

Trigger Point Solutions

Principles, Rehab and Other Considerations

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Seminar Objectives

- SMR principles
- Using Mtrps concepts during Rehab
- Modifying ADLs to reduce Mtrps
- Alternative methods of treatment
- Contra-indications

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SMR Principles

Things to think about....

- Proximal to Distal
- Superficial to Deep
- Outside to inside
- Time
- Pain

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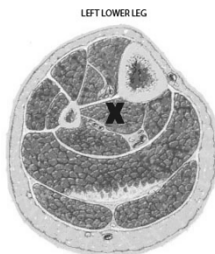
Proximal to Distal

- Start the SMR tool as close to the mid line as possible
- Concerning limbs start at the attachment closest to the trunk
- Start using the tool to work away from the midline or down the limb



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Superficial to Deep



- About maximizing SMR to influence the nervous system
- Begin working tissue near the surface under moderate tension
- Work deeper under less tension

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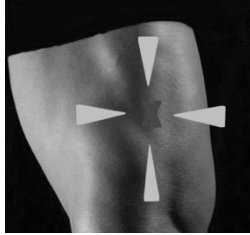
Examples



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Peripheral to center

- Bracket the area around the Mtrp
- Slowly work into the area of the Mtrp
- When ready perform SMR sustained, repetitive or combo to “exquisite tender spot” or Mtrp



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Rehab Process

- Select your SMR tool(s)
- SMR using sustained compression, repetitive soft tissue method or combo
- Lengthen tissue or stimulate under eccentric or isometric load
- Mobilize tissue and its segments
- Load tissue and helpers
- Integrate motor function of tissue and helpers

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Activities of daily living

Modifications go a long way!

- Identify aggravating factors
- Break position
- Lengthen tissue
- Decrease the nervous system -relaxation
- Increase blood flow

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Other methods of treatment

- Dry needling – Acupuncture
- Injections
- Spray and Stretch
- Shockwave
- Ultrasound
- Low Level Laser

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Contra-indications

- Acute inflammatory response
- Local Skin Conditions
- Unfamiliar growths or infections
- Systemic Disease or changes
- Circulatory Conditions
- Sensory Disturbance

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Thank You!

- Review, review and review again
- Apply to your practice
- Email conor@conorpcollins.com with questions
- Resource Section
- Special Thanks

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