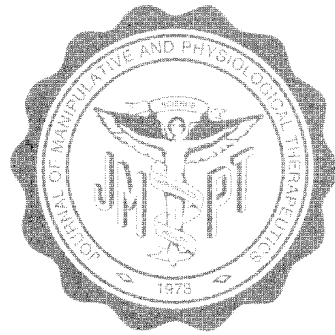




Raymond L. Nimmo and the Evolution of Trigger Point Therapy, 1929-1986

Jeffrey H. Cohen, D.C.,¹ Russell W. Gibbons, LittD (hc)²



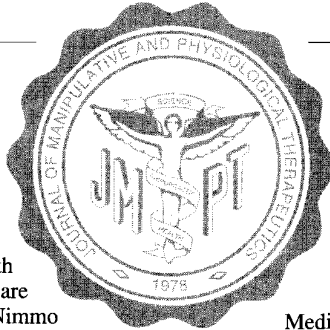


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ABSTRACT

Dr. Raymond L. Nimmo (1904–86) was the definitive chiropractic pioneer in the now widely accepted field of soft tissue and trigger point therapy. This article explores how Nimmo was able to make the radical conceptual leap from moving bones to working with muscles that move the bones. Also discussed are the neurophysiological explanations that Nimmo evolved in the 1950s for the trigger point phenomenon, formulations that are still regarded as highly sophisticated half a



century later. Finally, the article describes how Nimmo, with a basic chiropractic education absent much of the background in the biological and physical sciences of today's preparation, was able to combine his clinical experiences and intellectual formulation to arrive at a theory that became widely accepted. (*J Manipulative Physiol Ther* 1998; 21:167–72).

Key Indexing Terms: Soft Tissue; Pain; History of Medicine; Chiropractic; Trigger Point; Myofascial Pain

INTRODUCTION

On November 20, 1980, William Bachop, Ph.D., chairman of the Department of Anatomy at National College of Chiropractic, wrote Raymond L. Nimmo, D.C., of Granbury, Texas and posed the following question, a question suggesting the seemingly ever-present conflict between laboratory research and clinical practice outcomes in the “technique wars” of chiropractic for most of this century:

The Nimmo technique is used in all parts of the chiropractic world, and I asked why should a chiropractor in private practice in a small town in Texas make a discovery that had seemingly eluded the chiropractors on the faculties of the colleges. . . with the time, funding and facilities to do research (1)?

Nimmo's reply explored many of the issues involving research techniques within the profession in its formative years, but in some respects he did not address another central question that could be raised about Nimmo and the practitioners who have been credited with “discoveries” of other techniques. That question should have some significance and interest in this postcentennial period of chiropractic, when the profession can correctly claim to having elevated its preclinical, professional and clinical studies to standards that have achieved parity in the health care community.

Nimmo was one of the many chiropractors trained in the

second and third decades of this century who had virtually no prechiropractic academic training in the basic sciences, and whose instruction in anatomy, physiology, neurology and the other fundamentals for treating the human body were under chiropractors (although some of these did have university training). Their own backgrounds did not suggest lives of research, writing and clinical instruction, yet they each became important in the lexicon of chiropractic technique after the initial debates between D. D. Palmer and his early associates, Willard Carver, S. M. Langworthy, Alva Gregory, Joy Loban and A. P. Davis (2).

DISCUSSION

Raymond L. Nimmo (1904–86) (Fig. 1) was a 1926 Palmer graduate who was to become the definitive pioneer in the now widely accepted area of soft tissue and trigger point therapy. His history and experience is similar to others who evolved specific technique research in this period. Among them were Joy Loban (1889–19?), who advocated an early nonforce technique (3); Leo Spears (1894–1956), largely known for his hospital but an early formulator of “painless” adjustments (4); Thomas Lake (1887–1950), who developed endonasal therapy (5); and Frederick W. Illi (1901–1984), developer of the sacroiliac physiology of spinal biomechanics (6).

