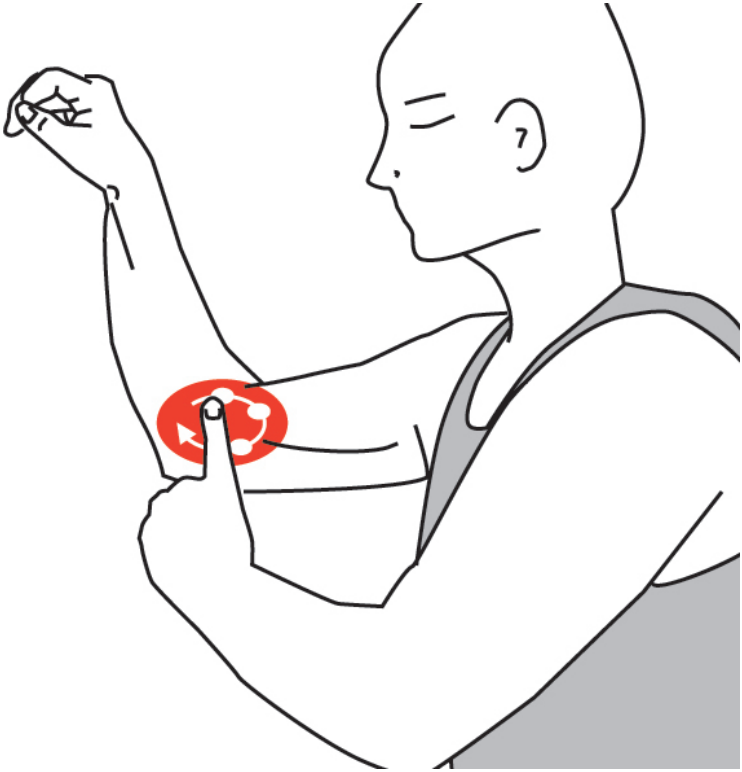
Palmaris Longus



Use your finger or tool as shown

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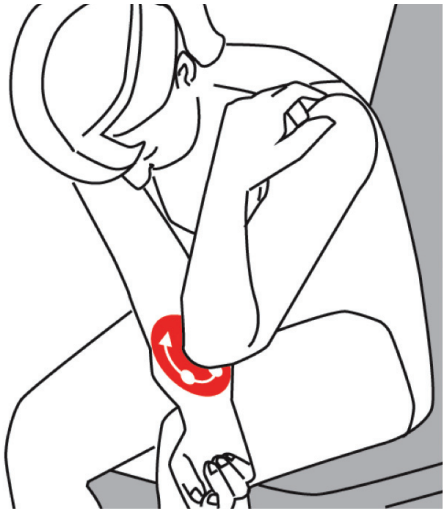
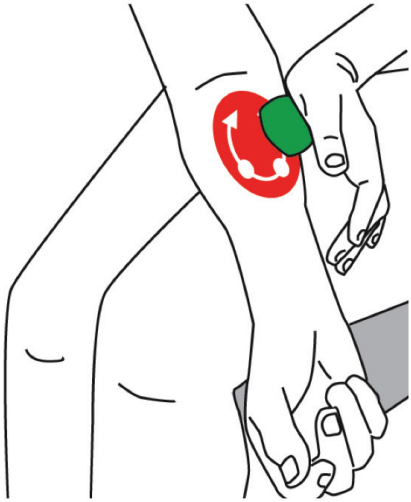
Flexors



Use your elbow or tool as shown



Use your hand or tool as shown

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For the images below, follow these instructions for maximum effect.

Technique - Deep Stroking Massage (DSM)

1. Identify the tender/trigger point you want to work on
2. Lubricate the skin with oil, cream or lotion
3. Work from the top of the muscle toward the outside elbow
4. Perform slow stroking massage using your thumb/ elbow/trigger point tool along the length of the muscle. It should feel like squeezing toothpaste from a tube

How Often?

