

Massage for fibromyalgia- with self help advice

Massage has given excellent relief of fibromyalgia in clinical trials. However to get worthwhile results you need a very specific type of massage and long term strategy:

- fibromyalgia sufferers are very sensitive,
- because of the long term nature of the condition the problems are usually well entrenched, and
- if not done properly it is very easily just stir up the problem, which unfortunately this happens way too often.

In this article we will outline the specific needs of fibromyalgia sufferers then the type of massage most likely to help.



Massage is an excellent clinically proven therapy for fibromyalgia

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An overview of massage needs for fibromyalgia

As discussed in our article [The root cause of fibromyalgia](#), fibromyalgia is most often caused by pain from tender lumps in your muscles called (myofascial) trigger points bombarding your nervous system for long periods of time causing it to become sensitised. Scientists have found that stopping the pain from trigger points usually gives great improvement for fibromyalgia. Massage is an excellent treatment for trigger points, but for fibromyalgia sufferers we have the following considerations.

Special massage considerations for fibromyalgia

Massage needs to treat trigger points rather than just general massage

The massage has to be a type which will help trigger points. More general massages only have a minimal effect on these.

Massage will need to be repeated over a long period of time

While treatment can give temporary relief, as discussed in our article [Why do trigger points keep coming back](#), trigger points are generally stubborn so it takes continued treatment over a long time to eliminate them. In the case of fibromyalgia the trigger points will have been there a long time so this is even more so. This means a single treatment or typical short course of massages will at best only provide temporary relief.

Sensitisation will make you less tolerant to therapy

When you have fibromyalgia even a light touch can be hard to tolerate. Many forms of trigger point therapy are painful even for a person not suffering from fibromyalgia and sensitised. Any form of painful massage therapy such as pressure or friction will likely not be tolerated and even cause a flare up.

What should work

Based on these considerations, to successfully treat fibromyalgia with massage you need a form of massage that is effective on trigger points and causes little if any pain. You will need to continue the sessions over a long period of time which will require large numbers of applications of therapy. Unless you are very wealthy and have plenty of time for appointments your only practical solution will be self massage. **Because of this we will be showing you an easy to do very effective self massage.**

What the clinical trials say

Clinical trials confirm this strategy. As the results summarised in the [table below](#) show:

- they did generally use a large number of therapy sessions over time,
- these gave partial relief suggesting that if the therapy was continued there would have been further improvement, and
- the one trial that gave poor results was the one that used friction massage, which is a very aggressive and painful therapy we would never recommend for fibromyalgia sufferers.

We have also done a [summary below](#) of what the clinical trials say about other ways of treating trigger points. These confirm that trigger points generally require large numbers of treatments, which only give temporary relief.

Your practical fibromyalgia massage guide

There is a form of Thai self massage that may be reasonably tolerated and help. You can read more about it [here](#). However, the only massage that strongly fills all the requirements including i) no pain, ii) highly effective, and iii) very easy to do on yourself is using a genuine vibration massager. Please do not confuse these with massage guns or percussion massagers. Rather than send in therapeutic vibrations these machines punch their heads in like a jackhammer. This is perfect- if you want to stir the problem up. For how to choose an appropriate machine please see our article [How to choose a massager](#).

How to use vibration massage to treat trigger points

We have very comprehensive instructions on how to use vibration massage to treat trigger points in our article [How to release trigger points yourself](#). What we will do here is give some special considerations for massaging fibromyalgia, plus a summary video.

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Other self massage and trigger point therapy articles

If you found this useful please check out our other self massage and trigger point therapy articles.

- [Self massage and trigger point therapy for headaches and migraines](#)
- [Massage And Trigger Point Therapy For Low Back Pain, With Self Help Options](#)
- [Massage And Trigger Point Therapy For Calf Pain, With Self Help Options](#)
- [Massage And Trigger Point Therapy For Shoulder Pain, With Self Help Options](#)
- [Self Massage And Trigger Point Therapy For Tennis Elbow](#)
- [Self Massage For High Blood Pressure](#)
- [Self Massage For Anxiety](#)



Try this therapy with a sample massager (professionals only)

Most of our massager sell through colleagues using our machines and recommending the therapy to patients/clients, so we are very happy to send appropriately qualified professionals a complimentary sample machines to trial. For more info please see our [Professional sample page](#).

