



The Top 10 Trigger Points Every Health and Fitness Professional Should Know!

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Disclaimer

Please read carefully before making use of any of the information in this manual.

The content and information in this book is educational only. It is not a complete course and should not be relied upon for the purpose of treating an individual. It is also the sole responsibility of the practitioner reading this manual to identify and refer patients with potentially dangerous medical conditions to those qualified to treat them before carrying out the techniques described in this book.

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*Now that the obligatory legal mumbo jumbo is over...
let's start learning how to change lives!*

“Simplicity is the key to brilliance.”

-Bruce Lee (Legendary Martial Artist)

What a brilliant statement. Think about that for just a moment. In today’s world of information overload people are inundated with so many options and opinions on every subject you can imagine. It’s so much information, that we often become immobilized on taking any action for fear of not knowing enough. Everything gets more complicated than it has to be.

It’s not the amount of information you can dump on someone trying to impress them with how smart you are that matters; it is the applicable easy to apply principles you share that make all the difference. The base foundational principles will never steer you wrong. The brilliance comes from the mastery of simplicity. Thanks Bruce!

That’s what this book is about! It’s about simple and powerful applications of principles that can change another person’s life, as well as your own. This mini-book is a culmination of over fifteen years of hands-on clinical practice helping people get out of pain and live again. Fifteen years in the real world trenches teaching people easy to apply techniques that help them take back control. Take control of how they feel, how they move, how they function, and even how they want to live. Powerful stuff!

The information in this book will work. I guarantee it! I know because I see it work every day. Lots of people can write a book about a subject having never even done what they are writing about. That isn't me! I walk the talk and use this stuff every day, and now you will too.

So what are you going to learn here? What makes this book different from any other book on trigger points? Well I think it will be easier to tell you what this book **IS NOT!**

But before I do that, I want to give you an overview of my writing style. My style comes from my heart...I write like I talk. I sit in front of the keyboard and open up my heart and mind to share things with you like you were sitting in front of me. I don't get caught up in grammar, punctuation, run on sentences and editing this for a Pulitzer Prize. What I do care about, is sharing information that will change your life. If you spot a punctuation error or improper grammar you can share that with me of course, but don't lose focus from what is truly important. The content!

This book **IS NOT...**

- Trying to be a Travell and Simons trigger point book. That is Holy Grail of trigger point info. Talk about information overload!
- An anatomy and physiology lesson about what a trigger point is and all the chemical cellular processes that create one. For your inner physiology geek side, jump into the Travell and Simons series. It's all there. In reality, your client could care less what they are made of. Just get rid of them.

- A mega list of every trigger point your body can have...that is a big list! This Top 10 list is what I call *'bang for your buck'* trigger points. The *'Mack Daddy'* points that can cause many other trigger points to occur. The 10 points that when treated, can make profound positive changes in your body in just a few minutes.

So what is it that I want you to take away from this book? Quite simply, I want you to read this book and say to yourself; *'Wow, that makes total sense to me. Now I get it. I can use this tomorrow on my clients.'* Every client I personally treat is evaluated for these 10 points. Always! No matter what the symptom. It is my systematic checklist and I always find several off them each time. This is an integral part of my **RRTT™ Recovery and Regeneration System** to be released early next year. You are about to get a sneak peek inside.

The basic tenets are touched upon in this mini e-book. Much more detail with vivid pictures and videos will be available to teach the RRTT™ system on final release. For now, with this mini book my intention is to show you where to look and the thought process behind my choice of these 10 points. The ultimate take away is to use this information as another tool in your arsenal helping others. After all, isn't that what it's all about?

Ok, here is the structure format for the points.

- 1. The trigger point name (in no particular order)**
- 2. Picture associated with each point**
- 3. A typical pain referral pattern for the point**
- 4. How each point can cause dysfunctional movement**
- 5. The chain of pain of what typically results from that trigger point**
- 6. Options to treat that point**
- 7. What I would do in each circumstance**

All pictures courtesy of www.triggerpoints.net Check them out today!! A big thank you to their awesome content.

Move smarter...move better...perform great!

What is a trigger point? In simple terms it is a muscle knot that can wreak havoc on your body by referring pain, weakening muscles, and causing dysfunctional movement. Why does movement matter? When you don't move well, your body begins to compensate trying to self correct itself so you can move right. Unfortunately, it does so at your body's expense in the long run. Muscles weaken, while others tighten and get stiff, joints lock up and become less mobile and you lose stability (body control). That is the start of the so called **chain of pain!**

The reason trigger points are so nasty is that they are rarely if ever located where your pain is! The SITE of pain is not the same as the SOURCE of pain. He who chases the site of pain is forever lost! Now you know why I always say **Stop Chasing Pain**. Learning common pain patterns from trigger points will become a vital part of your understanding of how to conquering them.

There are different types of trigger points, however they all cause problems. It's just a matter of when you realize it and the when pain hits ya. Trigger points lie in wait, just looking for the right opportunity to come out and bite you. Once the so called '**Perfect Storm**' hits and the body attempts to compensate for dysfunction, the domino effect of pain slams you.

You might not ever discover what sets off a trigger point. It can be anything. And it is usually the simplest of actions that can fire them up. I hear it all the time from clients, *'I don't know what happened, I just turned and then I had pain!'* *'I was bending over to tie my shoe and fell to the ground.'* *'All of a sudden my shoulder*

started to hurt when I was lifting.' Common stories that happen every day to real people.

So what are the types of points?

