TEMPLATE FOR INITIAL VISIT

HISTORY:

[PATIENT HISTORY]

EXAMINATION:

On palpation of the muscles affected in the primary area and functional unit (listed below), they display characteristics of a trigger point:
1-the presence of a taut band,
2-identification of a tender nodule in the taut band, and
3-reproduction of the patient's pain with pressure over this location

ASSESSMENT:

After the history and examination and review of the Initial intake form, the patient likely has myofascial pain syndrome. Differential diagnoses include [DIFFERENTIAL DIAGNOSIS].

PLAN:

Trigger point therapy with local anesthetic is one of the options to treat this condition. The benefits and risk of trigger point therapy was discussed. The patient agreed to a trial of trigger point therapy. I also explained that trigger point therapy tends to work well when four consecutive treatments are done either once or twice a week. The expectation is that there should be at least 40% better by that time.

Written and verbal consent obtained, and treatment instituted.

[AREA BEING TREATED]

PATIENT EDUCATION:

Advised of potential initial aggravation for the first 24 hours.
Also suggested that they decrease the amount of physical activity , so that to prevent muscle aggravation.
To apply heat, 20 minutes at a time 2 or 3 times a day as needed
Advised to apply pressure to the injection site if bleeding occurs

FOLLOW-UP PLAN:

The patient will follow up for 4 trigger point sessions, scheduled once/twice a week.
Reassessment in 4 sessions to evaluate treatment response and adjust the plan as needed.

RECOMMENDATIONS:

The patient is advised to incorporate static and dynamic stretching into their routine, with an emphasis on maintaining proper posture throughout daily activities. Caution is advised with all physical activity;

the patient should stop immediately if any discomfort arises, as excessive or inappropriate exercise may exacerbate symptoms and hinder recovery.

Structured exercise is recommended as a long-term goal, once the patient is stable and symptoms are better controlled. Educational resources and guidance on appropriate exercise progression are available at RejuvFitness.ca.

As a complementary approach, the patient may benefit from passive modalities such as Physiotherapy, Chiropractic care, Massage Therapy or other pain management interventions, as appropriate.

Yours sincerely
[NAME]

LOW BACK PROTOCOL (FOLLOW UP NOTE)

HISTORY:

[PATIENT HISTORY]

EXAMINATION:

On palpation of the muscles affected in the primary area and the functional unit (listed below), they display characteristics of a trigger point: the presence of a taut band, identification of a tender nodule in the taut band, and reproduction of the patient's pain with pressure over this location.

ASSESSMENT:

Myofascial pain syndrome.

PLAN:

Treatment with Trigger point therapy.

Verbal and written consent obtained, and treatment instituted:

Bilateral low back muscles treated: (each muscle has a few trigger points and all of them are treated)
1-lumbar paraspinals,
2-quadratus lumborum,
3-piriformis,
4-gluteus medius,
5-gluteus minimus,
6-gluteus maximus

After local disinfection, the trigger points were treated with a 27-gauge needle, 1 1/4 length.
A total of 3 cc of 0.5% lidocaine was used.
Patient tolerated the intervention well. Post procedure care was discussed.

FOLLOW-UP PLAN:

The patient is advised to incorporate static and dynamic stretching into their routine, with an emphasis on maintaining proper posture throughout daily activities. Targeted activation of the affected muscles may be beneficial; however, prolonged effort or added resistance may aggravate symptoms and should be avoided at this stage. Structured exercise is recommended as a long-term goal, once the patient is stable and symptoms are better controlled.

KNEE with BACK PAIN PROTOCOL (FOLLOW UP NOTE)

HISTORY:

[PATIENT HISTORY]

EXAMINATION:

On palpation of the muscles affected in the primary area and the functional unit (listed below), they display characteristics of a trigger point: the presence of a taut band, identification of a tender nodule in the taut band, and reproduction of the patient's pain with pressure over this location.

ASSESSMENT:

Myofascial pain syndrome.

PLAN:

Treatment with Trigger point therapy.

Verbal and written consent obtained, and treatment instituted:
Right/left/bilateral low back and knee muscles treated: (each muscle has a few trigger points and all of them are treated)
1-lumbar paraspinals,
2-quadratus lumborum,
3-piriformis,
4-gluteus medius,
5-rectus femoris
6-vastus medialis/vastus lateralis
7-Adductor Longus/Adductor Magnus
8- Biceps Femoris/ Semimembranosus
9-medial gastrocnemius

After local disinfection, the trigger points were treated with a 27-gauge needle, 1 1/4 length.
A total of 5 cc of 0.5% lidocaine was used.
Patient tolerated the intervention well. Post procedure care was discussed.

FOLLOW-UP PLAN:

The patient is advised to incorporate static and dynamic stretching into their routine, with an emphasis on maintaining proper posture throughout daily activities. Targeted activation of the affected muscles may be beneficial; however, prolonged effort or added resistance may aggravate symptoms and should be avoided at this stage. Structured exercise is recommended as a long-term goal, once the patient is stable and symptoms are better controlled.

KNEE PAIN ONLY (FOLLOW UP NOTE)

On palpation of the the affected muscles in the primary area and the functional unit (listed below) , they exhibit characteristics of a trigger point:-the presence of a taut band, identification of an tender nodule in the taut band, and reproduction of the patient's pain with pressure over this location

Assessment: Myofascial pain syndrome

Plan: Treatment with Trigger point therapy

Verbal and written consent obtained and treatment instituted::
Right knee muscles treated:(each muscle has a few trigger points and all of them are treated)

1-rectus femoris
2-vastus medialis/vastus lateralis
3-medial gastrocnemius

After local disinfection , the trigger points were treated with a 27 gauge needle , 1 1/4 length.
A total of 3 cc of 0.5% lidocaine was used.
Patient tolerated the intervention well . Post procedure care was discussed.

Follow up plan:

The patient is advised to incorporate static and dynamic stretching into their routine, with an emphasis on maintaining proper posture throughout daily activities. Targeted activation of the affected muscles may be beneficial; however, prolonged effort or added resistance may aggravate symptoms and should be avoided at this stage. Structured exercise is recommended as a long-term goal, once the patient is stable and symptoms are better controlled.

LOWER LEG PROTOCOL (FOLLOW UP NOTE)

HISTORY:

[PATIENT HISTORY]

EXAMINATION:

On palpation of the muscles affected in the primary area and the functional unit (listed below), they display characteristics of a trigger point: the presence of a taut band, identification of a tender nodule in the taut band, and reproduction of the patient's pain with pressure over this location.

ASSESSMENT:

Myofascial pain syndrome.

PLAN:

Treatment with Trigger point therapy.

Verbal and written consent obtained, and treatment instituted:

Lower leg muscles treated: (each muscle has a few trigger points and all of them are treated)
1-medial gastrocnemius
2-soleus

After local disinfection, the trigger points were treated with a 27-gauge needle, 1 1/4 length.
A total of 2 cc of 0.5% lidocaine was used.
Patient tolerated the intervention well. Post procedure care was discussed.

FOLLOW-UP PLAN:

The patient is advised to incorporate static and dynamic stretching into their routine, with an emphasis on maintaining proper posture throughout daily activities. Targeted activation of the affected muscles may be beneficial; however, prolonged effort or added resistance may aggravate symptoms and should be avoided at this stage. Structured exercise is recommended as a long-term goal, once the patient is stable and symptoms are better controlled.