


Fibromyalgia		ICD-9 Codes: 729.1	
Diagnosis/Condition: Fibromyalgia			
Origination Date: 8/2000	Review/Revised Date: 10/2009	Next Review Date: 10/2011	Discipline: DC, ND, LAc

Chronic syndrome of widespread pain in muscles and other connective tissues associated with characteristic soft tissue tender points, sleep disorder, general fatigue, and other systemic manifestations. Tender points differ from trigger points. Trigger points have palpable localized spasm and edema along with tenderness, referred pain and twitch response. Tender points are reported as painful by the patient but there are no other local signs. Associated clinical features may include but are not limited to: chronic fatigue, non-restorative sleep, irritable bowel syndrome (IBS), muscle stiffness, especially in the morning, headaches, and depression. Recent research indicates that an interdisciplinary approach to treatment creates better outcomes. Exercise appears to be an effective intervention. Evaluation of the benefits of other pharmacologic and non-pharmacologic treatments are inconclusive. Non-pharmacological treatments involving active participation of patients seem to be more effective than those that involve passive physical measures. Empiric approaches to treatment are recommended. It is highly recommended that practitioners take the time to explore what has been tried previously and build on the successes or failures of that work.

American College of Rheumatology (ACR) criteria for fibromyalgia and its tender point locationsⁱ

1. History of widespread pain. Definition: Pain is considered widespread when all of the following are present: pain on both sides of the body and above and below the waist. In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present.
2. Pain on digital palpation of at least 11 of the following 18 tender point sites:
 - Occiput: bilateral, at the suboccipital muscle insertions.
 - Low cervical: bilateral, at the anterior aspects of the intertransverse spaces at C5-7.
 - Trapezius: bilateral, at the midpoint of the upper border.
 - Supraspinatus: bilateral, at origins, above the scapula spine near the medial border.
 - Second rib: bilateral, at the 2nd costochondral junctions, just lateral to the junctions on upper surfaces.
 - Lateral epicondyle of the elbow: bilateral, 2 cm distal to the epicondyle.
 - Gluteal: bilateral, in upper outer quadrants of buttocks in anterior fold of muscle.
 - Greater trochanter: bilateral, posterior to the trochanteric prominence.
 - Knee: bilateral, at the medial fat pad proximal to the joint line.

Digital palpation should be performed with an approximate force of 4kg. For a tender point to be considered 'positive' the subject must state that the palpation was painful. A description of 'tender' is not to be considered 'painful'.

Subjective Findings and History:

- Diffuse muscular and bilateral axial pain
- Sleep disturbance(s)
- Exercise intolerance-increased aching with excessive physical exercise

- Important to clarify successes and failures of past treatments. Often there is only temporary improvement with therapeutic approaches that adds to frustration.
- The condition is more common in women.

A variety of symptoms, signs and somatization syndromes accompany fibromyalgia. The prevalence of frequently observed symptoms and signs in fibromyalgia include (% of patients):

- Widespread pain with tender points (100)
- Generalized weakness, myalgias, arthralgias (80)
- Nonrestorative sleep (80)
- Fatigue (70)
- Stiffness (60)
- Tension headache (53)
- Dysmenorrhea (40)
- Irritable colon, functional bowel disease (40)
- Subjective numbness, welling, tingling (35)
- Livedo reticularis or skin hyperaemia (30)
- Complaints of fever (20)
- Complaints of swollen glands (20)
- Complaints of dry eyes (20)
- Subjective significant cognitive dysfunction (20)
- Significant psychopathology (5-20)
- Nocturnal myoclonus, restless legs syndrome (15)
- Female urethral syndrome (12)
- Vulvodynia or vaginismus (10)
- Concomitant reflex sympathetic dystrophy (5).

Objective Findings:

- Must have 11 of 18 bilateral tender points.
- Complaints tend to be out of proportion to the paucity of objective findings.
- Lab, X-rays, EMG studies normal. Sleep and muscle oxygenation studies may be abnormal. There is no specific test to confirm diagnosis.
- Minimal to no muscle hypertonicity.
- ROM is often within normal limits.
- Traditional Chinese Medicine (TCM) tongue, pulse, abdominal and meridian assessment findings will vary. There is no singular TCM presentation.

