

Sleeping Posture

Patients often assume strange postures at night! This is sometimes to reduce the pain from either active, or stiff latent trigger points; in such cases patients often opt for a sleeping position which shortens the affected muscle. For example, sleeping with either the hands above the head (supraspinatus), or the arms folded over the chest (pectoralis major). In other cases, it may be that the sleeping position is a pathogenic or a maintaining factor.

Work Posture

Some patients may have manual or repetitive working activities; these may well have a role to play in trigger point pathogenesis or maintenance. Many patients spend their time at work sitting. Below is a diagram illustrating an ideal sitting work posture.

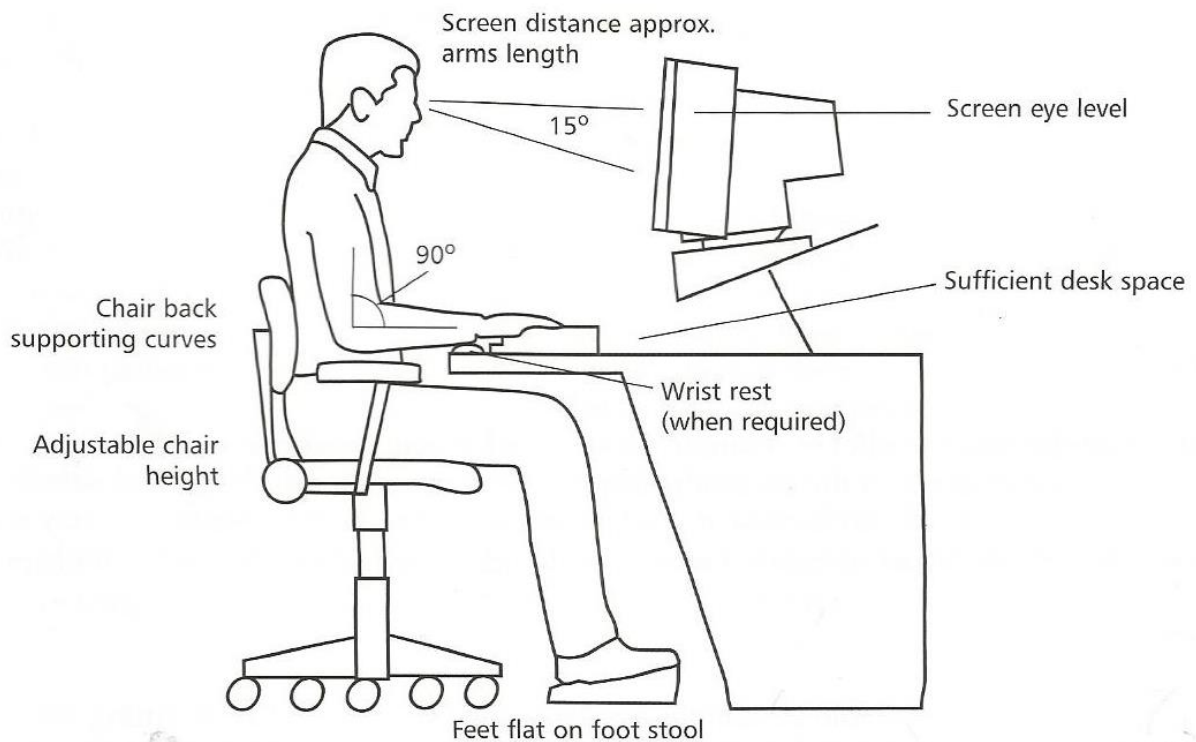


Figure 3.9: Ideal sitting work posture.

Habitual Activity, Hobbies, and Sports

Similarly, it is important to ask the patient if they perform any repetitive or habitual activities. Standing all day on one leg, for example may well overload the tensor fasciae latae (TFL) muscle. Sitting in a cross-legged position may affect a range of muscles such as the hip flexors (iliopsoas), the buttock muscles (gluteals and piriformis) and the thigh muscles (quadriceps). Heavy smokers may develop trigger points in the shoulder (deltoid) and arm (biceps) muscles.

Similarly, certain hobbies and sports may lead to an increased incidence of trigger point pathogenesis. It is important to ask carefully about such activities. What is the level of competence? Does the patient warm up, and warm down? How competitive are they? Is their level of activity realistic for their age? Posture? Body type? Physical health? You may want to explore these areas further. It is often useful to run through these activities and set the patient certain activity goals to achieve in between treatment sessions.