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Challenge of Chronic Pain Contribution of the Notion of Myofascial Pain

Introduction

Chronic pain is an omnipresent reality that profoundly affects the quality of life of many individuals. In Europe, about 20% of adults, or nearly 95 million people, suffer from it [1], including 12 million in France [2]. Among these patients, 34% describe their pain as severe. However, less than 3% receive follow-up care in a specialized center, highlighting a significant gap in the screening and management of this condition [2]. The economic cost of chronic pain in Europe is estimated at 300 billion euros [3].

The Need to Recognize Myofascial Pain

Despite advances in pain treatment and increased awareness of this issue, an essential dimension is often overlooked: understanding myofascial pain. Neglecting this muscular component can lead to incomplete diagnoses and ineffective treatments, unnecessarily prolonging the patients' care path. It is crucial to recognize that myofascial pain can be present in various chronic pain syndromes, whether nociceptive, neuropathic, or nociplastic, somatic or visceral.

Clinical Examples of Typical Myofascial Pain

Consider the classic case of a patient suffering from shoulder pain. The etiological diagnosis typically relies on imaging studies (X-rays, ultrasound, MRI) in search of structural abnormalities. If no abnormalities are detected, the clinician may be perplexed. In cases where abnormalities such as arthritis or tendon lesions are found, treatment often oscillates between medication, physical therapy, or surgery. However, a key component, such as myofascial pain related to a trigger point in the infraspinatus muscle, is often overlooked, even though it may be the cause of referred pain in the shoulder [4] [5].

Another very common example involves a patient suffering from lower back pain radiating to the buttocks, thigh, or foot, typical symptoms of sciatica. Imaging is often used to search for nerve compression. However, in the absence of conclusive results, the myofascial component is often neglected, although it is frequently associated with a trigger point in the gluteus minimus muscle, causing referred pain in the lower limb [4] [5].



Importance of Appropriate Treatment

It is essential for the healthcare system to recognize the importance and frequency of myofascial pain in chronic pain. The work of Drs. Janet Travell and David Simons was fundamental in this recognition, particularly with their reference book *Myofascial Pain and Dysfunction: The Trigger Point Manual* [5], published in 1983 and still relevant today.

Treating myofascial pain requires a specific approach as this syndrome often resists conventional pharmacological treatments. Alternative, simple, and well-tolerated approaches such as physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), Dry Needling [6], and red and infrared PhotoBioModulation [7], have demonstrated their effectiveness.

Toward a More Comprehensive Treatment of Chronic Pain

Every patient suffering from chronic pain should receive a comprehensive evaluation that systematically includes the examination of muscle pain, as it is always present, though its proportion in the clinical picture may vary. This should include joint range of motion measurement and targeted muscle palpation to identify range limitations and myofascial trigger points responsible for referred pain. This requires adequate training for practitioners, during medical studies and through specialized continuing education programs such as University Diplomas in Algology or Pain Capacity teachings.

Better knowledge of myofascial pain will help optimize patient's clinical pathways, improve treatment effectiveness, and strengthen the commitment of patients and healthcare professionals.

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