

Devin J. Starlanyl

**Tribute to  
David G. Simons, M.D.  
(1922-2010)**

**THE SHOULDERS OF GIANTS**

If you are reading this, your world is in some way touched by fibromyalgia (FM). You may be unaware of it, but your world is also significantly affected by myofascial trigger points (TrPs). Research has shown that TrPs can maintain the amplified sensation of FM and are the *source* of much pain experienced by FM patients.<sup>2</sup> The name of David G. Simons might not be familiar to you, but it *should* be. The medical texts that teach us the basics of myofascial TrPs might not exist had it not been for his persistence.

Trigger points are not new. Janet G Travell, M.D., discovered TrPs first in herself. She soon found them to be significant sources of pain for many patients. By the mid-1950s, Janet had documented 32 different TrPs and their specific referral patterns.<sup>5</sup> That only scratched the surface of what would become a new field of medicine. By 1974, she had amassed a vast amount of knowledge, but a lot of it was unavailable to others. It was too important to be lost, and Dave Simons recognized this. He had already begun to build on her work. He told me once that the most surprising thing, when he started TrP research, was his discovery of how very common trigger points are once one knows where and how to look for them.

Both doctors realized that the task of writing medical texts defining TrPs and their incredible variety of symptoms, documenting what could initiate or perpetuate them, and explaining how to treat them, was a monumental project. It would have to be meticulously referenced, as the importance of myofascia to clinical medicine was as yet unrecognized. Janet was not disposed to take up this task. Dave agreed to it, understanding it was a long-term commitment. For years, whenever Janet came to California, she'd visit Dave and talk for hours. Through phone conversations and correspondence they'd discuss and interpret what they found in their patients. Janet would describe one individual TrP and its pattern after another as they came to her mind, in



Dave Simons, M.D., with his wife, Carol McMakin, D.C.

no particular order, and Dave would take the information and integrate it into what was becoming Volume I of *The Trigger Point Manual*.<sup>7</sup> This and the subsequent volume on the lower body,<sup>6</sup> with exquisite illustrations by Barbara D. Cummings, gave patterns for each TrP. Meanwhile, they continued to write papers and inspire others to do the same.

The world of manual medicine—the people who were used to palpating and otherwise touching the body—often saw the TrP patterns and immediately said, “Aha!” They recognized what their fingers had “seen” and began to implement TrP therapy in their practice. The majority of non-osteopathic and non-chiropractic doctors looked at the big red book in massive confusion. They could not understand how so many experts could miss something so significant. These care providers weren't used to palpating, and those pesky lumps and taut bands didn't show up on blood tests and imagery. They balked. Insurance companies weren't set up to pay for the time it took for initial long medical histories and exams that were the secret to diagnosing TrPs. They didn't understand that prompt treatment of individual TrPs could prevent chronicity, as simple TrPs with uncontrolled perpetuating factors developed into chronic myofascial pain (CMP) that could cover large areas or even the whole body through the development of satellite TrPs.<sup>1</sup>

By the time an updated volume on the upper body was published,<sup>4</sup> there was a substantial amount of research in myofascial medicine. *The Trigger Point Manuals* covered mainly individual TrPs and emphasized the pain-generating aspects. Although the non-pain symptoms were listed, many of them went

unnoticed. The small chapter on CMP was nothing like the chapter for the planned 3<sup>rd</sup> edition. I was honored to be asked to write that chapter, now completed and approved, although that text may now never be published.

Now TrPs *have* been imaged.<sup>3</sup> It's expensive and not available to the average practitioner, but we can *prove* to unbelievers that they are real. The instruments needed to train practitioners (fingers, educational courses, *Trigger Point Manuals*) to diagnose TrPs are available. We simply need to train more people to learn how to use them.

I am very thankful that Dave lived to see his work validated. Long ago, Dave Simons gave me the task of separating the symptoms I and other patients had into two categories, FM and TrPs. Some of them, such as the numbness and tingling of myofascial pain entrapment due to TrPs, were frequently misinterpreted as being part of FM. Some FM-associated conditions, such as IBS and migraine, had both TrP and central sensitization components. Patients improved significantly with adequate TrP treatment. Often, as soon as the patients saw the clearly defined referral patterns, they knew they had found the source of their pain, muscle weakness, and other symptoms. They had hope. Dave Simons and Janet Travell gave them that hope.

Dave Simons and I shared many things. We were both seriously curious, with backgrounds in electromagnetic science and medicine and space research, a strong Episcopal faith, a love of dark chocolate, an insatiable fascination with myofascial medicine, and an undeniable desire to share our knowledge to help people in pain. Dave taught anyone who was willing to learn, and I was fortunate to be among those to benefit from that giving attitude. He was unfailingly kind, but also demanded the very best. Disagreement was fine, as long as I could prove my point and prove it well.

I have a great respect for anyone who has researched any topic with him. They have worked with a master. I often now catch myself "doing a Dave" on a paper. I can't read anything without proofreading it. Somehow, knowing Dave, I believe he may even find a way of reporting what he has learned passing through to that next frontier.

I once asked Dave how he dealt with the frustration of having most of the medical establishment turn deaf ears to myofascial medicine. He reminded me of the parable of the seeds. He said he also had sown many seeds, and some had fallen on rocky ground. Some, however, had sprouted and would flourish long after he was gone, and that I was one of those seeds. David Simons saved and will continue to save many of us from the misery of "pain of unknown origin." I am blessed to have had him as a mentor and friend. With his dedication and work, he blessed us all.



Devin Starlanyl (right) worked with her mentor, Dr. David Simons (left), during the last 15 years. She has dedicated her life to the study of chronic myofascial pain and fibromyalgia and is an authority on both conditions and a well-known author.

### References

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For more on David G. Simons, M.D., see Liller TK. "From Space To Medicine: The Real Stuff! *Fibromyalgia Frontiers*, 2007;15(3).