

Don't Just Live With It

Listening, observing, and palpating tell us where to go and what to do, far more than lab work, MRI or Xray. Experience and training guide us in knowing what interventions will likely work best for each individual. These may include:

- ◆ **Fascial Manipulation®:** Targeted soft tissue techniques aimed at restoring pain-free mobility to tissue layers.
- ◆ **Dry Needling:** For resolution of fascial densifications, fibrosis, and myofascial trigger points that cause pain and limit motion.
- ◆ **Movement Re-education:** Using verbal and tactile cuing to retrain the trunk and extremities in normal movement patterns.
- ◆ **Individualized Exercise:** Not an impossible long list but a few key exercises to sustain gains.
- ◆ **Education:** Learning how to get and stay out of pain and dysfunction.



Explore Your Options

Learn more about the non-pharmacological and non-surgical options we offer:

- ◆ **Call** and speak with one of our therapists.
- ◆ **Go to our website**—it's loaded with information!
- ◆ **Visit** one of our offices and pick up an informational brochure.
- ◆ **Schedule a screening**—15 minute consultation with a therapist, free of charge.
- ◆ **Schedule an evaluation** - for the first time, or if it's been a long time. We are constantly learning new approaches to better serve you.



*In many cases no referral is necessary,
and insurance may cover.*

Se habla español

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Appalachian Physical Therapy
"Always Getting Better"

Fibromyalgia:

A Dead-End Diagnosis?



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Harrisonburg, VA 22801
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105 Stony Pointe Way, STE 211
Strasburg, VA 22657
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It's Nothing New.....

The term *Fibromyalgia* was first used around 1976. But similar *syndromes* have been recognized in the literature dating back to 1592, and given names such as *Chronic Rheumatic Myitis* (1876), *Nodular Fibromyositis* (1911), and *Myofascial Pain Syndrome* (1952) just to name a few. Despite the variety of names, the description of each bears a remarkable resemblance to our modern-day diagnosis of *Fibromyalgia*. For centuries, patients and health care providers have been puzzled by this seemingly mysterious malady. Exactly what is it? How is it diagnosed? How should it be treated? This lack of clarity and consensus is why some regard it as a rubbish diagnosis. Yet even if the term *Fibromyalgia Syndrome* (FMS) and the diagnostic criteria are debatable, millions of people will attest to the reality of

.....The Symptoms

- Widespread pain, aching, and stiffness
- Tender points to touch that can be transient
- Disrupted, unrefreshing sleep
- Fatigue
- Headaches
- Memory and concentration deficits
- Depression
- Anxiety
- Irritable bowel syndrome
- Bladder issues
- Temporomandibular (jaw) problems
- Numbness or tingling

What's Going On?

Theories abound as to what is driving FMS: stress, diet, genetics, hormones, etc. Certainly these may exert an influence and be part of the problem, but are likely not the whole story. A growing body of literature supports the concept that in FMS the *Central Nervous System* (CNS) becomes sensitized by the ongoing presence of painful stimulus. This persistent bombardment causes the CNS to no longer filter input appropriately, and even non-painful stimulus becomes painful, such as light touch. This is known as *Central Sensitization* and certainly seems to describe the situation. But what's behind it all?

"Just as descriptive anatomists have omitted important fascial structures in their research, so has medical treatment when it focuses only on muscles, joints, and ligaments."

*Carla Stecco, MD,
Functional Atlas of the Human Fascial System, 2015*



Consider the Fascia

You may have heard the term *fascia*: it's that white filmy stuff that wraps around meat. The fascial system is *everywhere* in the body—head to toe, right to left, front to back. It is the only system that touches every other system in the body: nervous, muscular, skeletal, as well as internal systems—digestive, urinary, circulatory, and respiratory just to name a few. It works with the CNS to govern movement—bowels & bones. Fascia is highly innervated, which means it plays a role in pain perception, position sense (proprioception), and awareness of movement (mechanoreception). When the fascia is functioning normally, all is well. But when it's not, it has the potential to wreak havoc on any of the systems it touches.

Myofascial Pain

In some places the fascia is deeply embedded into the muscles, bones, and internal organs. The multi-layered structure of the fascia relies on spacing and lubrication between the layers. This depends on the presence of hyaluronan (HA). Normally HA is a space creating, lubricating biochemical found in high quantities throughout our connective tissues. Research reveals that HA is subject to overload arising from trauma as well as daily activities. This modifies HA, changing it to a space-occupying adherent between the tissue layers which can lead to:

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| • Osteoarthritis | • Dizziness & Vertigo |
| • Degenerative disc/joint | • Pelvic problems (pain, bowel/bladder issues, prostatitis, dysmenorrhea, IBS) |
| • Low back & neck pain | • Restless Leg Syndrome |
| • Rotator cuff problems, frozen shoulder | • Plantar fasciitis & heel spurs |
| • Sciatica | • Athletic injuries & performance deficits |
| • Carpal Tunnel Symptoms | |
| • Headache, temporomandibular joint | |