

Referred Pain

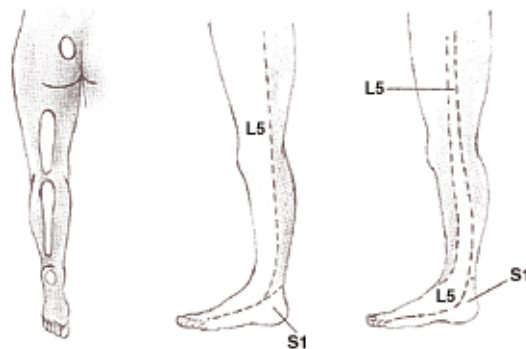
By Ben Benjamin, PhD

Question: Do muscles, tendons and ligaments regularly refer pain down the arms and legs in ways that appear similar to a nerve compression injury (often referred to as a nerve root compression, radiculopathy or pinched nerve)?

Answer: Yes

Muscles, tendons and ligaments often refer pain down the arms and legs in ways that are similar to nerve compression injuries.

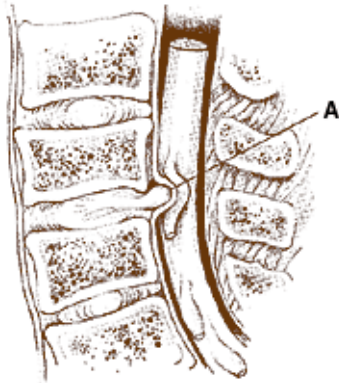
For instance, a ligament sprain in the low back will often cause referred pain down the lateral leg to the area of the lateral gastrocnemius. A torn gluteus medius muscle in the buttock will often refer pain down the leg to the lateral calf. Nerve compression to the L5 nerve root may similarly cause pain in the lateral thigh and calf.



Low back ligaments referring pain to leg.

Another instance in which confusion arises is when there is a strain in one or several of the rotator cuff tendons, or a nerve root compression at the C5 level in the neck. For instance, a severe injury to the

supraspinatus tendon will often refer pain down the arm to the wrist. This same pattern of referred pain will often be similar to the pain felt from pressure on the C5 nerve root.



Nerve root compression (Disc Protrusion). Because pain patterns from nerve root compressions may overlap the areas to which muscles, tendons and ligaments refer pain, these injuries often confuse experienced and inexperienced practitioners alike. It may be easy at such a point to throw up your hands and say, "It's too complicated and difficult to figure this out, and it isn't going to change my treatment, anyway." In my experience, this is a mistake. Various types of massage and other hands-on therapy techniques can be very helpful for muscle, tendon and ligament injuries, but they are useless for a nerve compression injury. However, having the knowledge and skills needed to differentiate these different types of injuries is useful and vital to the therapist interested in working with clients who suffer from pain and injury problems.

Let's say a client comes in with a history of three to four months of pain in an area indicative of a potential muscle, tendon or ligament injury, or a nerve compression problem. Assessing the client with specific active, passive and resisted tests will help you identify a soft tissue injury. However, if you see that the involved muscles have atrophied, and the client reports a feeling of pins and needles and numb or numb-like sensations in patches of skin, you may suspect a compression injury of a nerve. In such a case, your soft-tissue techniques will not help this client; you need to refer him/her to a health care provider or other specialist. Referred pain to the arm from suprapinatus injury or C5 nerve root injury.

It's worth the effort to learn when to refer clients out because they have an injury you cannot help, and when to treat them for something you can help. It makes your work more effective because you can work primarily on the people and the pain problems you can actually help. Obtaining the skills to differentiate these confusing injuries makes you a better therapist, and adds enormous confidence to yourself and your work.



Referred pain to the arm from suprapinatus injury or C5 nerve root injury.

Remember, it is always wise to have a physician check a client who has a serious pain or injury problem.

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