Reviewer's report

Title: Myofascial pain in view of treating physicians is a prevalent condition whilst use and effectiveness of prescribed treatments remain discrepant: a cross-sectional, nationwide survey

Version: 2 Date: 17 June 2009

Reviewer: Mike Cummings

Reviewer's report:

The authors are to be congratulated for this interesting survey and well written report. I cannot find any substantial problems with the survey data, or the presentation of this data. There are a couple of major conceptual issues that need to be addressed. I do not think this precludes publication, nor does it require any changes to the majority of data presented.

Major Compulsory Revisions

1. The term myofascial pain is used in a very specific manor following the definition of Travell and Simons, but it is also used to refer to regional soft tissue pain in a much more general manner. The authors of this paper appear to be using the former, more specific definition, but it is impossible for the reader to know whether the respondents of the survey are adhering to the same definition. I think it is essential to include at least the initial or relevant questions of the survey related to definitions, if not include the whole survey as an appendix.

2. There is no discussion of the clinical reliability of the examination for finding trigger points. A recent systematic review (Lucas et al Clin J Pain 2009) suggests there is none. Personally I do not agree with this review, but the authors should certainly mention this as potential limitation of the data they have collected.

Minor Essential Revisions

3. “Myofascial trigger points may play a central role in the pathophysiology of common myofascial pain syndromes” – since you are using the specific definition of myofascial pain, then MTrPs (by definition) play an essential role! This needs to be rephrased I think.

4. “Moreover, abnormal spontaneous electrical activities, spike activities and local twitch responses have been described at these sites [5, 6].” – I cannot see how ref 6 is relevant to this sentence. There are plenty of refs for LTRs you could use. Also, spontaneous electrical activity and spike activity refer to needle EMG findings at MTrPs, whereas the LTR is an examination finding on palpation or on needling. It would be clearer for the reader if you differentiated these, and perhaps defined them briefly.

5. “Trigger point injection remains the treatment with the most scientific evidence and investigation for support [20, 23].” – your references here refer principally to
acupuncture or dry needling rather than injection (wet needling). I do not agree that trigger point injection has the most evidence. It is certainly a ubiquitous treatment, but I know of no reliable data that supports injection of any substance in particular over injection of an inert substance (see Cummings & White Arch Phys Med Rehabil 2001). Perhaps you meant to say ‘trigger point needling’?

6. “Even as there is strong evidence for some of these treatments, especially physical therapy, injections and dry needling [13] these have not been incorporated in a guideline for the treatment of myofascial pain.” – I cannot agree that there is strong evidence for any particular treatment in myofascial pain. I believe that certain physical interventions appear to be highly effective in clinical practice, but I cannot agree that there is strong evidence for this from RCTs or SRs.

Discretionary Revisions

Background

7. If myofascial pain affects 85% of the population (ref 2) it seems a little too narrow and specific to include ref 3 as an example of worsening under certain conditions - surely postural factors are much more important on a population wide basis.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.