

How Appropriate is it That the Courses Only Focus on Tendon, Ligament, or Joint Structures? Let's Talk About the Importance of Muscle Visualization, and Myofascial Pain Syndrome

Derslerde Sadece Tendon, Bağ veya Eklem Yapılarına Odaklanmak Ne Kadar Uygun? Kas Görselleştirmenin Önemi ve Miyofasiyal Ağrı Sendromu Hakkında Konuşalım

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Dear Editor:

Many congresses, trainings, and courses related to the musculoskeletal system are held in our country. Although these congresses are very instructive and useful for physicians who are interested in the musculoskeletal system, especially for us physical therapists, we think that the muscle structures, which constitute an important part of the musculoskeletal system, are not sufficiently emphasized in these meetings.

We can easily explain this with a few examples. While mentioning the shoulder complex, although the joint, tendon, and ligament structures are emphasized respectively, the muscles in the shoulder region are not mentioned enough. From the muscles of the shoulder region, the subscapularis, teres minor, teres

major, and infraspinatus muscles are as important as the tendon structure (Figure 1a, 1b, 1c). These muscles have been associated with pathologies such as myofascial pain syndromes, shoulder impingement syndrome, chronic shoulder pain, hemiplegic shoulder pain, and frozen shoulder.^{1,2} However, more emphasis should be placed on congresses, trainings, and courses to raise awareness of this issue. To be able to intervene in these muscles safely, it is necessary to know the “sonoanatomy” of the muscles.³

While examining the lumbar region, structures such as facet joints, medial nerve, and caudal epidural region are evaluated. However, myofascial pain syndrome is the most common cause of low back pain. In order to intervene the myofascial trigger points of muscles such as the longissimus, iliocostalis lumbo-

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Peer review under responsibility of Journal of Physical Medicine and Rehabilitation Science.

Received: 18 May 2023

Received in revised form: 31 May 2023

Accepted: 01 Jun 2023

Available online: 08 Jun 2023

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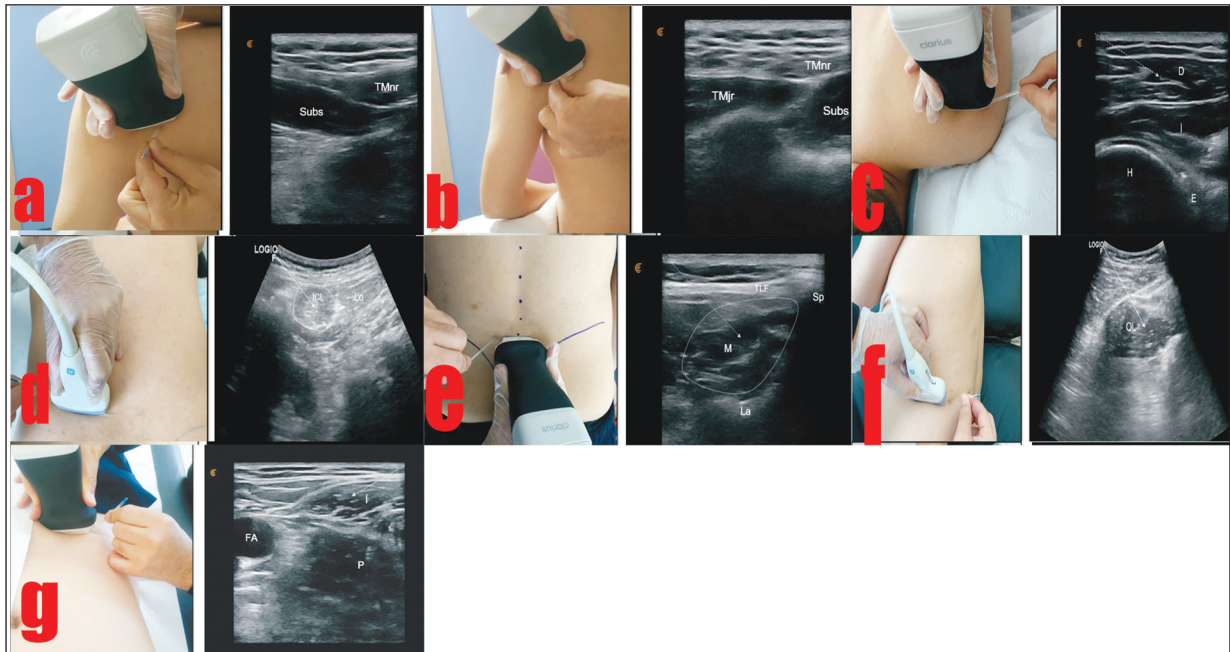


FIGURE 1: a: Sonographic image of the subscapularis(Subs) muscle and the teres minor (TMnr) muscle; b: Sonographic image of the teres major (TMjr) muscle; c: sonographic image of the infraspinatus(i) muscle and the deltoid(D) muscle; d: sonographic image of iliocostalis(ICL) and longissimus(Lo) muscle; e: sonographic image of the multifidus (M) muscle; f: sonographic image of the quadratus lumborum (QL) muscle; g: Sonographic image of the psoas (P) muscle and iliacus (I) muscle.

rum, multifidus muscle, quadratus lumborum, and psoas major muscle, it is necessary to know the “sonoanatomy” of these muscles.^{4,5}

Although myofascial trigger points cannot always be visualized by ultrasound, ultrasound-guided intervention is important for the treatment.³ Ultrasound is also used in the treatment of myofascial pain syndrome to intervene the right muscle, to monitor the local twitch response and to not harm neurovascular structures.

In conclusion, it should not be overlooked that each person has a myofascial trigger point map, from the frontal muscles to the interosseous muscles of the foot. As the primary physician of the musculoskeletal

system, we should give more attention to the perspective of myofascial pain syndrome in our education system (Figure 1d, 1e, 1f, 1g).

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

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