



Back Pain Caused by Rectus Abdominis Trigger Points

By David Kent, LMT, NCTMB

Keeping It Simple Series

Rectus Abdominis 1

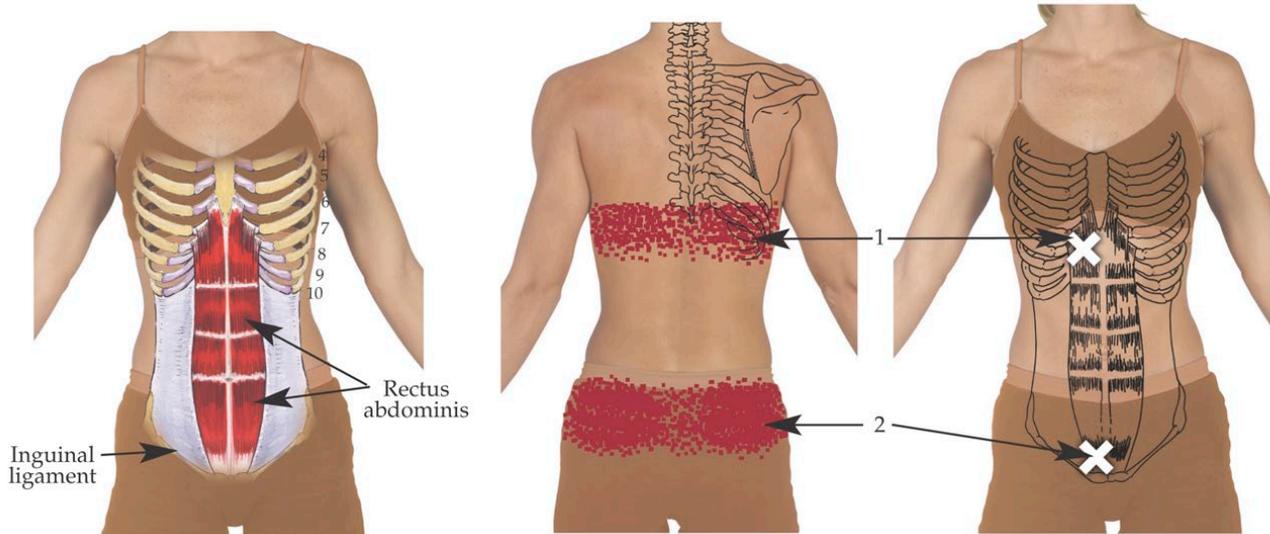


Photo 1: "X" indicates the location of trigger points and red indicates the common referral zones.

When clients schedule a treatment session, they expect results and regardless of which massage modality or technique you've mastered, you want to deliver.

Back pain is a common complaint among massage clients, and symptoms such as pain across the mid back or low-back pain over the sacrum below the iliac crest in the gluteal region could be the result of myofascial trigger points in the rectus abdominis. (Photo 1) According to Simons & Travell, "An active trigger point high in the rectus abdominis muscle on either side can refer to the mid-back bilaterally, which is described by the patient as running horizontally across the back on both sides at the thoracolumbar level"¹. The authors also state that "In the lowest part of the rectus abdominis, trigger points may refer pain bilaterally to the sacroiliac and low back regions"¹ (Photos 1).

Although many trigger points have been identified in the rectus abdominis muscle,

this article will cover two primary trigger-point patterns that cause back pain in these regions, as well as tips about how to treat them and how to educate your clients about the nature of their pain.

Clues:

Trigger points can form in the rectus abdominis muscle due to visceral disease, direct trauma, emotional stress, poor posture and over-exercise, to name a few. Examples of trauma include surgery in the area or injury to the muscle during a motor vehicle accident. These muscles can also become overstressed by everyday activities, including certain exercises or rigorous housework.

Before treating the rectus abdominis, however, it is important to rule out other muscular possibilities. Referred pain from myofascial trigger points into the lower thoracic region can also be produced by muscles in the back, such

as the latissimus dorsi, serratus posterior inferior, iliostalis thoracis, multifidi, intercostals and insterspinales.

