



לגעת בכאב Touching the pain

החברה הישראלית לרפואת שריר שלד  
The Israeli Society of Musculoskeletal Medicine



# Treatment with IMS: Preparation Precautions Procedures

**John Kent**, BSc, MD

*Specialist in Family Medicine*

*Founder, Israeli Society for Musculoskeletal Medicine*

# Indications for IMS

- **Myofascial component to the pain problem**
- **Must be combined with:**
  - Exercise
    - Supervised (Physiotherapy)
    - Unsupervised
  - Postural education
    - Work modifications
  - Treat sleep disturbance
  - Treat tension/anxiety/depression
  - Treat metabolic disturbances
    - Magnesium, Fe, Ca
    - Vitamin D, B12, folate
    - Thyroid



# Red Flags

Red Flag	Description
<b>Cauda Equina Syndrome</b>	<i>sudden onset major bladder or bowel symptoms, perineal numbness</i>
<b>Severe unremitting worsening of pain (non-mechanical)</b>	<i>(at night and pain when laying down) consider infection/tumor</i>
<b>Significant trauma</b>	<i>consider fractures</i>
<b>Weight loss, fever, history of cancer/HIV</b>	<i>consider infection/tumor</i>
<b>Use of IV drugs or steroids</b>	<i>consider infection/compression fracture</i>
<b>Patient over 50</b>	<i>(if first ever episode of serious back pain) refer SOON for prompt investigation</i>
<b>Widespread neurological signs</b>	<i>consider infection/tumor/neurological disease</i>



# Yellow Flags

- Belief that pain and activity are harmful
- 'Sickness behaviours' (like extended rest)
- Low or negative moods, social withdrawal
- Treatment beliefs do not fit best practice
- Problems with claim and compensation
- History of back pain, time-off, other claims
- Problems at work, poor job satisfaction
- Heavy work, unsociable hours (shift work)
- Overprotective family or lack of support



# Contraindications to IMS

- ***Not myofascial pain***
- Early pregnancy
- Local infection
- Hemophilia
- Anticoagulants
- Tumors, moles, warts
- General Infection
  - Hepatitis B, C, HIV
- Concurrent Acute Illness
- Abnormal behavior
  - Pain Behavior
- Artificial joints
- Lymph node resection



# Informed Consent

You might die, be paralyzed, get a pneumothorax, hematuria, infection, syncope

Risk	Likelihood
Death	0
Paralysis Pneumothorax Hematuria	<i>Almost 0</i>
Infection	1-2:1,000,000
Syncope	Possible
Hematoma	Possible



# Advisory to Patient

- Needle insertion is virtually painless
- Needling of a taut band or TrP: dull, deep pain
- +/- Post-needling soreness after treatment
- Chronic problem: 1 treatment not sufficient
  - Treatment “speaks to” your body: may be repeated in 3-4 days
  - The more chronic the problem, more treatment will be needed
- Return to usual activity within a day or two
- Analgesia as required, preferably not NSAIDs



# Motto:

## Safe

vs.

## Effective





# The target of the needle: BONE

*(yours or the patient's)*



# Single use, disposable needle



# Equipment

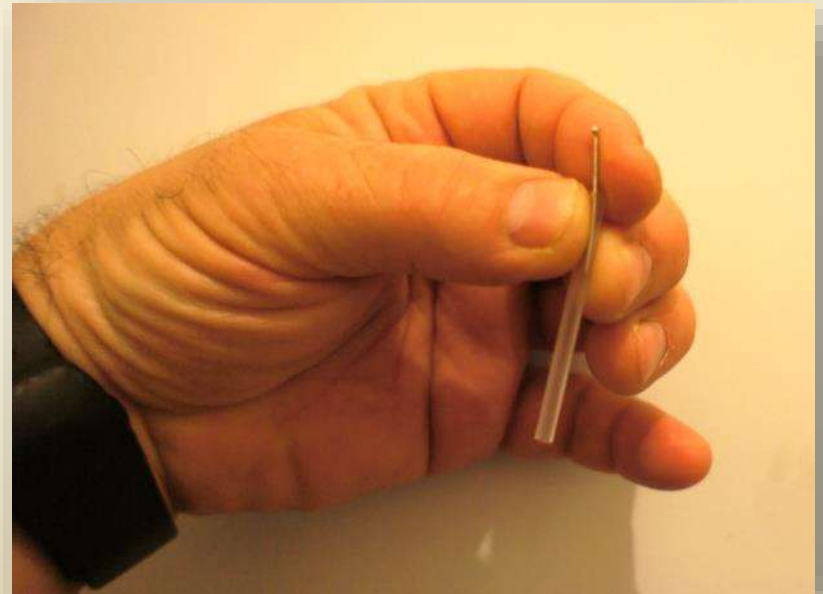
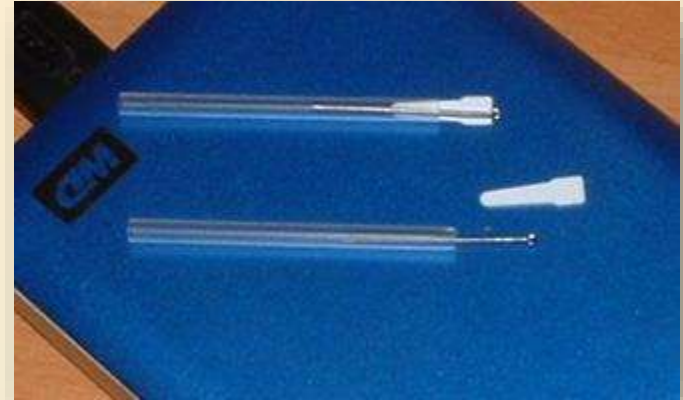


