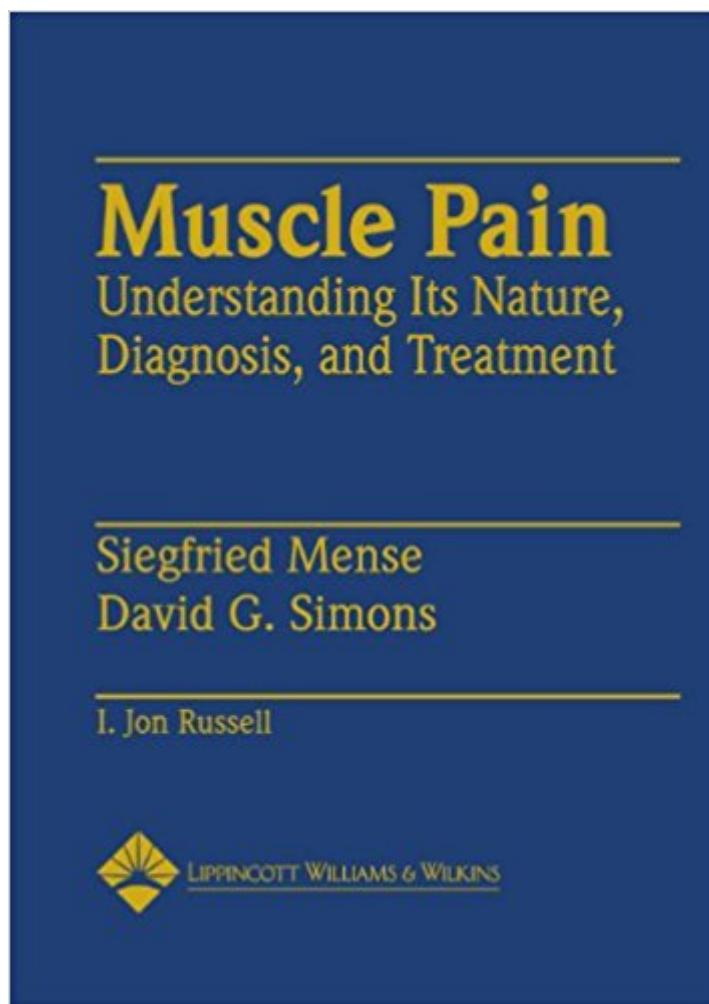


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Muscle Pain: Understanding Its Nature, Diagnosis And Treatment



Synopsis

For the first time a book that addresses all aspects of muscle pain from basic science to clinical treatment. This book answers all possible questions regarding muscle pain--from local muscle soreness to the fibromyalgia syndrome. The unique concept behind the book is the combination of neuroanatomical and neurophysiological data with the clinical management of all diseases that exhibit muscle pain.

Book Information

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Customer Reviews

Muscle pain is common. Fibromyalgia occurs in 2 percent of the general population (in 0.5 percent of males and 1.5 percent of females) and is diagnosed in approximately 15 percent of patients seen in rheumatology clinics and up to 10 percent of those seen in general internal-medicine clinics. Low back pain, which in many cases is of myofascial origin, has a lifetime prevalence as high as 80 percent and accounts for 20 million sick days per year in the United States. Twenty percent of persons in the general population have chronic regional pain. Nocturnal muscle cramps are common in all age groups, with an especially high prevalence among elderly persons (50 percent) and pregnant women (81 percent). The high prevalence of muscle pain is not surprising, since more than 200 paired skeletal muscles (the exact count depends on the extent of muscle subdivision), each with free nociceptors at nerve endings, account for 40 percent or more of body weight. Muscle Pain is a well-written book with comprehensive, up-to-date references and many useful figures. The nine chapters clearly review the neurobiologic, pathophysiological, and clinical

manifestations of muscle pain. Helpful features of the book include a summary and outline at the beginning of each chapter; specific treatment recommendations, with a brief review of the pharmacologic characteristics of each drug at the end of most chapters; and a glossary of key words and terms, which nonneurologists will find especially useful. Almost a third of the book is devoted to the most common causes of muscle pain: myofascial pain and the fibromyalgia syndrome. Myofascial pain denotes both the symptoms caused by myofascial trigger points and a regional pain syndrome characterized by the presence of trigger points. A trigger point is a tender, localized hardening in a skeletal muscle that can evoke referred pain in a characteristic pattern involving different locations in a particular muscle. The concept of myofascial pain has evolved considerably since Arthur Steindler introduced the term in 1939. The late Janet Travell, who had suffered from myofascial pain herself, was largely responsible for putting the disorder and its treatment on the medical map, with publications over a 50-year period. (Travell was the White House physician for Presidents John F. Kennedy and Lyndon B. Johnson; she administered trigger-point injections to President Kennedy for his chronic low back pain and recommended that he use a rocking chair. Travell published two influential books on myofascial pain with David Simons, one of the authors of *Muscle Pain*.) The chapter on myofascial pain reviews its pathophysiologic features, including electromyographic findings reportedly due to dysfunctional motor end plates and the histogenesis of trigger points. Characteristic patterns of pain and effective treatments, such as trigger-point injections, are summarized. Fibromyalgia is a chronic condition of increasing sensitivity characterized by widespread pain and confirmed by the induction of pain with 4 kg of palpation pressure in at least 11 of 18 (9 bilateral) soft-tissue tender points in various locations from the occiput to the knees. In contrast to trigger points, tender points cause local pain when pressed but do not refer pain. (The term "tender point" was first used by Smythe and Moldofsky in 1972 and "fibromyalgia" by Hench in 1977.) In the chapter on the fibromyalgia syndrome, I. Jon Russell reviews data supporting the theory that widespread allodynia is due to central nervous system amplification of nociception in general, not to a specific muscle disorder. Medications such as tricyclic antidepressants, nonsteroidal antiinflammatory agents, cyclobenzepine, and tramadol may help some patients. Even if such treatment is not effective, the physician can help the patient by providing information about the syndrome and by having an accepting attitude. Not surprisingly, myofascial pain and fibromyalgia are two of the most controversial topics in medicine. Critics note that the criteria for their diagnosis are subjective and that the applicability of the criteria is problematic for several reasons, including poor interexaminer reliability. Various studies that have been reported to demonstrate a pathophysiologic substrate