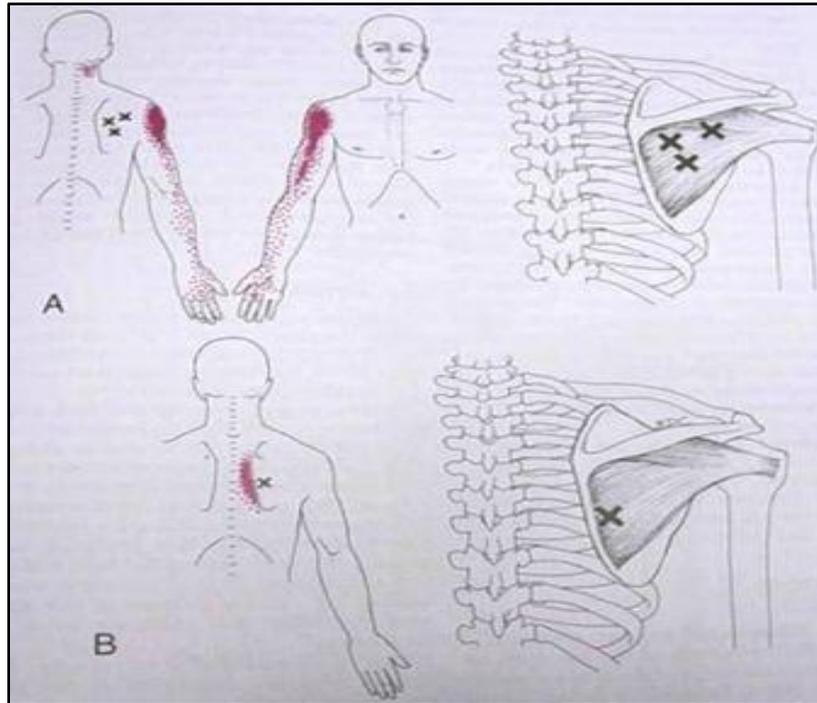
ACTIVE...they are actively and currently causing pain.

LATENT...these are the dormant sleepers causing dysfunction to muscle, joint and movement, but have not yet fired up their pain zones. Oh but trust me, they will if you let them go. Clients do not know they are there until you find the spot and apply pressure....then BAM! PAIN. It is critical to find the sleepers before they hit.

SATELLITE...these points form in reaction to other points. These develop in the pain referral zone of the active or latent points. It's the classic domino effect. Classic example of what I touched on earlier, body compensations that eventually lead to problems.

**ARE YOU READY TO DIVE IN?
STRAP YOURSELF IN. THE RIDE IS ABOUT TO BEGIN!**

INFRASPINATUS



This guy is a nasty culprit in almost everything! You can count on him to be a factor in every shoulder dysfunction, pain, or injury. But there are even more areas that are affected by his trigger point when the body compensates for the lack of muscle tone, activation and control in this muscle.

Muscles need to contract and relax for movement to occur. Without that action system we would be immobile. The difference is in how much, and how well these contractions occur. When muscles are loaded with a trigger point, they become tighter. Sort of like tying a knot in a rope. Once the knot is there, the rope naturally shortens from its original length. Therefore it loses its original range of motion. This is exactly what happens to a muscle.

When muscles shorten, they cannot go through a full range of motion. All of the bones these muscles are attached to become negatively influenced because the joints now lose motion. All of a sudden everything gets tight and restricted. Our first inclination is to stretch out the tightness because it feels good (temporarily), and we are trying to gain flexibility. But it never seems to last and sometimes even feels worse. Have you ever wondered why?

Try this little experiment. Take a rope, string, strap, belt or band and tie a loose knot in it. Now take both ends and start to pull them apart. What happens to the knot? Does it get tighter or looser? **Tighter!!** What does that mean to a muscle?

A muscle is literally thousands of individual bands linked together to form a single functioning unit. When you tighten these bands over time, the body reacts in an attempt to protect itself from injury. When you keep stretching and pulling this tightness, your brain will kick in the nervous system sending a signal to that muscle to deactivate (decrease tone and contraction) in an attempt to prevent a rupture or tear.

As a result of this signal, the muscle relaxes too much and you become weaker and less stable. That is...until your body attempts to find that stability somewhere else and adds tightness to another region. Not only that, but a muscle without tone looks flabby. Who wants that? Would you like a tone or flabby tush? I know my answer.

As a pre-emptive early teaser side-note, the glutes (butt) muscles are usually loaded with trigger points. The butt is therefore deactivated and less tone. Is there any wonder why the butt is usually loosey goosey (my own term for flabby) despite doing tons of exercises and working out constantly? Hummm I think we may have found a goldmine answer as to why the butt is tough to tone for most people.

Ok back to Mr. Infraspinatus. This muscle is part of your rotator cuff shoulder and is a stabilizer muscle. Also included in this rotator group is the subscapularis, supraspinatus and the teres minor. The infraspinatus is on the scapula (shoulder blade). Its primary job is to externally rotate (turn out) the shoulder and help stabilize the head of the humerus in the socket of the shoulder blade.

Origin and insertion points? Who cares!! In the scheme of things it does not matter. If ya really gotta know, flip open any anatomy book or Google it and you will find the answer. Truthfully, it makes no difference in what I am going to teach you. Muscles don't function in isolation anyway, so just focus on where they are.

If you reference the picture you can see some amazing referral patterns there. Shocking really! There are usually several points in the muscle. If you address the entire muscle when you massage out the points you will get them all.

Infraspinatus is a very common cause of **anterior shoulder pain, bicep pain, mid-scapular pain even tingling and numbness into the forearm/hand.**

Trigger point pain can be sharp, dull, burning, aching, tingling and numb. It knows no limits in the pain department. Suspect them with everything.

Every client should have the infraspinatus muscle evaluated!! Never over look it. Now let's take a look at the movement issues associated with this muscle. There are many scenarios that can happen in regards to movement when the infraspinatus no longer functions at 100% capacity.

Remember when we talked about how knotted muscles will begin to deactivate and lose tone? They can no longer perform their job at maximum. So if the infraspinatus starts to lose tone the shoulder will then begin to internally rotate (turn in). This leads to the typical rounding of the shoulders. The stabilizer effects of the muscle will also weaken.

Now what happens is a cascade of dysfunctional movement. The shoulder rounds forward and the chest tightens, the shoulder blade rotates out putting extra contraction on the mid-back muscles and they start to fatigue, the arm drifts forward in the socket causing anterior compression on the humeral head, the shoulder hikes up towards the ear as the trapezius muscles tighten, they in turn pull on the skull and cervical vertebrae. **Lots of stuff from just one muscle problem huh?**

Now all of these compensatory tight muscles can develop their own latent and satellite trigger points. Some may argue that tightness in the pectoralis chest muscles (pec major/minor) were the initial trigger point and the infraspinatus

reacted to that...well that could very well be true. But how do you think we would address this situation no matter what caused the initial onset? YOU TREAT BOTH!