5-10 minutes, once every 2nd day

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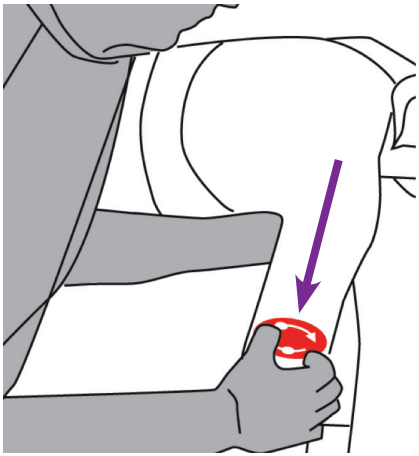
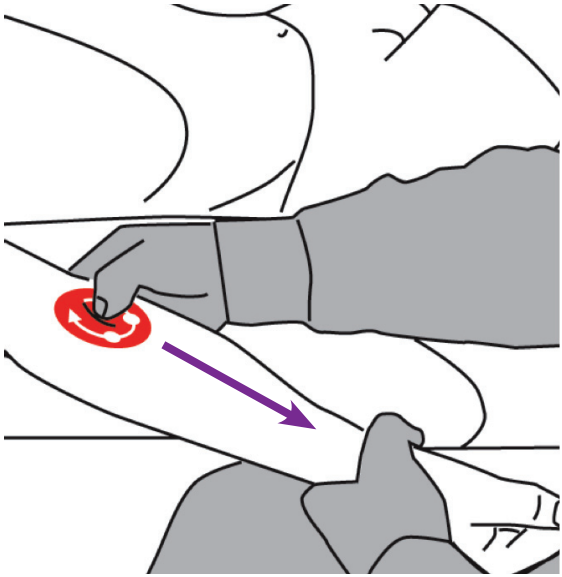
TRICEPS



Use your thumb or tool as shown

FLEXORS - Partner Required



You can ask a partner or friend to help you with this

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STRETCHING

Stretching is an important part of the rehabilitation process and should begin as soon as pain allows and be continued throughout the rehabilitation program and beyond - Good maintenance prevents re-injury. The following program comprises muscle stretching (muscles of the forearm) as well as neural stretches (stretches for the nerves that are involved in this injury)

Stretch 1: Neural stretch (for ulna nerve)

The ulnar nerve runs very close to the medial epicondyle (bony bit on the inside of the elbow). This might become trapped by scar tissue.

A neural stretch as described below may be beneficial in treating this condition.

Adopt position as shown

Technique

- Adopt position as shown above
- The stretch can be increased by placing something under the elbow to raise it up, which increases the amount the upper arm is lifted relative to the shoulder

How Often?

Hold stretch for 5 seconds, repeat 5 times and aim to stretch at least 3 times a day

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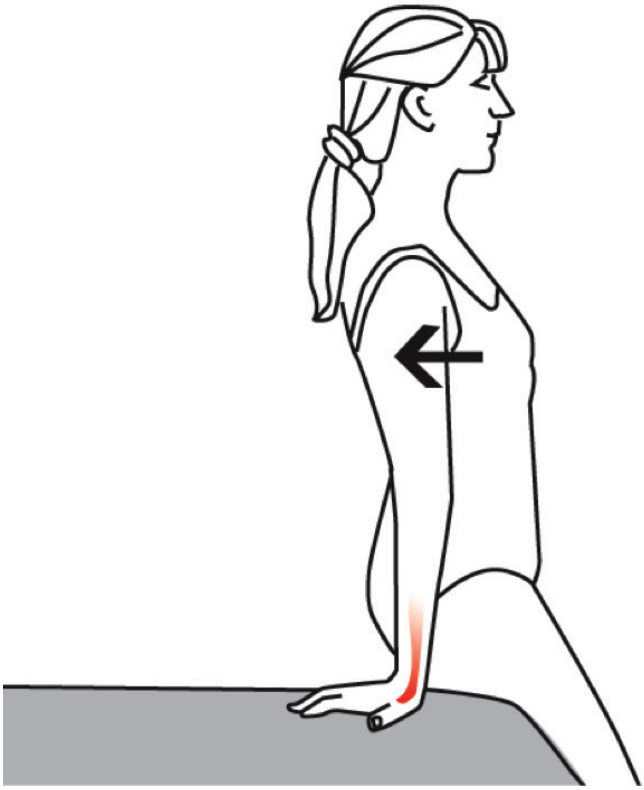
Stretch 2: Flexor stretch



Stretch in the direction of the arrow

Technique

- Place hand face down on surface, gently extend the elbow and push down against the surface
- Stretch should be felt in the underside of the forearm

How Often?