have been subject to vociferous attacks. There is also concern that these diagnoses medicalize psychiatric disorders or encourage unjustified legal claims of injury or disability. Suggested nonhistologic terms for these disorders include aches and pains, the chronic pain syndrome, somatoform pain disorder, the pain amplification syndrome, somatic dysthymia, the hypervigilance syndrome, affective spectrum disorder, and diffuse suffering. Terminology aside, I believe that most of my patients who report pain actually experience pain that has a biologic, albeit often poorly understood, basis. I highly recommend Muscle Pain to any physician who treats these disorders or wishes to review the growing body of knowledge about their neurobiologic and pathophysiologic features. This book will be of special interest to pain specialists, neurologists, neurosurgeons, rheumatologists, orthopedists, and physiatrists. Randolph W. Evans, M.D. Copyright Â© 2001 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

Excellent publication and I suggest it needs to be a must read volume for anyone who has an interest in living well with painful conditions and those people who care those who know pain intimately. Thank you

Great addition to author's other book, Myofascial pain and trigger point Manual.

Great info. and a good read as technical books go. A necessity for anyone practicing manual health care.

Very interesting

Great book well written excellent book for those interested in pain management and understanding what causes pain and treatment. Great Reference Book.

This textbook may offer the most comprehensive, densely presented evidence-base on the physiology of muscle pain. It is a timely text as well because close collaboration between neuroscientists and clinicians is essential. This stunning textbook (written by two of the acknowledged leaders in the field of muscle pain) addresses all aspects of muscle pain from basic science to clinical treatment. The book also answers most of the questions regarding muscle pain -- from local muscle soreness to the fibromyalgia syndrome. The underlying concept behind the book

is the combination of neuroanatomical and neurophysiological data with the clinical management of most of the diseases that exhibit muscle pain. The authors make the critical and central tenet that direct experimental evidence supporting the pain-spasm-pain vicious cycle model -- that nociception generates muscle hypertonicity -- is lacking. Mense and Simons explain that the available experimental evidence is contradictory to this concept. For instance, results from animal experiments indicate that a prolonged pathologic input from deep tissues abolishes rather than enhances the capability of C-fibers from muscle to facilitate the flexor reflex for prolonged periods of time. There is sound biological reason for muscle weakness being immediately related to pain and dysfunction. Forceful muscle activation will raise the intra-muscular as well as the intra-capsular pressure of the joint(s) the muscle crosses and may lead to further damage to these tissues. With joint trauma or muscle injury, the muscular system will experience ongoing nociceptive stimulation as well as fatigue, which tends to cause recruitment of synergistic muscles to maintain the abnormal/new-normal situation. After several hours or days, the abnormal joint or muscle function which result from this defensive muscular activity will become chronic, and muscle tissue reorganization will commence turning an acute muscle inhibition into a chronic state. Mense and Simons emphasize that the presence of both a joint dysfunction and trigger points of the muscles that are functionally related to that joint must be recognized and dealt with as well. These muscle and joint issues can play ping-pong and persist because one tends to re-activate the other if they are treated alternately, or one at a time. Both problems must be identified and appropriately treated immediately. The 9 chapters in this textbook are incomparably useful for the understanding of muscle pain -- the most common human ailment. A classic! Highly recommended.-- By Scott Cuthbert, DC, author of Applied Kinesiology Essentials: The Missing Link in Health Care (2013), and Applied Kinesiology: Clinical Techniques for Lower Body Dysfunctions (2013).

I regretted ordering it; it is too technical. A great knowledge of medicine and physiology is needed to comprehend it. I tried to return it but the seller refused. So I'm stuck with a \$60 book that I haven't read and is useless to me.

This book, written by two of the world leaders in pain research, has what you need to understand the mechanisms of pain and chronic pain conditions. This is a "must have" reference for anyone who is involved in the treatment of pain patients, both acute and chronic. Many cases of chronic pain could be avoided by the prompt recognition, diagnosis and appropriate treatment. This book gives you tools that you need. Pain management is a largely neglected field of medicine, and the

patients and the health care structure pay dearly for that lack. This book can do a great deal to remedy that situation, but you must get it and use it well for this positive outcome to occur. The time you spend with it will be time used wisely. Devin Starlanyl

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