Nimmo's background is known. His contemporaries shared with him an absence of a grounding in the basic sciences or even in academics (although the early lives of Loban and Lake have still to be fleshed out). They advocated specific technique instruction with a passionate fervor that gained thousands of followers during their lives. Unlike them, Nimmo's technique, termed Receptor-Tonus (RT), has survived its founder (Illi's work may correctly have evolved into conceptual chiropractic theory rather than a technique). Although other techniques

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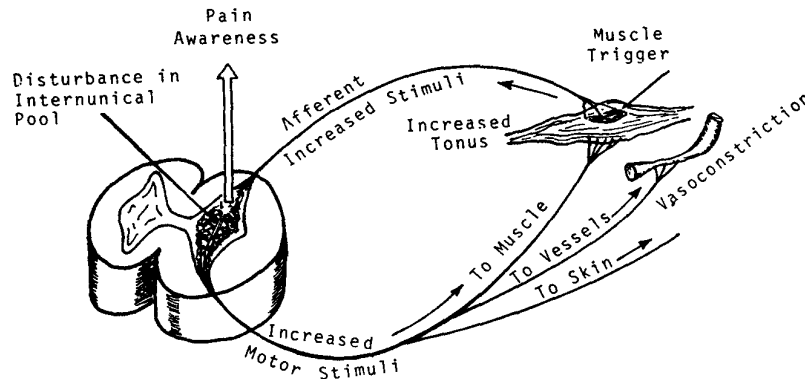


Fig. 3 The physiopathological reflex arc (8).

the trigger point as an object to be injected, stretched, massaged or dissolved by ultrasound (11, 12).

He saw the trigger point as the result of a neurological chain of events that must be approached through the nervous system.

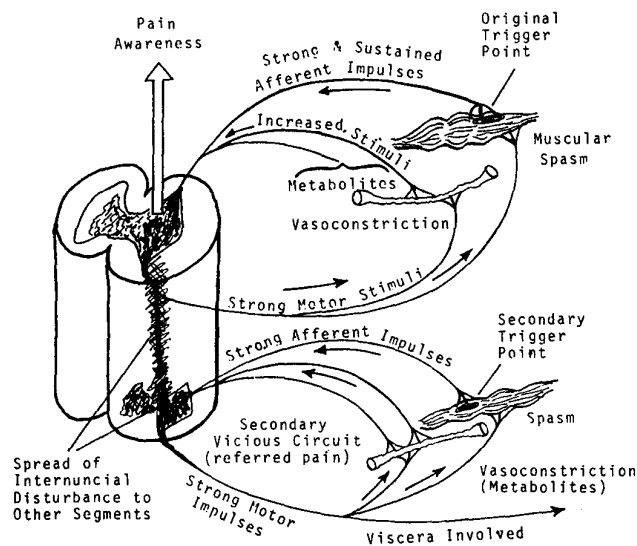


Fig. 4 Vicious physiopathological reflex circuit arising from peripheral structures with referred phenomena (8).

This puts RT squarely in the realm of chiropractic; it is not merely an adjunctive therapy, as is so often thought. Nimmo spent 30 yr evolving and refining this approach empirically. Every time a patient presented with a new problem, he painstakingly figured out which muscles were involved, consulted his anatomy books, and developed a method of applying pressure to that muscle, as well as muscles seemingly remote from the primary problem that contained secondary trigger points. Nimmo determined that all primary and secondary trigger points must be eliminated to eliminate this vicious cycle. This requires precise application of proper pressure to all involved muscles in the appropriate sequence (9, 11, 12).

In a videotape made in the early 1980s, Nimmo explored the philosophical and the scientific approach of his practice and research methodology, recalling that his philosophy classes departed from anatomical and physiological facts to make questionable deductions for the subluxation theory "which was then upper cervical and later HIO." Nimmo declared that "understanding the principles upon which Receptor-Tonus is based has simplified many problems, and brought explanation to many others. We can now explain how D. D. Palmer restored hearing to Harvey Lillard by making a thrust to the fourth thoracic vertebra" (13).

Nimmo circulated a paper published in 1957 by Arizona practitioner Stanley Hayes, in which Hayes proposed a "new

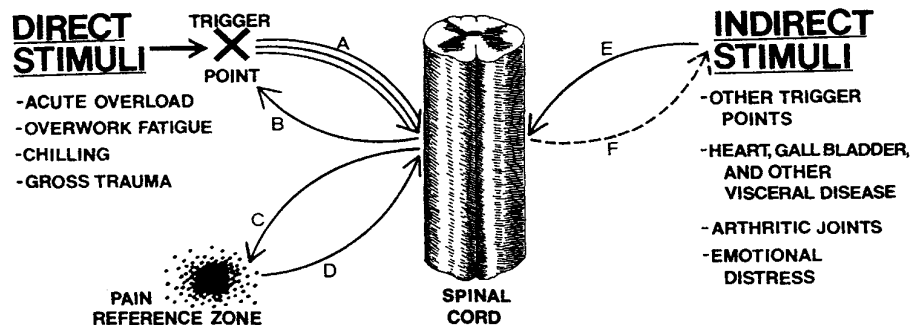


Fig. 5 Direct and indirect stimuli. (Reprinted by permission from Travell JG, Simons DG. Myofascial pain and dysfunction: the trigger point manual. Vol. 1. Baltimore: Williams & Wilkins; 1983. p. 15.)

hypothesis for consideration” of the chiropractic subluxation concept. Citing the Lillard case, Hayes said that the traditional chiropractic adjustment was

based on the idea that force should be used to remove nerve disturbance at any point in the spine where such disturbance appears to exist. Most clinical results are actually secured by releasing abnormal states of tension in the ligaments (and possibly muscles) closely associated with the spine (14).