Hold for 20-30 seconds repeat 3 times twice daily

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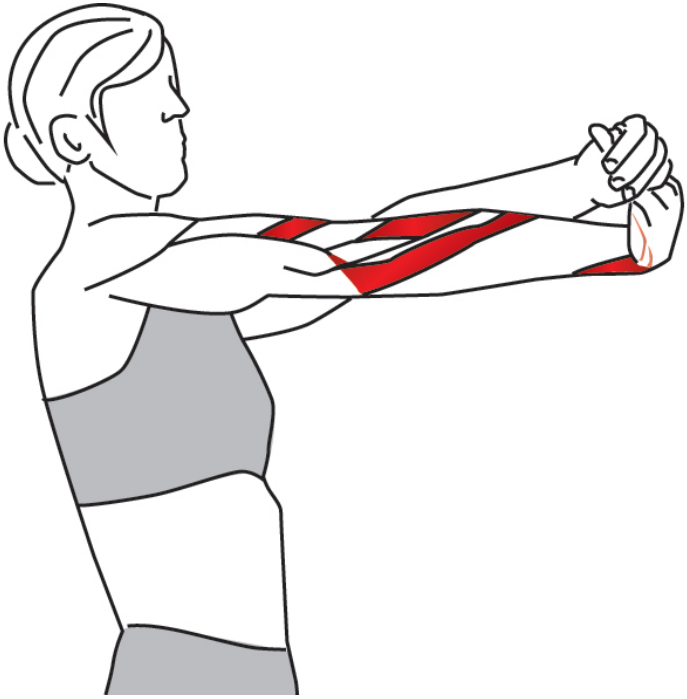
Stretch 3: Extensor Stretch



The red indicates the muscle(s) being stretched

Technique

- Extend arm in front of you with your palm facing downwards
- Extend your fingers so that they are pointing upwards
- With your opposite hand gently pull the fingers back towards your torso

How Often?

3 stretches holding each one for 20-30 seconds, twice daily

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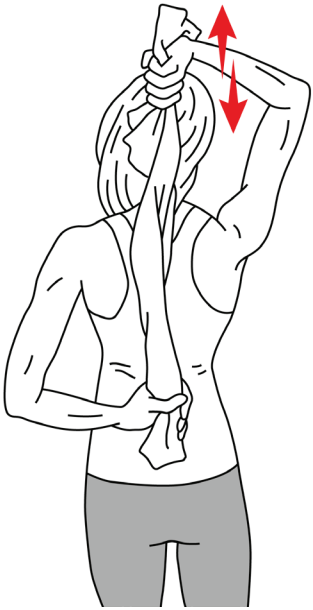
Stretch 4: Towel Slider



Hold the towel as shown

Technique

- The towel slider exercise starts with placing a towel behind your back
- Hold it diagonally with one arm at the top behind your shoulder and the other arm grabbing the bottom at your waist
- Flex the elbow down and pull with the bottom arm
- Do not hold the stretch
- Moving up and down is the key, giving a nice stretch

How Often?

Two sets of 10 per side, twice daily

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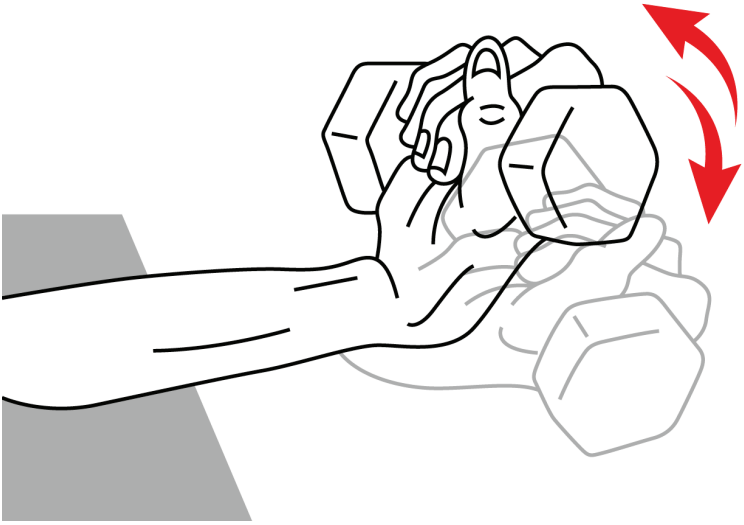
EXERCISES