Lower lumbar, sacral and gluteal pain often includes trigger points from the quadratus lumborum, gluteal muscles, piriformis and the hamstrings. In addition to the rectus abdominis, the iliopsoas is another muscle that refers pain into both of these regions.

Encourage clients to reveal important clues about their pain by having them complete a thorough health history and intake form. This useful tool also enables you to ask intelligent questions relevant to the possible causes of the client's pain.

In addition to the health history and intake forms, have your clients complete a visual-pain chart to specify and document the regions of their discomfort; this tool will help you easily spot the trigger-point patterns and treat them accordingly. (Photo 2)



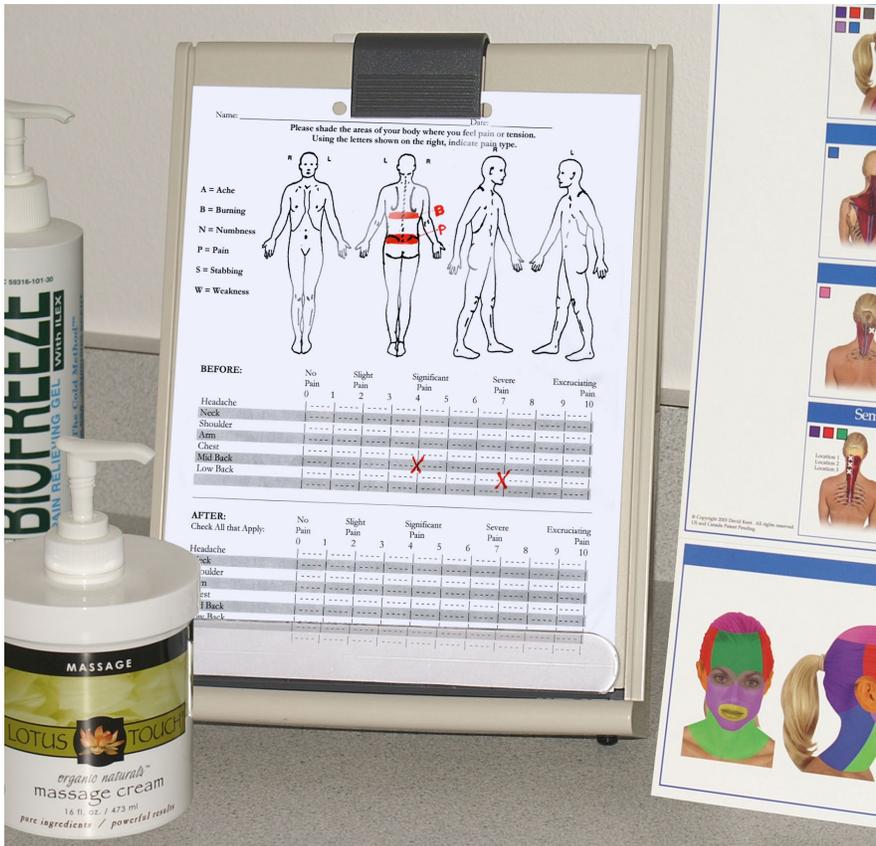


Photo 2: Identify possible trigger point patterns quickly by having your client mark the areas of their pain on a form that can be utilized as a reference in the treatment room and helps to document subject progress over a series of treatments.

And before getting started, remember to communicate with the client to rule out potential contraindications, such as recent surgery, abdominal aortic aneurysms, or pregnancy, for example. This information should also be documented on the intake form.

Analogies:

Using analogies can help your client understand the cause and effect of trigger points and their pain. For example, some trigger points are similar to a gun and bullet. When pressure is applied to the “trigger” of a gun, it shoots a bullet, which produces an effect at the point of impact. Likewise, when a therapist applies pressure to a “trigger point” in myofascial tissue, it produces referred phenomena (shoots a bullet) to another area of the body; that effect is usually described as pain, numbness, tingling, weakness or

other like complaints.

Communication:

Therapists and clients must communicate with each other to determine the presence of trigger points. Instruct your client to let you know if you reproduce the pain when you palpate a myofascial trigger point. Only the client can tell you if the region being palpated is tender and referring pain elsewhere. Once you have identified the culprit, you can treat the appropriate muscle.

