

Nosological Recognition of Myofascial Pain Syndrome: A Clinical and Institutional Perspective

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Abstract

Myofascial Pain Syndrome (MPS) is an extremely common, particularly disabling, and easily reproducible cause of chronic musculoskeletal pain. Despite its prevalence (Skootsky SA et al., 1989; Cerezo-Téllez et al., 2013) and the demonstrated efficacy of certain therapeutic approaches such as Dry Needling (David M, 2013) or stretching, it remains excluded from official nosological classifications. This perspective article reflects on the persistent barriers to its recognition as a distinct disease and proposes concrete paths for progress, drawing inspiration in particular from the case of migraine—another entity long considered functional. It advocates for the structuring of diagnostic criteria, improved clinical education, and evaluation of the medical and economic impacts of MPS.

Keywords

Myofascial pain syndrome, chronic pain, nosological recognition, ICD-11, musculoskeletal pain, pain medicine

Introduction

Myofascial Pain Syndrome (MPS) is a clinical entity described for several decades (Travell & Simons, 1999), characterized by the presence of painful muscular trigger points, associated with local or referred pain, functional limitation, and a specific contractile response. Yet, this entity remains absent from official nosological classifications, such as the ICD-11, as a standalone diagnosis. At best, it is implicitly included under the broader category of chronic secondary musculoskeletal pain (MG30.3).

Medical and Economic Implications

MPS generates direct costs (multiple consultations, imaging, ineffective prescriptions), indirect costs (absenteeism, functional limitations), and induced costs (diagnostic wandering, harmful over-treatments). Its formal recognition would allow earlier referral to appropriate care, with a better cost-effectiveness ratio. Previous work on chronic musculoskeletal pain (Gatchel et al., 2007; Breivik et al., 2006) supports the relevance of this reflection.

Arguments for Nosological Recognition

Despite its clinical relevance, MPS and trigger points remain poorly understood by many physicians and healthcare providers. However, they present characteristics that support its classification as a distinct disease based on the following criteria:

- **Clinical reproducibility:** palpable trigger points, typical referred pain, localized contractile response to stimulation;

- **Functional impact:** muscular limitations, impaired quality of life, high healthcare consumption;
- **Therapeutic response:** demonstrated efficacy of targeted interventions (Dry Needling, stretching, TENS, manual therapy).

It is tempting to draw a parallel with migraine, which was long considered functional but eventually achieved nosological status through IHS criteria—despite the absence of specific biological tests.

Structural Directions for Progress

Actionable steps should be undertaken, with at minimum the following goals:

1. Define core and secondary clinical diagnostic criteria validated by expert consensus;
2. Integrate objective assessment tools: ultrasound, elastography, algometry, surface EMG;
3. Incorporate MPS education into medical, physical therapy, and pain medicine curricula.

Conclusion

Recognizing Myofascial Pain Syndrome as a disease is not a theoretical debate, but a clinical, scientific, and societal issue. It is an extremely common condition, very easy to diagnose during a routine consultation, and relatively straightforward to treat. As with migraine, progress will require the mobilization of clinicians and researchers around reproducible criteria, enhanced clinical education, and rigorous medico-economic evaluation. This paper is intended as a contribution to that dynamic.

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