Exercises increase strength in the affected muscle and promote healthy blood flow to the injured area.

Exercise 1- Flexor muscles



Hold the weight/can as shown

Technique

- Rest the arm on a flat surface, with the forearm and palm facing upwards
- Curl the weight/or canned food up and down keeping the forearm and wrist still

How Often?

Start with 3 sets of 10 repetitions daily and build up gradually to 3 sets of 30 reps

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Exercise 2- Hand grip strength

Hold the ball/object as shown

Technique

- Hold small palm sized ball (medium hard)
- Bring fingers in to squeeze ball
- Hold for 5 seconds

How Often?

Repeat 30 times, twice daily

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YOUR PERSONAL 6 WEEK DIARY

Tick each box on completion

WEEK 1	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

WEEK 2	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

WEEK 3	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

WEEK 4	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

WEEK 5	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

WEEK 6	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

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Lifestyle Changes to Consider

- If the injury is a result of playing golf, you need to change your stance, your swing and your golf club. Improve your swing mechanics so it doesn't cause any stress
- Ensure adequate warm up and stretching before playing
- Spread the load to the larger muscle groups of the shoulder and upper arm
- Try to prevent picking up heavy objects like furniture or groceries
- Take regular breaks when doing the activities below
- Perform home stretch and treatment regimes making them part of your daily schedule
- Lift smartly. When lifting anything — including free weights — keep your wrist rigid and stable to reduce the force transmitted to your elbow

Sports and activities that are not recommended and may exacerbate the problem

- Golf, tennis, badminton, squash, water skiing, gymnastics , body building, carpentry, hammering, painting , wood chopping, sewing, knitting, working at the computer

Recommended Sports

Swimming, cycling, jogging, walking, pilates, dance, yoga, water aerobics, cross trainer

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Diet

Studies have demonstrated that underlying health issues—such as folic acid, iron, vitamin, and/or mineral deficiency—may both contribute to and perpetuate trigger point activity.

It is worth noting that tendons do not repair in the presence of nicotine! Furthermore, recent studies have indicated that the modern lifestyle tends to "under load" muscles and tendons, leading to internal fatty changes and increased vulnerability to damage.

Other factors such as fatty foods and exposure to free radicals may also have a detrimental effect on our soft tissues. Supplements—for example omega-3, zinc, magnesium, iron, and vitamins K, B12, and C, as well as folic acid—may help to speed up your recovery.

What Next?

We would always recommend seeing a doctor or therapist for an initial consultation to get a proper diagnosis if you haven't done so already.

Once you have a diagnosis you should review our self-help and advice pages and then put together a treatment plan. This should include: self massage and trigger point massage with balls/tools, stretching and modifying your lifestyle to avoid or modify any aggravating activities.

Much of the advice here will depend on how 'fresh' or severe the Golfer's Elbow is. If you have had Golfer's Elbow for a short time, try the different techniques and follow the advice in this guide for up to 6 weeks and see if you can feel some improvement. If there is no improvement, consult your local therapist.

If you have had Golfer's Elbow for more than 6 months, try the different techniques and follow the advice in this guide for 3 to 4 weeks and if there is no improvement, consult your local therapist.

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Remember that a Golfer's Elbow often involves a swollen tendon (tendinopathy). Whilst many think of tendons as soft tissues or muscles, our advice is to view tendinopathy more as a fracture! This means treating it with respect and not overloading it. Tendons don't respond well to sudden or rapid change so build up the exercises slowly and respectfully adding only a few extra exercises every week.