Later in 1957, Nimmo would also author an article in the *Journal of the NCA* titled “Receptors, effectors and tonus—a new approach” (15), which he subsequently reprinted as the first number of an occasional RT newsletter called *The Receptor*. In this paper, Nimmo made this conclusion about his work:

I believe that a full knowledge of this approach will give one the anatomical and physiological right to fully eighty percent of all illness. I have subscribed to many techniques, putting all to thorough test, and I have found almost all of them valuable. After much experience working with this principle I am convinced that it is anatomically and physiologically sound (15).

Nimmo stressed the necessity of cooperation with the larger health-care community even at a time when there was evidence of the overt and covert antichiropractic activity within many parts of mainline medicine. “Chiropractic cannot be insular,” he declared many times in a lengthy videotape (13). He cited not only Travell but Bonica, head of the Department of Anesthesiology at the University of Washington medical school, whom he quoted as saying that “medicine does not know the basic principles of pain,” lamenting the absence of any teaching in medical schools and any widely-supported pain research (10, 13, 16).

Travell’s work in *The American Practitioner* and her 1983 book *Myofascial Pain and Dysfunction: The Trigger Point Manual* were frequently referenced. Nimmo stressed dialogue with medicine and cited cases in which he had recommended surgery even after attending surgeons had not recommended that course. His departure from medical procedures for low back pain was essentially the trigger point injection, asserting that conservative manipulative procedures utilizing RT could effect the same results. Three medical researchers at George Washington University Medical Center conducted a “randomized, double-blind evaluation of trigger point injection” in 1988, concluding that “this study indicates that the critical factor in giving relief of pain is not the injected substance but rather, some type of mechanical stimulus to the trigger point” (17).

Nimmo summarized the RT Method as being based on two main principles: a method that removes the origin of nerve impulses producing abnormal, painful and pathological processes in the body. In 1970, he wrote of RT that

It clears trigger points, those described in the current literature, but many more not yet known, as well as inaccessible to the methods of other professions. It eliminates those factors which hold the body or parts thereof in a state of misalignment and distortion. The first frees the body from pain, the second further frees it of pain and straightens it up.

What may be exceptional about Nimmo’s technique is the wide acceptance that it achieved through the series of classes which he conducted throughout the United States and Canada, starting in 1958. Nimmo declared that “no other concept introduced to our profession has had so great an impact upon our professional thinking in a like period of time” (18). In the same publication, Nimmo wrote that he had received a request from the Department of Health, Education and Welfare (which preceded the present Health & Human Services) for all copies of *The Receptor*, to “be placed in the Department of New Medical Discoveries of the Library of Congress.”

A striking example of the advanced state of Nimmo’s thought appeared recently in the journal *Advances in Physical Therapy* (19). What is described as a “unique intraoral approach” to treating temporomandibular joint disorder discusses a manual trigger point treatment for tensor veli palatini muscle. This technique, along with methods for treating all the muscles of mastication, was taught by Nimmo in his seminars throughout the 1960s and 70s and was published in *The Receptor* in 1980 (12).

CONCLUSION

Several conclusions are offered about Raymond Nimmo and his technique, from the collaborative effort of both a practitioner of his teaching and a lay observer of the history of the profession

Adjustive Techniques (percentage of use by DCs)	
Diversified	91.1
Gonstead	54.8
Cox/Flexion-Distractor	52.7
Activator	51.2
Thompson	43
SOT	41.3
NIMMO/Tonus Receptor	40.3
Applied Kinesiology	37.2
Logan Basic	30.6
Cranial	27.2
Palmer Upper Cervical/HIO	26
Meric	23.4
Pierce-Stillwagon	19.7
Other	15
Pettibon	6.3
Barge	4.1
Grostick	3.4
Toftness	3.3
Life Upper Cervical	2
NUCCA	1.5

From Table 9-11, *Chiropractic Treatment Procedures. Job Analysis of Chiropractic*, NBCE, Greeley, CO, 1993, p. 78.

Fig. 6 Adjustive techniques.