Assessment:

It is important to consider other clinical entities that present with similar symptomatology. The list for differential diagnosis includes: infections, muscle disorders, malignancies, autoimmune disease, hypermobility disorders, rheumatoid variants, substance abuse, and endocrinopathies such as diabetes and adrenal disorders.ⁱⁱ Other entities to be considered in the differential diagnosis include subclinical hypothyroidism, inappropriate thyroid replacement medication dosage, vitamin and mineral deficiencies, inappropriate nutraceutical usage, and adverse effects of medication such as hormone replacement therapy (HRT). Often patients will present already having had sufficient testing to allow for this differentiation. A therapeutic trial of treatment appropriate for fibromyalgia with reasonable outcomes might suffice in lieu of a battery of further testing. There appears to be a close relationship between the diagnosis of fibromyalgia and chronic fatigue syndrome (CFS). The majority of patients with CFS meet the tender point criteria for fibromyalgia and approximately 70 percent of patients with fibromyalgia meet the criteria for CFS.^{iii,iv}

Plan:

Fibromyalgia is managed as a chronic condition. Patient education and a prioritization of the obstacles to response for each individual, as well as evaluating for patient acceptance of various options are seen as essential steps in creating an effective treatment plan.

Active interventions may include:

- Improving sleep through sleep hygiene and pharmacological and non-pharmacological interventions. (see below for more information)
- Aerobic exercise to tolerance (consider yoga, tai chi, qigong, water aerobics, or walking). Consistency and moderation are critical. The patient may need assistance in setting achievable goals.^v A number of recent reports suggest that water exercises may be an effective form of therapy in fibromyalgia^{vi, vii}
- Cardiovascular fitness training has had positive effects on pain, global well-being and physical function. There is some evidence for strength training. One recent report found comparable benefits comparing muscle strength training to an aerobic exercise program^{viii, ix}
- Increasing patient control of the condition through education. Goals for education include information and resources that will help the patient be more proactive with their condition and will avoid development of a “victim mindset”. Biofeedback and counseling on a group or individual basis may be helpful.
- Optimize nutrition through Traditional Chinese Medicine (TCM) or conventional nutritional counseling, dietary assessment, or supplementation. (see below) Be aware of anti-nutritional agents such as preservatives, nicotine and alcohol use, or toxic exposure.

Passive modalities and provider-based interventions may complement, but not replace, patient self-management. Modalities to consider include:

- Massage therapy to break the pain cycle. Patient tolerance must be considered and technique will need to be modified according to where the patient is in the fibromyalgia continuum of remission and exacerbation^{v, x}
- Manipulative therapies focusing on increasing functional capacity and patient independence. A thorough postural and biomechanical assessment and correction through short-term manipulative therapy is important. Reliance on passive care and manipulation of hypermobile areas must be avoided. Manipulative treatment should be paced concurrently with increasing self-directed exercise. Self-manipulation should be discouraged.^{Error! Reference source not found., xi}
- Acupuncture and moxibustion accompanied by other TCM modalities. Acupuncture is helpful in decreasing the central pain mechanism, improving sleep, increasing circulation and muscle relaxation, and in improving neuroendocrine function. Acupuncture is effective in dealing with symptoms that often are associated with fibromyalgia such as depression, fatigue, stiffness, tension headache, dysmenorrhea, irritable bowel syndrome, and subjective numbness.^{Error! Reference source not found., xii, xiii}
- Prescription and OTC pharmaceuticals (see below)
- Support and counseling for psychological issues, such as cognitive behavioral therapy (CBT)^{Error! Reference source not found., xi}
- Clarification of the medications and supplements the patient has or is using. Help the patient to determine what is appropriate and/or effective. Assist in future treatment planning.
- Coordination of co-treatment or interdisciplinary care

There may be some limited utility in treatments such as:

- Trigger point injections
- Electrical muscle stimulation - Transcranial direct current stimulation (tDCS)
- Microcurrent therapy
- Ion pumping cords
- Balenotherapy (spa therapy)^{Error! Reference source not found., xiv}

Interdisciplinary Treatment

- There is strong evidence for the effectiveness multidisciplinary interventions that combine cardiovascular exercise, cognitive behavioral therapy (CBT), and patient education.^{xv, xvi}

Sleep Hygiene:

- Lengthy wind down period before bedtime
- Reduce television viewing before bedtime
- Regularity of sleep cycle
- Ergonomically optimal sleep positions
- Avoidance of stimulants
- Relaxation techniques and breathing exercises
- Regular exercise, at least 3 hours before expected bedtime
- Nutritional considerations for sleep hygiene
 - Magnesium^x
 - B complex, particularly thiamin, B-6, B-12, folate
 - SAME (S-adenosylmethionine)^x
 - Foods high in tryptophan
 - Consider 5-Hydroxytryptophan (5-HTP) as a concentrated tryptophan source, one biochemical step removed from serotonin
 - Malic acid
 - Selenium
- Herbal considerations
 - Kava sp.
 - Hypericum sp.
 - Valerian sp.
 - Passiflora sp.
 - Chinese herbs
- Hormonal considerations
 - Melatonin
 - Calcitonin
- Pharmacological Agents (not an exhaustive list)
- Patients with fibromyalgia are frequently treated with analgesics, including opioids, despite an absence of evidence of their efficacy.
FDA approved specifically for fibromyalgia:
 - Duloxetine (Cymbalta)
 - Milnacipran (Savella)
 - Pregabalin (Lyrica) – anti-seizureFor symptoms:
 - Tricyclic antidepressants such as amitriptyline and desipramine
 - Other SSRIs, SNRIs, and dual reuptake inhibitors, such as Venlafaxine
 - Cyclobenzaprine (central acting muscle relaxant)
 - Gabapentin
 - Analgesics, such as acetaminophen and tramadol
- Drug/Nutraceutical Interactions (not an exhaustive list)
 - Possibility of Serotonin syndrome with SSRIs and hypericum and/or 5HTP
 - Potential excessive CNS sedation from the additive effects of tricyclic antidepressants and sedating herbs such as Kava and Valerian

Clinician Resources:

Council of Acupuncture and Oriental Medicine Associates (CAOMA), Foundation for Acupuncture Research. Acupuncture and electroacupuncture. Evidence-based treatment guidelines. Calistoga (CA): Council of Acupuncture and Oriental Medicine Associates (CAOMA); 2004 Dec.

The Fibromyalgia Impact Questionnaire (<http://www.myalgia.com/FIQ/fiq.pdf>)^{xvii} is a useful tool in

assessing functional abilities in daily life and measures patient status, progress, and outcomes. It is a self-administered instrument that is composed of 10 items and can be completed in about 10 minutes.

Resources for patients:

Mark J. Pellegrino. *Fibromyalgia managing the pain*, Columbus, OH:Anadem Pub, 1993.

Mark J. Pellegrino. *Laugh at your muscles a light look at fibromyalgia*, Columbus, Ohio:Anadem Pub, 1995.

Mark J. Pellegrino. *The fibromyalgia survivor*, Columbus, Ohio:Anadem Pub, 1995.

http://www.myalgia.com/fibromyalgia_books.htm list compiled by the Fibromyalgia Information Foundation.

Fibromyalgia Network Newsletter, published by the Fibromyalgia Network Tucson AZ.

<http://www.fmnetnews.com/index.php>

The National Fibromyalgia Association (NFA) is the largest nonprofit organization working to support people with fibromyalgia and other chronic pain illnesses.

<http://www.fmaware.org/site/PageServer>

The Patients & Public section of the American College of Rheumatology Web site, you'll find a wealth of information.

http://www.rheumatology.org/public/factsheets/fibromya_new.asp

ⁱ American College of Rheumatology. Classification Criteria for Rheumatic Diseases, *Fibromyalgia*, 1990.,

<http://www.rheumatology.org/publications/classification/index.asp?aud=mem>

ⁱⁱ Wallace DJ. The fibromyalgia syndrome. *Annals of Medicine*. 29(1):9-21, 1997 Feb.

