Fibromyalgia is a disease affecting more than 2.5% of the population, figuring in the international classification of diseases (ICD) of the WHO both as a disease of the locomotive apparatus and as a psychiatric (somatoform) disorder [1].

The French Academy of Medicine has determined that fibromyalgia has two main features:
1) problems at the locomotive system (but did not speak of the rachidian)
2) somatological problems

The inter-relationships between somatomatic disorders of the post-traumatic variety and fibromyalgic syndromes have already been established [2][3][4]. The old diagnostic method based only on determination of trigger points would today appear to have been rejected, even by its author, in favour of metabolic methods.

Location of pain points (Wolfe 1990) [5]

Cervical point at C7 level
Intercostal anterior point located 2 cm from the sternum
Epicondylien point located 2 cm from the insertion of bone on the forearm
Knee point above the knee at the insertion of crow’s foot

Sub occipital point, insertion of the muscle at the emergence of the nerve of Arnold
Point in the middle of the upper edge of the trapezoid
Insertion point for the supraspinatus, between the scapula and spine
Intervertebral point L5/S1
Glacial Point
Teschner point to the insertion of the pyriform
Point of the calcaneous insertion of the Achilles tendon

According to Wolfe, the therapist should find on palpation with a pressure of 4 kg at least 11 of these 22 points pain.

Critic at the Wolfe’s pain points

This are criteria for classification (not diagnosis) which do not set the limits of the disease. Their imperfect sensitivity, even their exceptionality, also gives space to patients considered as suffering from the disease and who do not meet the criteria because they feel less pain than 11 points. It is also possible that these criteria are found in subjects who do not complain.

• These limitations have led WOLFE himself to criticize a posteriori the criteria proposed in 1990. He has identified as a possible mistake the use of painful points as the main criterion, thus limiting the spectrum of the disease to more severe form [6].

We carried out a systematic postural study of a sample of 47 patients already diagnosed as fibromyalgic.

The platform allows to understand where the failures of the regulation of the postural system are.

Discussion - Conclusion

Based on the posturographical results expressed here, it would appear to be appropriate to measure fibromyalgic subjects on a force platform in order to determine the inter-relationships of somatoform disorders.

This method also has the advantage of enabling anarthritic postural treatment to be given, as is already indicated for post-traumatic stress disorder, in order to reduce manifestations of anxiety.

References:

The results of the chi-square test indicate a significant increase (approximately 50%) in posturographical criteria- fibromyalgic subjects in the results corresponding to the usual expression of post-traumatic stress disorder where as in the unaffected subjects this proportion is not significant, being of 10%. This allows us to say that about half of the fibromyalgic subjects presents a state of post-traumatic stress associated with fibromyalgia. The state of post-traumatic stress creates a disturbance of postural adjustment. Fibromyalgia is made up of many syndromes including Raynaud’s syndrome, the Sjogren etc.

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Frequent analysis of a Fibromyalgic subject treated, with closed eyes

Frequent analysis of a Fibromyalgic subject not treated, with open eyes

SKG of a Fibromyalgic subject not treated, with open eyes

SKG of the same Fibromyalgic subject posturalmently treated, with closed eyes

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