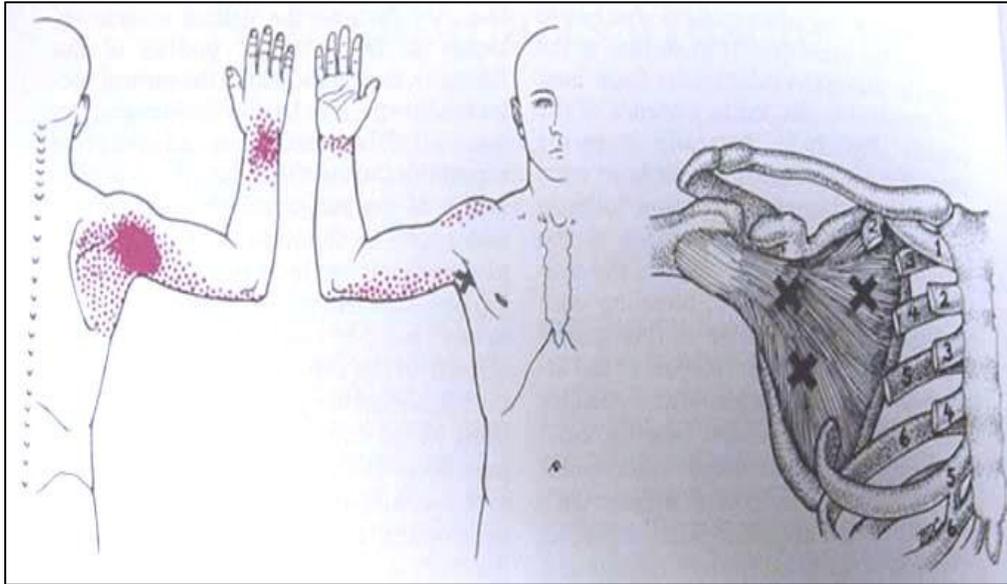
*****This is the point** (no pun intended...well a little maybe) I want to drive home to you. Trigger points are NO JOKE! They are not simply muscle knots that cause pain. They cause serious movement dysfunction and can be excruciatingly painful and a real pain in the a** to get rid of. So do not take all of the trigger point work, foam rolling and stick work that you do or teach for granted. If you don't do them, start now!

In order to re-develop this muscle and tone it again you must remove the knots first. You can't tone a muscle that has knots! Simple. This brings me to how you get rid of the knots. The simple answer is you can use anything. It does not really matter. You can use foam rollers, lacrosse balls, tennis balls, The Stick, Tiger Tail, Trigger Point Therapy Products, Theracane, your hands, or anyone's hands. These are **METHODS** to eliminate the trigger point. I just want you to understand the **PRINCIPLES**. Once you know where these points are and what they do, you are on the right track. I often find rolling against a lacrosse ball on the wall does wonders for relieving the infraspinatus.

Checklist of symptoms to evaluate Infraspinatus:

- ✓ Suspect in every shoulder issue
- ✓ Upper back conditions
- ✓ Cervical pain
- ✓ Headaches
- ✓ Pain in the arm, hand, elbow, carpal tunnel

SUBSCAPULARIS



Oh now this little bugger is always a fun one to work on. Subscapularis is one that is very elusive and causes all sorts of problems in function and pain. This is the number one trigger point that is overlooked in most shoulder pain problems.

Sitting on the inside part of the scapula lining up against the chest wall he is deep inside the arm pit. Look at the pain pattern above and notice the intense red in the posterior part of the shoulder. That's right...he is a primary cause of pain in the rear deltoid. Now a really amazing pain referral pattern of this muscle is chronic wrist pain! Imagine that. I have seen countless people complain of wrist pain and nothing seems to help. That is an alarm signal for me to check the subscapularis and I always find a trigger point.

The subscapularis rotates the head of the humerus medially (internal rotation); when the arm is raised, it draws the arm forward and downward. It is a powerful defense to the front of the shoulder-joint preventing displacement or subluxation of the head of the humerus.

Think logically about what can happen when muscle inhibition (deactivation/tone) occurs from the trigger point. The head of the humerus may drift up and back in the shoulder socket causing an impingement (pinching) at the acromio-clavicular joint and priming up for a rotator cuff tear in the supraspinatus muscle. These are common injuries in athletes and fitness enthusiasts, so the subscapularis should always be addressed in any recovery program.

Often the only way to reach this muscle is by hand. Stick your thumb or fingers inside the armpit while slightly distracting (pulling the arm forward) while client is in a supine position. I find that slight internal rotation relaxes the muscle and you can get a better pressure. It can be in such spasm that it feels like a golf ball is pushing back at you.

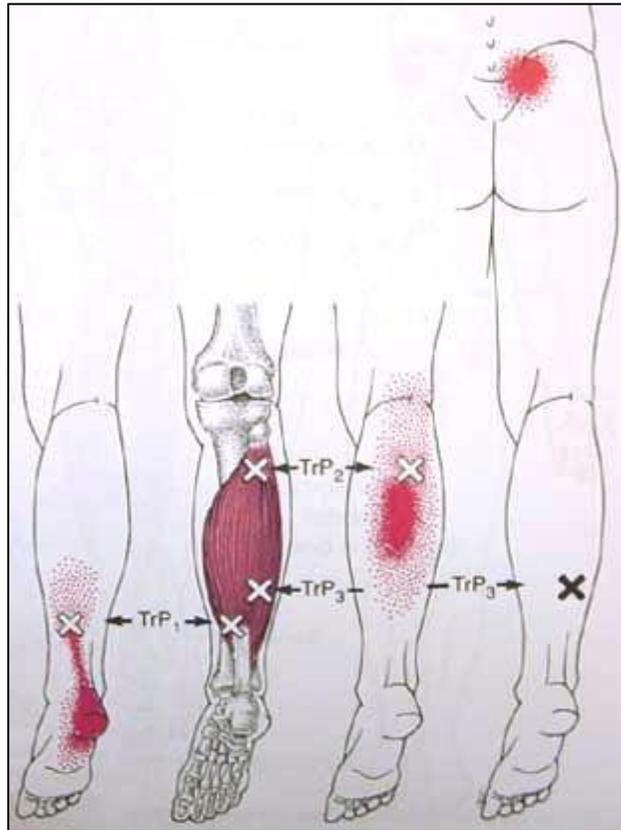
BE CAREFUL! This trigger point can be excruciatingly painful when pressure is applied. It can feel like your arm is being ripped out of the socket. That is a normal side effect feeling of an intense trigger point. That will subside in time.

