



LETTER TO THE EDITOR

Orphan muscle of elbow pain: A cite to anconeus' myofascial trigger point

Dirsek ağrılarının yetim kası: Anconeus'un miyofasyal tetik noktasına bir atıf

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To the Editor,

Myofascial pain syndrome is a common condition in musculoskeletal pathologies, and it can cause pain in the elbow area.^[1] The anconeus muscle is one of the muscles localized in the elbow area and research suggests that it may play a role in elbow pain.^[2] Myofascial trigger point (MTrP) of the anconeus muscle can cause referred pain in the lateral epicondyle region (Fig. 1a). Studies on the treatment of lateral epicondylitis show that the anconeus muscle is ignored. David G Simons, one of the people who brought the concepts of MTrP and dry needling

treatment to the literature, suggested that the anconeus muscle should be evaluated and treated in the treatment of lateral epicondylitis.^[1]

The message of this article; dry needling therapy can be applied in patients diagnosed chronic lateral epicondylitis with MTrP detected in the anconeus muscle. Since it is a superficial muscle, 25×13 mm sterile acupuncture needle will be sufficient. The patient's elbow should be positioned at 45° flexion in the supine position. To localize the muscle, the olecranon, lateral epicondyle and the posterior, superior region of the ulna (approximately 2 cm distal from the olecranon) are marked, and an

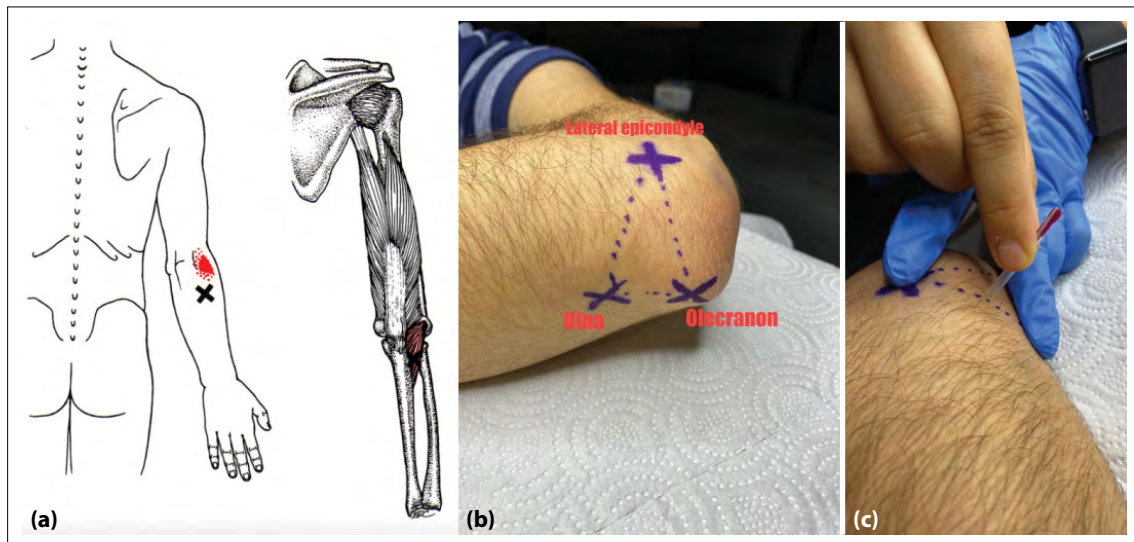


Figure 1. (a) Referred pain area of anconeus muscles trigger point (b) triangle area where the anconeus muscle is localized, (c) dry needling technique with flat palpation and perpendicular application.

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anatomical triangular area is formed (Fig. 1b). Treatment is comfortable in this area as it is quite safe in terms of neurovascular structures. The needle is perpendicularly penetrated the skin by flat palpation method (Fig. 1c). The needle should be navigated intramuscularly until the twitch response is obtained. Although there is no consensus on how often and how many sessions of dry needling therapy in the literature, we recommend three sessions once a week for patient compliance.^[3]

References

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