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## STEP FOUR: THE SITE OF INJURY

*Choose among the local and adjacent points at the site of injury. Points may be determined by palpation, orthopedic testing, and analysis of the signs and symptoms of the patient.*

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### *Technique #10:* Local and Adjacent Points

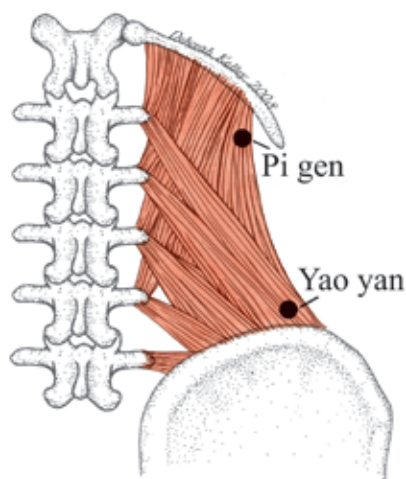
#### ***The quadratus lumborum muscle***

#### **Bl 52 and the extraordinary point Pi gen**

The extraordinary point Pi gen is at or near one of the important trigger points of the QL. It is often a predictable ah shi point.<sup>5</sup> The texts locate Pi gen 3.5 cun lateral to the spinous process of the first lumbar vertebrae.<sup>6</sup> But don't be concerned if it is located level with L2 or further lateral than 3.5 cun, as there are some variations on this empirical point.

Palpation is the key to both its location and successful needling. With the patient prone (face-down), start palpating about 4 cun lateral to the spine, approximately level with L1, and immediately inferior to the 12th rib. You should be just off the lateral border of the para-spinal muscles and the outer Bladder meridian. Palpate medially towards the vertebral column

until the painful point is found, which is deep to the para-spinal muscles. If the patient is in the lateral recumbent position (side-lying), palpate toward the spine in a vector that is approximately perpendicular to the treatment table. Either position is acceptable to needling. However, it is important to needle with the same angle, direction, and vector that produced the pain during palpation.



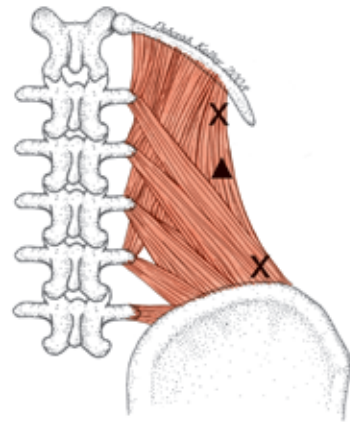
#### ***Needling precautions***

Patient size will determine the length of the needle to be used, which is usually 2 to 3 inches. After insertion, direct the needle obliquely toward the spine, deep to the para-spinal muscles, until the taut and dense tissue of the QL is reached. The practitioner should review the anatomy, as it is important to avoid deeper insertion into the kidney or angling in a superior direction that could reach the rib or the pleural cavity. If you are unsure, get some guidance from an experienced practitioner before needling this point. If your angle is not deep enough, the needle will penetrate the para-spinal muscles, which may be beneficial, but will generally not release the QL muscle.

**Motor point, trigger points**

I will frequently use two paired points for the quadratus lumborum. After inserting the first needle at Pi gen as described above, a second point is inserted in the muscle about 1 cun inferior. This is in the region of the motor point of the QL. It is located level with L2, from .5 to 1 cun lateral to Bl 52.<sup>7</sup> This combination of the trigger point and the motor point of the QL is usually most successful in relieving pain and spasm of the muscle. Consider electrical stimulation, although some patients do not tolerate such strong stimulation to these points.

There is often an ah shi point at the pelvic attachment of the muscle, which is also considered a trigger point. From Pi gen and the motor point, continue to palpate down the lateral edge of the muscle until you reach its attachment at the iliac crest. This is the region of the extraordinary point Yao yan, described in the texts as 3.5 cun lateral to the lower border of the spinous process of L4.<sup>8</sup> This point is just superior to the iliac crest, which is not how the point is pictured in Deadman’s text.



X – Trigger points  
▲ – Motor points

**Needle technique**

Needle insertion is much less complex, because at this inferior aspect of the muscle, the point is lateral to the para-spinal muscles and avoiding vital organs is less of an issue. Start with perpendicular insertion, needling up to 1.5 inches, and angle in the direction that pain was produced by palpation. And because the QL inserts along a considerable portion of the iliac crest, point location may vary from the text location. Yao yan can be paired with Pi gen or the motor point, and electrical stimulation considered.

It is not uncommon to complete the needle treatment with cupping. And if the case is relieved with heat, indirect moxa or thread moxa may be applied.

**Gluteus medius**

The gluteus medius muscle is frequently involved with the quadratus lumborum dysfunction. Consider one or two sets of paired points in sensitive ah shi points of the gluteus medius. Perpendicular needles are inserted to a depth of 2 to 3 inches, depending upon patient size. This treatment is discussed in detail on pages 172-173.



Gluteus medius  
X – Trigger points  
▲ – Motor points