Tread easy here and be aware of the subscapular nerve that sits in the area. If you apply direct pressure to the nerve there will be a sharp, numb type feeling shooting into the arm. Simply move off the nerve. You cannot damage anything if you mistakenly press on the nerve; it just feels really freaking weird.

Checklist of symptoms to evaluate for Subscapularis

- ✓ Shoulder pain
- ✓ Popping or clicking in the shoulder
- ✓ Mid-back pain
- ✓ Wrist pain
- ✓ Arm pain
- ✓ Cervical pain
- ✓ Headaches

SOLEUS



Just when you think the pain syndromes you feel with a trigger point can't get any wackier, along comes another surprise. I find a soleus problem on virtually everyone. This poor guy does triple duty every single step we take. Add to that all the improper footwear, high heels, arch problems and how sedentary we are these days and you have a recipe for issues.

As you can see from the picture there are several areas that can be affected. Each area has its own unique referral zone with symptoms. The surest way to get all three areas is to treat the entire soleus.

Every condition and symptom from the bottom of the foot up should have the soleus mixed into the evaluation process. It can be linked to many dysfunctions because of its intense integration into the gait cycle. Of interesting note in the picture is the half dollar size pain zone on the sacroiliac region of the pelvis. If joint manipulations, massage, and physical therapy do not help chronic SI pain, check the soleus. Classic chasing pain syndrome.

The soleus is also a primary muscle to help pump blood back to the heart from the lower extremity. This pump movement mechanism can be slowed down when the muscle is not functioning at max capacity, thus decreasing blood flow to the heart. This can lead to decreased endurance and sports performance because of the decreased supply of oxygen.

Sudden onset of dizziness when standing from a seated position can also be a problem with this trigger point. The delayed blood flow upon rising makes you dizzy. Work the muscle and notice an improvement.

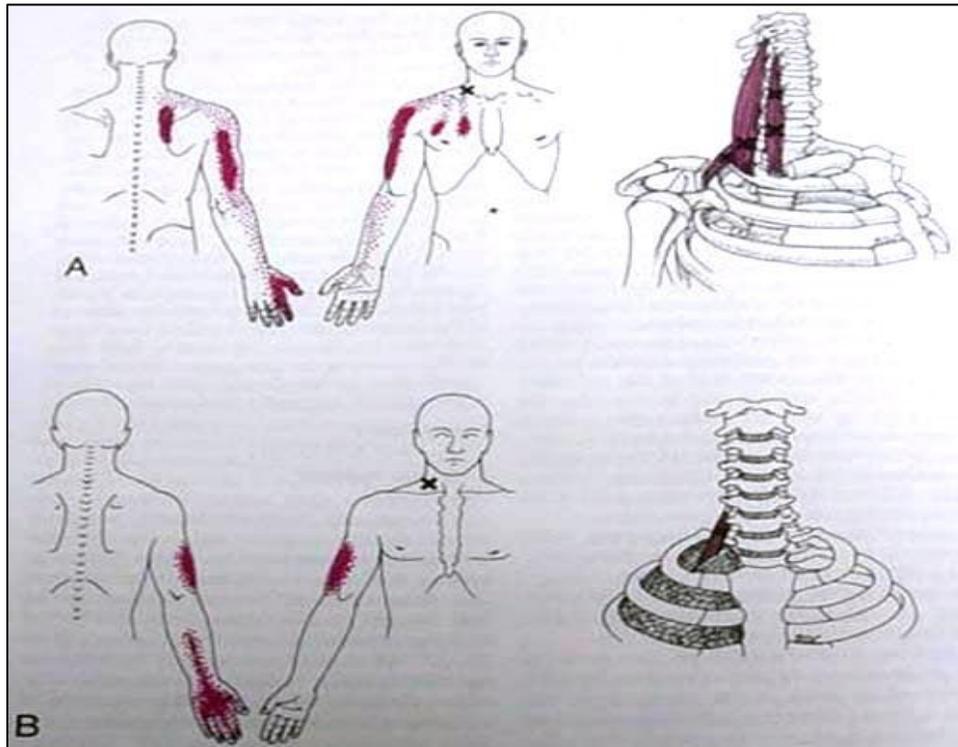
It has even been linked to chronic jaw pain!

The gait cycle is altered from dysfunction in this muscle. The toe off phase and ankle joint dorsiflexion will be compromised leading to increased movement in the hip joint. This is a recipe for disaster. So if there is a hip issue, check the soleus.

Checklist for symptoms with the Soleus

- ✓ Plantar fasciitis
- ✓ Heel pain
- ✓ Shin splints
- ✓ Back pain
- ✓ Hip Pain
- ✓ Knee Pain
- ✓ Neck Pain
- ✓ Headaches
- ✓ TMJ
- ✓everything else! Get the idea?

SCALENI



Located in the anterior part of the neck and having an intricate connection to the first rib, these muscles are relentless in their contribution to pain. Check out my article on first rib fixation syndrome and the relationship to scalene trigger points here [FIRST RIB ARTICLE](#).

An elevated first rib can cause chronic spasm in the upper trapezius muscle and neck. A first rib manipulation is often indicated to alleviate the condition in conjunction with releasing the trigger points.

The nerves of the neck criss cross in and around these muscles as they contour to the arm, so when they get trigger points nerves can become compressed.

That means tingling, numbness and pain. Many misdiagnosed cases of carpal tunnel syndrome (tingling in the hands) and symptoms of cervical disc herniations can be blamed on these trigger points.

I have found these muscles to be the most common cause of pain in the mid-back! Get all the massages you want and back cracks from your chiropractor and it will not help if these muscles are referring pain. Profound relief from years of chronic pain upper back pain can be helped if you look at these points. The scalene muscles rarely if ever feel pain directly. But when you apply pressure to them and they have trigger points, it can be **REALLY painful**.

A condition known as *Thoracic Outlet Syndrome* can arise when these muscles are too overloaded. They pinch on nerves and cause pain in the arm with tingling and numbness.

Scaleni are also accessory muscles of breathing. When they are dysfunctional your endurance level will suffer because your breathing is labored and less oxygen gets into the body. You can often increase the endurance of your athletes simply by working these muscles.