You can search for a local manual therapist at www.triggerpointcentral.com/search.

Look out for other self help guides in the NAT Pocket Guide series.

We wish you a speedy recovery!

Team NAT

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More About Trigger Points and Trigger Point Therapy

Trigger Points

We first heard the term trigger point used in 1942 by a woman called Dr. Janet Travell. She came up with the phrase to describe the painful lumps, or nodules, felt within tight bands of muscle. Since then, we've learnt a lot more about trigger points and the features they have in common:

- Pain, often exquisite, at the specific point
- A nodule set deep within a tight band of muscle
- When pressed, pain radiates out in a specific way that can be reproduced (map)
- The pain felt can not be explained by a neurological examination

One thing to remember about trigger points is that where you feel pain, may not be the same place as where the trigger point is embedded. This is partly the reason that some therapies fail to help because a therapist or doctor will tend to concentrate on the place that hurts, rather than locating the source of the pain.

What a trigger point does is to make its host muscle shorter and fatter, as well as reducing its level of efficiency. This can can lead to significant pressure being put on your nerves and blood vessels. However, by taking the time to understand trigger points and their maps, you can get closer towards finding the source of your pain.

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What are the physical characteristics of trigger points?

Sadly, we do not have suitable language to define the sensation felt from a trigger point. The following points though should together provide an adequate description:

- Small nodules the size of a pinhead
- Pea-sized nodules
- Large lumps
- Multiple large lumps next to each other
- Sore spots embedded in tightly-stretched bands of semi-hard muscle that feels like a cord
- Rope-like bands lying next to each other like partially cooked spaghetti
- The skin over a trigger point is slightly warmer to the touch (due to increased metabolic/autonomic activity)

Acute and chronic pain

It is estimated that in 75 to 95% of muscular pain cases myofascial trigger points are one of the main causes! In understanding more about trigger points, hopefully one day we can learn to "switch them off" and help end unnecessary pain for good.

Long-standing, or chronic pain, is due to the muscles around the pain area (and sometimes ones not even nearby) altering themselves in order to compensate for the pain. Trigger points are divided into two categories; active (painful), or inactive (latent). In addition, they can also cause pain in different parts of the body to the one they appear in.

When a trigger point becomes active, the pain emitted can mimic a wide range of medical conditions: angina, bursitis, prostatitis, appendicitis, cystitis, arthritis, esophagitis, carpal tunnel syndrome, pelvic

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inflammatory disease, diverticulosis, costochondritis, sciatica, and pain from a heart or gall bladder attack.

What is Trigger Point Therapy?

Many of us suffer from stiff, achy muscles caused by knots. Trigger point therapy encompasses a variety of ways to deactivate these painful knots and eventually get rid of them. One of the great things about trigger point therapy is that it's simple to perform, both at home with a partner, or on your own with some special trigger point tools.

If you combine trigger point therapy with some simple changes in your lifestyle, the results can be almost instant. And, what's more, they can last. Many manual therapists already use trigger point therapy as part of their daily work because it's a great way to:

- identify the correct trigger point(s)
- understanding how, or why, they manifest themselves in the first place
- work out the best way to deactivate the point(s)
- develop methods to stop them returning in the future

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What happens when you press on a trigger point?
By doing so you:

- numb and reduce the pain, not only in the treated area, but also where you perceive the pain to be
- lessen the pain feedback pathways
- interrupt the pattern of pain and spasm
- stretch out tight muscles, which will indirectly affect other tissues
- open out the plastic-wrap-like myofascial bag that encompasses your muscles
- stimulate the blood supply helping to remove debris and toxins
- up your body's release of powerful pain-killing endorphins
- affect the autonomic/automatic nervous system

What is a referred pain map?

When we're talking about trigger point referred pain, it's not the same as the referred shoulder pain you get from appendicitis, or, even the pain you get in your jaw or arm when having a heart attack. Instead, when you press on a trigger point for five or six seconds, it results in part, or all, of the pain map turning on, replicating your symptoms. Often, where the trigger point is, and where you feel the pain, are two entirely different places on your body.