ⁱⁱⁱ Goldenberg DL, Simms RW, Geiger A, Komaroff AL. High frequency of fibromyalgia in patients with chronic fatigue seen in a primary care practice. *Arthritis Rheum* 1990 Mar;33(3):381-7.

^{iv} Aaron LA, Burke MM, and Buchwald D. Overlapping conditions among patients with chronic fatigue syndrome, fibromyalgia, and temporomandibular disorder. *Arch Intern Med* 2000 Jan 24;160(2):221-7.

^v Schneider M, Vernon H, Ko G, Lawson G, Perera J. Chiropractic management of fibromyalgia syndrome: a systematic review of the literature. *J Manipulative Physiol Ther*. 2009 Jan;32(1):25-40.

^{vi} Gusi, N, Tomas-Carus, P. Cost-utility of an 8-month aquatic training for women with fibromyalgia: a randomized controlled trial. *Arthritis Res Ther* 2008; 10:R24.

^{vii} Tomas-Carus, P, Gusi, N, Hakkinen, A, et al. Eight months of physical training in warm water improves physical and mental health in women with fibromyalgia: a randomized controlled trial. *J Rehabil Med* 2008; 40:248.

^{viii} Busch, AJ, Schachter, CL, Overend, TJ, et al. Exercise for fibromyalgia: a systematic review. *J Rheumatol* 2008; 35:1130.

^{ix} Bircan, C, Karasel, SA, Akgun, B, et al. Effects of muscle strengthening versus aerobic exercise program in fibromyalgia. *Rheumatol Int* 2008; 28:527.

^x Sarac AJ, Gur A. Complementary and alternative medical therapies in fibromyalgia. *Curr Pharm Des.* 2006;12(1):47-57.

^{xi} Berman BM, Swyers JP, Baillieres. Complementary medicine treatments for fibromyalgia syndrome. *Best Pract Res Clin Rheumatol.* 1999 Sep;13(3):487-92.

^{xii} Holdcraft LC, Assefi N, Buchwald D. Complementary and alternative medicine in fibromyalgia and related syndromes. *Best Pract Res Clin Rheumatol.* 2003 Aug;17(4):667-83.

^{xiii} Langhorst J, Häuser W, Irnich D, Speck N, Felde E, Winkelmann A, Lucius H, Michalsen A, Musial F. [Alternative and complementary therapies in fibromyalgia syndrome]. *Schmerz.* 2008 Jun;22(3):324-33.

^{xiv} Evcik D, Kizilay B, Gökçen E. The effects of balneotherapy on fibromyalgia patients. *Rheumatol Int.* 2002 Jun;22(2):56-9. Epub 2002 Mar 29.

^{xv} Carville SF; Arendt-Nielsen S; Bliddal H; Blotman F; Branco JC; Buskila D; Da Silva JA; Danneskiold-Samsoe B; Dincer F; Henriksson C; Henriksson KG; Kosek E; Longley K; McCarthy GM; Perrot S; Puszczewicz M; Sarzi-Puttini P; Silman A; Spath M; Choy EH. EULAR evidence-based recommendations for the management of fibromyalgia syndrome. *Ann Rheum Dis.* 2008 Apr;67(4):536-41. Epub 2007 Jul 20.

^{xvi} Casale R, Cazzola M, Arioli G, Gracely RH, Ceccherelli F, Atzeni F, Stisi S, Cassisi G, Altomonte L, Alciati A, Leardini G, Gorla R, Marsico A, Torta R, Giamberardino MA, Buskila D, Spath M, Marinangeli F, Bazzichi L, Di Franco M, Biasi G, Salaffi F, Carignola R, Sarzi-Puttini P; Italian Fibromyalgia Network. Non pharmacological treatments in fibromyalgia. *Reumatismo.* 2008 Jul-Sep;60 Suppl 1:59-69.