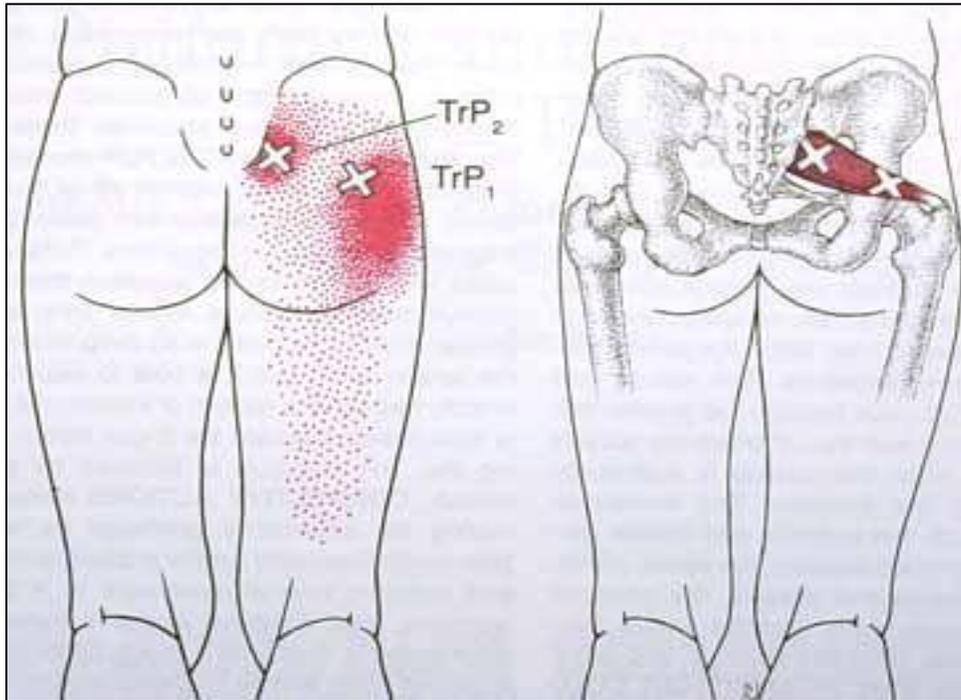
These points need to be worked by hand. Be careful not to apply over pressure on the side of the neck. But don't be afraid to get in there and massage them out. Keep in mind your scope of practice and what is within your professional comfort level. Refer or consult with a healthcare specialist as needed for more hands on

intensive therapy. Just by the very nature of you discovering these points for your client will go a long way towards showing the value of what you can do for them.

Checklist for possible symptoms and Scalenii

- ✓ Neck pain
- ✓ Mid-back pain
- ✓ Shoulder pain
- ✓ Arm/wrist/hand pain
- ✓ Dysfunctional movement in the shoulder due to rib fixation
- ✓ Check for possible restriction in diaphragm since they are more than likely chest breathers over using the scalene

PIRIFORMIS



Oh the ever popular piriformis muscle. Most of you reading this book have probably heard of this muscle and the syndrome associated with its name 'Piriformis Syndrome.' This syndrome got its name due to the symptom of sciatica (nerve) pain down the back of the leg where the piriformis muscle actually pinches down on the sciatic nerve as it exits the sacral area.

The piriformis laterally rotates the extended thigh and abducts the flexed thigh. Abduction of the flexed thigh is important in the action of walking because it shifts the body weight to the opposite side of the foot being lifted, which keeps us from falling. Many people will have a problem with this muscle due to the fact that we sit on our butts most of the day.

So many conditions and dysfunctions may be connected to the piriformis muscle. Referencing the picture, there is typically pain near the sacral notch, belly of the buttock region, and the outside hip. Because of its intricate part in pelvic function and hip movements, when the piriformis loses tone almost every surrounding muscle jumps on board to help stabilize you.

A torrent of events occur when you have rotational dysfunction in the hip socket, sacral torque (twisting), the gluteus medius and minimus muscles go nuts with activity and are loaded with their own trigger points. The sacrotuberous ligament now comes under extra tension and pulls on the posterior fascial connective tissue slip from the hamstrings, to the glute, to the lats working its way up to the head. Say hello to neck pain!

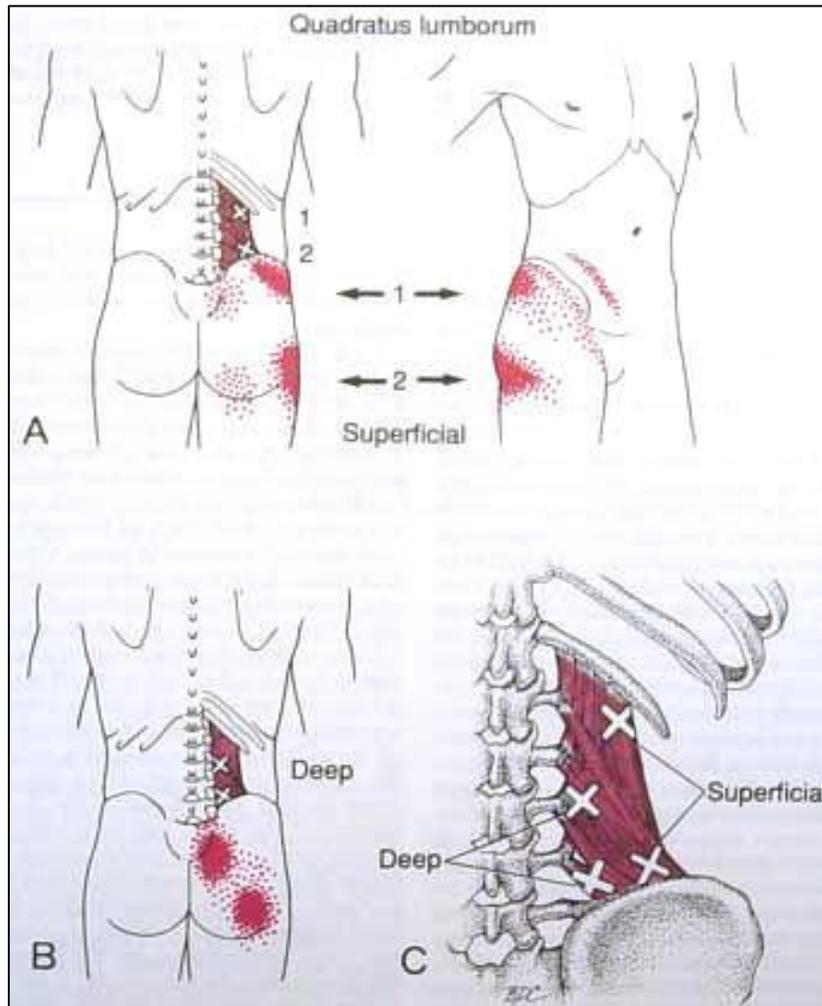
Foam rolling in a figure four posture to stretch the hip is a great way to work the piriformis. All of these foam roll techniques for major body areas with pictures may be seen directly on my website if you click here and scroll to the bottom of the page and download the PDF document [FOAM ROLLER DOWNLOAD LINK](#).

