



SOFT TISSUE / TRIGGER POINTS

Trigger-Point Acupuncture for Posture Alignment (Pt. 2)

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The Hips / Gluteal Complex

The #1 target area in the hips is the gluteal complex. I include the gluteus maximus, medius, minimus, piriformis, and tensor fasciae latae. These are all the deep rotators of the hip. When needling these muscles, you will help improve mobility and help initiate activation for the purpose of restoring pelvic alignment and removing tension from the hips and lower back. These muscles in particular provide more “bounce to the ounce” (referring to the 1950s PepsiCo catchphrase).

Another muscle that is often under contention with these hip muscles is the adductor longus. You can find plenty of tension and TrPs in this muscle. Adding this muscle to your alignment protocol will have even a greater effect on clearing hip impingement and pelvic torsion issues. However, since this muscle and area can be sensitive, I'll sometimes skip it unless I assess that it's a major contributor to hip immobility. Sometimes, I'll use manual therapy instead of needling.

You can take one of two needling approaches here. The first is the TCM tendino-muscle approach with electroacupuncture. This is needling all the targeted surrounding muscles with thinner needles, adding electric stim (I usually set the stim at 2-10 Hz) and allowing the patient to relax for 5-10 minutes while the needles are retained; then switching sides to repeat on the other hip.

The other approach is quicker and without needle retention. It's more of a “dry needle” approach that I like to label trigger-point (TrP) acupuncture approach (By the way, I like to abbreviate “trigger point” with TrP instead of TP since TP reminds me of “Beavis & Butthead”).

The TrP approach is to use a larger-gauge needle and apply the pecking-thrusting technique in multiple directions, hunting for the TrP to elicit a fasciculation or to evoke a temporary *de qi* ache

sensation. Once the twitch or *de qi* is achieved, move on to the next muscle with the same needle, practicing sterile needle technique as you go.

The Shoulder Girdle

The muscle tension balance of your shoulder girdle is also a big driver of posture. It is usually the epicenter responsible for neck, mid-back, elbow, and arm pains. The targeted muscle grouping I treat is the trapezius muscle (mostly the upper traps, since lower traps are usually underactive and need activation), latissimus dorsi, and pectoralis major and minor muscles often in muscle balance contention.

Releasing them will restore the patient's posture, allowing for the shoulders to go back and down. The patient will stand with relief and ease, often surprised how much taller they feel without fatiguing so easily. I'll start with the patient in prone position, then supine, and take one of the two acupuncture approaches I mentioned above with the hips.

"Upper-Crossed Syndrome"

Something I think is important and worth mentioning is what's called upper-crossed syndrome or head forward posture along with shoulder rounding and hyperkyphosis of the thoracic spine. It is one of the most insidious postural deviations that exists in today's age. It's all related to office work, sitting for long periods of time in front of a computer and extended on the phone.

This posture, along with neck injuries, typically involves a lot of tension in the sternocleidomastoid (SCM) muscles. That's why I like adding these muscles to the posture protocol. Releasing them tends to make it easier to align the head over the shoulders, and takes pressure off the patient's neck, upper back and jaw.

I often like to go into a little more detail and educate my patient further. I explain how the deep flexor muscles of the neck that act as the core balancing muscles for the neck are often atrophied due to this upper-crossed posture. Therefore, the SCMs must compensate and are overactive. As important as it is to release the SCMs, it's just as important to activate and strengthen the deep flexor muscles with corrective exercise.

Paraspinals and Multifidi

I also like to palpate and needle the paraspinals and multifidus muscles. These tonic erectors play a big role on upright posture. I check along both sides of the spine, particularly around the hot spots C6-T7, L2, L4-L5-S1, and often mid-thoracic. These sections are common areas of compression and can be found to be either hypermobile or hypomobile segments.

These areas mostly hold tension and are worth assessing a little deeper to help restore better segmental movement in the spine. The TrP acupuncture technique used here, if not retaining the needle, would be to peck perpendicular, straight up and down. You don't want to hunt with the needle in multiple directions.

Treatment Tips

As you already know, each patient has a different tolerance to being needled and that tension can shift day to day based on stress level, fatigue, and ergonomics. Through experience, skilled practitioners can read their patients and get a sense of how to move forward in needle treating them.

You can simply ask your patient about their expectations. Otherwise, the first needle will give you a sense of how to proceed. Knowing how irritable the person's nervous system is in the area being treated (and in general) will tell you how tolerant the patient is going to be with treatment.

Here is where you can choose what style of acupuncture you would like to employ. You can imagine that the TrP acupuncture / dry needle style is more invasive. A twitch here and an ache there can be surprising, but usually tolerable; however, treating multiple TrPs per muscle for this posture protocol can be quite overwhelming.

Therefore, using electric stim with a thinner needle might be the way to go. It will also give your patient a sense of control when it comes to the intensity of the stim. The other benefit is that it allows for the patient to relax, which is what we are going for anyway.

This approach better taps into the parasympathetic nervous system. Ninety percent of the time, I use the electric stimulation and throw in a few distal needles to enhance the systemic effect. Sometimes, I use a combination of the two styles.

As a good practitioner you must balance what you think needs to be needed with the physical and emotional strain you are creating for you patient. Good luck, and if you have any questions about needle specifics, etc., please feel free to reach out to me at acusport555@gmail.com. My practice often offers educational webinars, and we are also in the process of developing a mentorship program in sports acupuncture.

Resources (for both parts)

- Travell JG, Simons DG, Simons LS. *Myofascial Pain and Dysfunction: The Trigger Point Manual: Upper Half of Body*. Baltimore: Williams & Wilkins, 1999.
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