^{xvii} Fibromyalgia Information Foundation. <http://www.myalgia.com/>

References:

- Alaarcon GS, Bradley LA. Advances in the treatment of fibromyalgia: current status and future directions. *American Journal of the Medical Sciences.* 315(6):397-404, 1998 Jun.
- Alexander RW et al. Sexual and physical abuse in women with fibromyalgia: association with outpatient health care utilization and pain medication usage. *Arthritis Care & Research.* 11(2):102-15, 1998 Apr.
- Ang D, Wilke WS. Diagnosis, etiology, and therapy of fibromyalgia. *Comprehensive Therapy.* 25(4):221-7, 1999 Apr.
- Bennett RM et al. Group treatment of fibromyalgia: a 6-month outpatient program. *Journal of Rheumatology.* 23(3):521-8, 1996 Mar.
- Bennett RM. Multidisciplinary group programs to treat fibromyalgia patients. *Rheumatic Diseases Clinics of North America.* 22(2):351-67, 1996 May.
- Berman BM et al. Is acupuncture effective in the treatment of fibromyalgia? *Journal of Family Practice.* 48(3): 213-8, 1999 Mar.
- Blunt KL et al. The effectiveness of chiropractic management of fibromyalgia patients: a pilot study. *JMPT.* 20(6):389-99, 1997 Jul-Aug.
- Brady D, Schneider M. Fibromyalgia syndrome: A new paradigm for differential diagnosis and treatment. *Journal of Manipulative and Physiological Therapeutics,* October 2001 Volume 24 Number 8, p529-41.
- Buchwald D. Fibromyalgia and chronic fatigue syndrome: similarities and differences. *Rheumatic Diseases Clinics of North America.* 22(2):219-43, 1996 May.
- Buckelew SP et al. Biofeedback/relaxation training and exercise interventions for fibromyalgia: a prospective trial. *Arthritis Care & Research.* 11(3): 196-209, 1998 Jun.