I have found that if the piriformis muscle is constantly a problem despite soft tissue techniques and therapy it is usually a result of hip joint stability problems. The lack of stability in the joint leads to chronic tightness of the rotators. A lack of hip extension is often present and there may also be an underactive iliopsoas on the same side.

Checklist for possible symptoms of the Piriformis

- ✓ Pelvic pain
- ✓ Hip joint pain
- ✓ Knee pain and or clicking and popping
- ✓ Groin pain
- ✓ Sciatic pain
- ✓ Lower back pain

Quadratus Lumborum



Mr. Lumborum is a silent culprit for significant hip pain and dysfunction. You see people in the gym blasting away at this muscle doing side planks until they are blue in the face. Little do they know it is a ticking time bomb for intense pain!

So many needless surgeries, cortisone injections, and countless therapy visits for hip problems could have been avoided if someone would have

taken the time to check this muscle. It's so easy to check. Simply have your client lie down on either side and press into the space between the lower ribcage and pelvis (ilium). They will jump if it is sensitive. It's not rocket science. There will usually be a significant difference in muscle development from one side to the other. This is an alarm for an asymmetry problem in muscular control and balance.

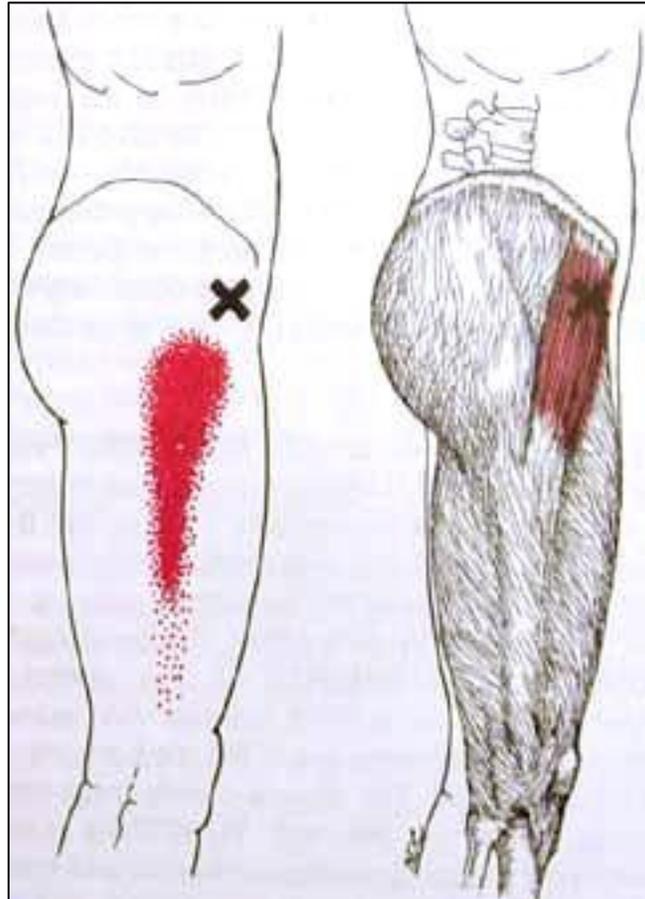
Foam rollers fit perfectly in this space for some acupuncture techniques. Be careful not to stay on these points too long or the muscle may go into spasm from the direct pressure on the lumbar spinal vertebrae. It does not take much to make an improvement in how this muscle refers pain.

The QL is a mimicker of hip bursitis. A deep dull ache in the joint, especially at night is typical of this trigger point. It just so happens that is the same symptom of actual hip bursitis. Gotta look closely.

Checklist of symptoms possible with the QL

- ✓ Hip pain
- ✓ Mimicked bursitis
- ✓ Lower back pain
- ✓ Buttock pain
- ✓ Lateral thigh pain
- ✓ Opposite side shoulder pain
- ✓ Weakened obliques

TENSOR FASCIAE LATAE



The Tensor fasciae latae (TFL) is a tensor of the fascia lata; the oblique direction of its fibers enables it to abduct the thigh and assists with internal rotation and flexion of the hip inward (medial rotation). Say hello to knee and hip pain if this sucker grabs ya. This is usually one of the most painful muscles to do the foam roller on for sure. Lots of tears flow down the face when the roller hits the right spot.

I see this trigger point on everyone. Many people address the iliotibial tract and neglect the TFL. Reaching the TFL is more difficult and a little tricky, but pays big

dividends in pain relief. Most every case of chronic knee pain will have an issue with the TFL.

