Trigger point injections for chronic non-malignant musculoskeletal pain

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Record Status
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Citation

Authors' objectives
This report aims to assess the efficacy and safety of using trigger point injection (TPI) to treat patients with chronic non-malignant musculoskeletal pain, based on a systematic review of the current published evidence, and to determine the current status of the procedure, the feasibility of delivering it to patients in regional communities, and the clinical accreditation and training required to perform it.

Authors' conclusions
The efficacy of trigger point injection is no more certain than it was a decade ago since, overall, there is no clear evidence of either benefit or ineffectiveness. Trigger point injection was generally analysed as a stand-alone treatment, so it is possible that the effectiveness of trigger point injection was underestimated by analysing it in isolation rather than in the adjunct capacity in which it is routinely used in clinical practice. The advantage of TPI therapy may lie in enabling patients to undergo remedial exercise therapy sooner than other less invasive techniques, such as ultrasound, which may require more treatment sessions to obtain the same result. However, this benefit may be counteracted by the greater skill required to correctly administer TPI, particularly in regional areas where such expertise may be scarce. The extent of use of trigger point injection in Alberta is unclear, but it is important that physicians understand the importance of not relying on trigger point injection as a sole treatment for chronic non-malignant musculoskeletal pain.

Professional bodies, such as The Royal College of Physicians and Surgeons of Canada, should consider providing a training and accreditation program for practitioners wishing to use trigger point injection in Canada. It may also be prudent to tie the successful completion of such training to the ability to apply for reimbursement from the Alberta Health Care Insurance Plan, as this would curb the potential overuse and misuse of trigger point injection therapy. Since equipoise exists among many of the potential treatments for chronic non-malignant musculoskeletal pain, and the treatments have similar safety profiles, further research should centre on good quality RCTs rather than non-randomised controlled trials. Given the purported popularity of trigger point injection, this research is essential for establishing more realistic expectations of what the treatment can achieve in clinical practice.

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