

## TEMPLATE FOR INITIAL VISIT

On palpation of the the affected muscles in the primary area and functional unit( listed below ) , they exhibit 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 differential diagnoses includes myofascial pain syndrome ,

### DIAGNOSIS:

Myofascial pain syndrome

### TREATMENT 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 elected to proceed with a trial of trigger point therapy. A series of four consecutive treatments , either once or twice a week was recommended with the expectation of least 40% improvement in symptoms by the end of the treatment course.

Written and verbal consent obtained and treatment administered:

[Area to be treated, inserted here]

### 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](http://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]

## **NECK AND UPPER BACK PROTOCOL (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:

Bilateral neck and upper back muscles treated:(each muscle has a few trigger points and all of them are treated)

1-Cervical paraspinals

2-trapezius,

3-rhomboids/levator scapula,

4-lower trapezius

After local disinfection , the trigger points were treated with a 27 gauge needle , 1 1/2 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.

## **SHOULDER PROTOCOL (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, [or left, or bilateral] shoulder muscles treated:(each muscle has a few trigger points and all of them are treated)

- 1 trapezius
- 2 rhomboids
- 3 lower trapezius
- 4 infraspinatus
- 5 supraspinatus
- 6 teres major
- 7 deltoid
- 8 subscapularis

After local disinfection , the trigger points were treated with a 27 gauge needle , 1 1/2 length.

A total of 4 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.

## **ELBOW PROTOCOL (FOLLOW-UP NOTE)**

On palpation of the 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 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:

Elbow muscles treated:(each muscle has a few trigger points and all of them are treated)

1-brachioradialis

2-extensor carpi radialis longus

3-supinator

4-triceps

After local disinfection , the trigger points were treated with a 27 gauge needle , 1 1/2 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.