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Dry needle stimulation of myofascial trigger points evokes segmental anti-nociceptive effects.

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Abstract

OBJECTIVE: To test the hypothesis that dry needle stimulation of a myofascial trigger point (sensitive locus) evokes segmental anti-nociceptive effects. **DESIGN:** Double-blind randomized controlled trial. **SUBJECTS:** Forty subjects (21 males, 19 females). **METHODS:** Test subjects received intramuscular dry needle puncture to a right supraspinatus trigger point (C4,5); controls received sham intramuscular dry needle puncture. Pain pressure threshold (PPT) readings were recorded from right infraspinatus (C5,6) and right gluteus medius (L4,5S1) trigger points at 0 (pre-needling baseline), 1, 3, 5, 10 and 15 min post-needling and normalized to baseline values. The supraspinatus and infraspinatus trigger points are neurologically linked at C5; the supraspinatus and gluteus medius are segmentally unrelated. The difference between the infraspinatus and gluteus medius PPT values (PPTseg) represents a direct measure of the segmental anti-nociceptive effects acting at the infraspinatus trigger point. **RESULTS:** Significant increases in PPTseg were observed in test subjects at 3 ($p = 0.002$) and 5 ($p = 0.015$) min post-needling, compared with controls. **CONCLUSION:** One intervention of dry needle stimulation to a single trigger point (sensitive locus) evokes short-term segmental anti-nociceptive effects. These results suggest that trigger point (sensitive locus) stimulation may evoke anti-nociceptive effects by modulating segmental mechanisms, which may be an important consideration in the management of myofascial pain.

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Related citations

- [Stimulation of myofascial trigger points with ultrasound induces segmental antinociceptive effects: a randomized controlled study.](#) [Pain. 2008]

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