

## PILLAR

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Clinical observations suggest variable responses of trigger points to Eldoa practice. Some practitioners report trigger point resolution following targeted protocols, while others find direct treatment necessary before Eldoa positioning becomes tolerable. The relationship likely depends on trigger point activity level, location within movement chains, and individual pain sensitization. Active trigger points might require direct intervention before Eldoa's more general approach proves effective, while latent trigger points might resolve through improved movement patterns and tissue quality. The absence of studies examining trigger point prevalence before and after Eldoa courses or comparing outcomes with direct trigger point therapy represents a missed opportunity for clinically relevant research. Integration strategies combining trigger point release with Eldoa protocols might optimize outcomes, though optimal sequencing remains empirically determined. Understanding this relationship could guide treatment selection and explain variable responses to Eldoa in myofascial pain populations.

## Eldoa Encyclopedia: U

### Ultrasound Imaging

The potential application of ultrasound imaging to validate Eldoa's proposed mechanisms represents a significant missed opportunity in current research. Real-time ultrasound could theoretically visualize fascial gliding during positions, document changes in tissue thickness or echogenicity, measure alterations in muscle activation patterns, and assess fluid dynamics within tissues. This non-invasive, relatively affordable imaging modality could provide objective evidence for many of Eldoa's theoretical effects that currently remain speculative. The ability to visualize tissue behavior during sustained holds would definitively establish whether claimed fascial releases and segmental movements actually occur or represent subjective sensations without measurable tissue change.

The specific applications most amenable to ultrasound investigation include documenting interfascial movement between tissue layers during positioning, measuring changes in muscle thickness indicating activation patterns, assessing alterations in tissue stiffness using elastography, and visualizing potential changes in local blood flow using Doppler imaging. The technology's limitations must also be considered, as ultrasound cannot penetrate deeply enough to visualize all spinal structures and operator dependency could introduce variability. However, successful ultrasound validation studies in related fields like dry needling and manual therapy provide models for investigation design. The absence of any published ultrasound studies examining tissue behavior during Eldoa positions represents a fundamental gap that relatively simple research could address. Such studies would either validate key mechanisms, supporting Eldoa's theoretical framework, or reveal that effects occur through different pathways than proposed, redirecting both practice and research toward accurate understanding.

### Unilateral Adaptations