# Equipment

Single use, disposable needle



# Equipment



13

לגעת בכאב Touching the pain

החברה הישראלית לרפואת שריר שלד  
The Israeli Society of Musculoskeletal Medicine





# If you drop a needle



- Stop
- Look for it
- Pick it up
- Dispose of it



# If you drop a needle



## Work-related injuries

- Reporting to Workers' Compensation
- Blood testing (Hep B, HIV, STD)
- Anxiety, Trauma
- Loss of work days
- Lawsuit

# Skin Preparation (?)

## The Patient

Injections s.c. or i.m.

- clean skin **does not require** antisepsis
- If cleansed – EtOH wash 30 secs, dry 30 secs

## The Physician

Must disinfect hands!

- Chlorhexidine/EtOH 70%
- Povidone/EtOH 70%
- 20 secs minimum





# Handling the Needles



# Needle Technique

## Insertion



## Deep insertion Stimulation

## Removal



# Needle re-use *not recommended*



# Response to Needling

## *Potential undesired effects*

### My personal catastrophes

- Vasovagal response
- Pneumothorax
- Bleeding
- Renal biopsy
- Bowel perforation
- Nerve injury

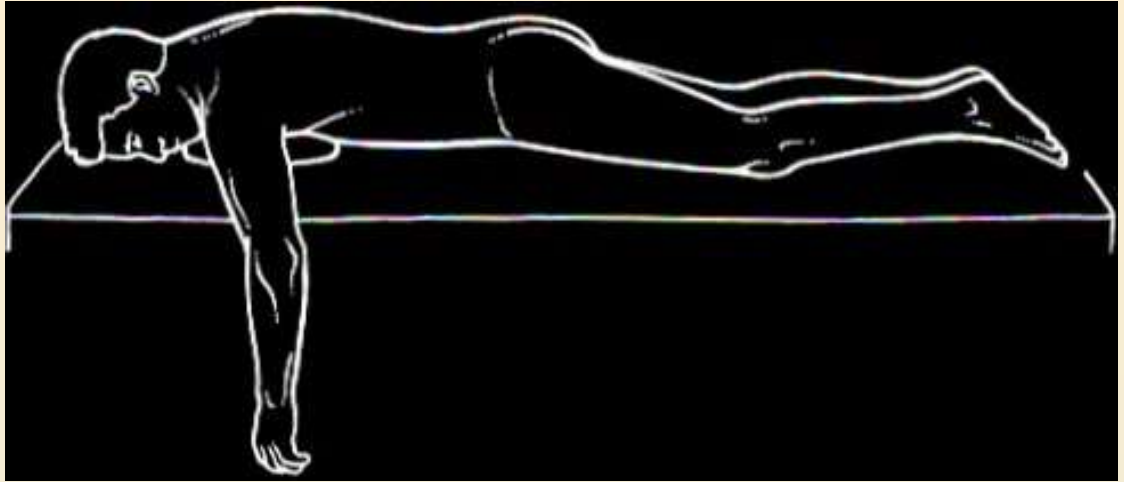


# Cautions

- Vasovagal reaction
  - *It **WILL** happen*
    - *Positioning*
- Precautions
  - *Sterile Precautions*
    - *Patient*
    - *Yourself*
  - *Equipment sterilization*
- Mishaps
  - *Broken needle*
  - *Bleeding*
  - *Pneumothorax, hematuria*
- *Liability Coverage*



# Positioning the Patient



- Pillow

- Head
- Chest
- Arm

- Bolster

- Legs

# Positioning the Therapist



# Treatment Failure

- Inadequate medical evaluation
- Incorrect diagnosis of Myofascial Pain
- Incomplete treatment of myotome/satellites/Multifidi
- Fibrosis & Postsurgical scarring
- Endocrine: Thyroid, Estrogen, Diabetes
- Metabolic:  $\text{Fe}^{++}$ ,  $\text{Mg}^{++}$ , Vit.D, Vit.B12
- Inappropriate expectation of time to reverse supersensitivity
- Unable to tolerate treatment
- Psychosocial Issues
- Failure to address ergonomic/vocational issues
- 'Current of Injury': Chronological Age  $\neq$  Biological Age



This is the second-last slide, so relax!

לגעת בכאב Touching the pain

החברה הישראלית לרפואת שריר שלד  
The Israeli Society of Musculoskeletal Medicine