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- Busch AJ, Barber KAR, Overend TJ, Peloso PMJ, Schachter CL. Exercise for treating fibromyalgia syndrome. *Cochrane Database of Systematic Reviews* 2002, Issue 3. Art. No.: CD003786. DOI: 10.1002/14651858.CD003786.pub2
 - Buskila D. Fibromyalgia, chronic fatigue syndrome, and myofascial pain syndrome. *Current Opinion in Rheumatology*. 11(2):119-26, 1996 Mar.
 - Citera G, Arias MA, Maldonado-Cocco M, Lazaro MA, Rosemffet MG, Brusco LI, Scheines EG, Cardinali DP. The effect of melatonin in patients with fibromyalgia: a pilot study. *Clin Rheumatol* 2000;19:9-13.
 - Colbert A. Magnets On Sishencong And GV 20 To Treat Depression: Clinical Observations In 10 Patients. *Medical Acupuncture*. Spring / Summer 2000- Volume 12 / Number 1.
 - Dimmock S et al. Factors predisposing to the resort of complementary therapies in patients with fibromyalgia. *Clinical Rheumatology*. 15(5):478-82, 1996 Sep.
 - Fibromyalgia. Intracorp - Public For Profit Organization. 1997 (revised 2004).
 - Fibromyalgia. Washington State Department of Labor and Industries. 1998 Nov revised 1999 Jun; republished 2002 Aug.
 - Fitscharles MA. Esdaile JM. Nonphysician practitioner treatments and fibromyalgia syndrome. *Journal of Rheumatology*. 24(5):937-40. 1997 May.
 - Goldenberg DL, Burckhardt C, Crofford L. Management of fibromyalgia syndrome. *JAMA* 2004 Nov 17;292(19):2388-95.
 - Goldenberg DL. Fibromyalgia, chronic fatigue syndrome, and myofascial pain syndrome. *Current Opinion in Rheumatology*. 9(2):135-43, 1997 Mar.
 - Goldenberg DL. What is the future of fibromyalgia? *Rheumatic Diseases Clinics of North America*. 22(2):393-406, 1996 May.
 - Gordon S. Morrison C. Fibromyalgia and its primary care implications. *Medsurg Nursing* 7(4):204-13, 216, 1998 Aug.
 - Haak T, Scott B. The effect of Qigong on Fibromyalgia (FMS): A controlled randomized study. *Disabil Rehabil*. 2007 Jun 15;:1-9
 - Hadler NM. If you have to prove you are ill, you can't get well. The object lesson of fibromyalgia. *Spine*. 21(20):2397-400, 1996 Oct 15.
 - Hains G, Hains F. A combined ischemic compression and spinal manipulation in the treatment of fibromyalgia: A preliminary estimate of dose and efficacy. *Journal of Manipulative and Physiological Therapeutics* May 2000 Volume 23 Number 4 p22-30
 - Harding SM. Sleep in fibromyalgia patients: subjective and objective findings. *American Journal of the Medical Sciences*. 315(6):367-76, 1998 Jun.
 - Harper A, Liu D. The effectiveness of chiropractic management of fibromyalgia patients: a pilot study (letter) *JMPT*. 21(6):429, 1998 Jul-Aug.
 - Hart FD. Underlying signs of fibromyalgia. *Practitioner*. 242(1586):407-10, 1998 May.
 - Holdcraft LC, Assefi N, Buchwald D. Complementary and alternative medicine in fibromyalgia and related syndromes. [Review] [50 refs] [Journal Article. Review] *Best Practice & Research in Clinical Rheumatology*. 17(4):667-83, 2003 Aug.
 - Jamison, JR. A psychological profile of fibromyalgia patients: a chiropractic case study. *JMPT*. 22(7): 454-7 1999 Sep.
 - Keel PJ et al. Comparison of integrated group therapy and group relaxation training fo fibromyalgia. *Clinical Journal of Pain*. 14(3):232-8, 1998 Sep.
 - Kennedy M, Felson DT. A prospective long-term study of fibromyalgia syndrome. *Arthritis & Rheumatism*. 39(4):682-5, 1996 Apr.
 - Kenner C. Fibromyalgia and chronic fatigue: the holistic perspective. *Holistic Nursing Practice*. 12(3):55-63, 1998 Apr.
 - Koenig, C, Stevermer J. Acupuncture in the treatment of fibromyalgia. *Journal of Family Practice*. 48(7):497, 1999 Jun.
 - Korszun A, Sackett-Lundeen L, Papadopoulos E, Brucksch C, Masterson L, Engelberg NC, Haus E, Demitrack MA, Crofford L. Melatonin levels in women with fibromyalgia and chronic fatigue syndrome. *J Rheumatol* 1999(12):2675-80. Issue of the Connection, Vol. 7, No. 6.