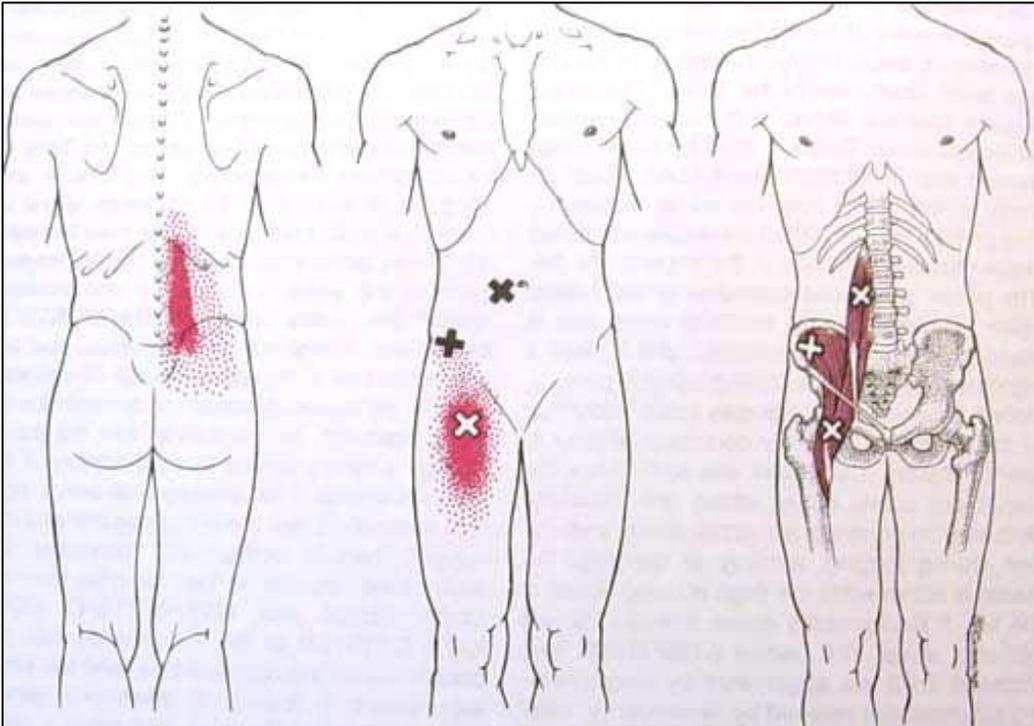
If you find that self treatment does not release the points and they keep returning, check the adductor group for trigger points and weakness. These can help give a break to the overactive TFL. Little known secret place to look.

Few people realize they have a TFL problem until their first experience on a foam roller or are introduced to the Tiger Tail Massager. You would not want to get clients into lateral bound exercises and plyometrics with this TFL tracking and stability system malfunctioning.

Checklist of possible symptoms with TFL

- ✓ Knee pain
- ✓ Hip pain
- ✓ Groin pain
- ✓ Tingling and numbness on the lateral thigh
- ✓ Pain in the anterior thigh
- ✓ Chronic SI fixations

ILIOPSOAS



A hip flexor and external rotator, the psoas is a major issue on almost 100% of the people you will see. Because of our sedentary lifestyle of sitting all day, this muscle has a wicked tendency to be loaded with trigger points. It sits deep and can be difficult to reach for the novice, but with practice you can find it easily.

The two superior points on the picture refer pain to the lower back. It is surprisingly a very common cause of lower back pain; however it is not very common to find someone who understands that bit of info. Back pain sufferers who cannot get relief despite all types of therapy to the lower back, will usually have these points.

The lower insertion point of the muscle is prone to radiating pain into the hip, groin and upper thigh. You can find the midline point of the muscle by going approximately 3 inches lateral from the naval and having the client slightly flex their hip. The muscle will pop out underneath your finger.

These active points can be very tender. An interesting observation is that if you have a unilateral psoas problem the lower back pain typically goes up and down the back in a vertical pattern. If you have a bilateral psoas issue it will usually present as a horizontal pain across the lower lumbar region.

Stretching the psoas is a futile activity if it is loaded with trigger points. Release out the knots first and then move into stretching the muscle. If you stretch without first reducing the trigger points, there will be **NO** lasting change in the muscle. The psoas acts in reciprocity with the glute and hamstring muscles. Meaning, when the psoas is contracted the glutes and hamstrings disengage and relax.

The Janda Lower Crossed and Upper Crossed Syndromes will be manifested with a psoas issue. The tilting of the pelvis, increase in lumbar curvature, thoracic kyphosis and anterior head tilt are just a few of the long term movement compensations which occur from a neglected hip flexor.

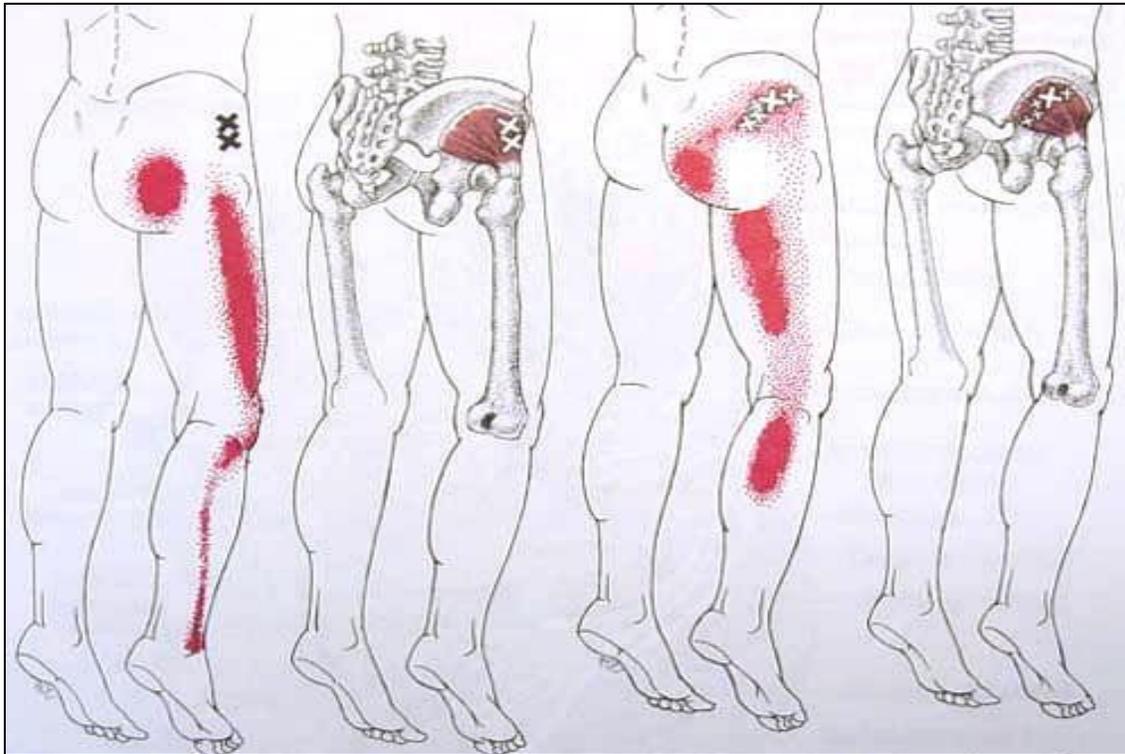
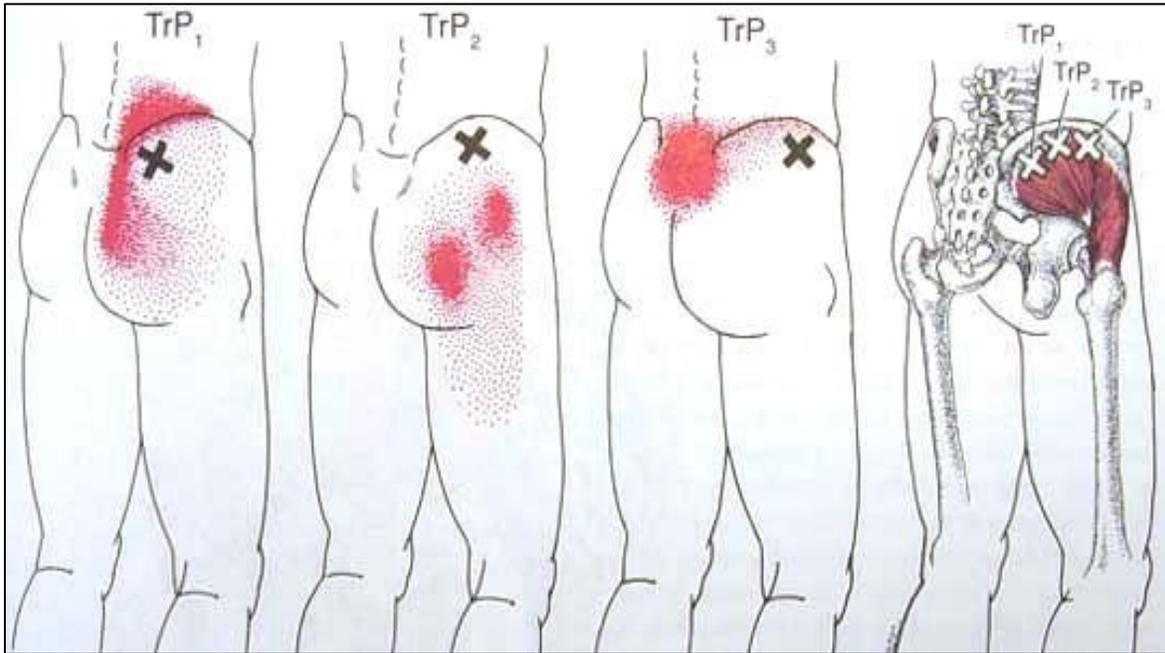
One of the key pieces of advice I give to every professional is to assume the psoas is an issue. It is either hyperactive or hypoactive. Very rarely is it functioning

