DISTANT SURGERY SCAR POINTS AND FASCIAL ADHESIONS PERPETUATE PECTORALIS MINOR TRIGGER POINTS IN TWO CASES OF SEVERE CHRONIC PALMAR PAIN.
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OBJECTIVES: Report cases of one man and one woman, aged 44 and 40 at treatment, who developed severe chronic palmar pain following pectoral muscle stress (pain 5/10 and 7/10, pain durations of 11 months and 4 years, much earlier inguinal hernia surgery and cesarean section, respectively). The male patient declined ulnar nerve transposition. The female patient had an unsuccessful carpal tunnel release.

METHODS: In each case, an active pectoralis minor trigger point (TrP) was located, and a fascial pull was palpated that originated at a surgery scar point and extended to the TrP. Acupressure to (a) the scar point and (b) fascial adhesions in acupuncture channels facilitated complete TrP release when treatment of the TrP alone failed. Patients consumed a high-protein diet including fresh seafood prior to treatment and consumed water or water plus electrolytes during application of acupressure.

RESULTS: In both cases, one treatment ended severe chronic pain. Patients remained pain-free (0/10) four years post-treatment.

CONCLUSIONS: In these cases, the distant scar points and fascial adhesions on acupuncture channels acted as trigger point perpetuating factors: when these factors were successfully treated, the trigger points resolved and did not return. This is believed to be the first report of scar points and fascial adhesions as distant trigger point perpetuating factors.