-
- Krsnich-Shriwise S. Fibromyalgia syndrome: an overview. *Physical Therapy*. 77(1):68-75, 1997 Jan.
 - Mannerkorpi K. Henriksson C. Non-pharmacological treatment of chronic widespread musculoskeletal pain. *Best Practice & Research in Clinical Rheumatology*. 21(3):513-34, 2007 Jun.
 - Martin DP, et al. Improvement in fibromyalgia symptoms with acupuncture: results of a randomized controlled trial. *Mayo Clin Proc* June 2006;81:749-57.
 - Martin L et al. An exercise program in the treatment of fibromyalgia. *Journal of Rheumatology*. 23(6):1050-3, 1996 Jun.
 - Massey, P.B.; Reduction of fibromyalgia symptoms through intravenous nutrient therapy: results of a pilot clinical trial. *Alternative Therapies In Health And Medicine* . 2007 MAY-JUN Vol. 13(3) Pgs. 32-4
 - Mayhew E. Ernst E. Acupuncture for fibromyalgia--a systematic review of randomized clinical trials. *Rheumatology*. 46(5):801-4, 2007 May.
 - McCain GA. A cost-effective approach to the diagnosis and treatment of fibromyalgia. *Rheumatic Diseases Clinics of North America*. 22(2):323-49, 1996 May.
 - Nicassio PM et al. A comparison of behavioral and educational interventions for fibromyalgia. *Journal of Rheumatology*. 24(10):2000-7, 1997 Oct.
 - Nicassio PM et al. Psychosocial factors associated with complementary treatment use in fibromyalgia. *Journal of Rheumatology*. 24(10):2008-13, 1997 Oct.
 - Pioro-Boisset M et al. Alternative medicine use in fibromyalgia syndrome. *Arthritis Care & Research*. 9(1):13-7, 1996 Feb.
 - Potter PJ. Trigger point injections [letter; comment]. *Archives of Physical Medicine & Rehabilitation*. 78(6):676, 1997 Jun.
 - Reiffenberger DH. Amundson LH. Fibromyalgia syndrome: a review. *American Family Physician*. 53(5):1698-712, 1996 Apr.
 - Reilly PA. How should we manage fibromyalgia? *Annals of the Rheumatic Diseases*. 58(6):325-6, 1999 Jun.
 - Rooks DS Fibromyalgia treatment update. *Curr Opin Rheumatol*. 2007 Mar;19(2):111-7.
 - Rossy LA et al. A meta-analysis of fibromyalgia treatment interventions. *Annals of Behavioral Medicine*. 22(2):180-91, 1999 Spring.
 - Sarzi-Puttini P, Buskila D, Carrabba M, Doria A, Atzeni F. Treatment Strategy in Fibromyalgia Syndrome: Where Are We Now? *Semin Arthritis Rheum*. 2007 Oct 30
 - Schneider M. The effectiveness of chiropractic management of fibromyalgia patients. [letter; comment] *JMPT* 21(4):307, 1998 May.
 - Simms RW. Fibromyalgia syndrome: current concepts in pathophysiology, clinical features, and management. *Arthritis Care & Research*. 9(4):315-28, 1996 Aug.
 - Singh BB et al. A pilot study of cognitive behavioral therapy in fibromyalgia. *Alternative Therapies in Health & Medicine*. 4(2): 67-70, 1998 Mar.
 - Singh, B.B.; Wu, W.S.; Hwang, S.H.; Khorsan, R.; Der-Martirosian, C.; Vinjamury, S.P.; Wang, C.N.; Lin, S.Y.; Effectiveness of acupuncture in the treatment of fibromyalgia. *Alternative Therapies In Health And Medicine* . 2006 Mar-Apr Vol. 12(2) Pgs. 34-41
 - The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. *Arthritis and Rheumatism*. Vol. 33, No. 2 (February 1990).
 - Turk DC et al. Differential responses by psychosocial subgroups of fibromyalgia syndrome patients to an interdisciplinary treatment. *Arthritis Care & Research*. 11(5):397-404, 1998 Oct.
 - Turk DC et al. Effects of type of symptoms onset on psychological distress and disability in fibromyalgia syndrome patients. *Pain*. 68(2-3):423-30, 1996 Dec.
 - Turk DC et al. Interdisciplinary treatment for fibromyalgia syndrome: clinical and statistical significance. *Arthritis Care & Research*. 11(3):186-95, 1998 Jun.
 - Wallace, DJ et al. Update on fibromyalgia syndrome. *Bulletin on the Rheumatic Diseases*. 48(5):1-4, 1999.
 - Wikner J, Hirsch U, Wetterberg L, Rojdmarm S. Fibromyalgia—a syndrome associated with

-
- decreased nocturnal melatonin secretion. *Clin Endocrinol (Oxf)* 1998;49(2):179-83.
 - Wile WS. Fibromyalgia. Recognizing and addressing the multiple interrelated factors. *Postgraduate Medicine*. 100(1):153-6,159,163-6 passim, 1996 Jul.
 - Wolfe F et al. A prospective, longitudinal, multicenter study of service utilization and costs in fibromyalgia. *Arthritis & Rheumatism*. 40(9):1560-70, 1997 Sep.

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Chuck Simpson, DC, CHP Medical Director: csimpson@chpgroup.com