normally, even in high end athletes. Imagine the prevalence in the typical person who sits on their tush all day.

Checklist of possible symptoms of the iliopsoas:

- ✓ Lower back pain
- ✓ Hip pain
- ✓ Thigh pain
- ✓ Shoulder pain
- ✓ Knee pain
- ✓ Hypermobility in the lumbar spine
- ✓everything you can imagine!

GLUTEUS MEDIUS AND MINIMUS



If I had to choose the one combo of trigger points that does the most damage these two would be it! 100% of the clients I see have a trigger point in one or both of these glute muscles. You can see the incredible range of referred pain from these muscles. It is literally astounding how much pain and dysfunction these cause.

The pain from a gluteus minimus point can be so excruciatingly painful that you cannot move. It immobilizes you and actually mimics the severe pain of an actual disc herniation in the lumbar spine. Needless spinal surgeries could have been avoided if these muscles were properly treated.

Radiation of pain down the back of the leg is common. Clients may also feel pain in the lateral side of the thigh and calf with sharp pain at the proximal and distal end of the fibula. Go figure!

With the leg in neutral (straightened) the gluteus medius and gluteus minimus function together to pull the thigh away from midline, or "abduct" the thigh. During gait, these two muscles function principally in supporting the body on one leg, in conjunction with the tensor fascia lata, to prevent the pelvis from dropping to the opposite side.

Additionally, with the hip flexed the gluteus medius and minimus externally rotate the thigh. With the hip extended, the gluteus medius and gluteus minimus internally rotate the thigh.

You will often see muscle atrophy and flattening on the glutei side with chronic trigger points. Just envision the movement dysfunctions that will occur with the decrease in stability and tone from these muscles. The compensation mechanism is out of control.

You may find opposite side shoulder pain in relationship to glute trigger points and fascial restrictions. Trust me on this one...check the shoulder opposite the hip and vice versa. Bet you find something. The adductors will typically be loaded with trigger points as well, so make sure you do not neglect them. Often times they are the primary points which can prevent the glutes from totally engaging.

Checklist for possible symptom list of the Glute medius /minimus

- ✓ Hip pain
- ✓ Back pain
- ✓ Leg Pain
- ✓ Shoulder pain
- ✓ Knee pain
- ✓ Thoracic pain
- ✓ Cervical Pain
- ✓ Ankle Pain
- ✓ Plantar fasciitis
- ✓and just about anything else you can name. GET THE POINT?

Conclusion

The main objective of this mini-book is to remind you of how powerful the simple principles can be in your program. For some, trigger point work is a new concept that takes time to learn. For others, it may be a review of foundational therapies. Either way, the crucial lesson is that you never take for granted how far reaching these 10 trigger points can be on the body.

Something small can turn into a big problem! Like a tiny splinter in the hand. It may not hurt in the beginning, but if you neglect it and don't take it out....watch out! Infection, pain, and dysfunction are heading your way. Be proactive and search for these 10 points on all of your clients. Make it part of your evaluation and assessment. I chose these 10 points for a reason...they are primary culprits.

I guarantee that you will find most of these points on your clients. And even the slightest bit of proactive attention to them can yield powerful positive changes. The average person does nothing to take care of their soft tissue system. We take for granted the power of what we know about these techniques. We often suffer from **'The Curse of Knowledge.'** This curse is where mistakenly think that everybody knows what we know....they don't! Do not make that mistake. Share this information with others. Teach it. Show it. Use it. Live it.

When someone has dysfunction or pain trace back to look at these trigger points and ask what really caused the current problem. It's not about chasing pain and dysfunction...it all comes down to the discovery of why they got it in the first place! These 10 points will help start you on the right path.

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