Summary of clinical trials of massage for fibromyalgia

Trial	Type of massage	Duration, frequency, number	Outcome
14	Friction massage vs stretching vs analgesics	Uncertain	Friction massage not beneficial. Friction massage is a painful massage not suited for trigger points
15	Compared Swedish massage with TENS machine	Ten 30 minute sessions @ 2 per week	Massage resulted in less pain, less fatigue, better sleep and lower anxiety
16	Connective tissue massage	15 sessions @ 1.5 per week	Massage gives pain relief, relieved anxiety and improved quality of life. After treatments finished improvements gradually diminished over 6 months
17	Swedish massage compared with standard physician care	Ten sessions over 24 weeks	Massage showed improvement, but only small numbers in trial
18	Combination of styles	30 minutes, twice a week for 5 weeks	Less, pain, less anxiety and better sleep
19	Myofascial release massage	Weekly 90 minute session for 20 weeks	Improved pain and quality of life
20	Myofascial release	Ten 60 minute sessions over 20 weeks	Less tender spots, improved physical function
21	Swedish massage vs myofascial release	90 minute session weekly for 4 weeks	Both produced pain reduction and improved movement. Myofascial release had better results
12	Full body Shiatsu	Sixteen 40 minute sessions @ twice a week	Improved pain, tenderness and sleep
13	Mechanical massage device called Cellu M6	Fifteen weekly 35 minute sessions	Improved pain and function, and reduced number of trigger points

Appendix: What the research says about individual trigger point therapies

Below is a summary of the findings of several scientific reviews of trigger point therapies (3-9).

The goal of trigger point therapy

As said previously, the goal of trigger point therapy, according to the scientists, is to deactivate the trigger points. None mention having the goal of eliminating trigger points.

Dry needling

Most trials show that dry needling provides some short term pain relief and improved function. The risks and potential to cause pain are obvious. The mode of how needles work is still speculation. Where dry needling had been compared with laser the laser has given slightly better results.



Laser

Trial results for laser have been marginally better than those for dry needling, but still only temporary relief. Scientists attribute its effect to increasing micro-circulation, improving oxygenation and helping remove waste products. However, this is something that can easily be achieved, if not better, by any competent massage therapist.

The big concern with laser is the sheer number of applications of therapy sessions needed for only temporary benefits. For example one trial (10) used 10 daily applications of laser on patients with upper back and neck pain to get a reduction in pain and tenderness for three weeks. Further, according to one review (22) applications of laser should be given from 2-3 times a week though to 5 times a week, with a total of 30 applications of therapy for long term cases. Keep in mind this is just to achieve deactivation, not to eliminate the problem. Assuming each laser consultation costs \$50 and takes an hour out of your day that's \$1,500 and 30 hours of your life just for some temporary pain relief, leaving you to front up again next time the problem is aggravated.



Manual therapies

There are various types of manual therapies that involve pressure, massage and stretching of muscles. The trial results for them tend to be similar to those of laser and dry needling. However, according to one review (4) one study did show residual benefit after six months.



Special consideration when massaging fibromyalgia

Start conservatively

It is possible to aggravate fibromyalgia even with a relatively painless techniques such as vibration massage. Therefore start conservatively working within your tolerance. For example start by treating lightly and maybe just one or a small number of trigger points. This can be increased as you improve or find your body easily tolerating the treatment. If you do happen to aggravate your condition just let it settle down and proceed conservatively.

Get professional help

Fibromyalgia can be a complex condition itself, and trigger points are usually part of a more complex musculoskeletal problem. You can do most of the massage yourself, but we recommend you seek the help of a properly qualified professional who deals with trigger points and musculoskeletal problems.

Keep going even after the pain settles

As discussed in our article [Why do trigger points keep coming back](#), once trigger points stop causing pain you need to keep the treatment going until they are properly eliminated. We recommend that you continue regular treatments until you cannot find the trigger points when you do an examination, then keep going with a regular but less frequent routine to maintain your health.