Treatment:

Place the client in the supine position with support under the knees and the arms at the side to avoid tightening the skin over the abdomen. (Note: these same techniques can also be used with the client in a side-lying position).

Determine the borders of the rectus abdominis by asking the client to tense

the muscle; he can do this by moving into a semi sit-up position as you palpate the region. Make sure that the client relaxes the muscle before you start treatment. Check for muscle sensitivity by palpating with your fingers using static compression.

Release the attachments around the xiphoid process (Photo 3) and costal margin (Photo 4) with your fingers or thumbs. The pubic attachments can be easily located by asking the client to place their thumb over their belly button and extend their middle finger down until they palpate the pubic symphysis. Use static pressure initially. If the area is not too sensitive, add a combination of friction movements in the direction of the muscle fiber (superior and inferior) and across the muscle fiber (medial and lateral). It will be more comfortable for the client if the intention of your pressure is more dominant in one direction.

Lubricate the muscle belly; then stabilize the skin with the non-treating hand. With the other hand, treat with the muscle fiber using a scooping movement with the fingers (Photo 5), followed by cross fiber (Photo 6).



Photo 3: Release attachments on the xiphoid process.



Photo 4: Release attachments on the xiphoid process.



Photo 5: With Fiber



Photo 6: Cross fiber

Pressure:

Make sure to check in with the client frequently about the level of pressure. The body is reflexive, and it responds automatically to stimulation. For example, when you touch a hot surface with your hand, you automatically, or “reflexively,” pull away to avoid burning the skin.

This concept is also true in massage therapy. If the client is reflexively protecting him or herself by pulling away, tightening the muscle, holding his breath, squinting his eyes or clenching his teeth, then you are applying too much pressure. Additionally, if the tenderness in the area

and/or the intensity of the referred pain does not ease up within 8 to 12 seconds of holding static pressure on the trigger point, again too much palpation pressure is being applied, leave the area and return later; and then use considerably less pressure.

Other Concerns:

- **Emotions and Sensitivity** – The abdominal region can be a sensitive area for clients. Use good judgment and educate your clients to ensure that they are comfortable with having the abdomen treated.

- **Positioning and Draping** – The client must be positioned comfortably on the treatment table in order for the muscle to fully relax. Additionally, your client’s privacy must always be protected and respected. There are a host of factors that determine the draping technique that you use. If the client is not comfortable with his/her abdomen exposed during treatment, you can still effectively treat the area through the draping itself.
- **Ice or Heat** – If the injury or trauma is acute and/or swelling is present, avoid the injured area, and use ice when appropriate. Otherwise, a moist heat pack can be placed over the muscle prior to therapy.
- **Topicals** – Topicals can help relieve the client’s pain between treatment sessions. You can earn additional income without being in the treatment room. One topical company offers free samples and will even print your contact information on the accompanying promotional materials.

Staying informed by reading articles, textbooks, watching DVDs and taking hands-on seminars to keep your knowledge and skills sharp while helping you perform at your best in the treatment room to meet your personal goals and your clients’ expectations. A percentage of the back pain you treat will be from myofascial trigger points in the rectus abdominis. Watch for the clues and patterns, educate your clients, and use all of the tools at your disposal. Wishing you much success.

David Kent, LMT, NCTMB, is an international presenter, product innovator and writer. His clinic, Muscular Pain Relief Center, is in Deltona, Florida, where he receives referrals from various healthcare providers. David is President and Founder of Kent Health Systems which teaches Human Dissection, Deep Tissue Medical Massage and Practice Building seminars, and has developed a line of products, including the Postural Analysis Grid Chart™, Trigger Point Charts, Personalized Essential Office Forms™, and DVD programs. Visit www.KentHealth.com or call (888) 574-5600 for more information.

¹ Simons DG, Travell JG. *Myofascial Pain and Dysfunction, The Trigger Point Manual, Volume 1, Upper Half of Body*, Second Edition, Lippincott, Williams and Wilkins: 1999 Page 943