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Frequency of treatment

If you plan to treat yourself at home through self-help, hands-on treatments, you should schedule no more than one session a day, with a three or four day gap in-between. If you are using balls, rollers or hooks on the other hand, then these can be used more often; up to 10 minutes a session, up to six times a day.

If you're getting treatment through a therapist, then he/she will plan a suitable course for you.

Possible side effects

If you feel sore or bruised after treatment, don't worry. It's quite normal to feel this way for up to 36 hours afterwards. However, we don't know for certain yet whether this is a side effect, or a result of the treatment.

Cervical manipulation can result in some severe treatment reactions, which can be somewhat proportional to how effective the treatment was. These reactions can include: fatigue or "flu-like" symptoms, needing to urinate more often, feelings of sluggishness and increased sleepiness.

Our Autonomic Nervous System (ANS) deals with bodily functions like sweating, digesting, and breathing. During trigger point therapy, you might experience unaccountable ANS symptoms which include: sweating, redness, skin blanching, coldness, gooseflesh, excessive sweating, dysmenorrhea, toiletry dysfunction, earache, dizziness, stuffiness, and difficulty breathing.

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Trigger Point Therapy - Frequently Asked Questions

How do I press/self-treat a trigger point?

For those of you who have worked with trigger points before, this concept will be very familiar. For the rest of you, there are two very simple, safe and effective techniques: (1) ischemic compression technique (ICT), and (2) deep stroking massage (DSM).

How much pressure do I use?

This is something that comes with experience, but as a rule of thumb the more painful the tissue, the slower and deeper the pressure. In all cases, the key words are "work slowly," "sensitively," and "thoroughly." Deep stroking massage should feel a bit like gently squeezing toothpaste out of a tube.

Which direction should the pressure/force be applied?

It is desirable to apply steady, deep, direct pressure to the nodule or pea-like trigger point. We have tried to represent this by the idea of a hot zone indicated within the images in the self help pages of this guide. The heart of the trigger point is located somewhere in this zone. You need to find the direction of pressure that, where possible, exactly reproduces the pain. It often amazes us that a slight change in the direction of the pressure can cause a totally different pain elsewhere. You will feel when you are "there."

How do I know when I have done enough pressing?

Hold the trigger point for 6 seconds:

If the pain diminishes rapidly, stay with it until the trigger point softens or evaporates beneath your pressure.

If the pain stays the same or gets worse, come away for 15 seconds and then try again.

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Repeat 3 times if necessary.

If the trigger point still does not deactivate after the third repetition, note it down as it may be a secondary or satellite point.

What do I do after I have come away from the point?

Follow all deep work with a gentle generalized effleurage massage. The area where you did the deep work may still be tender, but do not avoid it. This will help to dispel pain-inducing toxins from the area and stimulate the repair of the fascia.

How often should I treat a trigger point with a massage tool?

This depends on how acute or chronic the problem is. For a chronic trigger point, you can work the area up to six times a day: persistence pays off. An acute problem may require less work than a chronic one. If you see an experienced practitioner, this will change. But note that the required frequency can vary from case to case because of a variety of factors.

Can I do any harm?

If you identify the correct point and deactivate it with care and love, the answer is—probably not. There may well be some soreness for up to 48 hours after treatment. If the soreness lasts or gets worse, please discontinue treatment immediately and seek a medical opinion.

Will bruising occur?

Bruising should not occur if you follow the instructions, but may occur if you are on blood-thinning medication. With time and experience, bruising becomes increasingly rare. We have found that it is not the depth of treatment (force) that will cause a bruise but usually the result of pressure being applied too quickly (velocity).

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Try to feel the muscles and tender nodules beneath the skin. Arnica creams and tablets have been suggested to reduce the incidence and severity of bruising. Unfortunately some people bruise more easily than others.

Will I be sore afterwards or experience side effects?

It is not uncommon to feel sore or bruised for 24–36 hours after treatment, but it is unclear whether these conditions are treatment effects or side effects. Treatment reactions are common and most severe following cervical manipulation; they are, somewhat controversially, proportionally related to treatment efficacy. Reactions may include other associated symptoms, such as fatigue or "flu-like" feelings, increased peeing, lethargy, and increased sleepiness.

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