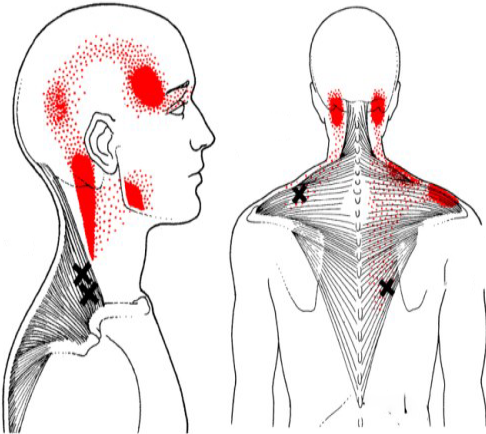




## Myofascial Pain Referral — Trapezius & Levator Scapulae

Pain in the neck, shoulder, or head often doesn't come from where you feel it. Tight, overworked muscles like the **trapezius** and **levator scapulae** can send pain or tingling to nearby or distant areas — a phenomenon called **referred pain**. This occurs when small areas inside the muscle stay tight and irritable after strain or posture stress. These muscle patterns are very common after **whiplash or neck strain**, especially following rear-end or side-impact collisions.



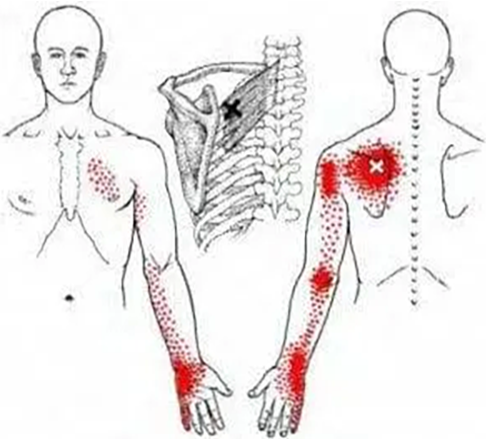
### Upper Trapezius

**Referral pattern:** Pain or tingling from the shoulder up the side of the neck or into the temple and head — often a “band-like” tension headache.

**Triggers:** Shrugging, phone holding, cold-air exposure, prolonged desk posture.

**Exam clue:** Pressure reproduces pain radiating toward the head or eye.

**Treatment:** Stretching, massage, posture reset, and trigger point injection to release persistent tight bands.



### Levator Scapulae

**Referral pattern:** Deep aching from the upper inner shoulder blade up the side of the neck, sometimes extending down the arm toward the pinky.

**Triggers:** Looking downward for long periods, poor pillow height, hunching shoulders.

**Exam clue:** Pain increases when turning the head away and downward (“looking into the armpit”).

**Treatment:** Heat, gentle manual therapy, trigger point injection or IMS, and postural retraining to reduce scapular elevation.

### Trigger Point Injection — How It Helps

- Locate and identify the tight muscle band.
- Use a fine needle for precise **intramuscular stimulation (IMS)**.
- Introduce a small amount of **sterile saline** for gentle internal pressure.
- Allow the muscle to release and reset.
- Expect warmth, twitching, or immediate loosening afterward.

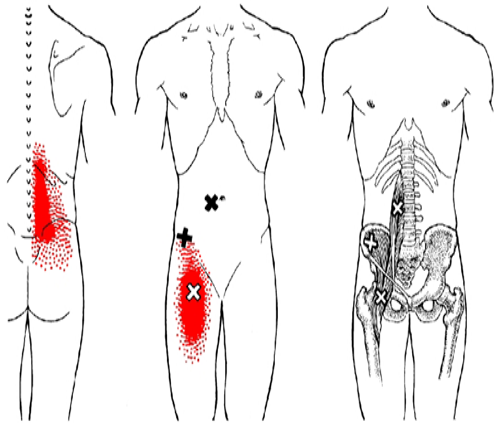
### Why This Matters

These muscle patterns are common after whiplash, desk strain, or shoulder overuse. Treating both the **muscle** and the **nervous system** helps break the cycle of tension, restore movement, and prevent recurrence.



## Myofascial Pain Referral — Psoas & Gluteal Muscles

The **psoas** and **gluteal** muscles are deep stabilizers of the spine and pelvis. When injured or strained — especially after prolonged sitting, impact trauma, or twisting — they can develop trigger points that cause referred pain to the back, hip, groin, or down the leg.



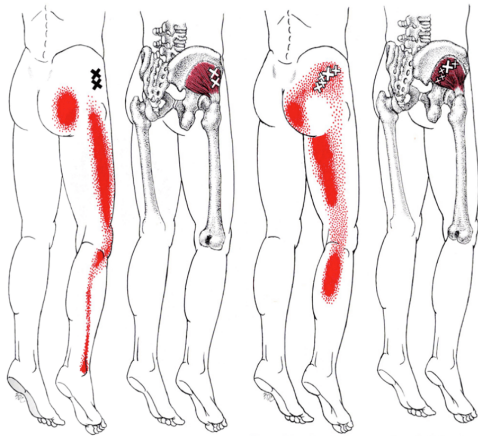
### Psoas

**Referral pattern:** Deep aching in the lower back, groin, or front of the hip; sometimes wraps toward the abdomen.

**Triggers:** Prolonged sitting, bent posture, hip flexor overuse.

**Exam clue:** Pain reproduced with resisted hip flexion or stretch.

**Treatment:** Gentle heat, trigger point injection or dry needling, targeted stretching, and posture correction.



### Gluteal Muscles

**Referral pattern:** Dull aching from the buttock down the back or side of the leg, often mistaken for sciatica.

**Triggers:** Sitting pressure, hip asymmetry, running, or falls.

**Exam clue:** Referred pain can mimic nerve symptoms but EMG shows normal function.

**Treatment:** Soft tissue release, saline-based TPI, and strengthening of deep rotators.

## Trigger Point Injection — How It Helps

- Locate and identify the tight muscle band.
- Use a fine needle for precise **intramuscular stimulation (IMS)**.
- Introduce a small amount of **sterile saline** for gentle internal pressure.
- Allow the muscle to release and reset.
- Expect warmth, twitching, or immediate loosening afterward.

## Why This Matters

These deep muscle referral patterns often perpetuate pelvic pain and postural imbalance. Addressing both soft tissue and neuromuscular control restores stability and reduces recurrence after prolonged sitting or impact injury.