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References

1. Affaitati G, Costantini R, Fabrizio A, Lapenna D, Tafuri E, Giamberardino MA. Effects of treatment of peripheral pain generators in fibromyalgia patients. Eur J Pain. 2011;
2. Wamontree P, Kanchanakhan N, Eungpinichpong W, Jeensawek A. Effects of traditional Thai self-massage using a Wilai massage stickTM versus ibuprofen in patients with upper back pain associated with myofascial trigger points: a randomized controlled trial. J Phys Ther Sci. 2015;27(11):3493–7.
3. Boyles R, Fowler R, Ramsey D, Burrows E. Effectiveness of trigger point dry needling for multiple body regions: A systematic review. J Man Manip Ther . 2015;23(5):276–92.
4. Denneny, Diarmuid et al. Trigger point manual therapy for the treatment of chronic noncancer pain in adults: a systematic review and meta-analysis. Arch Phys Med Rehabil. 2019;100(3):562–77.
5. De Las Peñas CF, Sohrbeck Campo M, Fernández Carnero J, Miangolarra Page JC. Manual therapies in myofascial trigger point treatment: A systematic review. J Bodyw Mov Ther. 2005;9(1):27–34.
6. Tough EA, White AR, Cummings TM, Richards SH, Campbell JL. Acupuncture and dry needling in the management of myofascial trigger point pain: A systematic review and meta-analysis of randomised controlled trials. Eur J Pain . 2009;13(1):3–10.
7. Cagnie B, Castelein B, Pollie F, Steelant L, Verhoeyen H, Cools A. Evidence for the use of ischemic compression and dry needling in the management of trigger points of the upper trapezius in Patients with Neck Pain: A Systematic Review. Am J Phys Med Rehabil. 2015;94(7):573–83.
8. Espejo-Antúnez L, Tejeda JFH, Albornoz-Cabello M, Rodríguez-Mansilla J, de la Cruz-Torres B, Ribeiro F, et al. Dry needling in the management of myofascial trigger points: A systematic review of randomized controlled trials. Complement Ther Med . 2017;33(December 2018):46–57.
9. Rickards LD. The effectiveness of non-invasive treatments for active myofascial trigger point pain : A systematic review of the literature. 2006;9:120–36.
10. Hakgüder A, Birtane M, Gürcan S, Kokino S, Tura FN. Efficacy of Low Level Laser Therapy in Myofascial Pain Syndrome: An Algometric and Thermographic Evaluation. Lasers Surg Med. 2003;33(5):339–43.
11. Uemoto L, Nascimento De Azevedo R, Almeida Alfaya T, Nunes Jardim Reis R, Depes De Gouvêa CV, Cavalcanti Garcia MA. Myofascial trigger point therapy: Laser therapy and dry needling. Curr Pain Headache Rep. 2013;17(9).
12. Gordon C, Emiliozzi C, Zartarian M. Use of a mechanical massage technique in the treatment of fibromyalgia: A preliminary study:145–7.

13. Amanollahi A, Naghizadeh J, Khatibi A, Hollisaz MT, Shamseddini AR, Saburi A. Comparison of impacts of friction massage, stretching exercises and analgesics on pain relief in primary fibromyalgia syndrome: A randomized clinical trial. Tehran Univ Med J. 2013;70(10):616–22.
14. Sunshine W. Fibromyalgia benefits from massage therapy and transcutaneous electrical stimulation. J Clin Rheumatol. 1996;2(1):18–22.
15. Brattberg G. Connective tissue massage in the treatment of fibromyalgia. Eur J Pain. 1999;3(3):235–44.
16. Alnigenis M. Massage Therapy in the Management of Fibromyalgia: A Pilot Study. J Musculoskelet Pain. 2001;9(2):55–67.
17. Field T, Diego M, Cullen C, Hernandez-reif M, Sunshine W. Fibromyalgia pain and substance P decrease and sleep improves after massage therapy. J Clin Rheumatol. 2002;8:72–6.
18. Castro-Sánchez AM, Matarán-Pearrocha GA, Granero-Molina J, Aguilera-Manrique G, Quesada-Rubio JM, Moreno-Lorenzo C. Benefits of massage-myofascial release therapy on pain, anxiety, quality of sleep, depression, and quality of life in patients with fibromyalgia. Evidence-based Complement Altern Med. 2011;2011.
19. Castro-Sánchez A et. al. Effects of myofascial release techniques on pain , physical function , and postural stability in patients with fibromyalgia : a randomized controlled trial. Clin Rehabil. 2011;25(9):800–13.
20. Liptan G, Mist S, Wright C, Arzt A, Jones KD. A pilot study of myofascial release therapy compared to Swedish massage in Fibromyalgia. J Bodyw Mov Ther. 2013;17(3):365–70.
21. Yuan SLK, Berssaneti AA, Marques AP. Effects of Shiatsu in the management of fibromyalgia symptoms: A controlled pilot study. J Manipulative Physiol Ther . 2013;36(7):436–43.
22. Uemoto L, Garcia MAC, Gouvêa CVD, Vilella O V., Alfaya TA. Laser therapy and needling in myofascial trigger point deactivation. J Oral Sci. 2013;55(2):175–81.